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FIBEROPTIC AIRWAY ENDOSCOPY IN ANESTHESIA AND CRITICAL CARE MEDICINE

by Andranik Ovassapian
Raven Press

The fiberoptic bronchoscope was invented in the late 1960s as a diagnostic tool for a variety of endobronchial conditions. Over the years, several therapeutic applications of the instrument have also emerged: it can be used to relieve airway obstruction caused by neoplasms, strictures, or broncholiths; to palliate minor hemoptysis; or to remove endobronchial foreign bodies. These therapeutic uses of the instrument have been overshadowed by experience with the rigid bronchoscope, but one therapeutic application remains unique to the fiberoptic bronchoscope: its role in facilitating endotracheal intubation.

The present book, the first of its kind, deals exclusively with this application of the instrument in the field of anesthesiology and critical care, and certainly deserves a welcome by the respective subspecialties. Seldom do residents in anesthesia or critical care medicine receive formal training in flexible fiberoptic bronchoscopy. This book is a step towards generalizing the use of the instrument in these subspecialties.

The subject is covered thoroughly and in a well-organized fashion by the anesthesiology and radiology staff from Northwestern University Medical School, Chicago. Each chapter begins with a brief outline. The text is accompanied by appropriate tables and beautiful, well-selected color and black-and-white schematic illustrations and pictures.

The chapter on principles of flexible fiberoptic endoscopy is a highlight of this book. To my knowledge, this is the first time readers are exposed to the internal structure of the fiberoptic bronchoscope—valuable information for proper handling of the instrument. The table comparing flexible fiberoptic bronchoscopes from different companies is extremely helpful for selecting the proper instrument for a particular indication.

The selected case reports are another hidden wealth of this publication. This section complements the previous chapters by highlighting issues of difficult en-

dotracheal intubations.

As the title of this book suggests, the role of the flexible fiberoptic bronchoscope in critical care includes evaluation of lung infiltrates in critically ill patients; however, this specific application was not discussed. In the next edition of this book, a chapter on this topic would be desirable.

Given the merits of the book, however, mentioning this oversight seems hypercritical. Ovassapian's book deserves a place in the library of every anesthesiologist and critical care physician.

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DRUG TREATMENT IN CANCER PAIN IN A DRUG-ORIENTED SOCIETY

Edited by C. Stratton Hill Jr. and William S. Fields
Raven Press

This book, volume 11 in the series *Advances in Pain Research and Therapy*, is a comprehensive statement of the problems associated with management of cancer pain and will interest anyone concerned with pain management or hospice care. Topics covered include attitudes of physicians and other professionals in dealing with cancer pain management; regulations that restrict or inhibit the prescribing of opiates for patients who have legitimate needs; and novel approaches to opioid delivery and use to improve cancer pain management. The authors make the point that many lessons about problems associated with opiate use have been drawn from experience with the addict population, and so are of dubious relevance to the cancer patient.

The book provides data from experimental areas, clinical research, and clinical experience. The majority of the contributors are well known in their fields in academia, medical practice, and the pharmaceutical industry. Both the newcomer and the reader experienced in the field will find stimulating discussion here.

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OBSTRUCTIVE SLEEP APNEA SYNDROME: CLINICAL RESEARCH AND TREATMENT

Edited by Christian Guilleminault and Markka Partinen
Raven Press

With the increasing availability of polysomnography, the field of sleep medicine is now more well defined, extending from the domains of the primary care physician to the medical and surgical subspecialist. This volume, the outcome of a multidisciplinary international symposium, concentrates on the obstructive sleep apnea syndrome (OSAS). The first eight chapters offer the latest insights into the epidemiologic and pathophysiologic aspects of OSAS, forming the ground work for subsequent chapters dealing with the management of OSAS. Chapter 9 is an excellent review on the efficacy of both surgical and nonsurgical treatment of OSAS, and brings to attention the many controversies surrounding OSAS (ie, whom to treat and how). It serves as an introduction to subsequent chapters which superbly explore the realm of nasal continuous positive airway pressure and surgical intervention for OSAS. These chapters stress the importance of upper airway evaluation and the current indications for surgical intervention.

Throughout the book, data are presented concisely and clearly, with little of the redundancy one might expect from the publication of a multidisciplinary forum. This volume is a valuable publication to primary care physicians, pulmonologists, and the surgical disciplines involved in upper airway procedures necessary to correct OSAS. This book serves as an important update in the growing field of sleep medicine.

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DIAGNOSTIC IMAGING OF THE LUNG

Edited by Charles E. Putman
Marcel Dekker, Inc.

Diagnostic Imaging of the Lung, volume 46 in the *Lung Biology in Health and Disease Series*, is a chest radiology textbook intended not for radiologists but rather for clinicians not principally involved with pulmonary imaging. It reviews conventional radiographic technologies and provides a diagnostic approach for using more advanced technologies. The authors are respected authorities in the field of chest radiology.

The book begins with an overview of thoracic imaging, with emphasis on state-of-the-art technologies used for pulmonary imaging. Then the authors discuss the imaging of acute and chronic diffuse lung disease, congenital and acquired focal lung disease, pulmonary edema and vascular diseases, pulmonary malignancies and airway diseases. The concluding chapters are on interventional procedures and future goals for thoracic imaging.

The text is well-written and abounds with illustrations and current references; however, the suboptimal reproduction quality of the plain x-rays makes their interpretation difficult for a non-radiologist.

Moreover, the book's price makes it more appropriate for a hospital library rather than a personal library. Nevertheless, it is a valuable resource for medical students, residents and fellows involved in pulmonary disease and interested in thoracic imaging.

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