



international authorship. All of the authors are acknowledged experts in this area, including 2 distinguished researchers in Canada, David R. Bevan and François Donati. The subject matter is specifically neuromuscular physiology and pharmacology, which likely limits its readership to anesthetists, residents, intensive care physicians and pharmacologists.

The editor notes in the Preface that the intent of the book is "to update readers with respect to recent developments" in the areas of neuromuscular transmission and the "clinical use of neuromuscular blocking agents." To a large degree, the authors of the 8 chapters have succeeded.

The first 3 chapters focus on the physiology of neuromuscular transmission, presenting a detailed review of the "prejunctional" (neuronal) and "postjunctional" aspects. The third chapter may be unique, as it deals with the central control of neuromuscular transmission. I know of no other publication that focuses on this topic.

In the fourth chapter, the authors call on their pharmacokinetic background to help the reader understand many (although not an exhaustive list) of the drug interactions affecting the neuromuscular junction. Drs. Bevan and Donati review the changing role of succinylcholine in clinical practice in chapter 5. They detail a myriad of potential complications. Unfortunately, they do not provide a summary of their important work in elucidating the complete pharmacologic spectrum of this drug, which would have been welcome.

The last 3 chapters deal specifically with nondepolarizing neuromuscular blocking agents, their use in various diseases and their antagonism with anticholinesterase agents. The quality of these chapters is above average, but, given the size of the book, their treatment of the topic is not exhaustive. In fact, there are a few errors, such as the statement that, while

using the priming technique, "one third of the calculated dose of relaxant is administered 3–5 min before induction of anaesthesia." The accepted practice is one-tenth; if one-third of the dose were given in this manner, there would be serious consequences. In spite of these errors, I learned a few things while reading this book.

Overall, this book presents the material in a concise, readable fashion. Its strength lies in its review of neuromuscular physiology, whereas the pharmacologic aspects of drugs used to induce paralysis are reviewed more extensively in standard anesthesia textbooks. This is a book only for those with a specific interest and some background knowledge in this field.

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Primary Care Orthopaedics

Victoria R. Masear. 367 pp. Illust. W.B. Saunders Company/Harcourt Brace and Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$79.95. ISBN 0-7216-5436-3

Overall rating:	Fair to good
Strengths:	Up-to-date summary of standard orthopedic practice
Weaknesses:	Too much detail about surgical techniques, no distinction between common and rare conditions, poor reproduction of radiographs
Audience:	Senior medical students and primary care physicians

This book is intended to provide family practitioners with an overview of common orthopedic conditions that they may encounter. There are 22 contributors, almost all from the University of Alabama at Birmingham.

The book starts with a chapter (the best in the book) on orthopedic evaluation, including the history, physical examination and an explanation of orthopedic terminology. This chapter is followed by ones on orthopedic emergencies and infections, fractures and dislocations, injuries to peripheral nerves and the spinal cord, overuse syndromes, bite injuries, chronic pain syndromes, tumours, developmental and congenital deformities, arthritis and casting techniques. Each chapter is up to date.

The illustrations include a large number of good line drawings. However, the reproductions of radiographs are generally poor. In many, the lesion depicted is almost impossible to see. There are some omissions; for example, the chapter on ligamentous ankle injuries would have benefited from a description of the Ottawa ankle rules. Photographs showing the characteristic deformity of femoral neck fracture, anterior shoulder dislocation and Colles fracture would have been useful. (Fig. 14-2 purports to show the "silver fork" deformity of a Colles fracture. However, it includes photographs of a Colles fracture only from the front and back; the deformity can only be seen from the side.)

In the preface, the editor states, "In this age of managed care, primary care practitioners are asked to treat a large variety of orthopaedic conditions. The goal of this textbook is to familiarize medical students and primary care practitioners with the most common orthopaedic conditions and injuries."

Does the book succeed in this aim? Yes, but with considerable overkill and imbalance. There is far too much detail about surgical techniques. There is no way the reader can tell which of the many conditions discussed are common and which are rare. For example, the chapter on tumours of the musculoskeletal system is 25 pages long and includes conditions that even a bone oncologist would rarely see. How many liga-



ment injuries, bone tumours or congenital deformities would be seen in a family practitioner's office in a year? And if the practitioner covers emergencies in hospital, how much does he or she need to know about open fractures, complex fractures of the pelvis, human bites or acute spinal cord injury? In most parts of Canada, specialist help for most of these conditions is available on site or within reach by air ambulance.

Nevertheless, this book is a good, up-to-date summary of current orthopedic practice and worth having available in hospital libraries, particularly those in rural areas.

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**Sharing the Final Journey:
Walking with the Dying**

Norma Wylie, Terrill Mast and Jay Kennerly.
176 pp. Illust. Robert Pope Foundation;
Lancelot Press, PO Box 425, Hantsport NS
B0P 1P0. 1996. \$9.95. ISBN 0-88999-608-3

Overall rating: Good
Strengths: Outlines role of listener and "helping presence"
Weaknesses: Thoughts seem a little disconnected at times
Audience: Health care providers

This book is a series of stories about living, dying and death and the thoughts, feelings and struggles of 7 dying people and their families as seen through the eyes of the principal author. The stories illustrate how a skilled listener can help people adapt to profound loss and how "the paradox of wounded story tellers is that their sharing of the story often becomes a gift of caring for others, rather than a plea for receiving care."

The principal author is a nurse with experience as a head nurse, director of nursing, educator and clinical nurse specialist. Her role as an advocate for patients and their families and her "helping presence" come through very strongly throughout these narratives. She describes becoming more involved than many health care professionals would think necessary or appropriate (for example, she goes on a long weekend excursion with a dead patient's wife and sister).

The stories of these families are told to improve our understanding of the emotional and spiritual needs of people experiencing loss or death. The authors hope that the stories convey the importance of truth telling, listening, compassion and celebration in the midst of dying. The stories include illustrations of the complex emotions of terminally ill people and their families, of reconciliation and of unresolved conflicts. One story is about a medical faculty member's struggle with his son's death and his own death from cancer. Some of the problems of loss and grief associated with the gradual decline that occurs in dementia are illustrated in another chapter. The removal of a respirator from a woman with end-stage emphysema is described in another story, and the death of a 19-year-old man with leukemia is also explored.

The narrative style of this book is somewhat unfamiliar. At times it seems to ramble, and the thoughts are disconnected. But, as Dr. Glen Davidson says in the foreword, "To the trained ear . . . the story provides a framework within which the teller may be helped to a better understanding of himself."

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Venous Disorders: A Manual of Diagnosis and Treatment

G. Belcaro, A.N. Nicolaidis and M. Veller. 194 pp. Illust. W.B. Saunders Company/Harcourt Brace and Company, Philadelphia; W.B. Saunders Canada, Toronto. 1995. \$51.95. ISBN 0-7020-2016-8

Overall rating: Excellent
Strengths: Anatomic and physiologic aspects of the venous system correlated with symptoms, diagnosis and diagnostic steps; well illustrated; easy to read
Weaknesses: Brief discussion of drug therapy
Audience: Internal medicine and surgical residents as well as technologists in vascular-system imaging

This book provides an excellent synopsis of venous disorders, owing to a good review of basic principles of the anatomic and physiologic aspects of the venous system. The authors correlate physiologic aspects with symptoms, diagnosis and diagnostic steps. There are numerous diagrams and clinical photos of physical signs and of test images, particularly Doppler results. This collection of diagrams and images is rarely found in one volume, and it serves as an excellent resource to explain to students or patients the anatomic aspects and symptoms of disorders.

The book is organized into 15 chapters that quickly point the reader to clinical areas of interest. The chapters cover topics ranging from venous thrombosis and thromboembolism to less common and even unusual sites of thrombosis. There is also a section on genital disorders of the venous system such as varicocele and hemorrhoids.

Drug treatment and surgical therapy are discussed in each relevant chapter. There is a brief synopsis of current therapy in each drug category with appropriate recommendations but without much detail. Although this book would be an excellent refer-