Harvey Feigenbaum Echocardiography, 4th ed.
Echocardiography has developed enormously during recent years; techniques which were highly sophisticated yesterday are routine daily examinations today, and will probably be obsolete tomorrow. When techniques are developing at such a rapid rate, material presented in a book needs frequent amplification, revision and readjustment. These aims were fulfilled in this 4th edition of the classic book of Dr. Feigenbaum.

The book is organized in 12 chapters and an appendix. The first 3 chapters deal mainly with instrumentation, physical principles of ultrasound, terminology, technical features of equipment, examination procedures and characteristics of normal echocardiographic images. The 4th chapter discusses the methods to obtain hemodynamic information from cardiac ultrasound. This section is very well written and integrates the classical information from M-mode and two-dimensional echocardiography with the modern Doppler-derived concepts on flow determination. Mathematical formulas are kept to a minimum; the subject is presented in an attractive way and is easy and pleasant to read.

Echocardiographic findings with altered electrical activation, which are neglected in many textbooks, are described in chapter 5 as a separate issue. Acquired valvular disease is thoroughly analyzed in chapter 6. Also in this important section, the M-mode and two-dimensional criteria are completed with the new Doppler approaches.

The chapter on congenital heart disease was written by Dr. William F. Armstrong and gives a comprehensive and clear picture of the matter. The subsequent chapters deal with coronary artery disease, diseases of the myocardium, pericardial disease, cardiac masses and diseases of the aorta. The appendix points out echocardiographic measurements methodology and gives detailed tables of normal values.

The book is profusely illustrated and the references are numerous and updated. Some color coded flow mapping pictures are presented throughout the book: normal pattern, mitral and aortic regurgitation, atrial and ventricular septal defect, tissue changes after experimental myocardial infarction. However, color Doppler techniques are only marginally considered, and this omission is somewhat disappointing in this otherwise excellent book.

Extensive discussions on Doppler techniques are included, but Doppler is scarcely discussed as an isolated examination. Mostly it is presented together with the other echo techniques, supporting the concept that echocardiographic examination should be an integrated one.

The typographical appearance is accurate and attractive. The figures – some of them appearing repeatedly in more than one place for reader’s convenience – are carefully selected and their legends provide complete information.

In summary, this book fulfills the needs both of the clinician and the beginner in the field of echocardiography, and at the same time provides valuable information for the cardiologist and the technician who wish to be updated in this rapidly changing technique.

Enrique Z. Fisman, Tel Hashomer
Joe R. Utley (ed.)
Perioperative Cardiac Dysfunction
This book is the result of two symposia conducted in San Diego in November 1982 and December 1983 on preoperative, intraoperative, and postoperative alterations in cardiac function, and is the 3rd volume in a Cardiothoracic Surgery Series dealing with topics related closely to cardiopulmonary bypass. The intent of this volume was to look at events in the perioperative period that cause poor myocardial function. The chapters were written by excellent, highly respected physicians, and are well edited by Dr. Utley.

Perioperative Cardiac Dysfunction is comprehensive, beginning with a description of the pericardium and its influence on cardiac dysfunction and the physiology and pathophysiology of arterial baroreceptors and cardiac receptors, continuing through mechanical support devices, intraoperative protection of the myocardium, determinants of myocardial performance, perioperative complications and therapy, and ending with a chapter on cardiac rehabilitation.

Dr. Utley has provided the cardiac surgeon, cardiologist, cardiac anesthesiologist, nurse, and others dealing with the cardiac surgery patient with a basic text with much worthwhile information. There are few books in this area that are as complete. Because the symposia occurred more than 3 years ago, there are some chapters that could be more up-to-date, e.g., descriptions of the newer pumps and techniques used for ventricular assistance in instances of cardiogenic shock, and as bridges to transplant in selected patients, are not included.

Although we now also use percutaneous insertion of intra-aortic balloon pumps in about 48% of instances, more information on techniques and complications of conventional insertion would have been helpful.

In conclusion, Perioperative Cardiac Dysfunction is a good book on a subject of interest to many. The text is very informative and understandable, and includes more subjects than its title implies, such as cardiac rehabilitation and a brief appendix of exercises for the cardiac patient. Although the field is still changing and new studies in this area are being published, the book has enough basic information for it to be beneficial for a number of years.

Denton A. Cooley, Houston, Tex.

Jan L.M. Drayer, David T. Lowenthal, Michael A. Weber (eds)
Drug Therapy in Hypertension
On the back-page of the nicely designed volume on Drug Therapy in Hypertension with contributions from 30 different authors, the publisher announces, that ‘this outstanding clinical monograph covers every aspect of hypertension therapy and all available classes of hypertensive agents’. Unfortunately, this is not true, as one in vain looks for any special information about, e.g., treatment of hypertension during pregnancy or in the elderly.
Further, the title is somewhat misleading. Thus, several chapters, although interesting and related to the general handling of hypertensive patients, deal with topics other than drug treatment of hypertension, e.g. ‘Drug-Induced Hypertension’ and, by definition, ‘A Nondrug Approach to the Treatment of Hypertension’.

To continue with some critical comments, the contents of the volume are rather uneven both in quality and quantity. As an example, the previously mentioned chapter on drug-induced hypertension covers not less than 29 pages, while β-blockers, although presently probably the most widely used anti-hypertensive agents, are given a mere 16 pages and a bare handful of references.

Another disproportion may be discernible as regards transdermal delivery systems, that are extensively treated in one chapter, especially pointing out the advantages of transdermally administered cloni-dine. Although credit should be given that it is clearly stated, that one of the authors of this chapter, who is also one of the editors of the book, is employed by the manufacturer of clonidine, it is regrettably very easy to get the impression that this chapter is primarily commercially oriented. This feeling is strengthened by the fact, that this special clonidine preparation is, as far as I have been able to find out, the only antihypertensive drug presented by its trademark. Incidentally, the praising of this preparation comes back in another chapter written by other authors, further strengthening the suspicion that commercial aspects may have dictated this way of launching a new approach for administering clonidine. By the way, for some reason unknown to me, no reference to this mentioning of clonidine is made in the index.

Generally speaking, however, the chapters on various drug classes and their use for treatment of hypertension are very informative and elucidative. Maybe the presentations could have gained in clearness and readability, if the authors presenting general aspects of various antihypertensive drug classes had followed a common outline using the same headings, etc. Most of the authors are Americans, and for a European it is therefore no surprise, although some what discouraging, that methyldopa is still advocated as a drug of first choice for the treatment of hypertension.

The volume is otherwise very up to date and also covers many antihypertensive agents still under clinical trial and not yet available for general use. Positively too, there are many new names on the authors’ list meaning that new thoughts and ideas have got a chance to let themselves be heard in the impressive flow of books on antihypertensive treatment that has appeared over the last two decades.

In summary then, Drug Therapy in Hypertension is yet another book on antihypertensive treatment for the ambitious cardiologist or general practitioner. It has the advantages of right now being up to date and fairly complete, but should, at least partly, be read with the mind open for the possibility of semi-hidden commercial messages.

Rune Sannerstedt, Göteborg
D. Preston Flanigan (ed.)
Perioperative Assessment in Vascular Surgery
Among the numerous recent works on vascular surgery, this book is unique because the focus is on assessment of vascular status rather than on treatment per se. As the title suggests, the book deals only with test procedures that are directly applicable to the perioperative period. Indeed, Dr. Flanigan points out that he did not intend to compile an inclusive text on vascular diagnosis or vascular disease processes. Rather, the emphasis is on recently developed test procedures and applications that are both new and emerging as standard methods in vascular surgical practice. The book’s 21 chapters are divided into three major sections that deal with preoperative, intraoperative, and early and late postoperative evaluation of blood vessel function. The three sections are not of equal length: approximately half of the text (186 pages) is concerned with preoperative assessment—determining the correct diagnosis and, if necessary, selecting the appropriate operation; slightly less space (142 pages) is given to intraoperative methods—appraising the technical results in order to allow immediate correction of errors; and only 47 pages are devoted to postoperative assessment—recognizing imminent or actual graft failure. Eight of the 21 chapters were written by Dr. Flanigan or his associates of the University of Illinois College of Medicine at Chicago. This may be one of the reasons why the text is uniformly readable throughout. The chapters are well organized, referenced, and illustrated. Of particular interest are guidelines for the management of special problems such as preoperative diagnosis of intermittent claudication, vasculogenic impotence, and chronic venous insufficiency. Because of the book’s unique approach, practical tone, and overall comprehensibility, Perioperative Assessment in Vascular Surgery should be particularly useful to vascular, cardiovascular, and general surgeons, as well as cardiologists and all other health care professionals concerned with perioperative evaluation of vascular status. Denton A. Cooley, Houston, Tex.