
This excellently written and illustrated text will serve equally well as a practical ‘how-to-do-it’ manual, an examination guide, or reference source. Prof. Crozier has produced a wide ranging and up to date review of a rapidly expanding field. Historically, progress in anaesthesia allowed subsequent developments in surgical techniques; over the last decade, widespread adoption of laparoscopic and other minimally invasive surgical approaches has challenged anaesthetists to refine their techniques to ensure maximal patient benefit. The author offers his extensive clinical expertise to this end. Laparoscopic surgery and anaesthesia are covered in the first half of this book while the remainder addresses bariatric surgery, laser airway surgery and minimally invasive thoracic and neurosurgical procedures.

A well referenced chapter on the physiology of laparoscopic surgery brings attention to less widely considered effects on intracranial pressure, the neuroendocrine response and thermoregulation, in addition to a useful review covering the varying cardiorespiratory responses associated with differing patient position and specific surgical techniques. Further chapters on patient preparation, positioning and monitoring continue the practical emphasis of this book. The author advocates total i.v. anaesthesia (TIVA) as the optimal and rational anaesthetic technique for minimally invasive surgery but provides a balanced assessment of alternative approaches. The subsequent fully illustrated review of the potentially catastrophic complications of laparoscopic surgery is one of the highlights of this book.

The morbidly obese patient, once considered a poor candidate for laparoscopic surgery, can benefit greatly from the reduced postoperative morbidity associated with a minimally invasive approach and many bariatric procedures are now performed in this manner. An outline of current surgical techniques precedes a comprehensive review of anaesthetic considerations. Emphasis is given to the importance of preoperative assessment and the occasional uncertainty in determining which patient is an excessive risk. The standard anaesthetic recipe for this group highlighted varies from the chapter text, suggesting a nondepolarizing relaxant at induction. Given the difficulty in detecting the truly difficult airway in this population, a lean body weight dose of suxamethonium is a more prudent approach.

The following chapters on thoracoscopic and laser upper airway surgery have numerous instructive illustrations and photographs which complement the text. An overview of minimally invasive neurosurgery concludes this book.

I would happily recommend this book to clinicians with an interest in any of these areas of practice.

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This book represents the proceedings of a symposium held in 2002 in Madison, WI, to honour the memory of Dr Ralph Waters (1883–1979) who was appointed to the first Chair of Anaesthesiology established anywhere in the world, at the University of Wisconsin in 1927, 10 yr before Macintosh was appointed to the first Chair of Anaesthesia in the UK at the University of Oxford. The symposium was attended not only by several generations of Waters’ disciples but also by other members of the Anaesthesia History Association of the US and also members of the History of Anaesthesia Society of the UK.

The proceedings consist of 50 chapters devoted mostly to the impress that Waters had on his students and departments of anaesthesiology in the USA. In common with all works of this type that emerge after international meetings, there is huge variability in the length, style, and relevance of the chapters, but all the contributions are interesting, informative and entertaining, and it becomes transparently obvious that Dr Waters had an enormous influence on the development of the specialty not only in North America but also elsewhere throughout the world. Many residents trained by Waters subsequently achieved academic distinction, often as heads of departments elsewhere in the US, including such household names as Apgar, Dripps, Cormack, Harmel, Leigh, Moffitt, Morris, Nosworthy, Mushin and Pask from the UK, Kaye from Australia, Cooper and Delorme from Argentina, Tordh from Sweden, and Griffith from Canada. It is clear that Waters had an enormous influence on his students and departments of anesthesia elsewhere in the world as a result of his publications and international travels and also the fact that for several decades Madison was a beacon to non-American physicians who either trained as residents and subsequently achieved eminence such as Parsloe from Brazil, Wu from Shanghai, and Gerdh from Sweden, or were visitors to his department, for example, Macintosh, Nosworthy, Mushin and Pask from the UK, Kaye from Australia, Cooper and Delorme from Argentina, Tordh from Sweden, and Griffith from Canada.

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