

sudomotor/oedema, and motor. Together with Part 3, it forms the bulk of the book.

Part 3 discusses treatment, with the emphasis on the Multi-Disciplinary Team (MDT) approach. Whilst there are no new major developments in the past few years, it provides an evidence-based argument for what we have.

The final section, Future Perspectives, considers areas of research to promote better understanding of CRPS.

All sections are well presented and written and there is no significant repetition between them. Diagrams and graphs are few and clear.

This book provides a useful update on CRPS. It is relatively short (just over 300 pages), readable and informative, and is recommended for anyone who treats patients with this condition.

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Gerry's Real World Guide to Pharmacokinetics and Other Things. G. M. Woerlee. Published by Matador Publishing Ltd, Leicester, UK. Pp. 154; illustrated. Price £12.99. ISBN 1-905237-16-2.

To the relief of many senior anaesthetists in the United Kingdom the pharmacology content within the FRCA examination has been downgraded, and hence the need for them to try and teach the principles of pharmacology to a group of often unresponsive trainees has decreased! Hence, gone are the good old days when candidates could guarantee that somewhere in the Pharmacology Section of the old three part examination there would be a question on that mystical science (or maybe an art, or, perhaps, to quote Feldman a 'pop art') termed 'pharmacokinetics'!

At that moment, the candidates' heart would sink into their boots. 'What does the examiner really want of me? Why should I know how to derive complex equations? Why is thiopental longer acting than propofol when both have similar terminal half-lives?' Many of the examiners were experts in the area; what hope, then, for the trainee grasping for knowledge? Why should they need to know that fentanyl is highly lipophilic, and has a longer half-life but greater clearance than alfentanil? It just never made sense to many of the candidates.

Out of this uncertainty arose the many cherished contributions suitable for those imaginary textbooks of 'nouveau pharmacology' which some examiners felt like writing from the verbatim answers delivered across the green baize! Yes; we have all had candidates who proposed that the area under the curve for the drug in the central compartment was only about half that for the same drug once it had undergone redistribution to the peripheral tissues! And so arose the concept of the mass of drug being increased once injected into the body!

However there is NO anaesthetist who does not use pharmacokinetic principles or knowledge at least one in every anaesthetic. After all, give the wrong dose or the wrong drug, and the patient may take a long time to recover consciousness—especially if the patient has altered physiology that will affect distribution, elimination or metabolism.

So what of this present slim volume? If you started to read it without ANY previous knowledge of pharmacokinetics, then I think you might flounder. However, if you had attended a course of lectures, but had not yet attempted to read one of the larger texts, then I think Gerry might help you! Unlike many of your lecturers, Gerry attempts to explain in simple terms the various equations needed to be understood to grasp pharmacokinetics. The author is a clinical anaesthetist; what makes this book different is the use of everyday analogies to help give a rational explanation to concepts such as compartments, apparent volumes of distribution, clearance and half-life.

However, it goes further than that. Gerry goes on to look at how common variations that routinely occur in our daily lives, and in anaesthetic practice (such as obesity; hypovolaemia; the breast feeding patient), might alter drug handling. All of these chapters will make you understand more fully why we need to change dosing in these circumstances. Probably the best chapter (Chapter 9) discusses the physiology and pharmacology of drug infusions, together with an introduction to target-controlled drug delivery. No longer the excuse of a trainee (or consultant colleague) that they cannot really explain why TCI works (or doesn't) for them.

The case histories incorporated into the text are the ones that every anaesthetist will recognize. Not content to 'humourize' pharmacokinetics, Gerry also goes on to explain how different factors will affect drug dynamics.

One of the useful additions to this volume is the appendix, which clearly defines the various kinetic and dynamic terms we use, as well as the everyday parameters and averaged kinetic characteristics of commonly used i.v. anaesthetic agents. Each chapter is well referenced, although this reviewer might criticize the choice of some, which do not always represent current ideas and practice in pharmacokinetics.

I cannot suggest that all anaesthetists buy a copy of this small tome (although the cost is well within everyone's reach); but if you are interested in the subject, or need to find new ways to teach the concepts of kinetics, then you will find value in owning this book. If, as a student, you really cannot grasp the principles in the larger texts, then why not try to read and understand here? My copy will be well thumbed in an attempt to make sure that future generations of anaesthetic trainees can tell the examiners something meaningful about the mysteries of pharmacokinetics and drug disposition!

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