

Volume 2

ANESTHESIA

Edited by

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Preface

In recent years an ever-increasing number of monographs on specific aspects of anesthesia have appeared. However, there is still no comprehensive, up-to-date American reference work that covers the entire field of anesthesia. I felt that anesthesiologists would welcome a ready reference to which they could turn for a survey of the current state of the art. And so, when the publisher extended an invitation to organize and edit just such a book, the decision was made—after consultation with friends and colleagues—to accept this major challenge.

The reader will notice that this text, while comprehensive, is not encyclopedic. I assumed that the reader would be familiar with those aspects of elementary anesthesia practice not included in this book. The focus, therefore, is on major areas of new development in anesthesia that have occurred in the last 20 years. While the emphasis of the book is clinical, the physiological and pharmacologic principles on which a sound anesthesia practice can be based are also presented.

The contributors were requested to provide a scholarly analysis of the topic on which they were writing. In some cases, this analysis included challenging the efficacy of rarely challenged dictates in the practice of anesthesia, such as Dr. Roizen's analysis of the traditional preoperative evaluation (Ch. 1) and Dr. Kirby and Mr. Smith's analysis of intensive care units (Ch. 44). The contributors were given no restriction on the number of references that could be cited, and so the reader desiring a more detailed account of a particular subject will find a comprehensive list of references to the literature. Last and perhaps most important, I did not attempt to impose a uniform point of view. For example, the preoperative evaluation and treatment of the patient with hypertension is discussed in several chapters. This allows the reader to evaluate most of the points of view with special reference to the type of surgery being proposed (e.g., hypertension and vascular surgery).

The success of any multiauthored book is in large part dependent on the expertise of the contributors and the degree of their commitment. The contributors to this book were invited because they are acknowledged authorities in their fields. This has truly been a collaborative effort, and for that reason the names of the contributors join mine on the front cover. Without their support and participation, this book would not exist. They have my deepest thanks.

I appreciate the help and flexibility provided by the staff of Churchill Livingstone, especially Donna Balopole, during the entire project. And last—but certainly not least—I am especially grateful to my family and colleagues for their patience during the time *Anesthesia* was in preparation. Their encouragement and understanding were a continuing source of strength.

Ronald D. Miller

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