

it should not incorporate little used methods nor those methods requiring the attendance of an experienced anesthetist; above all it should exclude controversial material wherever possible.

In the opinion of the reviewer, this book fails to accomplish its purpose. In the chapter on physiological considerations, data and figures are presented as obtained from physiology textbooks published in 1942. A brief review of the literature of the past five years would reveal that many of these statements are no longer acceptable. Contradictions are abundant throughout the book. On page 68, it is stated that vinethene should be given only by the closed system. Yet on page 155, a method for giving vinethene by the open drop method is presented. Early in the book, the author recommends the omission of morphine from the pre-anesthetic medication and substituting in its place barbiturates. However, throughout the chapters whenever pre-anesthetic medication is mentioned morphine or another opiate is always included. In considering secretory depressives only scopolamine is mentioned. In a table 60 cc. of 2 per cent procaine is mentioned as the maximum dose to use; however, later it is recommended that brachial plexus blocks be done with 50 to 80 cc. of 2 per cent procaine.

While most of the figures are drawn from other sources, some of the original figures would be confusing to the student. Unjustified and dogmatic statements would give the student of anesthesia a completely false picture. For example, "endotracheal anesthesia is the method of choice whenever inhalation anesthesia is required," again, "with the advent of propyl thiouracil, thyroidectomy will soon become a rare operation."

Considerable time is spent on theories not generally accepted. For ex-

ample, much is written about the dangers of the removal of too much carbon dioxide in closed carbon dioxide absorbing systems.

In the discussions of anesthesia for intrathoracic operations there is little mention of augmented or supplemented respiration, although much time is spent discussing controlled respiration. In this discussion the author gives the impression that it is always necessary to have third or fourth plane anesthesia to have controlled respiration.

The organization is not good; the same aspect of a subject may be mentioned many times throughout the book. One chapter is spent in attempting to perpetuate the syndrome of status lymphaticus, a subject that does not seem to be germane to the purpose of the book.

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Synopsis of Anesthesia. By J. ALFRED LEE, M.R.C.S., L.R.C.P., M.M.S.A., D.A.: Consultant Anesthetist to Southend General Hospital, Southend Municipal Hospital, Rochford. Anesthetist to Tilbury Hospital, Runwell Hospital, East Ham Memorial Hospital, Essex County Council. Assistant Anesthetist to King George Hospital, Ilford. Late whole time Anesthetic Specialist, E.M.S. Price \$4.00. Pp. 230 and 42 illustrations. Baltimore, The Williams and Wilkins Company, 1947.

This small book, with type to match, was written over two years ago as a ready source of reference and a quick means of revision for students, residents, practitioners, and candidates for the Diploma in Anaesthetics in Great Britain. As such it was considered by British reviewers an "admirable book," containing "much reliable information." For American readers it will be interesting chiefly as a guide to British theory and practice. But

since it does have a great deal of material effectively arranged in a small space and since there is no other volume quite like it, some may find it useful as a quick means of revision providing they recognize that there are apparently many differences between anesthetic practice in the two countries. As a source of reference it suffers, for American readers, from these differences and from the fact that there are very few references to original articles.

It is a curiously unbalanced book. For example there are about 10 pages of illustrations of standard anesthetic apparatus and only 3 or 4 pages of illustrations in the 40 pages devoted to a discussion of regional anesthesia. Again, in the discussion of arrhythmias associated with cyclopropane it is pleasant to find the contrasting views of Guedel and Waters so fully discussed (p. 58), but surely mention should have been made of the well-established practice of using small amounts of ether with cyclopropane, a practice which has made the earlier arguments somewhat academic.

The anatomical background is rather fully discussed throughout. The underlying physiological and pharmacological factors are less well explained. One is puzzled to find this equivocal statement: "in forced or obstructed breathing the negative intrathoracic pressure becomes strongly positive" (p. 11). But perhaps even the students over there are alert enough to spot the fallacy.

Some of the differences between British and American practice are quite striking. One gathers that during spinal anesthesia our cousins are not worried about the patient's blood pressure so long as it stays above 80/60 (p. 141)—"a systolic below 50 is unsatisfactory." The dangers of prolonged hypotension are not stated. The only indications mentioned for endotracheal intubation in infants and

children are hare lip and cleft palate (103). Again, "many of the clinical signs of well-administered nitrous oxide anesthesia are due to the asphyxial element" (64). Although several paragraphs are devoted to cyanosis as a sign of N_2O anesthesia, no mention is made of the impossibility of correctly estimating the oxygen tension of the blood simply by looking at the patient. Again, we are surprised to read that "prolonged hypoxia may, in certain patients, cause permanent damage . . ." (68). The English habit of understatement may, in certain cases, have its dangers. One gathers that intravenous fluids are not so commonly used there, for we find that the treatment of cardiovascular collapse during high spinal includes the starting of intravenous fluids together with massage of the heart, and so on (142).

According to current thought in the larger American teaching hospitals the following topics are not adequately treated in the book: the effect of position on the circulation during operation (19); the effect of morphine on the circulation (21); the danger of atropine in an infant with fever (23); the resistance to respiration in a circle absorber (56); the use of helium in infants and children (93); there is no mention of tracheobronchial toilet before extubation (101); the use of oxygen when giving pentothal (115); the use of a catheter for serial spinal is not mentioned (136) although it is suggested for caudal anesthesia (180); the histamine-like effect of curare is not mentioned (205); positive pressure respiration (210); the explosive hazard caused by improper clothing and footwear (220); the keeping of records, not only for "all major operations" (222).

Some of these omissions stem from real differences of opinion and from work published since the author com-

piled his book. The major difficulty in writing any text book on anesthesia is the lack of facts on which to base firm conclusions in regard to choice of agent or method. And certainly there is as much variation in practice between groups in this country as there is between this country as a whole and England. Nor have we so far (February 1949) produced any really satisfactory elementary textbook.

Near the end of the book (and several sections were skipped entirely) there are two statements to which American anesthetists should pay attention: Whenever possible a patient should "avoid smoking for three weeks before an operation" (216), and, more important, after general anesthesia the "patient should lie in the semi-prone position" until fully reacted (222).

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The anesthesia care provider needs a high degree of flexibility of mind and needs to be able to reassess if a deviation from the original anesthesia plan would be in the patient's best interest. The surgeon should be included in the airway management plan as well because changing the operating position from prone to lithotomy for example would make intubation less important. Citation: Bohringer C, Duca J, Liu H. A Synopsis of Contemporary Anesthesia Airway Management. Synopsis of anesthesia is a short yet comprehensive and extensively updated book with the latest information pertaining to anesthesia subject. It is specially designed for post graduate students but is also essential for undergraduates who have keen interest in anesthesia. It includes latest concepts related to the subject and every effort has been made to quote references in all chapters. Highlights of the book include special chapters on- physics Lee's Synopsis of Anaesthesia, 12th Edn G. B. RUSHMAN, N. J. H. DAVIES and N. CASHMAN (eds). Butterworth Heinemann, Oxford, 1999. Price £27.50, pp. 750. The 12th edition of Lee's Synopsis of Anaesthesia reverts to its roots. Gone are all the aspirations to join the large textbooks. We have here a pocket 'know it all'. It is brilliant. A true 'Lee'. It is hard to write a criticism of a textbook that lives up to its reputation for value so excellently and it seems to cover everything.