Book Reviews

The Surgical Neonate: Anaesthesia and Intensive Care

David Hatch, Edward Sumner, Jonathan Hellmann.
Edward Arnold, Oxford University Press, 1995.
313 pages. \$136.00. ISBN 0-340-55305-7

The third edition of this book, first published in 1981 as *Neonatal Anaesthesia* and reissued in 1986 as *Neonatal Anaesthesia and Perioperative Care*, is a textbook of surgical neonatology and anaesthesia. The authors have assumed the challenging task of creating a concise book, covering a vast field, for a critical readership. The book's preface identifies the target audience as attending physicians in neonatal medicine, anaesthesia and surgery. The subject matter is extensive: ranging from broad general topics such as "respiratory physiology" to highly specific issues like "deep hypothermia and circulatory arrest for the management of infants undergoing open heart surgery."

The book is organized into five chapters: two devoted to the general principles of perinatal physiology, surgery and medicine; two to neonatal anaesthesia; and one to neonatal intensive care. Each chapter is effectively illustrated with clear charts and tables, well rendered black and white photographs, and generously referenced with citations as recent as 1993. The typeset and physical layout is pleasing to the eye. Spelling and typographic errors are few but humorous: is "pre-extubation stridor" a condition sometimes found among neonatologists?

Unfortunately, the organization of the book is neither intuitive nor logical: disease conditions are described in all chapters of the book without apparent reasons for their location. It appears that each author is writing his own independent textbook, with minimal integration of content. A good index would help but the twelve page offering is inadequate: for example, nitric oxide therapy is discussed several times but does not receive an index entry. The reader is further challenged by the book's constantly changing intellectual focal length. Depth of coverage ranges from glancing superficiality (less than one half page on "neonatal transport considerations") to reasonable thoroughness (three pages devoted to "neonatal pain management"). Some texts overcome shortcomings in organization and content by excellence in readability or style. In this case, the constraints imposed by compression of large amounts of content into minimal text impose a curt, impersonal style.

In summary, the authors have made a laudable attempt to write a topical, timely, multidisciplinary textbook focused on the neonatal surgical patient. Ultimately the attempt fails because the book tries to cover too much ground in too little space. It reads like three abridged textbooks squeezed into one compact volume. It is too superficial to be a reference text, too compressed to be a learning text, and too disorganized to be a synopsis.

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Essays on the History of Anaesthesia

A. Marshall Barr, Thomas B. Boulton, David J. Wilkinson (Eds.). The Royal Society of Medicine Press Ltd., 1996. 237 + xv pages. £21. ISBN 1-85315-293-5.

Despite its forbiddingly esoteric title, this book is an engaging one with something in it for many, if not most, anaesthetists who have even a passing interest in how anaesthesia developed. It belongs to that reader-friendly genre of historical sketches that was popularized by W. Stanley Sykes in his *Essays on the First Hundred Years of Anaesthesia*. But while Sykes, though always interesting and often humorous, was not infallible, the editors of this volume have selected contributions that, besides being gracefully written – and in one instance uproariously funny – have been soundly researched, however small or large the topic. The variety of knowledgeable authors and fascinating topics merits high marks for this short book and a welcome addition to the growing literature on the history of anaesthesia.

The term 'Essay' is perhaps a misnomer. All the contributions are based on papers presented before the History of Anaesthesia Society in Britain from 1986 to 1989, and they are for the most part too short and some are too personal to be regarded as essays, they are, rather, vignettes. A notable exception are the contributions of the late Dick Ellis, whose scholarship shines through his essays on Robert Liston and ether, and on the impact of the Edinburgh school on British anaesthesia. This, however, does not minimize the value of the shorter contributions, all of which add to our knowledge of the history of the specialty.

Most of the 45 contributions concern anaesthesia in Britain, though one paper (by R.W. Patterson) deals with Benjamin Rush and Samuel Guthrie, and another (by J.A.W. Wildsmith), examines memorabilia of Wells and Morton in New England. The focus on Britain, though, does not detract from the value of the book, for each paper forms a thread that forms part of the tapestry of the history of anaesthesia that is of universal interest.

Comment of four of the contributions will illustrate the nature of this book. First, the essay by Ellis on Liston and ether adds new knowledge on a topic of major importance: the evolution of the practice of anaesthesia in the context of ether and chloroform. Second, the paper by Boulton on the evolution of the humble syringe, which is a review spanning no fewer than 23 centuries, illuminates a topic of lesser significance. Third, the vignette on Benjamin Pugh's "air-pipe," which was briefly used for the transvaginal resuscitation of the potentially asphyxiated neonate, illuminates an aspect of resuscitation that has been obscure. (Pugh also advocated mouth-to-mouth resuscitation of apneic neonates after delivery.)

It is the fourth example that makes one realize that the history of anaesthesia is not lacking in humour – even farce, albeit somewhat cruel. This is an account, originally related by J. Marion Sims in 1866, of the misfortune of a young woman who complained of vaginismus and, consequently, dyspareunia. To the young lady, and her husband, this was no laughing matter, though we must crave their forgiveness if we laugh, for the problem was relieved by one of our own predecessors – for, to quote Sims, "it became the business of the [family] physician to repair regularly to the residence of this couple to etherize the poor wife for the purpose above alluded to." House calls of this nature were even made "regularly" for some three years. Pregnancy did ensue, but, such was the strain perhaps on all parties involved, that intercourse was ultimately discontinued. This paper on this curious episode, by O.P. Dinnick and entitled "A Case of Repeated Anaesthesia," does not give us the name of the etherizer or any inkling of his reactions to the analgesic ministrations, all of which remain unknown. The paper is, however, an example of a curious footnote to the history of the practice of anaesthesia.

In conclusion, whether your interest in the history of anaesthesia is profound or just passing, this book is well worth reading.

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Pain in the Elderly

Betty R. Ferrell, Bruce A. Ferrell (Eds.). IASP Press, 1996. 137 pages. \$25.00 (US). ISBN 0-931092-15-9

This publication summarizes the recommendations of the Task Force on Pain in the Elderly appointed by the International Association for the Study of Pain. The preface of the report acknowledges that elderly people represent the fastest growing segment of the world population and consume the majority of health resources in many countries. Population based studies suggest that the prevalence of pain increases with age, since the incidence of arthritis, cancer and other painful conditions increases with age. In the elderly, compliance with advanced directives, quality of life issues, and preservation of independence in activities of daily living may be more important than sophisticated diagnostic evaluations or implementation of high risk treatments aimed at cure. The purpose of this report is to provide an overview of the problems encountered in managing pain, providing both broad perspectives and specific suggestions for common clinical problems.

The Task Force on Pain in the Elderly was made up of 26 members and consultants of whom four were anaesthetists, and one was Canadian. Twenty-five authors have contributed to the report, four are Canadian, 13 from the United States and the remainder from countries such as Australia, Brazil, Denmark and Japan. Two of the contributing authors were from the specialty of anaesthesia. The remainder were from nursing, medicine, geriatrics, psychology, psychiatry, and oncology. The report consists of 11 chapters which describe an overview of aging and pain, the cognitive behavioural perspectives, patient education and non-drug interventions, the pharmacology of opioids and other analgesic drugs. There are specific chapters on postoperative pain management, cancer pain, and chronic non-malignant pain, and the multidisciplinary management of chronic non-malignant pain. In future, there will be greater reliance on non-hospital or alternate care settings. Current changes in health care fuelled by the funding crisis have resulted in bed closures and even hospital closures. These issues are discussed in detail. The importance of chronic pain in a social context is also described in a separate chapter. The report concludes with an international perspective on pain in the elderly, taking into account global population trends and specific reports from Australia, Brazil, Canada, Denmark, Japan, and Thailand.

This publication is a comprehensive overview of pain in the elderly and offers a very basic and common-sense approach to pain management. It will be of interest to all healthcare providers, and would be a valuable addition to the anaesthesia reference library.

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Airway Management

Leland H. Hanowell, Richard J. Waldron, Judith C.F. Hwang (Eds.). Lippincott-Raven Publishers, 1996.
496 pages. \$95.00 (US). ISBN 0-397-51520-0

Airway Management is one of many textbooks written about the subject over the last several years. The book was written primarily for medical students, residents in the medical and surgical specialties, and other medical care providers. It was a joint effort of many medical specialists from Australia, Canada, and the United States. The book provides a detailed review of five major areas: basic anatomy of the airway and clinical assessment; basic airway techniques using conventional laryngoscopes; pharmacology of drugs used in airway management; alternative airway techniques including LMA, Combitube, fiberoptic bronchoscopy, retrograde intubation and surgical airway; and airway management in different patient populations.

Although the book was designed for students and physicians in other medical specialties, it is written in such depth that it is probably more suitable for anaesthetists and trainees in anaesthesia. Four chapters devoted to discussing pharmacology including inhalational agents such as methoxyflurane, sevoflurane are excessive for health care providers and paramedics. This book discusses in detail many intubating techniques and devices which are expensive and not available in most medical practices unless in the operating room environment. On the other hand, the book lacks detailed discussions in several simple important elements of airway management, such as blind nasotracheal intubation, digital intubation, gum elastic bougie and other intubating guides.

Overall, this is a well written book with many exceptionally good chapters, such as those on retrograde intubation, and the management of airways in patients with cervical spine instability. The diagrams and photographic illustrations are excellent. It provides a broad overview of airway management which is more than adequate for medical students, paramedics, and even for medical or surgical residents. It is a good reference text in the library for interested readers.

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Essential Anaesthesia for Medical Students

Mark Heining, David Bogod, Alan Aitkenhead.
Oxford University Press Inc., 1996. 149 pages.
\$35.95. ISBN 0-340-61386-6.

This handbook is intended to help United Kingdom medical students during their rotation through anaesthesia. The terminology and abbreviations are British and, as such, may not be instantly clear to North American students.

The book is arranged in two sections. The anaesthetist inside the operating theatre, and the anaesthetist outside the operating theatre. As a result, there is no logical progression from preoperative assessment, through operative to postoperative management. Obstetrical anaesthesia, paediatric anaesthesia, and neonatal resuscitation are either not covered or merely accorded a brief mention.

The illustrations are often not married to the text necessitating turning pages back and forth, and the text itself is error prone e.g., the discussion of succinylcholine makes no mention of malignant hyperthermia, muscle relaxants are "to prevent movement," and anaesthetic gases "lack any useful analgesic properties."

On the brighter side the chapters end with summaries to re-inforce key points and there are some humorous touches – the photograph of an anaesthetist assuming the sniffing position with a pint of beer will certainly clarify this point in any medical students mind!

At \$35.95 plus tax there are better buys.

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