Book & New Media Reviews

Careers in Anesthesiology X: Autobiographical and Posthumous Memoirs

Kathryn E. McGoldrick, Donald Caton (Eds). \$60 US/hardcover. Park Ridge, Illinois: Wood Library-Museum of Anesthesiology, 2007. ISBN 1-889595-16-0

Volume X of the series "Careers in Anesthesiology" provides anesthesiologists with insight into the struggle to advance anesthesiology as a medical specialty in its own right, rather than as a technical service provided for surgeons. The careers of Lucien E. Morris, Thomas B. Boulton, and the late Burnell R. Brown Jr illustrate this struggle in their roles as scientists, educators, and, in particular, as advocates for independent anesthesiology departments in hospitals and universities.

Dr. Morris, known for the development of the first precision vaporizer, the Copper Kettle, chronicles his role in the advancement of anesthesiology as a medical specialty in the United States, where, rather than being the role of physicians, anesthesia was often the responsibility of nurses. An active participant in the transition of anesthesia from "step-child to surgery" to an active, contributing member of the medical school hierarchy, he travelled the world as an expert educator, consultant, and examiner.

Dr. Thomas Boulton, well known as editor of *Anaesthesia*, pioneered intensive care units, post-anesthetic recovery rooms, cardiac anesthesia, and cardiopulmonary resuscitation at St. Bartholomew's Hospital, London, England during the 1960s, extending the expertise of anesthesiologists into these new critical care areas. His role as an advocate for anesthesiologists began with efforts at St. Bartholomew's to create a university department of anesthesia involved in undergraduate teaching. He was instrumental in the formation of the Royal College of Anaesthetists, which received Royal Charter in 1992. Readers will enjoy his recollections of his wartime experiences in Malaya, in the 1950s and in Vietnam, in 1969.

Dr. Burnell Brown Jr is best known for his prominent role in unravelling the mystery of halothane hepatitis. He also facilitated the introduction of

sevoflurane into clinical practice. In addition to these major scientific contributions, Dr. Brown published many textbooks, edited the *Survey of Anesthesiology*, and lectured extensively worldwide. This biography by Drs. Giesecke and Zavaleta is a heart-warming portrait of the energetic man whose mission was to do his best at all times. The text of his FFARCS acceptance speech, in which he humorously discusses the differences between American and British "English", will strike a chord with Canadians who accommodate to medical terms and texts from both sides of the pond. Though dry at times, these autobiographical memoirs and biographical accounts inspire within the reader a sense of quiet admiration for these men who championed anesthesiology as a legitimate medical specialty based on good science, unique technical skills, and interventional expertise. They remind us that our task is one and the same.

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Hatch and Sumner's Textbook of Paediatric Anaesthesia (Third Edition)

Robert Bingham, Adrian Lloyd-Thomas, Michael Sury (Eds). London: Oxford University Press - Hodder Arnold Publication; 2008. 786 pages. ISBN 13 978-0-340-912201.

This new edition of a venerable and respected textbook provides anesthesiologists with another choice amongst the list of comprehensive texts on the subject of pediatric anesthesia. The book covers a wide range of topics from basic physiology to specific anesthetic approaches to uncommon problems. Rather than attempting a comprehensive review of all of the required elements, the text's focus is on the differences between practice in pediatric anesthesia and standard (adult) practice. The editors have assembled a solid, international group of chapter authors primarily from the United Kingdom, though a number of Canadians are also included.

This textbook is well organized, comprising the

majority of key topics related to the practice of pediatric anesthesia. Part I, "Scientific Basis of Pediatric Anesthesia", provides sufficiently detailed explanations of the relevant physiology, anatomy, and pharmacology which are clinically relevant and uniquely different from adults. The chapter on "Effects of Prematurity" deals with common problems and special considerations related to the premature infant's altered fetal circulation, risk of apnea, necrotizing enterocolitis, and related medical problems. The chapter on "Management of the Difficult Airway" examines the assessment and the management of challenging airways in children, in particular the specific issues with syndromes such as Pierre Robin and Treacher-Collins, among others. Both common (lightwand) and unusual (submental intubation) airway techniques are discussed. Many chapters review simple and practical approaches to every day problems, for example, the algorithm for the previously unrecognized heart murmur is presented in the chapter on "Preoperative Assessment". We are particularly pleased that the authors include a review of the psychological and emotional aspects of child development in chapter 1, and that an entire chapter is devoted to "Management of the Uncooperative, Frightened Child" (Chapter 25). This chapter examines sedative approaches and deliberates, at length, regarding non-pharmacological techniques. Chapter 26, "Regional Anaesthesia," includes sections on ultrasound-guided techniques as well as segments on the conventional approaches. There is also an interesting chapter on "Organisation of Services". Although this chapter focuses on anesthesia practice in the United Kingdom, it incorporates lessons applicable in Canada and elsewhere.

A review of this book necessarily invites comparison with Bissonnette & Dalens's *Pediatric Anesthesia: Principles & Practice* (2002). At about half the length, Hatch & Sumner's text is less detailed, covers fewer topics, and has a rather more narrative style. However, these features may make it a more practical textbook, especially for trainees. The text is clearly written and easy to follow. Each chapter begins with a sub-table of contents and a list of key learning points, making it particularly useful for those new to the field. Although, at times, the text is somewhat prescriptive and lends itself open to argument ("In infants older than 6 months...a curved, Macintosh laryngoscope blade *should* be used." [our emphasis]), the presentation is straightforward, clear, and eminently practical. This text is particularly recommended for residents and fellows in pediatric anesthesia, although subspecialty consultants will also find it interesting. It should not be regarded as a sole source of reference for a sub-

specialty practice of anesthesia, but it would be useful as a quick and convenient reference for the topics that it covers. We suggest it would be a valuable addition to departmental libraries as a complement for more comprehensive subspecialty textbooks on the subject of pediatric anesthesia.

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