

Book Reviews

History of Anaesthesia

Richard S. Atkinson, Thomas B. Boulton (Eds.). Royal Society of Medicine Services Ltd., London & New York and The Parthenon Publishing Group, 1989. pp. 649. \$118.00 U.S. ISBN 0-85070-263-2 (UK & Europe); ISBN 0-929858-18-2 (USA & Canada)

The growing number of anaesthetists with an interest in the history of their specialty reached a critical mass in 1982, when the first international symposium on the history of anaesthesia was held in Rotterdam. Since then, the formation of two international societies (the Anaesthesia History Association and the History of Anaesthesia Society) and the success of a second international symposium, which was held in London in 1987, have confirmed, and enhanced, this interest. The proceedings of this latter symposium, which are published in this book, not only testify to the enthusiasm with which many anaesthetists study the history of anaesthesia but also illustrate its nature and content.

Physicians who write about the history of medicine with an understanding of both the principles of historiography and a knowledge of how medicine has evolved frequently produce accounts of medical history that are of great value. Much of this book is an example of the happy outcome of such a combination. Although its organization and content are dictated by its being the end-product of an international congress at which many different topics were discussed, it is a valuable addition to the literature on the history of anaesthesia. The Royal Society of Medicine and the editors are to be commended for making the proceedings of the 1987 symposium available.

The range of topics that makes a study of the evolution of the specialty so rewarding is fully evident in this book, and anyone who spends even a few moments looking through it will find something of interest. The substance of the book comprises sections on the early development of the specialty, the history of anaesthetic agents, the history of anaesthetic apparatus, the history of resuscitation and intensive care, and biography. Special presentations on aspects of anaesthesia by some notable anaesthetists from Great Britain (e.g., Macintosh, Lee, Mushin and Gray) and from other countries (e.g., Albin, Matsuki and Morris) round out the book.

Many of the presentations are outstanding examples of the scholarly work that has characterized the historiography of anaesthesia. Exemplary contributions include the following: "The start of modern anaesthesia" (Van-

dam); "Early ether anaesthesia: the news of anaesthesia spreads to the United Kingdom" (Ellis); "The first anaesthetics in St. George's Hospital, London" (Howat); and "The news extends across the European continent" (Ruprecht). These, apart from being interesting and original, demonstrate the scholarly approach to the study of the history of the specialty. Several others have value because they place anaesthesia – or, rather, the progenitors of anaesthesia – in the context of the society of the day and because they reflect the variety of the history of the specialty.

Many countries were represented at the London symposium. Papers by Canadians included those by Bodman ("Cyclopropane and the development of controlled ventilation"); Gillies and Wynands ("The contribution of Harold Randall Griffith (1896–1985) to anaesthesia"); Wyant and Gordon ("A short history of the Canadian Anaesthetists' Society"); Holland ("Anaesthesia in Quebec: the first twelve months"); and "Dr E. D. Worthington (1820–1895): pioneer Quebec anaesthetist"); Humble ("The first use of divinyl ether as an anaesthetic agent in humans"); Maltby ("The origins of anaesthesia in Canada") and ("Pictorial progress of Canadian anaesthesia (1954 to 1986)"). These authors are to be congratulated for their dedication and tenacity in carrying out studies of the history of anaesthesia despite the demands of clinical practice.

Symposium proceedings are often of transient value. These proceedings are not. They will remain of value because, in the words of the Foreword, "They are a landscape through which we walked and a signpost to follow into the future." Anyone with a serious interest in how the specialty of anaesthesia has developed will wish to read this book, and every department of anaesthesia, especially in a teaching hospital, would do well to own a copy of it.

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Cerebral Ischemia and Resuscitation

Avital Schurr, Benjamin M. Rigor (Eds.). CRC Press, Inc. Boca Raton, Florida, 1990. pp. 442. \$146.62 Canadian & \$124.20 U.S. ISBN 0-8493-6715-8

The large number of publications concerning cerebral ischaemia during the past decade have made it very

difficult for the clinician to construct a useful overview of this subject. Much of this material concerns animal research, and the application of the results to human anaesthetic practice has at times been controversial.

Cerebral Ischemia and Resuscitation, edited by Drs. Schurr and Rigor of the Department of Anesthesiology, University of Louisville, is a well organized textbook in which the 44 contributing authors provide brief but thorough summaries of the advances in research into the pathophysiology and treatment of cerebral ischaemia that have taken place during the past decade. Among the authors are many senior researchers, well-placed to provide a review of their topics. The 26 chapters discuss the use of animal models and tissue slices in the investigation of brain ischaemia (Chapters 1–4), the effects of substances released from the brain during ischaemia (free fatty acids, free radicals, excitatory amino acids, monoamines, purines and cyclic nucleotides, Chapters 8–14), and the effects of ischaemia on ion and acid-base homeostasis on cell function and structure. Therapeutic topics include cerebral protection, drug therapy, free radical scavengers, and monitoring of cerebral ischaemia. Note that the chapter on monitoring is a summary of recent investigations of the use of processed EEG at University of Louisville, and not a review of intraoperative cerebral ischaemia monitoring.

The chapters vary in length between 5,000 and 20,000 words, and on average present 50–100 references, usually dating up to 1989. In an unfortunate error, the last 100 references in the masterful treatment of cell damage in ischaemia (Chapter 15, F. Bengtsson and B.K. Siesjo) have been omitted, at least from my copy.

This is an excellent reference text for anaesthetists interested in the pathophysiology of brain ischaemia, and I would recommend it for teaching department libraries.

David P. Archer MD FRCPC
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Ballière's Clinical Anaesthesiology: International Practice and Research; Automated Anaesthetic Records

G.N.C. Kenny (Guest Editor). Ballière Tindall, London, 1990. pp. 252. £22.50/\$37.00. ISBN 0-7020-1343-9

This book is an excellent overview of a trend which will likely become part of many anaesthetists' practice within the decade. The authors of each of the 20 chapters are experts, drawn from across Europe and North America.

The three introductory chapters discuss the purpose of the anaesthesia record, and put forth the argument that

automated record-keeping will enhance patient care. The following 15 chapters deal in great detail with technical aspects of automated recording, as well as presenting the experience of numerous Anaesthesia Departments with the development and utilization of these systems. The final two chapters deal with the economic and medicolegal aspects of automated anaesthesia records. In general, the chapters are well written and well referenced. The sections dealing with the value of anaesthetic records for morbidity and mortality studies, and the medicolegal aspects of automated anaesthesia records are particularly interesting. My only criticism is that there is considerable overlap among several of the chapters.

This treatment of the subject would be of particular interest to those anaesthetists involved in the areas of Quality Assurance and Risk Management. Since automated record-keeping will likely become an established standard in anaesthesia, this book would be a useful addition to any anaesthesia department library.

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Anaesthesia, Volumes 1 & 2

Walter S. Nimmo, Graham Smith (Eds.). Blackwell Scientific Publications, Oxford, 1989. pp. 1552. £99.50/\$247.75 per set of 2 volumes. ISBN 0-632-02257-4

Nimmo and Smith's textbook "Anaesthesia" has a stated goal of serving as a single text source for anaesthetists preparing for final specialty examinations in Britain. It is a two volume, multi-authored tome. Of 94 authors, only ten are non-British trained, although 23 are presently based outside the U.K. As a result, the final text has a very British philosophy, yet it does have the respectability of international experts. Most authors, both British and others, are indeed well published and authorities in their fields.

The book is divided into five sections: Application of Scientific Principles to Clinical Practice, General Anaesthesia, Local Anaesthesia, Acute and Chronic Pain, and Intensive Care. All chapters in these sections have a well thought-out theme; to cover the basics of anaesthetic practice. They do this very well. The text is supported by charts, tables and figures, but the strength of the book lies in the literate use of the written word.

The chapters on local anaesthesia are extremely well written, as is the chapter on cardiac risk. Others, on specialty areas such as obstetrical or neurosurgical anaesthesia, cover just the basics.

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S. Kleiman MD FRCPC
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In summary, this is an excellent text aimed at those preparing for examinations in anaesthesia. It is not encyclopaedic, and herein lies both its strength and its weakness.

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Handbook of Clinical Anesthesia

Paul G. Barash, Bruce F. Cullen, Robert K. Stoelting.
J.B. Lippincott Company, Philadelphia, 1991. pp. 576.
\$24.95 U.S. ISBN 0-397-51087-X

This handbook gives exceptionally full coverage of the field of anaesthesia beginning with preoperative evaluation, covering almost all aspects of operating room anaesthesia practice, and finishing with consultant practice involving the management of the recovery room, pain management and intensive care. References are limited to section references to the authors' full text book, "Clinical Anaesthesia." The handbook is written in outline format but with an adequate use of words, which results in a very readable text. In addition, the most important points are summarized in very clear grey "windows" for greater impact. The combination of quantity of knowledge and clarity of presentation is what makes this handbook unique.

The book is, of course, not perfect. There is no mention of gynaecological procedures or problems and I could find no mention of anaesthesia for laparoscopy. On page 225 I noted that the handbook recommended the use of bupivacaine for intravenous regional anaesthesia which is not in keeping with Canadian practice. On page 229 it suggested that other causes of nausea during spinal anaesthesia might be considered before hypotension in a differential diagnosis.

Despite these relatively minor problems, I feel this book is well worth the price. It gives the specialist access to more useable, up-to-date information, more clearly presented than any other reference that I have seen. It is also an ideal book for medical students. It is unique in being one of the few books that can reasonably be recommended for both the operating room lockers of consultants and the pockets of medical students. It will serve the needs of both groups very well.

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Baillière's Clinical Anaesthesiology: International Practice and Research; Anaesthesia for Day Case Surgery

T.E.J. Healy (Guest Editor). Baillière Tindall, London, 1990. pp. 823. £22.50/\$37.00. ISBN 0-7020-1466-4

The latest book in this series reviews the practice of anaesthesia in an ambulatory setting. Professor Thomas E.J. Healy has edited the multi-authored text written by 13 contributors, most of whom are based in England. It is a compact volume of 11 chapters, each dealing with one aspect of the management of day-care surgical patients, without any appreciable repetition of information. Throughout, emphasis is placed on safe anaesthetic practice in an emerging sub-specialty. The different approaches needed for administrative organization and nursing of the increasing numbers of patients treated as outpatients, compared with hospitalized patients, are discussed. Sound advice is given on the selection of healthy patients and short surgical procedures to undertake in this setting, with recommendations for the adaptation of general and local anaesthetic techniques to ensure rapid recovery and early discharge home. Chapters on the management of paediatric cases are particularly useful because so many of the procedures in children (strabismus correction, hernia repair, dental restoration or circumcision) are suitable. The concluding chapters concern dental units and nursing considerations, but also serve to put the whole subject of ambulatory treatment into perspective. They underline the need for new attitudes to ensure that the inevitable growth of ambulatory services is accompanied by the appropriate integration of budgetary, administrative, teaching and research activities.

It is unfortunate that publication of this book followed a few months after "Outpatient Anesthesia" edited by Dr. Paul F. White. The latter draws on the much greater North American experience of day-care anaesthesia, resulting from the explosive growth of ambulatory services over the last 20 years in the United States and Canada, where over 40% of all cases and as much as 80% of the paediatric workload is now undertaken in hospital centres or free-standing day-care surgical units. Consequently, the scope of the American text includes controversial issues (such as inclusion of patients with stable medical conditions, performance of operations of longer duration, whether the common cold is an indication for cancellation on the day of surgery, more liberal preoperative fasting guidelines and the advisability of allowing parents to be present during anaesthetic induction in children) which are missing from the British book.

Undoubtedly, both of these books are valuable in

presenting clear and authoritative accounts of the current approaches to day-care anaesthesia and are, in many respects, complementary. Professor Healy's book will be an important source of information for all clinicians and administrators involved in the provision of day-care surgical services in many countries.

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