

an aid in remembering the properties of the eminent standard, digitalis purpurea.

The monograph is not a handbook for use in the clinical practice of cardiology. It is of greatest value to the clinician interested in the chemical and pharmacologic properties of the drugs he employs. The anesthesiologist will find it useful in keeping himself acquainted with the latest developments in a branch of medicine with which he must be conversant.

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*Anesthetic Methods.* By GEOFFREY KAYE, ROBERT ORTON, and DOUGLAS RENTON. Price, 50 shillings. Pp. 706, with 188 illustrations. Melbourne, Australia: W. Ramsey (Surgical) Pty. Ltd., 1946.

This textbook is intended to fill the gap between oversimplified medical school lectures and all inclusive texts written for specialists in anesthesia. The authors are anesthetists associated with the University of Melbourne and with the Alfred Hospital in Melbourne, Australia. Their work is based on practical experience with modern English and American technics of anesthesia.

Facts of history and theory are presented briefly as a background to clinical anesthesia. Specialists may criticize this brevity as half truth. Interns and practitioners, plagued with demands of the moment, will welcome the simplicity and usefulness of such an approach.

Basal, inhalation, intravenous, and spinal anesthesia are discussed thoroughly. Local anesthesia is not described since in Australia this is done chiefly by surgeons and since the authors regard regional technics impractical for casual anesthetists. It is unfortunate that such simple methods of anesthesia as caudal block, brachial

plexus block, and lumbar sympathetic block are not described.

The authors' views on choice of anesthesia are conservative. In almost all instances they prefer general to spinal anesthesia. Endotracheal intubation is recommended for routine use in operations on the respiratory airways. They feel that intubation should be used only for laryngeal obstruction in thyroid and abdominal operations. General anesthesia is suggested for cesarean section to avoid hypotension in a potentially hemorrhagic procedure. This view seems extreme when one considers the ease with which this operation can be done with spinal anesthesia. General anesthesia is also favored for obstetrics. Caudal block is passed up as a method for a "skillful administrator." This thought seems to coincide with current opinions held by many who formerly supported caudal analgesia as the end to painful childbirth. Spinal anesthesia is not advised for childbirth, because it relaxes the anus and causes the vulva to become contaminated with feces. This is mentioned as a major drawback to spinal in obstetrics and seems unreasonable.

The outline on premedication is brief and indefinite. Atropine and scopolamine are recommended for use only prior to administration of irritative vapors and intravenous anesthetics. The chapters concerned with the pharmacology of anesthetic agents are concise and informative. The outstanding features of the book are the large numbers of excellent diagrams of anesthesia machines and the descriptions of the use of these machines in administration of anesthetics. Too many textbooks of anesthesia ignore technic and mechanics so that readers are confused with theoretical considerations instead of being instructed in practical procedures. The authors have chosen and described a few procedures that any medical graduate may use with

safety. The intricacies of carbon dioxide absorption and endotracheal intubation are particularly well defined.

Methods of administering spinal analgesia are detailed completely. Technics involving alterations of patients' posture, agents' specific gravity, and agents' dose are included. The views on controlling a patient with spinal analgesia with intravenous fluids, oxygen and light general anesthesia are in accord with contemporary opinion. Criticism may be offered to the idea that pressor drugs are of little value in combatting the hypotension which often follows the induction of spinal analgesia.

There are separate chapters devoted to the use of analgesia and anesthesia in obstetrics, dentistry, and minor surgery. It is unfortunate that no special attention has been given to the use of anesthetics in children or aged people.

Curarization and refrigeration are considered untried innovations and are relegated to a brief appendix. Post-operative care, oxygen therapy, blood transfusion, anesthetic explosions, and record systems are also discussed. The final chapter "The Anesthetist and Australian Law" is an interesting code of ethics for anesthetists. The surgeon who acts as his own anesthetist may be regarded as an anesthetist with an infirmity such as tremor or deafness.

This is a practical, conservative treatise on general and spinal anesthesia in modern practice. Non-specialist physicians will find the book useful for its concise instructions for administration of anesthetics. Specialists in anesthesia will be impressed with its thorough exposition of modern anesthesia machines.

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For the information of anesthesiologists who are contemplating application for certification by the American Board of Anesthesiology, Inc., or who are training physicians for the specialty, the following questions have been employed for Part I (written) examination in the past *Anatomy*:

1. What area of anesthesia is produced by blocking the maxillary division of the trigeminal nerve?
2. Describe the anatomical relations of the lumbar sympathetic ganglia and the structures involved in placing needles to inject a fluid safely into the region of these ganglia.
3. Describe briefly the size and relationships (to each other) of the two main bronchi.
4. Discuss briefly, from the viewpoint of the anesthetist, the anatomical relationships of the right vagus nerve and the anatomical distribution of the nerve and its branches. (Outline or drawing may be used.)
5. What are the landmarks for blocking the tibial nerve at its highest point (where it leaves the sciatic nerve) and describe the technic.
6. Describe the anatomy of, or make an anatomical drawing of, the parts involved in passing tubes into the pharynx and trachea.