

The book begins with a chapter on the history of surgery, and then continues with chapters on wound healing, the response of the body to injury, fluid and electrolyte balance, nutritional balance, shock and hemorrhage, surgical infections, burns, the management of tumors, principles of surgical care, the care of the patient in the operating room, and post-operative complications. The last half of the text describes surgical problems and therapy, more or less by anatomical regions: the peritoneum, the upper alimentary canal, the mid-alimentary canal, the lower alimentary canal, the biliary tract, the liver, the pancreas, the spleen, acute surgical conditions of the abdomen, abdominal hernia, abdominal injuries, abdominal conditions of infants and children, head and neck, the thyroid gland, the breast, peripheral vascular disease, fractures, head injuries and chest injuries.

Perhaps because this volume succeeds so well in its avowed purpose to serve the medical student, it will be of limited interest to most anesthesiologists. Residents in training in anesthesiology, or those preparing for examinations in the specialty will find that certain chapters contain a useful review, particularly the chapters on "Fluid and Electrolyte Balance," "Shock and Hemorrhage," "Principles of Surgical Care," "Care of the Patient in the Operating Room," and "Postoperative Complications." Even as reviews, however, these chapters are confined mainly to fundamental considerations—as is only right and proper in a book designed for undergraduate teaching.

DAVID M. LITTLE, JR., M.D.

Management of the Aged Surgical Patient.

By SIDNEY E. ZIFFREN, M.D., Professor of Surgery, State University of Iowa, College of Medicine, Iowa City, Iowa. First Edition. Cloth. \$7.50. Pp. 219, with 30 figures. With Chapters on "Anesthesia" by Stuart C. Cullen, M.D., "Urology" by Rubin H. Flocks, M.D. and a discussion of "The Cardiac and Diabetic Patient Facing Emergency Operation" by Raymond F. Sheets, M.D. The Year Book Publishers, Inc., 200 East Illinois St., Chicago, 1960.

The author, obviously calling upon a large clinical experience at the University Hospitals of the State University of Iowa, has elected to write fairly extensively on the problems associated with surgical patients over the age of 60. He states early in his introduction—"It is my contention that, within reason, necessary surgery should not be denied a patient because of his age." In this reviewer's mind it is doubtful as to whether the author subsequently defends this thesis adequately, or really defines the term "necessary surgery" as it applies to the aged. However, he does cover a wide range of problems in the surgical patient, and in some instances refers them specifically to the age group under discussion. Particular emphasis is placed, as is proper, on the preoperative preparation of the elderly patient, with especial importance being given to the problem of blood volume deficits, their recognition and treatment. An interesting, although brief chapter on anesthetic management of the aged patient, written by Dr. Stuart Cullen, is included. Even more brief chapters on "Urology," and "The Cardiac and Diabetic Patient Facing Emergency Operation," written by Doctors Flocks and Sheets respectively, are also part of this well-indexed, easily read treatise. The specific value of these latter two chapters escapes the reviewer.

Although this book should probably find a niche in the surgical library, it is doubtful that even Doctor Cullen's chapter will put it on required reading lists of practitioners of anesthesia.

J. G. CONVERSE, M.D.

Metabolic Care of the Surgical Patient. By FRANCIS D. MOORE, M.D., Moseley Professor of Surgery, Harvard Medical School; Surgeon-in-Chief, Peter Bent Brigham Hospital, Boston, Massachusetts. Illustrated by Mildred Coddling, A.B., M.A., Surgical Artist, Department of Surgery, Harvard Medical School, Peter Bent Brigham Hospital. Cloth. \$20.00. Pp. 1011 with 143 illustrations. W. B. Saunders Co., Philadelphia and London, 1959.

The foremost theme of this text, as noted by the author in closing Chapter 49, "is the fact that the responsibility of the surgeon ex-

tends into all areas of human biology so as to provide the wise and effective care which is ever the trademark of good surgery. . . . When the act of operation is followed by inadequate thought, ignorant fumbling measures, or a diffusion of responsibility into many hands through default by the surgeon, then metabolic care is ineffective, survival is threatened and the quality of mercy is lacking." The second recurring concept of the book "is the unity of surgical care. The surgical operation itself usually is the most important single metabolic step in the patient's care." A third concept is expressed in the section on burns, *viz.*, "the growth of knowledge simplifies as it progresses."

This is *not* a textbook of surgery. The assumption is made that the reader has the background and knowledge of surgical disease and operative care. The purpose of the book is to provide a general text and guidebook for metabolic care in surgery with the focus entirely on the care of the patient. It is noted however, that the sick surgical patient does not have the "tissue pathology" separated from the "metabolic state"; that both must be perfectly understood and solved together for adequate, balanced surgical results.

From a number of noted lectures and previous monographs representing parts of this text the author has provided this monumental work. This volume is divided into the following six sections: Part I—The Normal Patient. Convalescence, and the Metabolism of Recovery. Part II—The Blood Volume: Hemorrhage, Plasma Loss, Transfusion and Hypervolemia. Part III—Body Fluid and Electrolyte: Water, Salt, and Acid. Part IV—Loss of Body Substance: Body Composition and Clinical Management in Surgical Starvation. Part V—Visceral Disease in Surgical Patients. Part VI—Fracture, Wounds, and Burns. In addition there is an appendix of "Surgical Diets" and "Parenteral Supplements"; a bibliography of over 50 pages; a reference list of 25 "Clinical Procedures" to show how the principles of metabolic care are applied to surgical problems, and a final reference list of 32 case histories to illustrate particular events or to be used for specific teaching.

At the beginning of each "Part" of the book

there is a detailed three or four page "Table of Contents" covering the several chapters in that "Part." An excellent sectional breakdown is listed for each chapter.

The author notes that the material presented deals only with those areas of surgical care with which he has had personal experience. It is based entirely on actual data obtained in study and care of the sick. The exactness and detail of material presented are excellent. Discussion of basic principles is clear, and alternate diagnoses and probabilities are considered. The obvious corollary to the basic theme of presentation of this text occurs to this reviewer, *i.e.*, that no matter how skillful at operation, the good or great surgeons are those who understand the entire metabolic problem of the patient and personally manage it to a successful recovery.

Knowledge of much of the contents of this volume is a must for every real anesthesiologist. This is particularly true of the first three "Parts." A thorough understanding of the remaining information is valuable, and will make members of our specialty better partners of their surgical confreres both within and outside the operating room. A complete study of this book is heartily recommended.

O. SIDNEY ORTH, M.D.

Obstetrics (Twelfth Edition). BY J. P. GREENHILL, M.D., F.A.C.S., F.I.C.S. (Hon.) Senior Attending Obstetrician and Gynecologist, The Michael Reese Hospital, Chicago; Obstetrician and Gynecologist, Associate Staff, The Chicago Lying-in Hospital. Cloth. \$17.00. Pp. 1098, with 1219 illustrations on 903 figures, 119 in color. W. B. Saunders Co., Philadelphia and London, 1960.

In Doctor Greenhill's new edition of DeLee's text on "Obstetrics," the chapter on analgesia and anesthesia contains a review of agents and techniques used over a wide range of years—from Gwathmey's synergistic analgesia to Heym's decompression suit. The recommended procedures vary from outdated to modern attitudes. A dose of morphine is 10 mg. and of Demerol 100 mg., with no recognition of individual variations in response. The route of injection is not mentioned. The use