

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

of paraldehyde receives undue attention. There is a long discussion of barbiturates but no mention of the many new "tranquilizing" drugs. Although Doctor Greenhill recognizes the usefulness of the anesthesiologists in spinal anesthesia, he is obviously partial to local anesthesia, and probably rightly so, in view of a lack of interested and capable obstetric anesthesiologists. However, I cannot agree with some of the sixteen advantages listed for local infiltrations and pudendal block, having seen convulsions following pudendal block from overdose of procaine, a maternal death from aspiration of vomitus in a fully conscious patient, and severely asphyxiated infants occurring in three or four deliveries out of each hundred under this type of anesthesia. The only three possible drawbacks are listed as broken needle, intravenous injection and idiosyncrasy.

The recommendation that it is inadvisable to rely on a mixture of a narcotic and its antagonist is good.

In discussion of immediate care of the child, it is recommended that all babies be given the maximum of placental blood. This advice is seriously open to question, especially in premature infants. The only mention of ventilation or resuscitation is in the chapter on pathology of the newborn, in which pneumothorax is discussed.

The chapter on "Physiology and Biochemistry of the Placenta" by Dr. Ernest W. Page is up-to-date and well documented. Dr. Clement A. Smith's book, "The Physiology of the Newborn Infant," Third Edition, provides the contents of the chapter on that subject.

Interested medical students should be encouraged to consult the current literature so as to follow the fast-moving subsequent developments in the perinatal field.

VIRGINIA APGAR, M.D.

**Fluid Balance in Obstetrics. A Critical Review.** BY PHILIP RHODES, M.A., M.B., F.R.C.S. (ENG.), M.R.C.O.G., Consultant Obstetrician and Gynaecologist to St. Thomas's Hospital, Lambeth Hospital and the General Lying-in Hospital, London and Horsham Hospital. Cloth. \$5.75. Pp. 165, with 12 tables and 5 appendices.

Lloyd-Luke (Medical Books) Ltd. Distributed by the Year Book Publishers, Inc., 200 East Illinois St., Chicago, 1960.

This is a scholarly, well-documented monograph and is written in simple easily understandable language by one of the leading British obstetricians. It covers most of the practical and many of the theoretical aspects of fluid and electrolyte balance in normal and abnormal obstetrics. The book starts out with a discussion of the basic physical and physicochemical background of fluid and electrolyte balance. It then surveys fluid and electrolyte balance of the non-pregnant woman, and that of the woman during normal pregnancy. Following this is a discussion of the water and salt depletion syndrome encountered in pregnancy, and some special problems of fluid and electrolyte equilibrium encountered in pregnancy complicated by various pathological processes. Hemorrhages and acute adrenocortical insufficiency encountered in obstetrics are also reviewed. The book concludes with consideration of fluid and electrolyte changes occurring during normal and prolonged labor, Caesarean section and the puerperium. There are many useful tables in this little book. The excellent bibliography offers a good starting point for those who would like to delve further into the problems discussed. This monograph should make a useful addendum to the library of those interested in obstetrics and obstetrical anesthesia.

FRANCIS F. FOLDES, M.D.

**Management of the Patient with Headache.**

BY PERRY S. MACNEAL, M.D., F.A.C.P., Physician to Pennsylvania Hospital and Benjamin Franklin Clinic, Philadelphia; Assistant Professor of Clinical Medicine, Jefferson Medical College; BERNARD J. ALPERS, M.D., Sc.D. (MED.), F.A.C.P., Professor and Head of the Department of Neurology, Jefferson Medical College, AND WILLIAM R. O'BRIEN, M.D., F.A.P.A., Psychiatrist and Head of the Department of Psychiatry, Pennsylvania Hospital; Instructor in Psychiatry, Jefferson Medical College. Cloth. \$3.50. Pp. 145, with no illustrations. Lea & Febiger, Philadelphia, 1957.