

some of which have been so reduced in size that they are of little value for the points they are intended to illuminate. Others are excellent, e.g., those in Chapters 11, 12, and 13.

The text was not as carefully proof-read as would have been desired, and numerous factual, as well as typographical, errors occur. In the chapter on anesthesia, page 562, an error in dosage for rectal Pentothal fortunately is on the low side. The amount indicated would have no clinically discernible effect. The use of commercial rather than official names of drugs also is to be deplored.

This is a useful reference for the anesthesiologist. The bibliographical material is excellent. The first and last chapters are most directly applicable to our specialty.

O. SIDNEY ORTH, M.D.

**Body Fluids in Surgery. SECOND EDITION.**

By A. W. WILKINSON, CH.M., F.R.C.S.E., F.R.C.S. Nuffield Professor of Paediatric Surgery, The Institute of Child Health of the University of London; Surgeon, The Hospital for Sick Children, Great Ormond St., London. Cloth. \$5.00. Pp. 276, with 12 figures and 30 tables. E. & S. Livingstone Ltd., Edinburgh. The Williams & Wilkins Co., Baltimore 2, Md., 1960, exclusive U. S. agents.

As this British pediatric surgeon admits, there are many aspects of fluid therapy and replacement related to surgery which are not yet understood fully. Nevertheless, there are a number of guide posts which can be utilized, and these are set forth intelligently and in an understandable manner in this volume.

I have been somewhat disturbed recently by the campaign being waged in certain medical centers against the administration of blood prior to surgery when moderate anemia exists, or when there is real or presumptive evidence of a diminished blood volume. Wilkinson states definitively that decreased blood volume and anemia should be treated actively in the preoperative period by small, repeated transfusions. In anemia, he states, treatment by transfusion should continue until the hemoglobin reaches 10.4 g. per 100

ml. This figure may be considered too low by some anesthesiologists in this country.

This volume is worthwhile reading for anesthesiologists; there are numerous clinical pearls which can be utilized in day-to-day practice. However, the ego of the anesthetist may be somewhat dashed by the following statement which appears in the chapter on shock: "Close co-operation between surgeon and anaesthetist is essential, and if the surgeon is unable personally to supervise resuscitation, the anaesthetist is the best alternative person to do so."

C. R. STEPHEN, M.D.

**Medical, Surgical and Gynecological Complications of Pregnancy.**

By the Staff of Mount Sinai Hospital, New York City, N. Y. Edited by ALAN F. GUTTMACHER, M.D., and JOSEPH J. ROVINSKY, M.D. Cloth. \$16.50. Pp. 619, with illustrations and tables. The Williams & Wilkins Company, Baltimore 2, Md., 1960.

This should be an excellent book for the obstetrician. There is a review of spinal anesthesia of less than one page, none of which will be new to the anesthesiologist. There is not even a mention of aspiration pneumonia. This publication seems a little incomplete to be of much help to the anesthesiologist.

ALICE McNEAL, M.D.

**The Choice of a Medical Career.**

Edited by JOSEPH GARLAND, M.D., Sc.D. (Hon.), Editor, New England Journal of Medicine, Consultant Editor, British Practitioner, and JOSEPH STOKES, III, M.D., Associate in Preventive Medicine, Harvard Medical School and Associate Editor, New England Journal of Medicine. Cloth. \$5.00. Pp. 231. J. B. Lippincott Company, Philadelphia, 1961.

The subtitle *Essays on the Fields of Medicine* perhaps conveys a better concept of the content of this book. Collected here are twenty-one essays intended to picture the opportunities presented by the profession of medicine to those entering it and "to serve as a guide for channeling of life within the profession."