

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. CUTTMACHER, 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."

The first chapter is concerned with the characteristics and trends of modern medicine and the last, with the "functions, the duties and obligations of the physician as a man of good will and as a citizen." In each of the intervening essays, a man eminent in his field, discusses his own specialty.

This book offers interest and inspiration not only to those just entering the medical profession but to mature practitioners as well. It is to be recommended for both medical school and private libraries.

JULIA G. ARROWOOD, M.D.

**British Medical Bulletin, Volume 17, No. 1, January 1961. *Hypothermia and the Effects of Cold.* 15 articles by 17 authors. Paper. \$3.25. Pp. 73, with 13 figures and 5 tables. Published by the Medical Department, The British Council, 65 Davies Street, London, W. 1, England.**

This symposium contains 15 articles by Canadian and English authors. It covers physiological effects of low temperatures on the organism and acute hypothermia in large animals and man. Each author is an authority who has done fundamental work in his own area. The volume therefore presents summaries of original investigations as well as reviews of the literature. The first papers deal with the effects of external cold on non-anesthetized subjects, including one by Fox on local cooling in man. Physiological and biochemical changes, enzyme alterations, as well as quantitative and qualitative changes in metabolism are discussed. Matthews gives consideration to onset of hibernation, and to activity and physiological changes which take place during this phenomenon.

McMillan and Machell describe methods used for cooling anesthetized man, describing surface cooling in detail. Drew presents his procedure for producing profound hypothermia. Kenyon gives a similar account of experimental deep hypothermia. Cooper reviews the literature concerning circulatory changes during hypothermia, and discusses the various arrhythmias which have been reported, including ventricular fibrillation. Metabolism during hypothermia is described by Fairley, who includes information on oxygen requirements of individual organs. Bigelow and Sidlofsky outline hormone effects during hypothermia, including the anterior pituitary, thyroid, pancreas, and adrenal secretions, pointing out that our lack of specific information is largely due to the acute nature of most experiments. Loughheed tells of measurements made on the effects of hypothermia on the central nervous system and gives a short discussion of its value and protection of the brain from injury due to trauma. Burn tells of the temperature effect on responses to drugs. Weiss's review considers the effects of hypothermia on radio-sensitivity of mammals, and on their cells and tissues.

No mention is made of the well-accepted use of hypothermia during a neurological deficit immediately following cardiac arrest.

It is of interest to the reviewer that the clinical development of hypothermia has progressed to the point that two commercial advertisements for apparatus to produce deep hypothermia appeared in this issue of the *British Medical Bulletin*.

The review has been well prepared and should be of considerable interest to anesthesiologists.

ROBERT W. VIRTUE, M.D.