

A Primer of Electrocardiography. FOURTH EDITION. REVISED. BY GEORGE E. BURCH, M.D., F.A.C.P. Henderson Professor of Medicine, Tulane University School of Medicine; Physician-in-Chief, Tulane Unit, Charity Hospital, AND TRAVIS WINSOR, M.D., F.A.C.P., Assistant Clinical Professor of Medicine, University of Southern California Medical School; Director, Heart Research Foundation, Los Angeles. Cloth. \$5.00. Pp. 293, with 286 illustrations. Lea & Febiger, Philadelphia, 1960.

This represents the fourth edition of a book which has enjoyed a great demand by beginning students of electrocardiography. A measure of its popularity may be taken from the fact that this represents the twentieth printing of this book since appearance of the first edition in 1945, not counting translations into four foreign languages.

The text consists of five chapters and an appendix. The first chapter, "Principles of Electrocardiography" presents the physical and theoretical basis of electrocardiography and the electrocardiogram. Without becoming involved with the finer details of electrical circuits or the physiology of excitation, the essential facts are presented and adhered to consistently, not, as in so many primers of electrocardiography, explained in a cursory manner and then abandoned for a simpler presentation by means of incomplete electrical circuits diagrams. The relationship of the signals obtained with the standard limb leads to the patterns of depolarization and repolarization of a hypothetical cell are explained in this chapter, and the concept of the mean electrical axis is introduced. Chapter 2, "An Analysis of Various Components of the Electrocardiogram and Their Clinical Significance," extends these considerations to the normal heart, and the heart altered by disease, and digitalis and quinidine. Conduction defects are utilized artfully to emphasize the importance of temporal relationships of electrical events in various portions of the heart in determining the configuration of the electrocardiogram. Chapter 3, "Precordial Leads," introduces the concept of the unipolar lead, and defines the precordial leads, the unipolar limb leads and the esophageal leads. Their

uses for more discriminant diagnosis are illustrated through further discussion of bundle branch blocks, a rather thorough analysis of myocardial infarctions, and the alterations produced by ischemia, injury and death of heart tissue. Chapter 4, "Disorders of the Heart Beat," deals with the arrhythmias. Chapter 5, "Clinical Applications of the Electrocardiogram," presents a useful protocol for reading the electrocardiogram, and cautiously relates various electrocardiographic diagnoses to specific disease states. Spatial vectorcardiography is introduced together with a delightful set of stereoscopic tracings. The ventricular gradient is explained and its significance emphasized. The appendix includes charts for finding electrical axes, tables of normal intervals and amplitudes, and lists of criteria for diagnosis of myocardial disease. There is a subject index, but no bibliography. Although no actual electrocardiograms are used, the text is amply illustrated with diagrams and hypothetical tracings.

The text of this fourth edition varies little from that of previous editions, having been expanded only slightly to include the influence of quinidine and more material on right and left bundle branch block and right and left ventricular hypertrophy. The authors have succeeded admirably in accomplishing what they set out to do, to establish a "foundation upon which to build a useful, practical and theoretical knowledge of electrocardiography. Once the principles governing the electrical phenomena are clearly understood, their variations and extensions require relatively little imagination." Command of at least this much electrocardiography is a "must" for the modern anesthesiologist.

DUNCAN A. HOLADAY, M.D.

The Cardiac Arrhythmias. BY BRENDAN PHIBBS, M.D., Casper Clinic, Casper Wyoming. Cloth. \$7.50. Pp. 128, with illustrations. The C. V. Mosby Co., St. Louis, Missouri, 1961.

Dr. Phibbs, a cardiologist and formerly a teacher of cardiology, has prepared an excellent monograph devoted to the arrhythmias. He has set out to improve the ability of general physicians to accurately label irregularities of the pulse.

The book opens with a clear, well-illustrated discussion of the anatomy and physiology of conduction, followed by a terse review of electrocardiographic nomenclature. The remaining chapters concern specific arrhythmias and include one chapter on arrhythmias which might be encountered in the operating room. The author provides the reader with clues to clinical recognition of irregularities but emphasizes the fallibility of reliance on anything short of electrocardiographic interpretation for accurate diagnosis. Clarity of meaning, concise writing, and the illustrative electrocardiograms reward even the casual reader with a greatly enhanced facility in electrocardiographic diagnosis of arrhythmias. The reader may test his ability in a final section of unlabeled tracings.

The book is nicely printed and bound, and only a few of the tracings are poorly reproduced. This publication is worthwhile reading for anesthesiologists.

ROBERT T. PATRICK, M.D.

Resuscitation of the Unconscious Victim.

A MANUAL FOR RESCUE BREATHING. SECOND EDITION. BY PETER SAFAR, M.D., Professor of Anesthesiology, University of Pittsburgh, School of Medicine, (formerly, Assistant Professor of Anesthesiology, The Johns Hopkins University, School of Medicine); AND MARTIN C. MCMAHON, Captain, Baltimore Fire Department, Ambulance Service. Illustrated by Colin E. Thompson, Jr. Paper. \$2.00. Pp. 87, with 17 figures. Charles C Thomas, Publisher, Springfield, Illinois, 1961.

This small manual is intended primarily to teach lay people the fundamental concepts of resuscitation of the unconscious patient, and thus is particularly useful for those who are concerned with the application and teaching of first aid.

The subject matter begins with a definition of asphyxia in terms that a layman can understand. This is followed by a description of the various types of resuscitation of unconscious victims, including the advantages and disadvantages of each method. A few hints on cardiac resuscitation, transportation of the unconscious patient, and the teaching of artificial respiration are also included.

This manual is written in an effective and simple style which can be understood by all. It is very effectively illustrated. The bibliography includes 21 references.

This publication is recommended for residents in anesthesiology as well as all interns. It would be a help to anesthesiologists preparing a talk on resuscitation for lay people. This manual is recommended reading for hospital orderlies, ambulance drivers, etc. Therefore it is a welcome addition to all hospital libraries. An extra copy might well be kept in the tool box of the hospital ambulance.

P. C. LUND, M.D.

Management of Obstetric Difficulties. SIXTH EDITION. REVISED BY J. ROBERT WILLSON, M.D., M.S., Professor of Obstetrics and Gynecology, Temple University School of Medicine; Head of the Department of Obstetrics and Gynecology, Temple University Medical Center, Philadelphia. Cloth. \$16.50. Pp. 687, with 323 illustrations. The C. V. Mosby Co., St. Louis, Missouri, 1961.

The sixth edition of Willson's *Management of Obstetric Difficulties* is now available. One wonders whether the next edition will still recommend blind oral intubation for resuscitation, and milking the cord. The author states he has used the latter technique "in full term infants since 1945 and have noted no ill effects on the baby." One wonders what happened to the premature infants. A short review of recent work on blood volume and circulatory adjustments of the newborn would have been helpful at this point.

Doctor Willson's six precautions for administering medication are good: Never give too early, too late, too often, too much, if the patient cannot be constantly observed. In addition, be familiar with the physiologic effects of the material used. Very good advice for anesthesiologists, obstetricians, and any physician for that matter.

I looked earnestly for some discussion of the revived practice of vacuum extraction in place of certain forceps manipulations, but found no reference to it.

For pudendal block by the ischio-rectal approach, a total of 40 cc. of 1 per cent lidocaine is recommended. This amount can be cut in