

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