

gram is also affected by many stimuli peculiar to anesthesia and surgery. Short chapters on "Electrocardiographic Equipment Suitable for Use by the Anesthetist" and a discussion on "The Value and Limitation of the ECG" complete the second half of this really significant publication.

The book contains excellent illustrations. It is authoritative, yet short and concise enough to please busy clinicians. Perusal of this book will undoubtedly encourage more anesthesiologists to make intelligent use of the valuable information that can be derived from knowledgeable ECG interpretation.

WILLIAM O. MCQUISTON, M.D.

Clinical Hypothermia. By EMIL BLAIR, M.D., Assistant Professor of Surgery, Director of Thoracic and Cardiovascular Surgery, University of Maryland School of Medicine, Baltimore. Pp. 272, with 72 figures. Cloth. \$12.50. The Blakiston Division McGraw-Hill Book Company, New York, Toronto, London, 1964.

Dr. Blair has had sufficient experimental and clinical experience with hypothermia to obtain unusual insight into this subject. This book covers the field succinctly with a broad point of view.

Hypothermia is defined as lowering of bodily temperature below 35° C. The functions and organs affected by hypothermia are given authoritative and thorough treatment in a 100-page, easily read, chapter on physiology. The many clinical applications including vascular surgery, cardiac surgery, pulmonary problems, neurological problems of nine separate classifications, metabolic and toxic situations, and renal problems are each described, as are the infectious, obstetrical, and pediatric conditions in which this adjunct for care and treatment of patients has been utilized. Methods of producing human hypothermia are described.

A chapter on complications presents the untoward situations that have occurred concurrent with the use of hypothermia, and assigns to each one the proper etiology, recognizing that ileus and benign arrhythmias are the only complications for which hypothermia is *solely* responsible at a level of approximately 30°.

The future of hypothermia receives a few very stimulating but conservative paragraphs. An appendix gives in outline form, quite briefly but effectively, valuable pointers in the management of hypothermia. The index is satisfactory. This book is the most accurate and complete one to date on the subject. It is recommended to any clinician interested in hypothermia.

ROBERT W. VIRTUE, M.D.

Methods in Pulmonary Physiology. By H. BARTELS, E. BÜCHERL, C. W. HERTZ, G. RODEWALD, and M. SCHWAL. Translated by John M. Workman, B.M. (Oxon.), Department of Surgery, Division of Thoracic Surgery, University of Maryland School of Medicine, Baltimore. Pp. 423, with 216 illustrations. Cloth. \$27.50. Hafner Publishing Company Inc., New York and London, 1963.

This monograph is intended as a comprehensive presentation of important methodology in clinical pulmonary physiology. "The needs of those who work in small laboratories and hospitals were given consideration in that special emphasis has been placed on simple methods in the discussion of diagnostic capability." Common procedures from simple spirometry through blood-gas analyses to cardiac catheterization, are discussed. Particularly useful are many nomograms, graphs, and tables which would be difficult for an anesthesiologist to locate in their original publications. Descriptions clearly provide the "why" in addition to the "how to." There are particularly good discussions on ergometry and bronchosprometry. Van Slyke's manometric technique is exhaustively covered in a manner permitting easy self-teaching.

Reflection of Germanic authorship is seen in the variety of instruments discussed, especially in spirometry. Most of these are not only unfamiliar to American workers but unavailable. Considering the intention to discuss procedures and techniques applicable to small hospitals, it is surprising that the spirometer of D'Silva and the peak flow meter of Wright are not discussed. The measurement of mechanical factors of breathing are inadequately covered, and absence of a discussion of the body plethysmograph seems a striking omission. Measurement of diffusing capacity is briefly considered, with too much emphasis on oxygen diffusing capacity and too little emphasis on carbon monoxide diffusing capacity. The concept of membrane and capillary components of diffusing capacity are overlooked. Methods for gas tension measurements neglect anesthetic gases and rely heavily on indirect procedures for both oxygen and carbon dioxide. "Suitable techniques for performing routine measurements have not been worked out. . . ." This is no longer true, but is undoubtedly explained by the fact that this book was published in 1959, making this translation five years out-dated.

References appear conveniently at the foot of pages to which they apply. There is a distinct preference for Germanic literature appropriate for the German worker but often inaccessible to an American worker. A large proportion of the text