

conclusively as the etiological factor. The science of pulmonary surfaces is comparatively young and much needs to be learned, especially in the area of normal physiology and assay methodology. In addition other properties of the alveolar lining layer that may influence alveolar stability need to be elucidated and defined in detail."

Every scientific subject passes through three stages of sophistication: descriptive, quantitative, and elaborative. The study of the surfactant system of the lung is just entering the quantitative stage. "Reliable and reproducible primary extraction methods in which the system is recovered unaltered from the lung" are not extant as long as "standardization of the extraction method for a particular laboratory is an empirical process." Actually, the standardization on 3 gm of lung per 50 ml of saline was the result of the weight of a rat lung (3 gm) and the volume of the first surface balance trough (50 ml). Because of the variability in extraction procedures the resulting admixture of odds and ends in extracts, washings and foams has been characterized chemically only as to major classes of lipids and fatty-acid composition. Obviously, the best biophysical and chemical assay methods cannot compensate for sampling error. Even the question of whether the alveolar lining layer contains a lipoprotein has not been settled. Once we know what to assay and how to sample properly, progress in this area should accelerate. Hopefully, the publication of this text will elicit new methodology and stimulate quantitation in the field.

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Paediatric Anaesthesia. By H. T. DAVENPORT.
Pp. 181. Cloth. Philadelphia, Lea and Febiger, 1967.

The field of pediatric anesthesia has matured sufficiently that a need exists for a text, first to document the unusual technical and clinical problems and solutions and then to collect and organize the growing body of literature on this subject from anesthesia, pediatric, and surgical journals. Therefore, each announcement of a book on pediatric anesthesia is met with the optimistic hope that at last the job has been done. Unfortunately, "Paediatric Anaesthesia" by Harold T. Davenport falls short of the need.

Its 181 pages are arranged in 13 chapters and five appendices. Chapters are organized sequen-

tially through the anesthetic management from preoperative preparation through postoperative care. These are followed by chapters on special subjects such as management of the newborn, anesthesia for common operations, anesthesia for rare conditions, and diagnostic procedures.

Some of the most important aspects of pediatric anesthesiology, such as pediatric pharmacology and infant or pediatric respiratory physiology are not included as chapters.

Another serious deficiency of this monograph is that it has been written and published without a single reference except for several citations in Appendix A, on exotic diseases. Surely we are past the stage in pediatric anesthesia where a "How we do it at our place" book should be published. Statements on complex subjects, obviously the author's own opinion, are made without qualifications or references. Most subjects are dealt with superficially and usually in reference to the author's experience or practice.

The more intangible failing of the book is that it lacks enthusiasm. It is to be expected that the author of a book on a subspecialty should display passion or at least fascination with his subject. Too often, the author dismisses subjects as "superfluous" or "unnecessary" or "similar in adults." Finally the reader asks, "Why bother?"

Pediatric anesthesia deserves a better fate. Pediatric anesthesia departments are springing up across the country in children's hospitals. Developmental pharmacology is increasingly recognized as a subject important to anesthesiologists. In an age group where pulmonary disease is a leading cause of death, anesthesiologists are making increasing contributions to the treatment of respiratory distress syndrome of the newborn, pneumonia, bronchiolitis, and status asthmaticus. Much objective data has been collected by pediatric anesthesiologists trying to achieve a rational approach to the design and selection of anesthetic equipment for children.

The profession requires a book on Pediatric Anesthesia with relevant material, supported by the most current references, and presented with enthusiasm justified by past accomplishments and future potential.

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