

eral organizational policies of special care units, nursing care, general and special problems in patient care, cardiothoracic and pediatric intensive care. Although much of the material presented is not innovative, and no section is a definitive thesis on any of the multifold aspects of intensive care, this book provides a comprehensive evaluation of the areas which must be considered in a unified approach to intensive patient care.

A review such as the authors have provided should be useful to those physicians engaged in planning intensive care facilities. The chapter on organization and planning of special care units outlines the necessity for a full-time physician-director of such a unit, and details the authority and responsibility which must be delegated to him in order to assure efficient function of the unit.

The section on nursing, with its numerous lists of the contents of emergency and other kits, should be helpful to nurses engaged in planning a unit. The remainder of the text should provide aid in understanding the pathophysiology and treatment of acute surgical illness.

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Manual of Surgical Therapeutics. EDITED BY ROBERT E. CONDON AND LLOYD M. NYIUS. Boston, Little, Brown & Company, 1969. Pp. 380. \$5.95.

The goal of this manual is to provide a readily-available source of information on the pathophysiology, pharmacologic and nonoperative aspects of the care of the surgical patient. The authors, all from the University of Illinois School of Medicine, have achieved their goal. The material is up-to-date and well organized, with judicious use of illustrations and tables, and is presented in "cookbook" format. In many instances the authors have managed to include information about the experimental basis for the choice of a particular therapeutic regimen. The pertinent information seems to be all there at the tip of the finger. The manual is designed primarily for the surgical House Officer. However, with the trend

in greater involvement of Anesthesia house officers in preoperative and postoperative care, this manual, which has a clear, concise style, may be of great value.

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Progress in Surgery. Volume VII. EDITED BY M. ALLGOWER (Basel), S. E. BERGENTZ (Coteborg), R. Y. CALNE (Cambridge, G.B.), AND U. F. GRUBER (Basel). New York, S. Karger, Basel, 1969. Pp. 290. \$22.80.

The six topics presented by different authors consist of 1) the surgical treatment of thyroid disease, 2) stapling devices used in surgery, 3) the use of dextran, 4) the preparation of antilymphocytic sera, 5) the detection of transplantation antigens in leukocytes and 6) progress in liver transplantation.

These reviews are clear, concise and authoritative. One of the authors points out that his review does not include a number of important papers published since the submission of his article. This problem, common to all reviews (especially those published in book form) is seen particularly in the chapters on transplantation and in the chapter on thyroid disease, where no mention of medullary cancers and their association with other endocrine tumors, which has been one of the most fascinating recent developments in endocrinology. The chapter on staples give a good historical review and an outline of the applications of these devices today in the U.S.S.R. The rather complete review of the experimental and clinical studies of the antithrombotic effects of dextran 40 and 70 leaves one with the impression that the entire story is not in yet and that the use of dextran 40 may be indicated intra- and postoperatively in certain circumstances.

This review presents a rather complete reference source, and should be of equal interest to anesthesiologists and surgeons.

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Obstetrics and Pediatrics

DIAZEPAM IN LABOR Each of 200 primigravida and secundigravida parturients was given either diazepam or a placebo during early labor (less than 5 cm cervical dilation) according to a sealed code of random design. There was significant relief of discomfort, as well as reduction in dosage of meperidine, in those patients given diazepam. This tranquilizing agent was shown to be a safe, useful analgesic, either alone or in combination with meperidine, for parturients and their neonates. Temporary hypoactivity and hypotonicity occurred in neonates of diazepam-treated mothers. (Flowers, C. E., Rudolph, A. J., and Desmond, M. M.: *Diazepam (Valium) as an Adjunct in Obstetric Analgesia, Obstet. Gynec.* 34: 68 (July) 1969.)