

The Anesthesiologist's Bookshelf

Edited by MEREL H. HARMEL

Principles and Practice of Obstetric Analgesia and Anesthesia. By JOHN J. BONICA. Volume II. Philadelphia, F. A. Davis Company, 1969. Pp. 562.

Dr. Bonica has, in two volumes, brought together in systematic manner nearly all the available current knowledge of obstetrics, perinatal care and anesthetics related to obstetric anesthesia. For the researcher, this tome provides "seed" references to initiate investigations; for the debater, the book offers the several sides of nearly every identifiable controversy, be it academic or clinical. For the obstetric, perinatal and anesthesiologic clinician the book provides specific answers to questions and opinions about both routine and unusual clinical problems.

It is impossible to determine whether this textbook is better for teaching obstetrics or anesthesiology. The obstetrics resident, for example, can find within the 117 pages of Chapter 72 a concise consideration of fetal distress, complete with a description of sophisticated fetal monitoring, causes of fetal distress, obstetric management, and anesthetic considerations. From Section 8, "Anesthetic Management of Normal Labor and Vaginal Delivery," the anesthesia resident can obtain an understanding of labor and delivery mechanisms which is basic to the function of an obstetric anesthesiologist. In short, Section 8 provides for the obstetrician the anesthetic knowledge and for the anesthesiologist the knowledge of obstetrics necessary for the proper application of their combined talents to provide excellent patient care. This is one of Dr. Bonica's major objectives in this "work of love."

In the 562 pages of Volume II, Dr. Bonica and contributors discuss and illustrate anesthetic management of nonobstetric and obstetric complications, anesthetic management of fetal complications, and anesthesia for both operative obstetrics and nonobstetric surgery. The factual, illustrative and comprehensive magnitude of Volume II alone would have justified its publication as six monographs.

Section 9, "Anesthetic Management in Non-Obstetric Maternal Complications," deserves special attention. Each of the eleven chapters deals with obstetric anesthetic considerations in parturients with diseases of specific organ systems. This represents a novel contribution: nowhere else in anesthetic, obstetric or general medical communication can such a complete survey be obtained.

Chapter 53, "Heart Disease," is, in my estimation, the high point of Volume II. The epidemiology, classification, physiopathology, clinical

symptomatology, and prognosis, as well as anesthetic management considerations for each type of heart disease in the pregnant patient, are succinctly described. A clear description of each specific valvular lesion of rheumatic heart disease is given. In addition, and of particular value to the clinician, there is a discussion of many types of cardiac arrhythmias in the parturient. Cardiovascular effects, therapeutic efficacy, effects on labor, effects on the newborn, and complications resulting from drugs, anesthetic techniques, and even psychologic analgesia are described, and related to pregnancy complicated by each form of heart disease. This type of detail characterizes this section on maternal disease throughout its 183 pages. The clinical anesthesiologist confronted with a pregnant patient who has severe nonobstetric disease can refer to this book for expert guidance and an understanding of the problems with which he must deal.

Searching for criticism, the reviewer concedes that the book is lengthy, repetitious, and opinionated. These indictments are valid, but combine to suggest that as a whole the book is an excellent reference work for the clinician looking for a complete analysis of a given problem without the need to search through exhaustive cross-references.

Several areas in Volume II suggest that neuromuscular blockers may be utilized as a part of balanced anesthesia for delivery without endotracheal intubation. Many obstetric anesthesiologists feel that every patient in labor potentially has a full stomach and that paralysis and controlled ventilation without intubation represent a prohibitive risk.

In addition, the admitted dangers of halothane anesthesia are stressed to the point that the reader may be fearful of using halothane even when it is clearly indicated, let alone in circumstances in which it may help. If the effort used in describing details of regional anesthesia were used to describe the particulars of halothane administration, halothane might be used more widely.

I fully recommend this timely and classic work to all physicians participating in obstetric anesthesia.

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Cerebral Circulation. EDITED BY D. GORDON McDOWALL, M.D. International Anesthesiology Clinics, Fall, 1969. Volume 7, no. 3. Boston: Little, Brown and Co., 1969. Pp. 299. \$5.50

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This is a compact, well-edited book written by a distinguished panel of 12, consisting primarily of British anesthesiologists, but including also three British neurosurgeons, one British surgical physiologist, one German physiologist, and one Italian anesthesiologist. Each deals with a particular phase of cerebral circulation or its clinical application, with which he has been primarily concerned.

All the chapters are generally well written, so that reading is a relative pleasure as well as informative. The material is well balanced, accurate, and in review form. It is detailed without becoming picayune, so that the reader is not overwhelmed with a mass of minutiae. An adequate and current bibliography is appended to each chapter.

For practical purposes, the book is in two parts. Although not formally divided, the first six chapters deal with basic physiology, pharmacology, and methodology of measurement of cerebral circulation, while the remaining eight chapters are concerned primarily with the clinical, and specifically the clinical anesthesiologic, implication of these principles.

In the realm of basic physiology, the reviewer was impressed with the balanced approach. The

chapters were well edited, without unnecessary overlap or repetition, unresolved questions were presented from both sides with excellent discussions of the merits of each argument, despite the personal bias of the author. One is left with an excellent panorama of the state of the field.

There is a correct emphasis in the clinical chapters on those aspects which will be of particular value to the anesthesiologist, without ever losing sight of the problem as a whole. The value to those with a special interest in neurosurgical anesthesia is obvious, but the book also has much to offer the neurosurgeon and, perhaps to a lesser extent, the neurologist.

In summary, this is a well-written, well-edited book, whose readership should exceed its primary audience of anesthesiologists to encompass those wishing a ready and accurate review of the current literature and problems in cerebral circulation. Those already expert in the field will not find in-depth discussion or new items, but may benefit from the excellent bibliography and discussion of clinical relevance.

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Surgery

TRANSFER FORCEPS In response to a question regarding the use of sterile transfer forceps and the adequacy of aqueous zephiran, 1:1,000 as the storage solution, the suggestion was made to avoid the routine use of transfer forceps. Transfer forceps are needed less often now that so many items are prepackaged. When a sterile transfer forceps is needed, it should be housed in a metal container with an inner metal cylinder, spring guard and rubber collar. The forceps should be diaphragm-capped, with a downward bend and pistol grip. A broad-spectrum germicide (alcohol-formalin or glutaraldehyde solution) should be used for storage after the unit has been sterilized. (*Ginsberg, F.: OR Questions and Answers, Mod. Hosp. 114: 120 (Feb.) 1970.*)

HELICOPTERS The use of helicopters in the transport of emergency patients was studied. Helicopters have obvious advantages as transport vehicles in avalanches, in traffic accidents on mountains, in major disasters, at sea, and in remote areas. Weather and darkness reduced the time when helicopters could be used by 76 per cent. Pulse and blood pressure could not be measured by palpation or auscultation because of noise and vibration. Pulse, blood pressure and respiration had to be monitored electronically. The electronic monitors were highly effective. Cardiac massage was almost impossible, especially when more than one patient was in the helicopter. At present, helicopters can be an extremely useful addition to emergency services, but they can in no way replace existing ambulance systems. (*Droh, R., and Dortmann, C.: Helicopter Transport of Emergency Patients, Der Anaesthetist 19: 66 (Feb.) 1970.*)