

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 picaresque, 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 all 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.

ROBERT A. MOODY, M.D.  
University of Chicago  
Chicago, Illinois 60637

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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.*)