

The Anesthesiologist's Bookshelf

A Manual of Anesthetic Techniques (4th Edition).
EDITED BY W. J. PRYOR AND D. C. T. BUSH.
Chicago, Year Book Medical Publishers, 1974.
Pages: 414. Price not stated.

First published in 1956, this book is intended primarily as a practical *vade mecum* for young anesthesiologists starting on their careers in the specialty. The authors stress that the techniques they describe are safe, simple, tried methods, and make no attempt to delve deeply into the theory of anesthesia. A fairly extensive revision is claimed in the fourth edition.

The book provides an easy to read, portable reference work in which a young anesthetist would be able to look up a technique appropriate to the particular problem with which he is faced. The authors commence with a review of basic equipment and follow with a rather dated account of agents that concern the anesthetist. Space is still devoted to such agents as Vinethene, chloroform, and Neothyl, but there is no mention of either enflurane or fluroxene. Prilocaine is only mentioned in this chapter as being a promising new local analgesic, and bupivacaine, not at all, although it is referred to frequently in the excellent little chapter on local analgesic techniques. In the sparse section on muscle relaxants, the lumping together of depolarizers and nondepolarizers under a single heading tends to be rather confusing. Of the newer relaxants, alcuronium and pancuronium are given a scant 23 lines, and there is no mention of the use of a small dose of a nondepolarizing agent to prevent some of the side-effects of succinylcholine. The problems associated with the use of relaxants in the presence of renal disease are virtually ignored, and nowhere in the book is there any reference to anesthesia for transplantation. Diazepam, a drug with protean uses, is summarized in about a dozen lines.

Much of the advice in the book, however, is well written and pertinent. There are sections on anesthesia for major neuro- and cardiovascular surgery, and excellent chapters on monitoring, fluid and electrolytes, special anesthetic techniques, and anesthesia in the presence of intercurrent disease, but none on dental anesthesia and analgesia. The dangers of vomiting and regurgitation and the methods of prevention of this serious complication could have been mentioned in the section on intubation, rather than left almost until the end.

A potentially dangerous misprint on page 160 gives the dose of hyoscine as 0.1 mg/kg, im, instead of 0.01 mg/kg.

It is difficult to avoid the impression that the latest revision was not extensive enough. Fully four fifths of the references predate 1966.

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Loaded Breathing. EDITED BY L. D. PENGELLY, A. S. REBUCK, AND E. J. M. CAMPBELL. New York, Longman, Inc., 1974. Pages: 254. Price: \$12.50.

This is an excellent book. It consists of a collection of papers presented at an international symposium in Hamilton, Ontario, in April 1973, together with a discussion of the papers and a short summary by Dr. Moran Campbell at the end. The caliber of the papers is generally very good: three or four are so excellent that their collection together is a sufficient reason for anybody interested in respiration to get the book. For instance, the presentations by Dr. Jere Mead and co-workers summarize the almost revolutionary new thinking about what the diaphragm does. Because these ideas are so different from the accepted dogma and also because they are not very clearly explained in places, the reader will probably have to go over them more than once to get the picture. But it is worth it. The section on control of respiratory frequency by Dr. Milic-Emili and colleagues is also a most important new approach. At last the clouds seem to be clearing from the sulfurous ground of the notoriously difficult relationship between tidal volume and respiratory frequency in health and disease. It causes a happy nostalgia to find that not only is Hering-Breuer back, but is now beginning to make sense. Finally, the article on neurophysiologic advances in the understanding of the muscular control of breathing by Dr. Curt von Euler is a most timely and interesting review of what has led to our present appreciation of and excitement about this field.

So much for why this is a book worth buying at \$12.50. Now for the bitching. There seems to be an increasing tendency for medical scientists to allow themselves to be party to the production of the easy instant textbook. This is partly because of the old problem of maximizing publications and partly because of the more recent problem of getting important ideas disseminated quickly so they can be useful in this time of rapid scientific advances. This has led to a spate of books summarizing scientific conferences which is now reaching worrying proportions. Worrying because these books are in fact taking the place of textbooks in the considerations of some educators and, particularly alarming, of some scholars who would otherwise be painstakingly writing easily readable reviews of important knowledge in their fields. Textbooks, unlike these conference reports, are used briefly or at length by a large number of interested physicians to study just the matters that concern them. Books like "Loaded Breathing" fail to get the message to these people, although individual papers may be very important; too often there are also mediocre papers to confuse and vex the dedicated reader, and there is no clear synthesis of the new work and its importance. Even the

major factor in favor of this type of presentation—rapid publication—seems increasingly elusive.

There are also some criticisms of the layout of the book itself. It was a mistake to collect the discussions of the presentations at the end of the book, since they have no life of their own. They would have been more effective if they had followed the papers to which they relate. And the title of the book, thought informative and succinct, is sure to be the basis of ribald comments related to the Breathalyzer test for intoxication in the United States. But perhaps Dr. Moran Campbell wanted it that way.

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Acupuncture for Physicians. EDITED BY T. MATSUMOTO. Springfield, Illinois, Charles C Thomas, 1974. Pages: 204. Price: \$14.75.

Erythroxylon coca casts a long shadow. Deep in our scientific souls there lingers the atavistic hope that somewhere, some when, some folk has, perhaps unknowingly, discovered the golden fleece, the elixir of life, the universal solvent, the universal cure for pain. After all, if cocaine, . . .

Anesthesiologists as a group are peculiarly vulnerable to such beguiling fancies. Their science was founded on a series of lucky breaks. As humanitarians dedicated to the prevention of physical suffering, they feel compelled to test every reported panacea, no matter how implausible, regardless of whether common sense or neuroscience declares they are pursuing a chimera.

It says something about the United States that a vogue conceived in its highest office should ripple into the far corners of the western medical enterprise, and it says something about the good intentions of honest, highly educated men that they should, in the pursuit of the noble, put forth so much inconclusive effort to pin it down. On the other hand, some dedicated scientists have felt compelled to test the premises and claims of the cultists with all the rigor of their command. Unfortunately, in reading *Acupuncture for Physicians*, one is not sure to which category the author belongs. Rigor is not its forte. Here is a beautifully produced and illustrated compendium of clinical usage, practical to the last degree. Here also is a lengthy report about so-called research, candid and naive to the point of credulity. It includes 30 pages on acupuncture anesthesia in animals. What animals? Rabbits, of course,—no one tries to acupuncture cats. "It was possible to perform surgical procedures on rabbits under the effect of acupuncture anesthesia without premedication." I can vouch for the fact that it is possible to perform surgical procedures on rabbits without any anesthesia at all, having witnessed two such laparotomies

in Moscow. There I was told that rabbits do not feel pain.

To those readers who want to try acupuncture, Professor Matsumoto's book can be recommended as an unexcelled guide, but if they are seeking a critical account of this form of therapy they should look elsewhere.

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Serotonin: New Vistas. Advances in Biochemical Psychopharmacology. Volumes 10 and 11. EDITED BY E. COSTA, G. L. GESSA, AND M. SANDLER. New York, Raven Press, 1974. Price: \$18.00 each.

It is ironic that the designation "serotonin," the term originally given to the serum-borne vasoconstrictor substance identified as 5-hydroxytryptamine, has been retained although the primary significance of this monoamine is in the central nervous system. At least, so it would seem from the two-volume monograph on "Serotonin: New Vistas" which represents the proceedings of a symposium held in 1973.

The progress of serotonin research has closely paralleled that of catecholamine research. The first advance was the development of a fluorescent histochemical method which has permitted the elucidation of serotonergic pathways in brain and spinal cord. While their distribution is not as well-defined as that of the catecholaminergic neurons, it is now clear that some serotonin cell bodies are located in areas other than the raphe region, such as the reticular formation and mesencephalon. Mapping of the neurons and terminals has also progressed, aided by the newly discovered dihydroxytryptamines, such as 5,6- and 5,7-dihydroxytryptamine (5,6-DHT and 5,7-DHT). These labile indoleamines act much like 6-hydroxytryptamine does in the catecholaminergic systems, and have proven to be just as useful pharmacologic tools for serotonin research. Understandably, a good share of one of the volumes is devoted to the biochemical and pharmacologic properties of these dihydroxytryptamines. Other agonists, antagonists, or depletors (such as p-chlorophenylalanine and p-chloroamphetamine) in serotonin research are also liberally interspersed within these two volumes. The involvement of serotonin in the processes concerned with development of morphine tolerance and dependence has been reaffirmed by Way *et al.*; evidence for its lack of participation in the analgesic effects of morphine has been presented by Harvey *et al.* Thus, the contest continues. The complexity of the problem is magnified by the probability of interrelationships among cholinergic, dopaminergic, noradrenergic, as well as various