

could be obtained from the pictures in *Gray's Anatomy*, then anatomic dissection would not be needed in medical school. The physiologic beauty of spinal and peridural anesthesia is that untoward side effects can be explained by understanding the consequences of autonomic nervous system blockade. A knowledge of pharmacology of local anesthetics is necessary in order to use these drugs rationally and efficaciously. Ms. Roberts is aware of these propositions, but chooses to refer the reader to other texts rather than discuss them in her book. If this is to be a manual for nurse anesthetists who are learning regional anesthesia, then these topics deserve clear exposition.

The author's mechanistic approach is commendable in that a checklist of performance will reduce the chance of critical omission. On the other hand, she allows for little deviation from her prescription for drugs, dosage or regional supplementation. There is a lack of precise information relating spinal anesthesia drug dosage to patient height, type and dosage of premedicants, and variety of techniques for regional block supplementation. The author is to be commended for including frequent references to a humanistic approach to the patient.

The book title is misleading, since this is not a treatise of regional anesthesia but only discusses spinal anesthesia techniques with any degree of completeness. The book discusses two techniques for axillary block and dismisses peridural and caudal anesthesia in three pages. Stellate ganglion block or peripheral nerve blocks are not discussed.

The hardcover book is attractively designed with easily readable type. The prose style would benefit from careful editing to remove unnecessary words, jargon patterns, spelling errors and trite word grouping. The book lacks anatomic diagrams indicating precise points for needle insertion and placement.

With proper direction and supervision, nurse anesthetists can administer safe regional anesthesia. However, anesthesia is not a self-taught discipline, as this manual implies. The author makes frequent reference to the excellent regional anesthesia books of Moore, Lund and Greene. I suggest the neophyte in regional anesthesia would profit from consulting those books rather than this superficial, mechanically oriented, noncognitive effort.

MARK RAVIN M.D.
*Department of Anesthesiology
University of Kentucky
Lexington, Kentucky 40506*

Beyond Malpractice: Compensation for Medical Injuries. BY NATIONAL ACADEMY OF SCIENCES. Pages: 88. Price: \$6.50.

This relatively brief monograph is a report by a steering committee the members of which are from the fields of medicine, hospital administration, and law, and from the lay public. The Division of Legal, Ethical and Educational Aspects of Health, the Institute of Medicine, and the National Academy of Sciences charged this committee to investigate current options available to compensate patients for injury related to medical care and to comment on future directions for policy and research.

The report is comprehensive and presents the current state of affairs in patient compensation plans, medical malpractice, state legislation addressing these problems and the potential impact of alternatives based on fault, pre-trial screening panels, arbitration,

medical adversity insurance, elective no-fault insurance, and social insurance approaches.

This monograph seems to support a patient's receiving compensation for an adverse medical reaction since it can be devastating financially to the patient and others involved. Though the consensus is that these costs should be shared by society in some equitable way, the panel does not conclude that any one specific way is best. Rather, the members list what might be advantages and disadvantages of each.

This monograph is suggested reading for those interested in medical malpractice contention and patient compensation plans. It is one of the more complete documents available that summarizes the current status of these affairs.

JEROME H. MODELL, M.D.
*Department of Anesthesiology
University of Florida
Box J-254, JHMHC
Gainesville, Florida 32610*

Why Not Say It Clearly. BY LESTER S. KING. Boston, Little, Brown, 1978. Price: \$5.95. Pages: 186.

Bernard Shaw's definition of a drama critic, a man who leaves no turn unstoned, is apt to fit a reviewer too, especially when the book includes practical advice on the art of stoning. The reviewer feels challenged, like a grandmother receiving instructions how to suck eggs. In the present instance, however, belligerence quickly gives way to admiration, because the book is stocked with so many useful things the reviewer thought he knew but had either forgotten or never learned.

Dr. King, in presenting his views of what constitutes good expository writing and the ways to achieve it, places the emphasis on clarity, and documents his admonitions with examples of defects from the medical literature, accompanied by specific suggested improvements. He has chapters on the treacheries of honest words, starting to write, revising, getting finished, jargon, book reviewing, and last, on setting up a course in medical writing. There is also a chapter on style that manages to avoid quoting Buffon's "le style est l'homme même" but does reprint the brilliant parody by J. S. Gravenstein in which anesthesiologists are shown how to write in the manners, successively, of Carlyle, Hemingway, Macaulay, Samuel Johnson and James Joyce. "Hoopsa, gasablood, hoopsa, hoopsa."

King rouses one of the buzziest bees in my bonnet with the final sentence of his book, wherein he tells us what he hopes the book will achieve. This carries to an extreme the mannerism of biomedical writers of stating an article's purpose at the end of the introduction instead of at the beginning.

King's other lapses are two and far between. On page 115 the date of the founding of the Royal Society is given as 1660. The Society was chartered in 1663. And on page 171 "Quis custodiet custodes ipsos" erroneously transposes the last two words of a quotation from Juvenal. One real shortcoming is the absence of any discussion of the clarity and savings attainable by means of pictures and graphs. Nonetheless, King's sagacity as editor and exponent of scientific writing is apparent on every page and, since much of his material is drawn from medical journals, this enjoyable little pocketbook can be warmly recommended to have-been and would-be anesthesiologist authors.—B.R.F.