

## BOOK REVIEWS

Edward Lowenstein, M.D., Editor

**Anesthesia for Ambulatory Surgery.** EDITED BY: BERNARD V. WETCHLER, M.D. Philadelphia, J.B. Lippincott, 1985. Pages: 476. Price: \$55.00.

"The future of anesthesia involvement in the care of the ambulatory surgery patient is now! As we approach the last decade of the 20th century, it is predicted that 40% to 60% of all surgery in the United States will be performed on an ambulatory basis. The practice patterns of anesthesiologists will have to be changed and anesthetic techniques will have to be modified to accommodate the changes that are taking place." So begins the preface of this extraordinarily well written and edited textbook, which deals with virtually every aspect of the anesthesiologist's role in ambulatory surgery. Nationally recognized leaders in the fields of anesthesiology, nursing, hospital administration, and law were selected as contributors to this text to help provide the reader with a current, comprehensive, and well-referenced overview to this rapidly growing subspecialty.

Dr. Wetchler has gone to great lengths to provide information not generally taught during the residency training period. Chapter 1 discusses the historical development of ambulatory surgical facilities, with specific emphasis on their purpose, design, organization, and accreditation. Chapter 10 deals with the components of a successful facility, and includes an excellent discussion of strategic facility planning, marketing strategies, and fundamental operational and management issues.

Yet another chapter deals with "Legal Implications," and suggests a number of ways to avoid "legal hazards." It specifically discusses the pre-anesthetic visit, pre-anesthetic laboratory tests, how to obtain and document an informed consent, and who is really responsible for patient discharge from the facility. This chapter concludes with an expert legal commentary on 20 very "sticky" questions that were submitted by practicing anesthesiologists throughout the country. In my opinion, this chapter is an absolute must for any anesthesiologist practicing ambulatory anesthesia.

The clinical anesthesia sections are also well written and exceptionally well referenced; they include chapters dealing with patient selection, local and regional anesthesia, problem solving in the recovery room, perioperative complications, and ambulatory anesthetic techniques for pediatric, adult, and geriatric patients. The chapter on the pediatric patient is extremely thorough, and even includes a sample of patient forms and information sheets. The final clinical chapter, entitled "In the Real World," invites internationally recognized experts in the field of ambulatory anesthesia to discuss particularly challenging cases. These discussions serve to highlight some of the significant differences between in-patient anesthesia and out-patient anesthesia, and suggest that these differences may necessitate changes in our practice patterns.

In the preface to this text, Dr. Wetchler says, "The future success of any ambulatory surgery program depends on the anesthesiologist's participation and the quality of anesthesia provided. To maintain a position of continued involvement and leadership, anesthesiologists must understand how we arrived where we are today and what our role will be tomorrow in managing the ambulatory patient." This text goes a long way toward providing us with that "understanding" of our changing role. I highly recommend it to any anesthetist practicing out-patient anesthesia. For those individuals willing to accept the challenges of tomorrow (at least in the field of ambulatory anesthesia), I believe this book is an invaluable resource.

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**A Calculus of Suffering—Pain, Professionalism, and Anesthesia in Nineteenth Century America.** MARTIN S. PERNICK. New York, Columbia University Press, 1985. Pages: 421.

In reviewing an historical book like *A Calculus of Suffering*, the most important question to be addressed is whether the subject matter is significant and important. Next, does the author bring fresh views and original insights to the topic? And finally, does he write in an interesting fashion and with a gracious style? After these major points are dealt with, the reviewer can turn to the minor, albeit annoying, points which crop up even in the best edited books. Are there many typos or spelling errors? Has the author forgotten to cite the reviewer's favorite reference? How often has the author slipped up in interpretations because of an inadequate knowledge of the subject? Is the book well printed and bound? Is it too expensive?

Turning to *A Calculus of Suffering*, the author has made a significant contribution about an important historical subject—the impact of the discovery of anesthesia, primarily from 1846 to before the turn of the century. Pernick has done a remarkable job in weaving into a comprehensive fabric the historical, sociological, and scientific aspects of the discovery of anesthesia. In doing so, he has described the dropped stitches, color inconsistencies, the rough warp and still rougher woof of that fabric which reflects the vigor of a growing, expanding America. In weaving this fabric, he has brought together an unbelievably complex set of facts, the mere cataloging of which is breathtaking.

There are 27 statistical tables (and it is refreshing to see historians regularly calculating *P* values, medians, etc.), 83 pages of Notes, 16 pages of Primary Sources, including Manuscript Patient Records, Manuscript MD Theses, Manuscript collections, Periodicals, and Books and Articles, followed by 30 pages of Secondary Sources. And, finally, there are 21 pages of Index. This entire section of notes, etc., following the text proper is 150 pages—all in small-type print. The skillful manner in which Pernick has assembled this annotated bibliography allows the reader to read the text without being swamped by these references.

In my opinion, the highwater mark of this book is the presentation by the author of original sources from the musty record rooms and archives at the MGH, the New York Hospital, and the Pennsylvania Hospital. These original documents give an entirely fresh view of the resistance by organized medicine and some of its leading practitioners to the introduction and employment of anesthesia. Pernick does not neglect the British experience, either.

The role of women, both as doctors and as patients, and the shameful treatment of Blacks are recounted at some length. These are but two examples of sociology of anesthesia. Pernick has done an outstanding job in utilizing the MD theses of young physicians in Philadelphia to gain insight into their views of anesthesia as contrasted to that of their elders. One section is devoted to the role of anesthesia during the Civil War, together with reference to Walt Whitman.

Although one might quarrel with some of the numbers themselves, nevertheless, the statistical analyses are a totally refreshing aspect of this book. This sociologically minded historian has attempted to quantify the data, rather than simply make generalizations, but, more importantly, he uses standard statistical methods to draw conclusions from that data.

The book is easy to read and well constructed. The editing is excellent, with almost no typos. Where Pernick may have erred in interpretation has been pointed out by others, but it would be a distortion to emphasize such errors, and thereby minimize the sizeable contributions Pernick has made.

For anyone interested in the early history of anesthesia in America, this book is a must. Pernick has dug out old facts and drawn new conclusions. In doing so, he has enriched our understanding of the history and the sociology of our profession.

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**Anesthesia and Neurosurgery**, 2nd Edition. EDITED BY J. E. COTTRELL AND H. TURNDORF. St. Louis, C.V. Mosby Co., 1986. Pages: 530.

This book does have some distinct strengths. It also manifests all of the weaknesses inherent in a multi-authored text (repetitiousness, inconsistency, contradictory statements, unevenness, etc.). The obvious strengths include chapters by such recognized authorities as Lassen and Jennet discussing, respectively, CNS blood flow and altered states of consciousness. However, the book also includes some puzzling chapters which have little (if anything) to do with neuroanesthesia. Demopoulos *et al.* consume 34 pages in providing an undoubtedly authoritative updated discussion of free radical pathology—but for what purpose? As far as is known to this reviewer, there is, as yet, no proof that injury due to free radicals occurs during (or after) cerebral ischemia. Certainly, it is an important topic to the degree that it is a plausible experimental hypothesis, but it has little place in a clinically oriented text such as this one. Similarly, a 59-page chapter dealing with brain death provides a plethora of historical and philosophical details that

undoubtedly are accurate, but seem totally out of place. A cynic might charge the editors with incorporating "fillers."

The remainder of the text is largely clinically relevant, if not always brilliant. The standard recipes for the standard problems are repetitively trotted out. Increased intracranial pressure seems to be the number one goblin while air embolism runs a close second. Anything that avoids either of these is good; anything that promotes them, the opposite.

Many of the chapters are current, judging from the recent citations (as recent as 1986), but the index is disappointing. Thanks to Nicholas Greene, both of the major American journals of anesthesiology use the same system for choosing key works and indexing (Greene NM: Key words in anesthesiology, 2nd edition, Williams and Wilkins, 1980). It would be wonderful if all authors and editors of anesthesia-oriented texts adopted the same system. It's not perfect, but it is by far the best we have, and it would make life so much simpler. The editors of this text elected not to adopt the Greene system; hence, my disappointment.

Should one purchase this book? Certainly, it should be incorporated into every departmental library. Those in training who have a special interest in neuroanesthesia would profit from ownership, since the book does provide immediate reference material, as well as extensive bibliographies (for most chapters). For the occasional neuroanesthetist, the book should offer security and comfort as a means of quickly reviewing current accepted practices. For the full time clinical neuroanesthetist, the book will likely be found to have marginal merit only.

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