

## REVIEWS OF EDUCATIONAL MATERIAL

James C. Eisenach, M.D., Editor

**Journal of Neurosurgical Anesthesiology.** Edited by James E. Cottrell and John Hartung. Philadelphia, Lippincott-Raven Publishers, 1997. Pages: 384 per yr. Price: Subscription rates available from publisher.

The *Journal of Neurosurgical Anesthesiology* is the official journal of the Society of Neurosurgical Anesthesia and Critical Care (and counterpart societies in Great Britain, Ireland, France, and Germany). The first volume of the Journal was published in 1989. At that time many anesthesia subspecialty journals were either new or in the developing stages. The Journal, now in its tenth year, is one of the few that have survived.

The Journal is published quarterly. The format of the Journal is typical for clinically oriented scientific journals. The contents include general articles, case reports, laboratory reports, book reviews, and correspondence. Two aspects of the Journal that I have found useful are the sections titled *Points of View* and *Journal Club*. In the *Points of View* section there usually is a pro and con discussion of current topics and controversies in neuroanesthesia. In the *Journal Club* section there are annotated reviews of articles related to neuroanesthesia, which have been published in a worldwide source of journals.

For years I have been impressed with the general quality of the articles that have appeared in the Journal. I believe that the Journal provides an important publication outlet for many talented neuroscience researchers. Whether the number of subscribers will continue to make publication of the Journal economically viable is to be seen.

Editors James E. Cottrell and John Hartung recently wrote about the impact of the Journal.<sup>1</sup> They point out that the Journal was accepted by *Index Medicus* after 5 years and was ranked fourth among anesthesiology journals according to the 1995 edition of *Journal of Citation Reports*. Additionally, they note, the Journal has had the honor of having the highest impact factor\* among subspecialty journals in anesthesiology. From all indications, the Journal has been a success.

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### Reference

1. Cottrell JE, Hartung J: Editors note: Impact, transitions and pages. *J Neurosurg Anesthesiol* 1997; 9(1):1

\*Impact factors computed annually by *Science Citation Index* are the average number of times that articles published in two consecutive years are cited during the following year. For example, a 1996 Impact Factor (computed and published in 1997) of 2 indicates that articles published in a journal during 1994 and 1995 were cited in indexed journals, on average, twice during 1996.

**Fatal Extraction.** By Mark Carl Rom. San Francisco, Jossey-Bass Inc., 1997. Pages: 226. Price: \$23.00.

In July 1990, the Centers for Disease Control and Prevention (CDC) announced that evidence from a recent investigation was consistent with the first case of human immunodeficiency virus (HIV) transmission from a health care worker to a patient. When Kimberly Bergalis, a college student, was diagnosed as HIV-positive, repeated questioning by public health officials identified no behavioral risk factors for the infection. The review of her medical history revealed that in 1987 she had two wisdom teeth extracted by her dentist, Dr. David Acer, who had previously been diagnosed with AIDS. Subsequently epidemiologic investigation of five other HIV-positive patients indicated that they had undergone dental procedures performed by Dr. Acer. Sequencing of viral DNA from Dr. Acer's patients demonstrated that the virus infecting these patients was most likely the same as that found in a blood sample taken from Dr. Acer and was different from other strains isolated from randomly selected, HIV-infected people in the community. Therefore officials from the CDC concluded that the most likely source of Kimberly Bergalis's infection was from Dr. Acer, although the exact mechanism for the transmission was unknown. Although this was the only cluster of health care worker-to-patient transmissions of HIV in the United States, the report concerning Kimberly Bergalis and Dr. Acer immediately set off public debate on the effectiveness of existing safeguards of the public's health, whether it was appropriate for HIV-positive health care workers to practice, and the public's right to know the HIV status of their physicians. Opinion polls showed strong public sentiment toward implementation of measures believed to protect patients from HIV-positive health care workers. Congressional representatives began to get involved as their constituents demanded federal measures to ensure their safety.

Mark Carl Rom, currently assistant professor of government and public policy at Georgetown University and Robert Wood Johnson Scholar in health policy research at the University of California, Berkeley, served as the principal General Accounting Office investigator of the CDC's investigation of the HIV transmissions. In this capacity, he was charged by the US Congress to review the CDC's investigation. He therefore had access to CDC documents that chronicled the events and information substantiating the conclusion that the most likely explanation for the infections was exposure to Dr. Acer's blood at the time of the dental extractions. In *Fatal Extraction*, Mark Rom has put together a detailed analysis of the data, shows the difficulties facing CDC officials in reaching their conclusion about the source of Kimberly Bergalis's infection, and describes the complexities of formulating recommendations for preventing further health care personnel-to-patient transmissions.

Once the CDC announced that HIV had likely been transmitted from an infected health care worker to a patient, multiple public health policy issues resulted. Was there significant risk for disease transmission when patients are cared for by HIV-positive health care workers? How great was the risk, and could its magnitude be correctly assessed when there had only been one cluster of infections? If HIV-positive personnel continued to practice, should their practice be limited, and who should decide what procedures could be performed? If there are restrictions placed on HIV-infected health care