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History of Anaesthesia VII: Proceedings of the 7th International Symposium on the History of Anaesthesia. Edited by Helen Askitopoulou, M.D., Ph.D.; Kathryn E. McGoldrick, M.D.; Rod N. Westhorpe, M.D.; David J. Wilkinson, M.B.B.S., F.R.C.A. Herakleion, Crete University Press, 2012. Pages: 608. Price: € 60.00

The 7th International Symposium on the History of Anaesthesia was held at Heraklion, Crete, in October, 2009. This book is the result of that conference. Forty-seven essays based on the presentations are divided into five historical periods (Greek Antiquity, Early Modern Period, Nineteenth Century, and the first and second halves of the Twentieth Century) plus a section entitled "Pioneers of Anaesthesia." Each essay is the equivalent of an article with an average length of 12 pages, and several would be excellent contributions to any of the major journals of our specialty.

Understandably, because of the location of the meeting, several of the first few essays dealt with Hippocrates, the Hippocratic tradition, early Greek medicines for pain relief, and the Hippocratic Corpus, which are the collected works ascribed to Hippocrates and to his school of medicine in Kos. Regarding Hippocrates, he was the first physician to move from the concept that illness was related to the activities of gods in their dealings with humans to attempting to find a rational, scientific basis for illness and disease. He was the first physician to base his practice on obtaining a history of the illness from the patient, examining the patient, determining the cause of an illness, and then settling upon a course of treatment. Hippocrates also developed a code of conduct and of ethics for the professional relationship with patients. After reading these essays, this reviewer feels that medicine as a whole, and even anesthesiology in particular, could benefit by periodically reviewing the professional conduct and ethical standards that were described in these articles. The other chapters in this section were equally instructive in their own ways.

The next section had two articles that were difficult to place in the other sections. The first article reviewed the 300 years of scientific endeavors that were involved in the discovery of oxygen. The effects of and need for oxygen, such as for fire and respiration, were appreciated and described long before the gas was identified separately by Scheele, Priestly, or Lavoisier. The other article in this section was archeological and historical in nature, reviewing the use of *Datura stramonium* and its alkaloids atropine

and scopolamine for the treatment of pain in the Mochica civilization in South America. This civilization was prominent in northern Peru circa 100–800 CE, and the use of *D. stramonium* is seen on the pottery, murals, and other artifacts from that period.

The third section was an eclectic mix of nineteenth-century topics, which began with a review of the life and career of Thomas Huxley, an ardent supporter of Darwinian evolution and the forefather of a long line of famous Huxleys. Some of the other topics included a review of the casebook that Joseph Clover used and the history of early respirators of the late nineteenth and early twentieth centuries.

The fourth and fifth sections covered the first and second halves of the twentieth century, accounting for 19 of the articles. Topics included the influence of World War I on the development of American anesthesia, the first successful pacing of a human heart, the earliest Australian history of malignant hyperthermia, and the history of nonsteroidal antiinflammatory drugs beginning in antiquity.

The final section of 11 articles discussed many of the pioneers of anaesthesia (plus surgery), some of whom are well known, such as Friedrich von Esmarch, Benjamin Ward Richardson, and Carl Koller, whereas others are more obscure. Each of the people discussed in this section made great contributions to anesthesia and surgery, and generations of patients and practitioners should be thankful for their professional efforts.

Although classified as a paperback, this is a sturdy book that took the abuse of being taken in and out of my briefcase many times with minimal signs of wear. The paper and printing is superb. The table of contents is well organized, and the indices of names and terms are excellent. English is not the primary language of many of the authors, and a few spelling errors are apparent. However, these are not significant and do not detract in any way from the excellent articles.

This is a highly recommended addition to the library of any anesthesiologist, but especially to anesthesia historians. To quote from page 1 of the book, the *History of Anaesthesia VII* will help to "increase understanding of past events and, at the same time, to explore how past events have affected society today." As this book was being read, this reviewer reflected upon his brief career of a little over three decades and his appreciation for how the practice and art of anesthesia has progressed, mostly for the good of the patient. Is that not what a book like this should do as a person reads it: make him or her reflect upon their career? The technologies of pulse oximetry and anesthesia gas sampling plus others have improved safety. But, the days of constantly listening to the heart and breath sounds with an ear piece and stethoscope are pretty much in the past. Technology has separated us to a degree from the patient, with residents, nurse anesthetists,

and anesthesiologists often more interested in completing the paper or electronic anesthesia record than in carefully and continually assessing the status of the anesthetized patient. And the older I become and the farther along I get in this specialty, the more I agree with Hippocrates that “*life is short, the Art long, opportunity fleeting, experiment treacherous, judgment difficult.*”

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Controversies in Obstetric Anesthesia and Analgesia. Edited by Ian McConachie. New York, Cambridge University Press, 2012. Pages: 280. Price: \$ 75.00

The majority of obstetric patients are healthy. However, with the increase in obesity and metabolic syndrome, advanced maternal age, and often suboptimal prenatal care, many parturients have medical comorbidities that are not recognized before labor.

Among the general surgical population, patients are evaluated preoperatively by an anesthesiologist or internist to optimize medical management before a planned surgery. Obstetric patients, however, may experience labor with limited or no previous medical attention. They can present with pathology, such as severe blood pressure elevation, lower extremity swelling (which may be normal, a clot, or the effect of heart failure), untreated asthma, or abnormal placental implantation placing them at risk for hemorrhage. These issues during labor are often concurrent with a nonreassuring fetal status necessitating prompt delivery. The obstetric ward then converts to a critical care unit with American Society of Anesthesiologists physical status class 3 and 4 parturients about to undergo major metabolic stresses and hemodynamic shifts in labor, which may worsen their peripartum morbidity. Intensive attention by the anesthesiologist, communication

with the obstetric team to weigh the risks and benefits of a management plan, and quick implementation of this plan are crucial in the care and safety of this patient population. *Controversies in Obstetric Anesthesia and Analgesia* is planned perfectly for its target audience. It is a teaching text for trainees and a quick refresher for experienced practitioners. In the Preface, a concise synopsis of the goals are identified, which are consistently met in each chapter. To evaluate the usefulness of its content, we consulted the book when different situations arose in our high-risk labor and delivery suite. Common controversies addressed were how to manage a parturient with substance abuse, how to minimize risk for a patient undergoing cesarean delivery who has not fasted beforehand, and how to treat hypotension after a neuraxial block. The pros and cons of routine administration of oxygen during cesarean delivery were considered, as was an evaluation of the benefits of regional anesthesia in patients with a coagulopathy. More interesting, however, this book addressed critical care topics in pregnancy. For example, in the case of a patient with severe mitral stenosis presenting in labor, the book provided quick solutions for the optimal management, along with a digestible explanation of the interaction of this valvular pathology and labor. Similarly, when a patient with an ejection fraction of 28% was admitted for induction of labor, the peripartum cardiomyopathy section contained suggestions for management with a quick, yet thorough, explanation of the reason for each recommendation. For the reader who seeks more information, references are cited at the end of each chapter.

We highly recommend this book. It has a permanent home in our hospital's obstetric anesthesia workroom, accessible both to residents and attendings. In short, this book is current, concise, and well-organized, and is a welcome addition to our practice.

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