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Case Studies of Near Misses in Clinical

Anesthesia. Author: John G. Brock-Utne, M.D.
New York, Springer, 2011. Pages: 252. Price: \$49.95

The field of anesthesiology has undoubtedly deserved the recognition it has received for improving patient safety. Advances in technology and monitoring combined with safer pharmacologic profiles of commonly used medications have significantly improved patient safety statistics. Nonetheless, regardless of the available gadgets and the latest monitoring devices, it is ultimately the vigilance and skill of the anesthesiologist that matters most. As a young physician training even younger physicians, I am acutely aware that there is no replacement for time and experience. This becomes clear as Dr. Brock-Utne relays his experiences from more than 40 yr of practicing anesthesiology in his new book, *Case Studies of Near Misses in Clinical Anesthesia*.

In his follow-up to *Clinical Anesthesia: Near Misses and Lessons Learned* (Springer, 2008), Dr. Brock-Utne continues to provide the reader with commonplace clinical scenarios in which sometimes rare, other times major crises were averted. The text consists of 80 anesthesiology case scenarios compiled by the author and his colleagues, all of which are real cases with real solutions. Each chapter contains one clinical case scenario with the essential background information provided followed by the question at hand regarding management of the case. The author has written the text using language that attempts to put the reader in the position of one who must make the decision regarding the patient's care, with the majority of the chapters posing the question, "What would you do?" Each chapter provides a brief description of the solution with appropriate references. The topics included encompass every aspect of modern anesthesiology and provide for useful reading for all anesthesiologists and residents alike.

The overall tone of the book is informative, discrete, and to the point. One chapter I found to be particularly poignant and slightly humorous can be found toward the end of the book and describes a situation involving one of the author's friends, a retired anesthesiologist. The retired anesthesiologist, who was known to have a difficult airway, sustained a comminuted humeral fracture requiring emergent surgery after being struck by a bus while traveling. The retired, injured anesthesiologist described his interactions with a younger anesthesiologist on-call who "looks like a high-school student on roller skates" and has now been charged with taking care of a patient with more knowledge than himself. The injured anesthesiologist talked the younger physician through his own awake blind-nasal intubation successfully.

Overall, the text provides a wealth of tips to prevent perioperative disaster and is ideal for problem-based case discussions. Of course, there is some lamenting of days gone by when physicians actually examined patients, and anesthesiologists were routinely taught the value of being able to perform procedures like a blind-nasal intubation without resorting to the fiberoptic tower with the high-definition display.

Case Studies of Near Misses in Clinical Anesthesia provides case scenarios that are informative and useful for practitioners in all anesthetic subspecialties and for those practicing in different environments, whether in the intensive care unit or on a medical missionary trip. I would highly recommend this book to anyone practicing anesthesiology because it is easy to read and informative. It is always prudent to heed the advice of those more experienced than ourselves; with this book, Dr. Brock-Utne has solidified some of those lessons on paper to be shared for the future.

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The Anaesthetist 1890–1960: A Historical Comparative Study between Britain and Germany.

Johan Sebastian Pöll, M.D., Ph.D.
Rotterdam, The Netherlands, Erasmus Publishing,
2011. Pages: 300. Price: € 34.50

The Anaesthetist 1890–1960: A Historical Comparative Study between Britain and Germany explores the evolution of anesthesia as a medical specialty in Britain and Germany. The author opens with an introductory chapter, which (1) defines his thesis statement; (2) introduces the disparity between anesthetic practice in Britain (the leader), where physicians led the introduction and development of anesthesia, and Germany (the laggard), where surgeon-directed nurse anesthesia was the norm; and (3) explores in general terms the history of medical specialization. The author uses the term "anaesthetic specialization" to describe the physician practice of anesthesia, avoiding the United States equivalent, which is "Anesthesiology." This book explores the unique aspects of the development of modern, specialized anesthetic practice in Britain and Germany, looking at individual, physician contributions, technological and industrial influences, and political, social, and economic differences in these two countries.

The book is organized into eight chapters, with introductory and three summary chapters (one in English, one in