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Landmark Papers in Anaesthesia. Edited by Nigel R. Webster, B.Sc., M.B.Ch.B., Ph.D., F.R.C.A., F.R.C.P. Ed., F.R.C.S. Ed., F.F.I.C.M., Helen F. Galley, Ph.D., F.I.B.M.S., F.R.C.A. Oxford, United Kingdom, Oxford University Press, 2013. Pages: 528. Price: \$110.00.

The *Landmark Papers* series by Oxford University Press is designed to identify “key” articles in the literature of a particular clinical specialty. The assumption is that fundamental articles represent the basis of every specialty in medicine. *Landmark Papers in Anaesthesia* summarizes 10 key articles in each of 19 chapters. Twelve of the chapters present fundamental articles on specific anesthesia specialties (e.g., neuroanesthesia); the remaining seven chapters are about specific anesthetic techniques (e.g., total intravenous anesthesia). The purpose of this book was to create a convenient and well-organized compendium of “classic” articles that would provide an overview of the core principles of anesthesia and also facilitate their review by practicing anesthesiologists.

Editors Webster and Galley began by identifying recognized experts for each of the specialties and techniques to be covered in this text. These experts then selected the 10 most important articles in their field of expertise. Each chapter was organized and managed by one or two experts. The appendix includes four tables listing the top 25 cited articles for *Anaesthesia*, *Anesthesia and Analgesia*, *ANESTHESIOLOGY*, and *British Journal of Anaesthesia*. Interestingly, the experts for this text did not select most of the articles listed in the appendix citation tables.

In all, 29 experts were chosen, with 19 from the United Kingdom. The number of articles cited was understandably dominated by anesthesia journals (e.g., *ANESTHESIOLOGY* [36] and *British Journal of Anaesthesia* [37]). The editors acknowledged that articles published by anesthesiologists in nonspecialist and basic science journals could not be easily identified, especially by using the citation index methodology. Yet, the editors did include these and are to be congratulated for citing articles from the *Lancet* (12 articles), *JAMA* (3 articles), *New England Journal of Medicine* (4 articles), *Nature* (3 articles), and the *Royal Society of Medicine* (1 article). Without a doubt, research, developments, and techniques published in the world’s leading general medical journals hasten their dissemination and impact on society overall. That the authors have cited anesthesia articles in these leading journals in science and medicine is a major strength of the book.

Depending on one’s definition of our specialty, there are omissions. Specifically, most anesthetic departments now have additional responsibilities that are not covered in this volume. Most obvious are critical care medicine, acute and chronic pain management, separate preoperative evaluation

clinics, and transplant anesthesia overall (i.e., this text only considers liver transplantation). Also, anesthesia for ophthalmologic and ear, nose, and throat surgery is not considered.

Each review follows a consistent format that includes a summary of the findings, citation count, related references, principal message, strengths and weaknesses, and relevance. This format is superb and provides an excellent, organized approach for the reader to rapidly analyze each article. Perhaps a brief discussion of the role of the citation tables in the appendix would have been helpful to the clinician who does not have experience in the evaluation of the literature.

It was a surprising choice to have one component of anesthesia, “Neuromuscular Blockade,” appear as the first chapter in the book. Nevertheless, this reviewer especially enjoyed the chapter because it reminded me of the extensive debates in the 1980s regarding the virtues of atracurium versus vecuronium. These muscle relaxants generated a tremendous amount of clinical research and facilitated the careers of many young anesthesiologists including this reviewer’s as well as that of the senior author of this chapter. Unfortunately, this chapter’s introduction is not current. For example, the authors stated that “recurarization” and “prolonged block” have been largely confined to history. Examination of the recent literature does not support this conclusion; prolonged neuromuscular blockade is still a significant clinical problem.^{1,2}

Does this book provide us with a complete understanding of the past and future of anesthesiology? The answer is a qualified yes, with two notable reservations. First, as previously indicated, this book does not address the entire spectrum of anesthesiology. Second, the editors neglected to include in their analysis journals with some acknowledged “classic articles”; for example, Severinghaus and Bradley’s blood gases,³ Gasser and Erlanger’s article on the importance of nerve size for regional anesthesia,⁴ and Melzack and Wall’s pain mechanisms.⁵ Nor can anesthesiologists avoid the content of these journals: Cousins and Mather’s article on intrathecal and epidural administration of opioids⁶ and Lindenbaum and Leifer’s article on the hepatic necrosis associated with halothane anesthesia.⁷

The text stimulated this reviewer to examine the influence of the past on the present state of anesthesiology. The selection of specific journals requires judgment and an understanding of the history of anesthesiology. In the preface, the editors even state that the choice of landmark articles was not precisely based on citation counts, but was subjective and based on their expert contributors’ judgments and personal likes and dislikes. This reviewer was intrigued by the editors’ parting suggestion to think about “which articles you would have chosen.” This book is an absolute delight to read. The format is excellent. Hopefully, more such publications will follow. Certainly, understanding the past may facilitate the design of the future.

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Michael J. Avram, Ph.D., served as Handling Editor for this book review.

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The Wondrous Story of Anesthesia. Edited by Edmond I Eger II, Lawrence J. Saidman, Rod N. Westhorpe. New York, Springer, 2014. Pages: 944. Price: \$149.00.

The title of the book aptly describes the goal of the editors: to describe in detail the story of the birth and development of surgical anesthesia. Three distinct periods are examined: the early period up to and including the first demonstrations of anesthesia; the next 90 or so years—roughly 1860 to 1950; and the “modern era,” from 1950 to the present. The editors’ work spanned approximately 6 yr and included 86 national and international contributing authors. Several potential authors passed away before 2007—the official start of the project—and 10 colleagues died in the prepublication period. In the preface, the editors note an element of urgency in their mission: “We would have lost too many opportunities had we failed to act.”

The book is organized into two parts:

Part I: The Woven Story of Anesthesia: Eras, Exemplars, and Looking Forward

Part II: Individual Stories

“The Woven Story” seeks to illustrate the evolution of anesthesia from the earliest time through the modern era, even looking forward, in the last chapter, to “Predicting the Future.” Overall, the text flows nicely, the illustrations are

abundant, and tables and graphs are succinct and easy to follow. References are appropriate.

The “Individual Stories” may present more of a challenge to the individual reader because of the scope and depth of material contained therein. Topics include surgery before and after the discovery of anesthesia, the organization of the American Society of Anesthesiologists, the American Board of Anesthesiology, and the International Anesthesia Research Society, nurse anesthesia, the development of anesthesia in Australia and New Zealand, Canada, Mexico, the Caribbean Islands and Central America, South America, China, France, German-speaking countries, the British Isles, Japan, and the Nordic Countries. Research, critical care, anesthesiology education, ethics, patient safety, outcomes research, and numerous other areas are covered. So thorough are the listings that most subjects are covered. The contributors could be thought of as a “*Who’s Who*” in the international world of anesthesiology.

The strength of this book lies in its diversity and depth of material, which will appeal to individuals interested in our history. Individual chapters may serve as a launching pad for further research. Many lifetimes of experiences are woven into this volume, and one cannot help but leave this book with a deep felt respect for the men and women who have made so many contributions to anesthesiology and the evolving subspecialties. Certainly, no tome of this size will be found faultless, in areas of both omission and commission. Experts in particular areas may differ in opinion as to either historical events or the importance or impact of those events. References may be lacking or repetitive. In a broader sense, these perceived weaknesses might become strengths if they foster further debate, research, and new knowledge. Overall, I think the book leaves one with an optimistic view of the future for our specialty although one cannot help but sense a bit of nostalgia for the past from those individuals who were on the cutting edge of clinical developments and research in the formative years. On a more personal note, having trained in anesthesiology at the University of California-San Francisco in the 1990s, I had the privilege of working with several of the individuals who were involved in the creation of this book. I am sure there are many others like me from all over the world that can point to people in this book who have made a difference in their own lives, either personally or professionally, in anesthesiology, the history of our specialty, or both.

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