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Counting Backwards: A Doctor's Notes on

Anesthesia. By Henry Jay Przybylo, M.D. New York, W.W. Norton & Company, 2018. Pages: 240. Price: \$25.95.

Most people do not understand what anesthesiologists do and why we are so important; many may not even realize we are physicians. Given today's production pressure in operating rooms, the image we present all too often to patients is based on our very short preoperative evaluation and then a dash to the operating room suite with the patient. This book by a practicing pediatric anesthesiologist might help this situation; it presents the specialty of anesthesiology to the public. It covers a wide range of topics related to anesthesia care, including patients and their particular problems, different anesthetic agents and drugs, the operating room environment, and the history of anesthesia. It also explains the wide range of the specialty of anesthesia today. This book makes clear that anesthesiologists are physicians and that this role is central to our work. Although the book will not solve the problem of short interactions with awake patients and their families, it educates the lay public about our specialty and what we do. We also learn a lot about the author and how he works; the book's title comes from the author's practice of asking his older patients to count backwards as they are induced.

Each chapter centers on a patient who illustrates important aspects of anesthesia care, for example, the risk for aspiration. (The author did anesthesia for all the patients discussed.) Other related topics are added to each chapter, making each a wide-ranging story. The first chapter, for example, is about an 11-yr-old patient for adenoidectomy. After describing the patient and her problems, this chapter goes on to discuss the parents' anxiety about anesthesia and then what is needed in terms of anesthesia and surgery to get this intraoral operation done. The chapter moves on, surprisingly, to the history of anesthesia: the early (sixteenth century) history of ether and how it was named, the popular use of nitrous oxide in public demonstrations in the nineteenth century (leading to the term "laughing gas"), and how this led to the first successful demonstration of surgical anesthesia in 1846 in Boston. Crawford Long also gets credit for his then little-publicized use of ether in 1842 in Georgia. This mix of topics flows smoothly and makes for interesting reading.

Other chapters are expanded with information on related, common aspects of anesthesia practice, such as pulse

oximeters and how they work, the anesthetic hazards of certain diseases (muscle relaxants in patients with myasthenia gravis), and the many different drugs we use. Our daily hospital routines are explained, hopefully helping patients understand the reasons why we might seem rushed. The most powerful chapter is chapter 9, "Errors Everlasting." The patient was an 11-month-old female patient for ear tubes and a hernia repair. Her operation had been cancelled previously because her pediatrician thought the girl had pneumonia. An anesthesia resident saw the patient preoperatively and found no problems. After mask induction, the resident started an IV and then changed places with the author. When the mask was briefly lifted off the patient's face for this change of staff, the pulse oximeter reading dropped briefly—but more than expected. The author decided to place a laryngeal mask airway and, once again, the pulse oximeter reading dropped—again, more than expected. When surgery was done, the anesthesiologist then listened to the girl's chest and found no breath sounds on the left side. Despite doubting looks from the surgeons, the author ordered a chest x-ray in the recovery room. The x-ray showed a large mass in the left side of the chest. The girl was admitted and soon transferred to intensive care when her diagnosis of an intrathoracic tumor became clear. During all this, the anesthesiologist was mad at himself for not examining the patient preoperatively. More than a year later, while standing outside the operating room suite, he overheard a woman (this patient's grandmother) point to him and say to the girl's mother who was nearby, "That's the doctor who saved Jill's life!" How many anesthesiologists have had that happen? The girl had been cured by then, but this anesthesiologist continued to mull over how he might have caught this problem earlier and prevented a possible disaster.

The author is a dedicated, hard-working, and professional anesthesiologist who represents our specialty well. This book is a powerful public-relations tool for the specialty. It also gives anesthesiologists things to think about, especially how patients see us. I hope it will be widely read.

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