The sample questions at the end of the chapters unfortunately leave much to be desired. The majority would not survive the first editing cut before the horse. Dr. Starr has ‘covered the waterfront’ nicely in her key word topic selection. To the reviewer, this type of bullet-point format is more tedious to follow than concisely written narrative text. There are highlighted ‘pearls’ in some chapters, as well as infrequent line diagrams. Coverage of complex topics tends to be too superficial to convey understanding. Inaccuracies are present, which is not surprising in a comprehensive, single-author, unreferenced textbook. Rather, it defies imagination that such a text would lack inaccuracies. This is why most comprehensive textbooks use a multiauthor approach, selecting authors most often for their recognized expertise on a subject. A number of spelling errors were also found.

The council that prepares the Anesthesiology In-training Examination developed key words to help anesthesiology program directors identify areas in which their teaching programs might not be ‘keeping up with the Joneses’ and to help residents direct their study toward areas of weakness. Residency programs, authors, and residents take a leap of faith if they assume that the topics in the key words comprehensively represent the body of knowledge encompassed in the examination. Although clearly a strong relation exists between key words and examination content, this assumption weakens when one recognizes that the key words are selected after the question has been written and edited and that these historical key words do not necessarily predict the content of the next examination. Writing key words is also an imperfect process, often failing to reflect subtleties in the questions, partly because each phrase is limited to 35 characters. The examination questions derive from assignments addressing specific subjects in the Content Outline for the ABA/ASA In-training Examination, which truly reflects the body of knowledge encompassed in the written examination of the American Board of Anesthesiology. Although key words undoubtedly have some preparatory value, obsessing over them or using them as a primary study strategy places the cart before the horse.

The sample questions at the end of the chapters unfortunately leave much to be desired. The majority would not survive the first editing cut for the ABA/ASA In-training Examination. Sometimes, important aspects of the question are not discussed in the chapter. Common question problems include ambiguity and inaccuracy. The formatting of the questions is inconsistent, sometimes using K-type question numbering for A-type questions, which could be confusing for those who may have difficulty remembering the difference between A-type (single answer, choices lettered) and K-type (more than one answer may be correct, choices numbered) questions. The belief of this reviewer is that reviewing board-type multiple choice questions most often uses limited study time less efficiently than reading a narrative-style text or a review article and tends to lead more to memorization than to understanding. To a lesser degree, bullet-point review of key words shares the same flaw. Some candidates for the written and oral board examinations may be laboring under the mistaken impression that they can prepare adequately using the ‘Cliff’s Notes’ approach taken in this book. The harsh reality is that there is no substitute for understanding subjects in depth, and such understanding is not obtained from Anesthesiology Boards. I suspect that the author would agree, so the best use of this text might be as a quick reference on a wide range of topics. One would be hard-pressed to endure reading it cover-to-cover, and such an effort would not be time well-spent.
publicized disasters quieted the clamor for twilight sleep and forced the feminist movement to concentrate on other items of their agenda. Dr. Caton’s descriptions of the events are colorful and well-documented.

Similar discussions are presented for the introduction of obstetric anesthesia by Simpson, the opposition in the US by Meigs, and the assistance offered by Channing, all of whom were influential clinicians and powerful spokesmen for their respective points of view. Dr. Caton describes at length the similar educational heritage of the three who nevertheless came to different conclusions about obstetric anesthesia. His description of the subsequent career of John Snow stands in sharp contrast. Snow was from a poor family and had an apprenticeship in medicine rather than a university education. He became the founder of epidemiology when he observed that the early cases of the cholera epidemic in London came from the same neighborhood and limited the spread of the disease by removing the handle from the pump of the contaminated neighborhood well. He became famous as an anesthesiologist when he anesthetized Queen Victoria for the delivery of one of her children. The title of the book is a quotation from Queen Victoria, when she was told that her daughter had delivered a grandchild with the influence of chloroform.

More medical-social discussions are presented for childbirth without fear, spinal anesthesia, neonatal effects of anesthesia, neonatal resuscitation, and the Lamaze technique. As published, the book is of value to doctors, nurses, and laypersons—in fact, anyone who is interested in the medical or social background of health care for women. The book should be given as a gift to medical students, residents, nurses, wives, and mothers.

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