recommendation for midazolam and morphine, avoiding propofol on grounds of expense, is unlikely to strike a chord within UK neuropractice. Other insular aspects include just half a page of reference to the ‘Land approach’ of ICP rather than CPP (cerebral perfusion pressure)-directed therapy. The chapter on ICP measurement surprisingly omitted interpretation of waveforms, and the section on electrical monitoring failed to explain burst suppression or the principles of the processed EEG, and was accompanied by poor quality graphics. A chapter on spinal issues showed similar poor reproduction of radiological material, and more critically did not propose a consensus position on the use of collars or timing of surgical intervention for the usual fractures.

Although the role of hypothermia is addressed, neuroanaesthetists would be disappointed to find no debate on cerebral protective strategies before the use of temporary vascular clips, or the optimal timing of orthopaedic intervention after brain injury. Intensivists generally would find the recommendation to achieve percutaneous endoscopic jejunostomy feeding within 24 h of injury somewhat strange in the absence of discussion on prokinetic strategies, and one could have expected a respiratory chapter to debate aspiration injury, pneumonia and neurogenic oedema, which are the common problems within a neuro-ICU setting. A chapter on ethical issues is welcome, but there are inconsistencies in defining the status of brain death and it is noteworthy that although there is a section on euthanasia and physician-assisted suicide, there is no discussion on non-heart-beating organ donation, one of the most complex ethical challenges to currently face neurointensivists. Another omission, despite an era of the multidisciplinary team concept, is reference to the integrative role of the physiotherapist from the point of admission onwards, covering aspects such as advanced respiratory management and the early introduction of rehabilitative techniques.

In conclusion, this worthy project offers a US perspective on a broad range of neurosurgical and neurological issues, but is neither comprehensive nor focused on the key components that anaesthetists at different levels of training and in different settings require from a definitive text on this subspecialty. A textbook that offers basic anatomy and physiology should allow any practitioner to follow the patient pathway for any particular pathology, easily identify best practice at any stage, include unequivocal management advice for common problems, and allow access to a balanced debate on unresolved issues. The authors very humbly acknowledge potential shortfalls in an exercise of this magnitude, and constructive criticism may help shape the promised second edition into universally recommended text for individuals and departments both within and outside the neurosciences. Despite the breadth of material and a competitive price, the current format cannot be wholeheartedly endorsed for this purpose, but as an authoritative US text, the book may still find a place within a neuro-ICU as a point of reference.

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Yet another contribution on the topic of paediatric anaesthesia has now been added to the already large body of existing textbooks in anaesthesia. One could have a preconceived idea that an additional such textbook would only represent a tedious repetition of what is already well known to most anaesthetists. However, the editors of the current text have really managed to bring about something that previously has been more or less lacking, i.e. a problem-based volume that has great potential value both for teaching registrars/residents as well as for the more occasional paediatric anaesthetist.

The book comprises 35 chapters/case scenarios written mainly by British-based anaesthetists. Almost all the chapters are relevant to common practice, and include interesting case reports and a thorough discussion of the various relevant aspects of each topic. Each section ends with a list of learning points and the relevant references. The contributions are consistent and the editors have kept repetition of information to a minimum. Apart from the chapters written by the editors themselves, the chapters on herniotomy and the management of chronic knee pain caught this assessor’s specific attention.

So is the book completely without flaws or problems? One issue from an international point of view is, of course, the lack of contribution from continental Europe. This obviously, to some extent, limits the book’s use for the non-British reader, but on the whole the textbook still represents an excellent didactic tool for almost any anaesthetist involved with teaching and education. The inclusion of two chapters devoted to paediatric cardiac anaesthesia does, however, appear to be slightly out of focus with the rest of the text and they could have been omitted. With regards to clinical practice, the recommendation regarding the use of gelatins for volume replacement and 10% glucose solutions as intraoperative maintenance in neonates could be discussed at some length, as could the repeated recommendation of codeine for postoperative analgesia in children.

All in all this textbook is certainly recommended for anyone who is not an expert paediatric anaesthetist, not only to buy but in fact to read from start to finish!

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This substantial volume contains 36 ‘essays’ addressing important bioethical issues in human experimentation. The entire series of 15 volumes purports to form an accessible library of basic material likely to elude most scholars. The other ethical dilemmas presented in other volumes include such contemporary areas as The Genome Project and Gene Therapy, edited by Scotland’s inimitable medical ethicist, Sheila McLean; Abortion, edited by Belinda Bennett; and Medicine and Industry, edited by George Tomossy.

This is not an easy read, owing to a combination of varying content style and written style, not to mention the sheer size of the book. Some of the articles appear to have been reproduced entirely from another source and appear in a miniscule font size in columns, whilst others are in a more easily focused-upon size, but a completely different font style. The overall impression is disjointed and unfortunately, rather unprofessional. I suspect the idea was to highlight the ‘essay’ nature of the chapters (i.e. individual opinion and also the historical value in some cases) but I prefer a consistent style that I can read without artificial aids. The style of the actual written content is also variable, with little evidence of editorial input.

Despite my reservations on the presentation of the material in the book, the content is fascinating. This is not my area of expertise, nor even interest, yet I enjoyed paddling in philosophical waters. It is a
journey into philosophy and there are no right answers—such a peculiar attitude for a scientist to accept. The content is diverse and there is plenty of it, so I cannot possibly describe it all in any depth or detail. I have opted, therefore, to tell you about a couple of ideas presented in the book, which I found stretched my ideas about ethics in research.

The first of the two chapters that caught my attention was ‘Equipoise, knowledge and ethics in clinical research and practice’ by Richard Ashcroft, who is a Senior Lecturer in Ethics at Imperial College, London. Dr Ashcroft’s expertise lies in the ethics of scientists’ behaviour and the moral limits of scientific research. His chapter starts by describing the concept of ‘clinical equipoise’, the standard rationale to justify randomizing patients into clinical trials. Clinical equipoise is, simplistically, when a clinician has no knowledge that one treatment is better than another. In this situation, randomization into a clinical trial to see which treatment is best seems valid. However, Dr Ashcroft argues that true equipoise most often does not exist. He suggests that if the argument for clinical trials as against personal (i.e. clinicians’) judgement in evaluation of treatment rests on the concept of equipoise, then this is flawed. Simply put, and we are challenged to think about the clinical trials we may have been involved in. How many are there where it can genuinely be said the clinician had no knowledge that one treatment was likely to be better than the other? Equipoise may remain the best justification for clinical trials, but Dr Ashcroft suggests this theory remains incoherent. Food for thought.

The other chapter that really caught my eye, initially because of the title, was ‘When evil intrudes’ by Arthur L. Caplan, Director of the Center for Biomedical Ethics at the University of Minnesota, Minneapolis, USA. It appears to be a verbatim reproduction of a report published in 1992, commenting on the ethical concerns raised by Peter Buxton with regard to the Tuskegee study (1932–1972). For those not in the know, this was a ‘non-therapeutic’ study of poor black men with syphilis who had not been given the standard treatment for the disease, and was subsequently described as ‘the most notorious case of prolonged and knowing violation of subjects’ rights’.

Although it is clear that the Tuskegee study was unethical to all who read about it, the findings are still cited frequently to describe the natural history of syphilis as described in the 13 papers that reported the findings of the study. The ‘ethical shadow’ hanging over the study is rarely mentioned in citations. What intrigued me was the scientific vs the ethical dilemma. The Tuskegee study provided key scientific and medical insight, which has continued to impact on today’s medicine. It also resulted in a rethink of the ethics of human experimentation. Both these underline the value of the study, despite the obvious immorality of the research methods. There are limits, of course, to the extent to which subsequent scientists should review the ethics of studies they cite in their own articles. Historically, there are many examples of research which we would condemn today but that have generated widely accepted findings. The final take home message to medical scientists is that clearly unethical research methods should not prevent us from accepting the importance of such studies. However, if we do not discuss the morality of studies such as Tuskegee, research scientists may become complacent about their responsibilities towards human subjects and the public will believe that good science cannot come from immoral research.

This book is fascinating, thought provoking, and deeply challenging. I defy anyone to sit down and read the lot from cover to cover; this is a tome to dip into and out of. Science has transformed our world and continues to do so not just through theory but through experimentation. When the objective of the science is human health, then inevitably human experimentation becomes a necessity. Any clinical scientists involved in human experimentation and indeed any practising clinician in any discipline, medical students, law students and philosophers, will find something in this book that will make them stop and think. I hope that, if nothing else, anyone reading this book will question themselves.