photographs and illustrations. Images are used to illustrate important points where necessary, and occasionally to provide clinical examples. While radiographs or clinical photographs may measure only 1–2 cm in width, they are remarkably clear and comprehensible. A small selection of radiographs is presented in larger format in an appendix towards the end of the book.

The text is split intelligently into digestible chunks that are headed clearly and follow in logical progression. Knowledge is presented very much in the style of a guidebook, with advice being offered didactically and with minimal discussion of the alternatives. Clearly, this has strong and weak points; for examination preparation, the reader may be insufficiently informed of the broader perspective around a clinical problem, but for practical, ward-based medicine, the reader will be efficiently prepared.

The range and depth of content are breath-taking. The book begins, as it has in previous editions, with a generic and philosophical section regarding the role of the doctor, communication skills, diagnostics, and empathy. Clinical skills follow and, system by system, a large variety of signs and symptoms are described. This rather general, but interesting, section occupies around 80 pages. The largest section of the book follows: ‘internal’ medicine, comprising cardiovascular, chest, gastroenterology, renal, haematology, infectious diseases, neurology, oncology, palliative care, and rheumatology. This section occupies almost 500 pages and is impressively detailed. The next section, which occupies around 190 pages, covers surgery, epidemiology, clinical chemistry, eponymous syndromes, and radiology. This seventh edition is the first to contain a radiology section. This new section is well written, and is comprehensive enough to inform doctors requesting radiological investigations. The next 30-page section contains reference intervals and descriptions of a number of ward-based, physician-orientated practical procedures. These will not be very useful to most surgeons or anaesthetists, but will be greatly appreciated by junior medical trainees. Finally, the book finishes with a nicely written and well-illustrated section on medical emergencies. These are indexed for rapid availability on the inside front cover of the book. Many of these emergencies have pertinence for anaesthetists (e.g. status epilepticus, dysrhythmias, pulmonary oedema, and acute asthma), and most will be of use in intensive care.

The style of the book is generally pleasing and invites occasional browsing. As a pocket book, it would certainly be very useful to medical trainees, and its direct, clear, and didactic style suits this purpose well. I doubt its usefulness as a revision text because of its lack of discursiveness, but I am sure that this was not the authors’ aim. The text is well proofed, on the whole, although the occasional error has made it into print (e.g. ‘loosing weight’).

With a modest price, this compact book seems to me a sensible investment for many trainees and consultants in anaesthesia. Our occasional brush with other medical specialties and our tendency to be first at the scene may well make this book a life-saver. For trainees in intensive care, this book will also be useful and worth carrying to work daily. On the whole, I congratulate the authors and the publishers on improving a book that already holds a prominent place in British medical practice, and commend it to all medical practitioners.

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This concise book of 23 chapters tells the story of advances in anaesthetist knowledge and practice over 150 years since its demonstration in the Ether Dome in Massachusetts in 1846. It is the story of the development of anaesthesia as a speciality in its own right. The book also shows how these developments in anaesthesia have allowed advances to be made in other specialities such as cardiac surgery, intensive care, resuscitation, the treatment of chronic pain, and the provision of pain relief in obstetrics.

Of the 23 chapters, 15 are written by M. K. Sykes, formerly Professor of Anaesthesia at Hammersmith and Oxford, and 8 are by J. P. Bunker, formerly Chair of Anaesthesia at Stanford and Visiting Professor at Harvard. The book is written from their European and American perspectives. They took 6 years to write this book, which is based on their professional experience and on their extensive research. They have similar styles of writing and, as in any good book with a tale to tell, one chapter leads easily on to another. The breadth and depth of this book are impressive, and you can read it cover to cover. Four of the chapters (curare, the Copenhagen polio epidemic, anaesthesia for cardiac surgery, and halothane hepatitis) are especially interesting.

The book demonstrates that ideas can be born before their time. Humphry Davy had described the narcotic effects of nitrous oxide in 1799, but it was another 47 yr until Morton demonstrated surgical anaesthesia with ether. However, although anaesthesia now permitted patients to undergo surgery painlessly, further developments in major surgery had to wait until Lister demonstrated how to prevent sepsis, in 1867.

In cardiac surgery, Souttar had performed a mitral valvotomy in 1925, in a patient who survived, and in...
Lambeth, London, O’Shaughnessy commenced closed cardiac revascularization surgery to treat myocardial ischaemia in 1938. However, before open-heart surgery could be safely undertaken, antibiotic therapy, blood transfusion, hypothermia, cardiopulmonary bypass, anticoagulation, intermittent positive pressure ventilation, invasive cardiovascular monitoring, and postoperative intensive care all had to be developed and mastered, step by step, over a period of about 40 yr. In the early days, cardiac surgical procedures could last 6–8 h: this encouraged team spirit, but was not for the fainthearted. The chapter on cardiac anaesthesia has an illustration of the ‘state-of-the-art’ monitor of 1961, in the monitor room of the cardiac theatres of Hammersmith Hospital. The cathode ray tube displays ECG, arterial and CVP waveforms, and there is a dedicated technician to care for the equipment. Compare this with the compact multi-channel monitor, to be found in any operating theatre today.

Negative pressure ventilators or cuirasses had been developed in the USA and in the UK before the Second World War, and were used for patients with polio. However, they were noisy, uncomfortable, and did not protect the patient’s airway. The chapter on the Copenhagen polio epidemic of 1952 is fascinating, showing how the Danish physicians’ response at the Blegdams Infectious Diseases Hospital led to the introduction of intermittent positive pressure ventilation for the treatment of respiratory failure, the science of blood gas sampling and analysis, and the organization and staffing of intensive care units.

In 1953, in Oxford, two neurologists who had visited Copenhagen, Ritchie Russell and Spalding, elected to perform a tracheostomy and implement intermittent positive pressure ventilation in a 16-yr-old girl dying from increasing respiratory paralysis. Initially, the girl’s neurological status got worse, and they were questioned about the point of continuing treatment. However, the patient survived and fully recovered from Guillain–Barre Syndrome. Nowadays, most anaesthetic registrars sent on ‘outreach’ in a UK district general hospital ward would spot at once a patient in need of ventilation and arrange for their admission to the intensive care unit. This shows how far medical progress has come in the Western world in 55 yr. This is not so in many parts of the world.

The chapter about halothane hepatitis shows how the American national study investigated the rare occurrences of hepatitis after halothane administration. After its introduction in 1956, halothane had established an excellent reputation as a safe, dependable anaesthetic, superior to all other contemporary agents. In the USA in 1962, there were a small number of deaths because of hepatic necrosis attributed to exposure to halothane. The National Halothane Study methodically investigated 17 000 patient records after surgery in 865 000 patients in 34 hospitals. It concluded that hepatitis after halothane exposure could occur rarely, although the incidence of massive hepatic necrosis after halothane administration was no greater than that after exposure to thiopentone, nitrous oxide, and ether, and occurred much less than with cyclopropane. The survey established a scheme for the classification of deaths after surgery, and was the forerunner of audit schemes, allowing comparison of hospitals’ practices.

Throughout the book, there are stories of individuals, not all of them doctors and many larger than life. Charles Waterston brought samples of curare back to Europe from his exploration of South America, and was present in London in 1814 when a donkey was paralysed by curare, and was ventilated with a pair of bellows via a tracheostomy for 4 h until the paralysis wore off. Others were polymaths, such as John Bonica, founder of the Seattle School of Anaesthesia and who was responsible for introducing a multi-disciplinary approach to the management of pain. He had funded his studies through medical school by professional wrestling, and was a world champion in 1941. Virginia Apgar, remembered for her clear and simple classification of a neonate’s condition at birth, made violins for a hobby. Scandinavians get a well-deserved mention for their diligent research in developing intermittent positive pressure ventilation (Ibsen), ventilators (Engstrom), blood gas analysis (Astrup and Siggard Andersen), all in response to the Copenhagen polio epidemic of 1952.

And some people were just awkward. Wells, Morton, Jackson, and Long argued about who was the first to demonstrate general anaesthesia. Sigmund Freud was honeymooning his Martha when his colleague, Carl Koller, demonstrated the local anaesthetic effects of cocaine in an ophthalmic patient. Freud later bore a grudge against his wife for his being absent at the time of the demonstration. And J. Y. Simpson claimed precedence in demonstrating the anaesthetic effects of chloroform, hardly acknowledging the help of his friend David Waldie, who had given him the chloroform and suggested it as an anaesthetic in the first place.

Who is this book for? It is well researched, and hospital and departmental libraries could use it for its historical record and references. Anaesthetists in practice could give this book as a present to a favourite nephew or niece thinking of a career in anaesthesia. This authoritative book shows that what patients and their anaesthetists now enjoy has not been achieved overnight, but is the result of diligent endeavour and research over many years.