

Mark A. Warner, M.D., Editor

Roy Vandam: Life and Art. By Samuel W. Van Dam, A.A. Portland, Maine, Cambodian Arts and Scholarship Foundation, 2006. Pages: 60. Price: \$250.00.

For many years, I have known Dr. Leroy David Vandam as a well-respected physician, a distinguished anesthesiologist, and a superb artist. This book is about his life and art narrated by his own son, Samuel W. Van Dam. It is an enjoyable book to read because it gives an insight into his personal life and shows some of his wonderful art. Moreover, this book carries messages that are deep and essential in anyone's life.

Dr. Vandam grew up in an extended working family. For a few years, he and his family lived over the grocery store of his paternal grandfather, who was a Dutch immigrant. As a child, he worked as a delivery boy. Therefore, we do not need to provide our kids with golden or silver spoons for them to be successful in their life. A strong family and belief in oneself are the important elements.

One has to be realistic and know his or her weaknesses and strengths. Dr. Vandam, after studying both art and medicine, realized that although he was a good artist, he would not be at the top. Therefore, he concentrated on medicine, feeling that being a physician is much better than being a starving artist. But he did not abandon art, because he loved both art and medicine, which complement each other. Medicine refines the artistic ability by giving the artist a keen eye and in-depth view of his work. The study of anatomy, for example, is essential for any serious artist. By the same token, art sharpens the senses of the physician and makes him more compassionate. After all, medicine is an art and a science. Taking away the art from medicine and replacing it with numbers, machines, and charts does not serve well the human race.

We should be grateful for what we have, especially our health. Leroy Vandam lost his sight in his left eye, the result of a retinal hemorrhage at the age of 28 yr. Throughout his life, he was worried that he might lose his sight completely, become blind, thus ending his career in both medicine and art. The fall of the second shoe was a scary thought. But he was strong and optimistic. Maybe the loss of vision in one eye made him a better physician, a keener artist, and a kinder human being. Being realistic, he moved from surgery to anesthesiology. Realizing the blessing of still seeing, he became a prolific artist and publisher. He absorbed the beauty of nature, whether it is the sky, a beach, a boat, or even an old building or a shack. He reflected this beauty in his paintings, which are vibrant with life. I have never seen a watercolor artist who painted the skies so beautifully as Leroy Vandam.

Dr. Vandam was an anesthesiologist to be emulated. While he was the chief of service, he was the first to arrive to the operating room, at 6:00 AM, snow or shine. He orchestrated the work and was aware of the performance of each of his residents and staff. He publicly supported each member of his department, though he might chastise them in private.

It is interesting to find a similarity between Vandam and Van Gogh. Both share a similar name, have a Dutch origin, and painted their old shoes; three paintings by Leroy Vandam in this book testify to that. Maybe they wanted to convey to us the message that the road to success is a long one. No wonder Leroy Vandam wrote that "the secret of success in medicine or art is hard work."

In conclusion, this is a valuable book that should be readily available to physicians and artists alike. The high price of the book should not be a deterrent. After all, the proceeds from the sale of this book support the Leroy D. Vandam Medical Fund for the Cambodian Arts and Scholarship Foundation, taking care of the medical needs of art students and their families.

David O. Warner, M.D., served as Section Editor for this review.

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(Accepted for publication November 20, 2006.)

Syndromes: Rapid Recognition and Perioperative Implications. Edited by Bruno Bissonette, M.D., Igor Luginbuehl, M.D., Bruno Marciniak, M.D., and Bernard Dalens, M.D. New York, McGraw-Hill Medical Publishing Division, 2006. Pages: 953. Price: \$89.95.

Pediatric anesthesiologists have long recognized that children with classic groups of symptoms that characterize common eponymous syndromes, such as Down syndrome, often present for surgery with difficult airways for intubation and cardiac anomalies. Less frequently, they encounter a rare congenital syndrome, or some sporadic nonsyndromal disorder, that is complex in nature and presents challenging management problems. As neonatal survival from life-threatening conditions has improved, anesthesiologists now treat children with syndromes in day-care surgical settings and intensive care units. It would be a daunting task to remain knowledgeable about the many new syndromes that are being identified at an unprecedented rate after the completion of the Human Genome Project. So, there is a clear need for a readily available resource of information on syndromes to consult when dealing with these cases.

Bruno Bissonette and his coeditors have compiled an encyclopedic reference text to more than 2,000 syndromes that confound the perioperative management of pediatric patients. The main body of the text provides an alphabetical listing of these syndromes, with an easy cross-referencing system to synonyms, variations, and closely related conditions. Illustrations of many common or rare conditions allow a rapid diagnosis to be confirmed. Each entry is a well-organized description of the syndrome under 14 standardized headings. Typically, important clinical features for recognition of the syndrome are presented with a brief historic note about early descriptions. The incidence and prevalence in specific populations is estimated, and the likely pathophysiologic mechanisms underlying the medical condition are discussed. Diagnostic tests to aid in the differential diagnosis are listed, and attention is drawn to those organ systems that are most likely to be involved and need further investigation. Recommendations for preoperative management and anesthetic considerations follow logically from these considerations. The inclusion of current information about the genetic basis of the syndrome and updated references is valuable for those who want to pursue the topic further, either for interest or as an adjunct to family counseling in the perioperative period.

This book makes fascinating reading. Using closure of a cleft palate as an example of a routine surgical procedure, it describes an alarming range of possible associations with syndromes that may confront the unsuspecting anesthesiologist. Juberger-Hayward syndrome is a very rare inherited disorder that includes microcephaly with thumb and limb deformities. There are only 250 known cases of ectrodactyly, ectodermal dysplasia, and clefting (EEC) syndrome, but they are associated with difficult intubation, mental retardation, hearing loss, and renal dysplasia. McPherson-Clemens syndrome is an autosomal recessive disorder complicated by hypertelorism, bifid thumbs, malrotation of the intestine, and complex congenital heart defects. CCGE syndrome is a synonym for cleft palate, cardiac defect, genital anomalies, and ectrodactyly, an extremely rare inherited disorder for which anesthesia has not been described.

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Rosseli-Gulienetti syndrome is another example of an autosomal recessive condition that manifests with ectodermal dysplasia, hand and foot deformities, and mental retardation. These are only five of the many syndromes with which cleft palate, an eminently correctable condition that will necessitate repeated anesthesia, may coexist.

When a syndrome has been diagnosed in infancy, there will be warning of potential problems and, often, a history of previous anesthetic experiences. The specter of unexplained cardiac arrest as the presenting feature of Duchenne muscular dystrophy in apparently healthy young boys is still real. However, after a diagnosis has been made, the concise, complete information presented here allows such cases to be approached with confidence. It explains that Duchenne muscular dystrophy affects 1:3,500 boys as a result of a spontaneous mutation or X-recessive inheritance in a gene mapped to the short arm of the X chromosome at position 21 (Xp21). The absence of dystrophin disrupts sarcolemma function and results in progressive muscular, respiratory, and cardiac dis-

ease. Recommendations for cardiorespiratory function tests preoperatively and avoidance of succinylcholine and halogenated inhalational agents, while remaining prepared for hyperkalemic cardiac arrest, are valuable cautionary reminders.

This is a wonderful book. Its publication is timely in filling a void that medical advances have created. As the number of older and newer syndromes identified becomes overwhelming for anesthesiologists, this resource will contribute to improvements in the perioperative care of children. However, it could be argued that a Web-based interactive platform, rather than the traditional hardback book format, would make the material even more useful, accessible, and easier to keep up-to-date. In the meantime, this book should be readily available to all pediatric anesthesiologists in the perioperative and intensive care environments.

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(Accepted for publication November 20, 2006.)