

Mark A. Warner, M.D., Editor

**Recent Advances in Anaesthesia and Critical Care, Volume 24.** Edited by Jeremy N. Cashman, B.Sc., M.B.B.S., B.A., M.D., F.R.C.A., and R. Michael Grounds, M.B.B.S., M.R.C.S., L.R.C.P., M.D., F.R.C.A., D.A. Cambridge, United Kingdom, Cambridge Medicine, 2007. Pages: 256. Price: \$75.00.

Anesthesiology spans various specialties, and innovation in the field is similarly broad. It is therefore refreshing to find a compendium of pertinent topics under one cover in volume 24 of *Recent Advances in Anesthesia and Intensive Care*. As its title suggests, the series intends to offer updated reviews on a variety of topics. It reflects the expanding role of anesthesiologists in modern medicine, and it showcases their contributions to perioperative medicine, emergency care, safety, and drug and technology development. The text is a ready reference for anyone trying to understand what the specialty is about and how it might contribute to the future of medicine.

As the editors point out, the topics are arranged to complement one another. They cover physiology, clinical specialty practice, comorbidities and outcomes, evolution of drugs and devices, new frontiers of care, and skills evaluation and training. The chapters, which are concise and can be read in one sitting, range from advances in vascular surgery to the new inotropic drug levosimendan, to critical care outreach (e.g., rapid or emergency response teams). For each topic, a review and synopsis of recent advances is prepared by an expert in the field. The experts are partisan, and their opinions affect the information presented, but chapters can still be balanced. As an example, chapter five nicely discusses contrasting views regarding anesthesia safety improvements in recent years. Other chapters present data with less controversy. The chapters on the evaluation of clinical performance, nontechnical skills and anesthesia, and simulators in anesthetic training are synopses of the most salient research efforts. The text should serve like-minded readers well.

Although chapter topics complement one another, the chapter formats do not necessarily do the same. The focus varies from techniques in one case to prospective scoring systems in another. Tables and figures illustrate some points well, but are also sometimes extraneous. Formatting of these is also inconsistent. Key points in each chapter reflect the interests of the individual authors. In this respect, the book reads as a collection of papers more than as an integrated text. However, because topics are discussed fully within their own chapters, the lack of standardization is not confusing.

The advantage of this sort of book is the opportunity to gain new insights from experts and researchers. The first chapter, which considers cardiovascular assessment for surgery, is a well-written summary of a unique risk stratification strategy. Several other authors build practical advice into their chapters, as in those covering pelvic fractures, care of the elderly, and biologic disasters. Of course, not every topic will be interesting to every reader. Because the chapters are concise, this limitation becomes an advantage. With a minimal amount of effort, the reader can become familiar with topics that might otherwise be completely foreign. This volume fills an important gap among encyclopedic texts that are chronically outdated, the expansive volume of clinical articles, and the pragmatic basics of instructional courses and lectures.

For price and accessibility, *Recent Advances in Anesthesia and Intensive Care* is very worthwhile reading. It largely lives up to its title and brings the reader new information in a timely fashion. Few would consider the source comprehensive, but those whose interest is piqued by one of the topics could easily begin a line of inquiry from the chapter bibliographies. Equally importantly, the book showcases the profession of anesthesiology tangibly and clearly. Anesthesiologists must understand medical, surgical, epidemiologic, physiologic and systems-based approaches to complex topics underlying the broad scope of care in the operating rooms, intensive care units, safety and

quality improvement enterprises, and pain clinics they staff. This resource appeals to all of these broad interests.

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(Accepted for publication September 10, 2008.)

**Charles Thomas Jackson, "The Head Behind the Hands." Applying Science to Implement Discovery in Early Nineteenth Century America.** By Richard J. Wolfe, M.L.S., and Richard Patterson, M.D., Novato, California, Jeremy Norman & Co., 2007. Pages: 417. Price: \$35.00.

This is the third book by Richard J. Wolfe, formerly Curator of Rare Books at the Harvard Medical Library, that directly or indirectly seeks to answer the age-old question, "Who was the discoverer of surgical anesthesia?" Nearly all the other screeds about this question use the same unsupported tales and myths about Long, Wells, Morton, Jackson and others: they merely copy anecdotal history from each other (for example the story that Jackson went bananas when he saw the Morton Monument). Wolfe and colleagues have dug deeply into primary sources hidden in dusty niches in obscure libraries. I bet they sneezed a lot.

In his first book, *I Awaken to Glory*, Wolfe is the editor of a series of well-documented essays reminding us powerfully of Horace Wells's important role. The second book, *Tarnished Idol*, of which Wolfe is the sole author, convinces us that William T.G. Morton was a criminal before he became a dentist and developed the practical use of ether for general anesthesia. He defrauded and cheated his business associates in cities all over the then-known United States.

The purpose of this new book is to persuade us that Charles Thomas Jackson, who gave Morton a little background information about ether and spent the rest of his life claiming priority for the Great Invention, was not as crazy as has been previously alleged. The critical incident reported in this book concerns the accidental meeting in Fall 1832 of Jackson and Samuel Morse on the boat *Sully* as it crossed the Atlantic Ocean from Europe to America. Morse, a successful artist, had become interested in the possibility of developing an electric telegraph. He and passengers on the *Sully*, including Jackson, chatted about the possibility of sending messages through wires. Jackson later claimed he had given Morse the whole idea. The meat of this book consists of sworn depositions given by Jackson in the course of complicated lawsuits brought by others claiming they, and not Morse, were responsible for key elements of the electric telegraph.

What does this have to do with the invention of anesthesia? Not too much except that, if this book convinces you that Jackson was the "brain" behind others' inventions, you will believe he should get credit for what happened in the Ether Dome at 10:16 AM on October 16, 1846.

Why am I not convinced after reading this book? There is simply too much evidence to suggest that Jackson was an idle lay-about from a well-off family. He may well have had the ideas, but so might many others.

If you walk to the top of the hill that dominates the Mount Auburn Cemetery in Cambridge, Massachusetts, you will come across a headstone that reads as follows: "Charles Thomas Jackson MD: June 21 1805- August 28 1880. Thy godlike crime was to be kind, to render with thy precepts less the sum of human wretchedness and strengthen man with his own mind."

Don't you find it unusual to read a defense against an unspecified accusation on a headstone? Paranoia, perhaps?