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The Structured Oral Examination in Clinical Anaesthesia: Practice Examination Papers.

By Cyprian Mendonca, M.D., Carl Hillermann, Josephine James, and Anil Kumar. TFM Publishing Ltd., Shrewsbury, United Kingdom, 2009. Pages: 558. Price: \$70.00. ISBN-10: 1903378680; ISBN-13: 978-1903378687.

While reading *The Structured Oral Examination in Clinical Anaesthesia* by Cyprian Mendonca (Consultant Anesthetist, Department of Anesthesia and Pain Services, University Hospitals Coventry and Warwickshire) *et al.*, I envisioned sitting across from an equally motivated trainee and passing the book back and forth as we quizzed each other. According to the preface, this scenario is consistent with its intended use. The aim of the book is to help the reader assess his/her strengths and weakness in oral examination skills, including not only clinical knowledge but also organization and timing.

The book consists of 10 oral examinations, each of which has a clinical anesthesia section and a clinical science section. The clinical anesthesia component contains one long case and three short cases, whereas the clinical science section includes four distinct topics. The long clinical cases begin with a detailed stem followed by “examiner’s questions.” Each question is followed by an organized and concise answer. The questions range from specific case management, procedural concerns to disease pathophysiology that are neatly broken down by organ systems. The answers offer a clear review and example of how to organize the spoken answer on the oral examination.

The text is easy to read and engaging. The cases realistically reflect common concerns in anesthetic practice and become enjoyable to reason through. However, questions in the oral board examination and in this book may have multiple correct answers. This book typically gives one answer and explanation, without offering alternatives. An explanation of why the given answer is the most correct may be helpful. In addition, trainees using this book outside the United Kingdom may be frustrated by frequent references to medications not available in other countries, including the United States. An alternative medication is not typically recommended; if the trainee does not already know a substitute medication, they must refer to another book.

Anatomic locations and procedures are well described in a concise and systematic approach. Although detailed and thorough, these descriptions may not appeal to visual learners

who would benefit from pictures and diagrams. For instance, the section on insertion of chest tube is detailed but may benefit from a diagram. There are few pictures and diagrams throughout the book, and some of these have poor resolution because of black and white shading. The x-rays are well visualized within the case presentations.

The book is intended to give comprehensive answers for oral examination questions. The answers at times are not structured in the order followed during real clinical scenarios. For instance, in the case of umbilical cord prolapse, which is a fetal indication for emergent delivery, the first answer lists obtaining a blood sample for multiple studies, including electrolytes. In that critical situation, the examiners may be more interested in hearing the second and third interventions listed, which are maternal oxygen and manual umbilical cord decompression back into the vaginal vault, respectively.

Overall, this book accomplishes its goals of being a tool for oral board candidates to evaluate their strengths and weaknesses in both clinical anesthesia practice and general medical knowledge. The book is formatted similar to the oral board examination to provide familiarity. The answers are both concise and organized as they may be spoken during the examination. The book will be an excellent tool for individual learners or for a small study group. Parallel use of a reference book may be useful, especially to reference medications and pictures or diagrams as needed. I would recommend this book as part of an oral board preparation study plan and will use this book in preparation for my future oral board examination.

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Blessed Days of Anaesthesia: How Anaesthetics Changed the World.

By Stephanie J. Snow, Ph.D. New York, Oxford University Press, 2008. Pages: 226. Price: \$34.95. ISBN: 978-0-19-280586-7.

“Pain is a universal experience.” Thus begins Stephanie J. Snow’s *Blessed Days of Anaesthesia: How Anaesthetics Changed the World*, a delightful volume that explores the whys and wherefores of the beginnings of anesthesiology and its effect on the modern world. As a relative of Dr. John Snow, the founder of epidemiology and the anesthetist to Queen Victoria, the author focuses predominantly through the lens of Victorian England, explaining how the period’s prevailing

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social, scientific, and religious views regarding pain came into question. The book has something to offer for everyone, historian, surgeon, and anesthetist. As a student of both medicine and history, I greatly enjoyed the book's exploration of the founding days and watershed occurrences of anesthesia.

In the Victorian world through which Snow guides us, suffering was an Old Testament virtue. Pain was God's will, payback for Eve's original sin, but could also serve as a transcendent means to understanding and faith, just as Job's trials were to him. *Blessed Days* begins with the graphic account of Fanny Burney, a novelist forced to endure her own mastectomy without any pain control, and who later recounts the anguish she suffered in nauseatingly vivid detail. Surgical suffering would affect the patient, family, and surgeon alike. If at all possible, the caring physician would prescribe surgery as a last resort, and many were known to suffer immense guilt and even physical illness because of their overwhelming empathy for the poor patient. Given the prevailing religious interpretation of suffering, many surgeons were inculcated with an acceptance of pain as an unavoidable, even necessary component of human experience. One surgeon even opined that pain was "given us as a blessing." Although the slow advance of surgical science before anesthesia is understandable, what may be less obvious is the slow reception by both medical and lay communities of many well-meaning attempts to decrease suffering. The idea of pain as virtuous or even protective to the suffering patient was so entrenched that many prominent surgeons initially dismissed anesthesia as either "a questionable attempt to abrogate one of the general conditions of man" or a dangerous negation of the body's natural response to stress.

Thankfully, the seeds of anesthesia were being sown in an era fertile with new ideas. Its gradual acceptance by society was aided by the revolutionary view that human suffering was neither a necessity nor a blessing. Enabled by the freedom of thought espoused by such great minds of the time as Charles Darwin, Jeremy Bentham, and Charles Dickens, the tradition of suffering as indispensable to existence was dispelled, and anesthesia helped to usher in more enlightened beliefs of humanism, compassion, and the worth of individual life. Fanny Longfellow, herself a recipient of ether for childbirth, hailed anesthetics as "the greatest blessing of the age." As Snow explains, by gradually breaching religious doctrine and entrenched thinking, anesthesia made and continues to make known its true impact on the world.

Throughout the book, Snow convincingly argues that the growth of anesthesia was more than the simple accumulation of scientific knowledge. Perhaps, more gratifying than the influence of anesthesia on patients' bodies is its impact on patients' lives; time and again, the author explains how anesthesia positively influenced the prevailing attitudes of the time by profoundly affecting many facets of life in the Victorian world. After presenting how news of the first public demonstration of ether spread from Boston to England, the author explains how the important achievements of pioneers like James Simpson and John Snow influenced social groups

such as women (including Queen Victoria), the military, academia, and even the underworld.

Although one of the great strengths of the book is its brevity, the more intense student of medical history may find the desired degree of development of Snow's ideas lacking. However, what the author has done is to offer busy clinicians an enjoyably brief overview of anesthesia history, while also providing rigorous historians an easily applied compendium of source material and ample suggestions for further reading by chapter. In the balance between too little and too much, I believe Snow chose "just right."

The end result of the author's labors is a very readable and enjoyable journey through the history in which her ancestor played a pivotal role, and which, through slow reassessment of societal views, challenged the bleak views of the mid-nineteenth century. For both the practicing anesthesiologist with only a passing interest and the serious scholar of medical history, the book will be a valued addition.

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Pain Medicine: Specialty Board Review. By Salahadin Abdi, M.D., Ph.D., Pradeep Chopra, M.D., M.H.C.M., and Howard Smith, M.D. New York, McGraw Hill Professional, 2009. Pages: 512. Price: \$64.95. ISBN-10: 0071443444. ISBN-13: 978-0071443449.

The July 1, 2007, Accreditation Council for Graduate Medical Education program requirements for accredited pain medicine fellowships were aimed at improving the training in our subspecialty through the inclusion of structured multidisciplinary training and participation. Indeed, as our understanding of the complexity of pain has evolved, so have we realized that no single specialty or model holds all of the answers to comprehensive pain treatment. The enriched curriculum poses new challenges to educators and trainees alike as the learning curve is arguably steeper than ever before.

Many candidates for board certification in pain medicine will have already studied for their core residency board examinations within the same fellowship year while also managing a busy schedule of clinical services, academic duties, and career searches. Candidates require board preparation materials that strike an efficient balance between being both high yield and comprehensive over multiple disciplines. Although few resources exist to meet this need, *Pain Medicine: Specialty Board Review*, by Abdi *et al.* is among the best efforts available to that end. The contributors to this book have backgrounds in anesthesiology, physical medicine and rehabilitation, neurology, and psychology.

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