

Michael J. Avram, Ph.D., Editor

Obstetric, Thoracic and Cardiac Anesthesia. By Robert R. Gaiser, M.D., E. Andrew Ochroch, M.D., and Stuart J. Weiss, M.D., Ph.D.; Lee A. Fleisher, M.D. (Series Editor). Philadelphia, Saunders Elsevier, 2009. Pages: 540. Price: \$72.95.

As Lee A. Fleisher, M.D., writes in his foreword to *Obstetric, Thoracic and Cardiac Anesthesia*, anesthesiologists have a “very diverse portfolio of procedures that we perform as part of our daily practice and care for patients with numerous diseases undergoing a wide variety of procedures.” *Obstetric, Thoracic and Cardiac Anesthesia* is the first in a series of books, developed by the faculty of the Department of Anesthesiology and Critical Care at the University of Pennsylvania, designed to “bring best practices information to the location of care.” This goal is realized in the form of complementary pocket-size, paperback print and electronic Apple iPod® (Apple Inc., Cupertino, CA) editions (access to which is included with the print edition but which is not yet available to be loaded onto the seemingly ubiquitous Apple iPhone®). The text is designed for rapid access, with colored section dividers, descriptive searchable chapter titles, an extensive index, and an expansive cardiac drug appendix. It is written in a bulleted format that aims to be concise, easy to read, and to the point, focusing on the practical management of common and not so common but critical situations that may arise in the course of a busy anesthesia practice.

Structurally, this book is organized into four parts, not just the three mentioned in the seemingly ungainly title. An unannounced but excellent airway management section transitions from obstetric anesthesia to thoracic and cardiac anesthesia. Each part is organized around a common framework, starting with normal physiology, anatomy, and pharmacology, then moving into essential and useful techniques and procedures, followed by commonly encountered situations/scenarios with practical considerations for evaluation, management, and complication avoidance.

Well-chosen photographs, drawings, and diagrams from a variety of sources accompany the concise and focused text. The airway management section, although unheralded in the title, is particularly well done, showing the variety of tools and techniques available and their proper application, with practical pearls and useful suggestions for success. A section on echocardiographic findings of common conditions is included but curiously devoid of any images (most likely to keep this text to the size of a pocket guide and not that of an encyclopedia), as is an appendix of cardiac drugs cross-referenced to the previous clinical management sections.

Between the cross-referenced index and chapter titles, searching for information on a particular aspect of any of these subspecialties is rapid and high yield, with the needed information clearly and concisely expressed. In conclusion, I recommend *Obstetric, Thoracic and Cardiac Anesthesia* to all levels of providers as a conveniently transportable, easily accessible, and soon-to-be-indispensable resource for best practices in the fields of obstetric, thoracic, and cardiac anesthesia, as well as airway management.

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Genius on the Edge: The Bizarre Double Life of Dr. William Stewart Halsted. By Gerald Imber, M.D. New York, Kaplan, 2010. Pages: 412. Price: \$25.95.

To tell the story of Coleridge without the opium is to tell the story of Hamlet without mentioning the Ghost.

—Sir Leslie Stephen

It is well known that William Stewart Halsted (1852–1922) suffered addiction to cocaine. This biography emphasizes that the tragedy occurred early in his career during seminal work for nerve blocking in clinical surgery and dentistry. Carrying that awful burden for the rest of his life, the driven Halsted did much to create the modern university hospital and its operating rooms and residencies. Imber relates the saga beautifully. A nice sense is conveyed of the New York City, New York, and Baltimore, Maryland, environments during these exciting times. Although Halsted is remembered as a surgeon, anesthesia and surgery were not fenced apart in his day.

In the Prologue, a 30-yr-old Halsted performs “the first known operation to remove gallstones.” The patient on the kitchen table was his mother. A year before, he had performed “the first emergency blood transfusion,” pumping his own blood into his “ghastly white, quite pulseless and almost unconscious” sister. A titan stands before the reader.

In 1884, Karl Koller (1857–1944) announced that topical cocaine facilitated eye surgery. The same year, Halsted began blocking nerves with injected drug. Alas, the young titan was laid low in less than 12 months. The reader feels the incredible pain while reading Halsted’s disjointed paper of 1885.

As much as possible, Imber lets Halsted do the talking. We read, “Neither indifferent as to which of how many possibilities may best explain, nor yet at a loss to comprehend, why surgeons have, and that so many, quite without