

emergency procedure. Review of this small volume may make it possible for these few to perform it reasonably well.

The author, a military surgeon, presents a complete historical background of tracheotomy with an extensive bibliography. The following section is devoted to a detailed report of 310 tracheotomies performed on 300 patients by various techniques and individuals. Complications and deaths are analyzed in detail. His statistics demonstrate an increase in the numbers of tracheotomies performed for the management of secretions.

An experimental study of tracheotomy in dogs is reported in which an attempt was made to determine the best technique and location, in order that post-tracheotomy stenosis might be minimized. Although not conclusive, the data suggest that the more easily performed cricothyroidotomy should be avoided, the standard lower tracheotomy being preferable.

The author describes a technique and location based upon his clinical experience and experimental study. He recommends a low transverse incision, resection of a small portion of anterior tracheal cartilage and division of the thyroid isthmus when indicated. He stresses the importance of post-tracheotomy management including proper techniques for aspiration of secretions, care of the cannula, and humidification of the inspired air.

ROBERT T. PATRICK, M.D.

British Medical Bulletin. Volume 14, No. 1, January 1958. Paper \$3.25 U.S.A. and Canada. Pp. 72, with 40 illustrations and tables. Published by the Medical Department, The British Council, 65 Davies St., London W 1, England.

This issue of the *British Medical Bulletin* is devoted entirely to anesthesia. Seventeen articles by recognized authorities on both accepted and controversial subjects provide a wealth of information.

The articles entitled "Biochemical Disturbances Associated with Anesthesia," "Myoneural Blocking Action of Anesthetic Drugs" and "Electrographic Monitoring of Anesthesia" are extensive and excellent reviews of the literature.

Epstein in his article, "Principles of Inhalers for Volatile Anesthetics," deplores the fact that calibration of vaporizers used in anesthesia has been ignored by manufacturers of anesthesia equipment in contrast to flowmeters and syringes filled with accurate concentration of drugs. With characteristic clarity he presents the essential physical requirements of accurate vaporizers, most timely in view of the introduction of Fluothane.

"Carbon Dioxide Homeostasis in Anesthesia," "Muscle Relaxants," "Neonatal Anesthesia" and "Hypothermia in Surgery" are concise and informative articles on these specific subjects.

The advantages and disadvantages of controlled hypotension are discussed in two articles written respectively by an advocate and a skeptic. Both fail to point out that this technique can be successful only if accompanied by complete surgical cooperation. This technique is not as popular in the United States as it is in Great Britain.

The article on "Obstetrical Anesthesia" will not meet the approval of many readers in the United States. There is a fundamental difference of opinion on this subject on either side of the Atlantic. An anesthesiologist who states, "Spinal and extradural methods are specialized techniques carrying inherent risks of grave complications," is exposing lack of experience.

Other articles cover the following subjects: "Anesthetics and Mechanical Receptors," "Anesthesia in Burns," "Treatment of Respiratory Inadequacy," "Rebreathing in Anesthetic Systems" and "Deaths and Anesthesia."

There is a pertinent introduction by Dr. John Gillies, who stresses the real necessity now and in the future for an extensive knowledge of the basic sciences in anesthesia training and practice. This publication is recommended to all anesthesiologists and particularly to those who are under the imminent shadow of oral examinations.

RAYMOND F. COURTIN, M.D.

Downloaded from <http://ajphaphapubs.org/> at University of California, San Francisco on March 10, 2024