tion is included. 3. *Cardiac Arrest and the Surgeon* by David S. Leighninger, M.D., of Western Reserve University. This chapter concerns the surgeon's view of cardiac arrest and stresses the urgency of the situation and need for establishment of a routine to avoid delays in onset of treatment. He discusses and illustrates techniques for performing respiratory and cardiac resuscitation, including injection of drugs and defibrillation. The problem of who should be resuscitated and where resuscitation should and should not be performed is discussed. 4. *Respiratory Resuscitation* by Thomas J. DeKornfeld, M.D. of Baltimore City Hospital, Baltimore, Maryland. Methods of artificial respiration which are available and desirable for respiratory resuscitation are presented. Expired air resuscitation is rather thoroughly considered along with the usual means of administering oxygen and intermittent positive pressure breathing. 5. *Role of Anesthetic Drugs and Errors in Cardiac Arrest* by John E. Steinhaus, M.D., Professor and Chairman of the Department of Anesthesiology, Emory University School of Medicine. Anesthetic agents, hypoxia, hypercarbia, cardiac disease, and reflexes as causes of cardiac arrest are discussed. 6. *Resuscitation as Viewed by a Lawyer* by Henry W. Bowden, L.L.B., Atlanta, Georgia. This chapter begins by stating a reason why the State may interfere with the right of an individual and thus place restrictions and regulations on the practice of medicine. Discussion follows concerning the problems of liability and responsibility of physicians in the cause and/or treatment of this situation. 7. *Resuscitation as Viewed by a Theologian* by Charles V. Gerkin, Chaplain, Grady Memorial Hospital, Atlanta, Georgia. This contribution is an interesting presentation of the moral and ethical problems incident to the extreme situation under discussion, including the necessary decisions of prolonging life or deciding not to attempt to prolong it. 8. This chapter is a report of the discussion, including questions and answers, which took place at the end of the symposium and includes suggested action to be taken in certain hypothetical cases.

The purpose of this book was to approach the problem of cardiac resuscitation from a wide point of view. This has been very satisfactorily accomplished by authors of wide experience. Some are pioneers in this area and present their information with refreshingly open-minded attitudes.

This type of presentation emphasizes the complex nature of the problem of "cardiac arrest" and avoids the possibility of a dogmatic approach which may be presented by a single author. The chapters are well organized and the book is easy to read. Illustrations are clear and well labeled. The bibliography is not lengthy but is appropriate and adequate.

It appears to the reviewer that this concise and yet complete symposium on the subject of cardiac resuscitation is the broadest and most readable presentation of this problem which has recently appeared. This book should be of value to all physicians who are concerned with the problem of cardiac arrest.

WILLIAM K. HAMILTON, M.D.

Oxygen Supply to the Human Fetus. A Symposium organized jointly by the Council for International Organizations of Medical Sciences. Established under the joint auspices of UNESCO and WHO and the Josiah Macy, Jr. Foundation. Edited by JAMES WALKER and ALEC C. TURNBULL, University of St. Andrews, Fife. Assisted by Clement A. Smith, Boston, and Donald H. Baron, New Haven. Cloth $10.50. Pp. 313 with illustrations. Charles C Thomas, Publisher, Springfield, Illinois, 1959.

Twenty-two international investigators presented and discussed 15 papers on maternal and fetal aspects of oxygen supply, at a Symposium in Princeton, New Jersey, in December 1957. A large mass of data is presented in this publication, some of it conflicting. There is no reasonable summary to rationalize the conflicts, by anyone intimately connected with the perinatal period, nor any statement of the many problems yet to be solved. Van Slyke properly emphasizes the need to study the blood coming from the baby and to include studies of the effects of metabolism other than oxygen. It seems incongruous that the one individual with most first-hand material on this subject is quoted only in editorial comment at the end, without opportunity for discussion. Also, a report of

Hon's work with fetal electrocardiograms is conspicuous by its absence, except for brief mention, in fine print, by Hellman. The inconsistency of emphasis is further evident by 20 pages on cord blood studies centered entirely on oxygen, omitting discussion of P_{CO_2}, *p*H and organic acid accumulation. The method Rooth uses to conclude that "It was found that the arterial oxygen tension equilibrates through the skin into a salt solution in which the (heated) finger is immersed" leads to completely erroneous conclusions as to tissue oxygen tensions in the fetus in utero. It is well known that, either in adult or infant, *tissue* oxygen tensions are not only below arterial levels, but necessarily below *venous* tensions as well. We trust that someone will invite Dr. Van Slyke into the delivery room so that he may give suggestions as to how to "stabilize the preparation, as in the sheep, . . . and get repeated analyses on the cord blood coming from the baby, (with) an indwelling needle . . . ."

VIRGINIA APGAR, M.D.

POSTOPERATIVE PAIN Small pumps incorporated in the surgical dressing and run by compressed oxygen have been used to force local anesthetic solutions through small plastic tubes into surgical wounds. Time consuming intermittent injections and possibility of introduction of bacteria are avoided. (*Barron, J.: Local Anesthetic Pumps for the Control of Postoperative Pain, Surgical Clinics of North America 39: 1503 (Dec.) 1959.*)

TRANSVAGINAL ANESTHESIA With the use of paracervical block for the reduction of pain in the first stage of labor and the increasing use of transvaginal pudendal blocks, a new instrument has been designed whereby these blocks can be performed with safety to the mother and the fetus. The instrument is a modification of a 19-gauge, 18.5 cm. needle with a protective metal housing. (*Kobak, A. J., and Sadove, M. S.: Transvaginal Regional Anesthesia Simplified by a New Instrument, Obst. & Gynec. 15: 387 (March) 1960.*)