

THE ANESTHESIOLOGIST'S BOOKSHELF

HUBERTA M. LIVINGSTONE, M.D., *Editor*

Standard Nomenclature of Diseases and Operations. FIFTH EDITION. EDWARD T. THOMPSON, M.D., F.A.C.H.A., EDITOR, AND ADALINE C. HAYDEN, C.R.L., ASSOCIATE EDITOR. Cloth. \$10.50. Pp. 964. Published for the American Medical Association by the Blakiston Division of McGraw-Hill Book Company, Inc., New York, 1961.

Standard Nomenclature of Diseases and Operations deserves more recognition. Nowhere is there a more complete listing of diseases in a rational fashion. The only other Standard available today for such purposes is the International Nomenclature, which is so incomplete and sketchy as to lack significant value.

Every physician who has administrative responsibility should become familiar with the organization and contents of the new edition; indeed every anesthesiologist should acquaint himself with this book and its method of designating diseases and classifying causes of death.

A remarkable job has been performed in bringing various features related to anesthetic drugs and techniques up-to-date. Deaths related to anesthetic factors can be easily classified by these Standard Nomenclatures. For example, a death due to an overdose of a gaseous anesthetic has a numerical classification (010-334). A further numeral may be added to specify the exact hydrocarbon. Death due to asphyxia may be classified under the numerical system as (010-21), anoxia classified as (010-7xx), cardiocirculatory collapse comes under the "400" series. Thus, all the turmoil and chaos regarding such a nonentity as "cardiac arrest" can be eliminated by a system which has been in existence many years. Death due to hemorrhage may be classified numerically as (010-400.7), or operative trauma may be designated as (010-415).

It is high time that a system that has gradually evolved over several decades (first printing 1932) should be recognized for its true worth and practical value in any statistical sys-

tem. It would be a shame not to take advantage of the work of many outstanding authorities in American Medicine who have compiled a complete and satisfactory code. Efforts to reproduce this material from scratch seem senseless. It is worthwhile to quote from Santayana, "that those who cannot remember the past are condemned to repeat it."

VINCENT J. COLLINS, M.D.

Principles of Surgical Practice. BY EMANUEL MARCUS, M.D., Ph.D., Professor of Surgery, The Chicago Medical School; Surgeon, Michael Reese Hospital (Chicago) and St. Margaret Hospital (Hammond, Indiana): in collaboration with LEO M. ZIMMERMAN, M.D., Professor and Chairman, Department of Surgery, The Chicago Medical School; Senior Attending Surgeon, Michael Reese Hospital; Attending Surgeon, Cook County Hospital. Cloth. \$12.50. Pp. 430, with 58 figures. The Blakiston Division, McGraw-Hill Book Co., Inc., 333 W. 42nd St., New York 36, New York, 1960.

This volume, devoted to the principles involved in the management of surgical patients, was compiled by two outstanding authorities, eminently qualified for the task on the basis of extensive personal clinical experience and laboratory research. The basic sciences related to surgery are discussed in a lucid, comprehensive, and concise manner. The principles of anatomy, physiology, biochemistry, pharmacology, microbiology and pathology are applied logically to the diagnostic and therapeutic problems of the surgical patient. The text is short enough to be read as a monograph, and contains enough practical information to be used as a reference book. It is well prepared, easy to read, and the illustrations are excellent. The authors modestly state that this book is intended primarily for the undergraduate. Actually, it has a much wider field of usefulness as a source of reliable information on almost any problem related to the

"medical care" of the surgical patient. It should serve as a useful guide for anesthesiologists, who, as members of the surgical team, participate in the preoperative and postoperative management of the surgical patient. This exceptional book should be available to both the resident and practicing anesthesiologist.

FRANCIS F. FOLDES, M.D.

An Outline Guide for the Care of Postoperative Cardiac Patients. BY MERLE E. WHITE, R.N., Cardiac Recovery Room Nurse, The Johns Hopkins Hospital, Baltimore, Maryland. With a Foreword by HENRY T. BAHNSON, M.D., Associate Professor of Surgery, The Johns Hopkins University and The Johns Hopkins Hospital. Cloth. \$6.00. Pp. 108, with 14 figures. Charles C Thomas, Publisher, Springfield, Illinois, 1961.

This book is an outline form of the preparation of the unit, and the care of postoperative cardiac patients. All phases of nursing care necessary for the proper management of the postoperative cardiac patient are covered. It is excellently written for this purpose. However, I do not think this book is of interest to physicians since all of the points covered are quite elementary and well known to persons having a degree in medicine. I would highly recommend this book for the teaching of postoperative care to nurses.

The index is excellent. The printing, paper and binding are far above average.

V. K. STOELTING, M.D.

Treatment of Cardiovascular Emergencies. BY ALDO A. LUISADA, M.D., Associate Professor of Medicine, Chicago Medical School; Director, Division of Cardiology, Chicago Medical School and Mount Sinai Hospital, AND LESLIE M. ROSA, M.D., Assistant Professor of Medicine, Chicago Medical School; Research Associate, Division of Cardiology, Chicago Medical School and Mount Sinai Hospital, Chicago, Illinois. Cloth. \$4.95. Pp. 122, with 7 tables. The Blakiston Division, McGraw-Hill Book Company, Inc., New York, 1960.

This small, pocket-sized manual has been designed to aid the practitioner who is con-

fronted with a sudden cardiovascular emergency and must initiate therapy immediately without the opportunity to consult textbooks or the literature for guidance. The book, therefore, deals basically with treatment, but it includes liberal sprinklings of diagnostic considerations and pathophysiological mechanisms.

The introduction presents the five basic syndromes which the authors consider to be cardiovascular emergencies (paroxysmal systemic hypotension, paroxysmal systemic hypertension, paroxysmal dyspnea with hypoxia, sudden episode of precordial pain, and sudden vascular block) and the several developments in therapy which they believe are significant to the successful treatment of these episodes (deep central sedation, antifoaming therapy, hypertensive therapy, hypotensive therapy, anticoagulants, and electrical pacemakers and defibrillators). The mechanisms, clinical recognition, and treatment of specific entities are then covered in individual chapters, a brief summary of treatment being provided at the beginning of each chapter and a limited bibliography of pertinent recent articles at the end of the chapter. These chapters deal, respectively with coronary attacks; attacks of respiratory embarrassment; acute heart failure; hypertensive crises; syncope, shock and vasomotor collapse; pulmonary or systemic thromboembolic phenomena; cerebrovascular attacks; dissecting aneurysm of the aorta; and disturbances of rate and rhythm of the heart. The book concludes with an appendix listing emergency drugs to be carried by the physician.

The good physician, and certainly the anesthesiologist, should find that most of the suggested therapeutic regimens are second nature to him. On the other hand, the young physician, the medical clerk or the intern may find that the potpourri of clinical considerations, pathophysiology, pharmacology and small-print discussions dilute the avowed purpose of the book as an immediate reference guide to therapy. Residents in training in anesthesiology, or those preparing for examinations in the specialty, will find this volume a thoroughly useful review, particularly if they will pursue the references contained in the brief bibliography at the end of each chapter.

DAVID M. LITTLE, JR., M.D.