

The book opens with a clear, well-illustrated discussion of the anatomy and physiology of conduction, followed by a terse review of electrocardiographic nomenclature. The remaining chapters concern specific arrhythmias and include one chapter on arrhythmias which might be encountered in the operating room. The author provides the reader with clues to clinical recognition of irregularities but emphasizes the fallibility of reliance on anything short of electrocardiographic interpretation for accurate diagnosis. Clarity of meaning, concise writing, and the illustrative electrocardiograms reward even the casual reader with a greatly enhanced facility in electrocardiographic diagnosis of arrhythmias. The reader may test his ability in a final section of unlabeled tracings.

The book is nicely printed and bound, and only a few of the tracings are poorly reproduced. This publication is worthwhile reading for anesthesiologists.

ROBERT T. PATRICK, M.D.

Resuscitation of the Unconscious Victim.

A MANUAL FOR RESCUE BREATHING. SECOND EDITION. BY PETER SAFAR, M.D., Professor of Anesthesiology, University of Pittsburgh, School of Medicine, (formerly, Assistant Professor of Anesthesiology, The Johns Hopkins University, School of Medicine); AND MARTIN C. McMAHON, Captain, Baltimore Fire Department, Ambulance Service. Illustrated by Colin E. Thompson, Jr. Paper. \$2.00. Pp. 87, with 17 figures. Charles C Thomas, Publisher, Springfield, Illinois, 1961.

This small manual is intended primarily to teach lay people the fundamental concepts of resuscitation of the unconscious patient, and thus is particularly useful for those who are concerned with the application and teaching of first aid.

The subject matter begins with a definition of asphyxia in terms that a layman can understand. This is followed by a description of the various types of resuscitation of unconscious victims, including the advantages and disadvantages of each method. A few hints on cardiac resuscitation, transportation of the unconscious patient, and the teaching of artificial respiration are also included.

This manual is written in an effective and simple style which can be understood by all. It is very effectively illustrated. The bibliography includes 21 references.

This publication is recommended for residents in anesthesiology as well as all interns. It would be a help to anesthesiologists preparing a talk on resuscitation for lay people. This manual is recommended reading for hospital orderlies, ambulance drivers, etc. Therefore it is a welcome addition to all hospital libraries. An extra copy might well be kept in the tool box of the hospital ambulance.

P. C. LUND, M.D.

Management of Obstetric Difficulties. SIXTH EDITION. REVISED BY J. ROBERT WILLSON, M.D., M.S., Professor of Obstetrics and Gynecology, Temple University School of Medicine; Head of the Department of Obstetrics and Gynecology, Temple University Medical Center, Philadelphia. Cloth. \$16.50.

Pp. 687, with 323 illustrations. The C. V. Mosby Co., St. Louis, Missouri, 1961.

The sixth edition of Willson's *Management of Obstetric Difficulties* is now available. One wonders whether the next edition will still recommend blind oral intubation for resuscitation, and milking the cord. The author states he has used the latter technique "in full term infants since 1945 and have noted no ill effects on the baby." One wonders what happened to the premature infants. A short review of recent work on blood volume and circulatory adjustments of the newborn would have been helpful at this point.

Doctor Willson's six precautions for administering medication are good: Never give too early, too late, too often, too much, if the patient cannot be constantly observed. In addition, be familiar with the physiologic effects of the material used. Very good advice for anesthesiologists, obstetricians, and any physician for that matter.

I looked earnestly for some discussion of the revived practice of vacuum extraction in place of certain forceps manipulations, but found no reference to it.

For pudendal block by the ischio-rectal approach, a total of 40 cc. of 1 per cent lidocaine is recommended. This amount can be cut in

half by using the trans-vaginal approach, which is not discussed.

Dr. Victor Vaughn and Dr. William Laupus, in their comprehensive chapter on the newborn infant, recommended that physical examination "should be made with the baby completely unclothed." May we suggest that an appropriate time to perform this examination is in the delivery room before the baby meets such impositions of civilization. Possibly some hidden anomaly may be discovered hours before it produces serious symptoms. This book once again emphasizes the hiatus between the delivery room and the nursery—a time when, as Dr. Murdina Desmond of Baylor University puts it, "I'm nobody's baby."

The obstetrical anesthesiologist would be well advised to read the current literature in obstetrics and pediatrics as a supplement to this book.

VIRGINIA APGAR, M.D.

Anesthesia Abstracts, Volume 55. EDITED BY JOHN S. LUNDY, A.B., D.Sc., LL.D., M.D., Associate Professor Northwestern University Medical School, and Consultant to Veteran's Administration, Chicago, Illinois, AND FLORENCE A. MCQUILLEN, C.R.N.A., Executive Director of American Association of Nurse Anesthetists. Fabricord. \$4.00. Pp. 245. Burgess Publishing Co., Minneapolis 15, Minnesota, 1961.

This volume is a continuation of the plan to present abstracts of important papers dealing with anesthesia and related subjects that have been published in the preceding six months. *Anesthesia Abstracts* was started by Dr. John Lundy in 1937 and is now published three times a year under his direction.

The abstracts are concise and are direct quotations of pertinent sentences or paragraphs rather than resumés or opinions of articles. They give some factual information but are mainly useful in directing the reader to original publications in which he has specific interests. They serve a purpose as a ready reference source for the busy anesthesiologist

who cannot hope to cover the growing mass of material being published monthly in general and specialized medical journals.

This reviewer is not fully satisfied with the list of medical journals covered by the abstractors, and would deem it more profitable to replace those usually subscribed to by the anesthesiologist with journals dealing more with the basic aspects of medicine, pharmacology and physiology.

In spite of the occasional displeasure over the incompleteness of some of the abstracts, *Anesthesia Abstracts* continues to be of service as a reference guide.

DORIS GROSSKREUTZ, M.D.

Handbook of Physiology. FORTY-THIRD EDITION. BY R. J. S. McDOWALL, M.D., D.Sc., M.R.C.P., (LOND.), F.R.C.P. (EDIN.) Emeritus Professor of Physiology, University of London. Cloth. \$12.50. Pp. 759 with 279 illustrations. John Murray, Publisher, London. Distributed in North America by J. B. Lippincott Co., Philadelphia, 1960.

The forty-third edition of this treatise is again edited by Dr. R. J. S. McDowall, who since 1930 has assumed the responsibility of revising and rewriting a text which had its initial printing in 1848. It is obviously designed as a refresher text for medical students preparing for examination, and therefore its scope is limited by its purpose. Although it is alleged to have been brought up-to-date in all areas, notable exceptions to this are deficits in the sections on resuscitation and the reticular activating system. Although the bibliographic references are extensive, the method of referencing is difficult to follow, and few of the references cited are of later date than 1954. The book is exhaustively indexed, but the print is too small to be easily read. For the young medical student this is probably a worthwhile reference text, but it is so incomplete in areas of interest to the anesthesiologist that its purchase does not warrant his serious consideration.

J. GERARD CONVERSE, M.D.