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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

discredit, could have exhibited scarcely any interest in what, as a local anesthetic, had been supposed, . . .,” and so goeth Halsted.

It is sad indeed to learn that Halsted never shook off the demon. It is hard to interrupt reading the story of a tortured but brilliant mind and indomitable will that regained its dignity and revolutionized surgical training and surgery.

Imber's account of the Halsted recovery from disgrace is fascinating. The reader can sense how Halsted inspired great loyalty and confidence in his potential. Banished to the “dog lab,” Halsted created what was arguably the most humane and well-run experimental surgery laboratory in the world.

Gerald Imber is a plastic surgeon writing for a general audience. He provides a vivid sense of many “larger-than-life personalities,” including those of William Welch, William Osler, Howard Kelly, Harvey Cushing, and Walter Dandy. His powers of description are compelling, and his carefully chosen words seem to let the monumental events speak for themselves. The book is a must-read for residents. The residency of the 21st century is evolving from that of the 20th, but it will be a long time before Halsted's imprint is no longer palpable.

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Pediatric Anesthesiology Review: Clinical

Cases for Self-Assessment. By Robert S. Holzman, M.D., Thomas J. Mancuso, M.D., Navil F. Sethna, M.D., James A. diNardo, M.D. New York, Springer, 2010. Pages: 617. Price: \$89.95.

New developments and novel surgical procedures in the pediatric population continue to expand the science and art of pediatric anesthesia. *Pediatric Anesthesiology Review* is a paperback review book that reflects the didactic series and curriculum developed to illustrate the comprehensive practice of pediatric anesthesiology at Children's Hospital, Boston, to which the four authors belong. Their contributions reflect their cutting-edge practice, teaching experiences, and interactions with fellows and faculty. The authors' labor of love has accomplished the formidable task of producing an essential review that is singular in its purpose of providing a means of understanding that befits a consultant rather than merely providing a deluge of information. The book should be warmly welcomed in the anesthesiology community, especially by pediatric anesthesiology fellows and junior consultants who are seeking creative ways to dialogue with the patient's family, discuss with colleagues, and refine their perioperative management skills.

The book is divided into two sections. The first covers the subject of pediatric medicine for pediatric anesthesiologists. This section is intended to bolster the clinical knowledge base and presupposes a basic understanding of pediatric medicine. It is essentially a set of multiple-choice questions covering seven topics, ranging from newborn medicine to general pediatrics. The questions are broad-based and unambiguous and address clinical situations pediatric anesthesiologists are likely to encounter in their practice. The questions are k type, which are more challenging than simple true/false questions or questions with single answers. However, there are plenty of questions that cover a wide range of topics, including physiology, disease processes, surgical procedures, postanesthesia care unit, and even critical care. The answers are conveniently located on the adjacent page. The explanations are clear but are not intended to provide detailed explanations, although a wealth of information has been packaged in a smoothly readable form. This section is not comprehensive in that it does not cover the complete spectrum of disease processes but is instead a sampling of “must-know” topics. Furthermore, there are no references for additional reading in the written question section.

The second section, entitled “Consultations in Pediatric Anesthesia,” is what brings flavor and uniqueness to this book. This section consists of 32 chapters in 465 pages and is devoted to a potpourri of topics ranging from prematurity and neonatal emergencies to organ-based chapters related to the respiratory, cardiac, renal, gastrointestinal, and connective tissue systems. Pediatric anesthesiology practice in neurology, ophthalmology, otolaryngology, burns, and orthopedic operating rooms as well as outside the operating room, neuromuscular disease, endocrinology, trauma, and transplantation reflect the broad range of topics covered. Each chapter begins with a clinical vignette that has been designed to not only measure knowledge but also assess the clinician's reasoning skills in performing tasks necessary to diagnose and care for the patient. The chapters are well organized into preoperative evaluation and intraoperative and postoperative courses. The cardiac chapter is divided into two sections, with the first describing a patient with tetralogy of Fallot who has a Blalock-Tausig shunt and who is scheduled to undergo a definitive repair. The second section discusses Glenn shunt and Fontan repair in a 4-yr-old boy with a double inlet left ventricle. The information is provided in a succinct and interesting manner that will certainly facilitate the trainee's grasp of the underlying concepts and motivate him/her to explore further. The case-based approach provides an interesting way for anesthesiology trainees to collaborate with faculty, enhance their oral presentation skills, and prepare for challenging clinical scenarios by explaining different management strategies and why particular data are valuable in formulating an anesthesia care plan. The book is, however, unusually devoid of illustrations and figures, and it would have been helpful if there were more diagrams and management algorithms.