

many of a highly specialized nature, Dr. White prevailed upon a group of his distinguished colleagues from various specialties to contribute as co-authors. As a result, the *Atlas* has wide appeal to all physicians who are interested in the various phases of surgical care of infants and children.

In format, the book consists of a general discussion of each operative procedure, including anesthetic techniques and agents recommended by a recognized authority in pediatric anesthesia, Alastair J. Gilles. Each surgical procedure is superbly illustrated with original drawings of great clarity, made at the operating table.

Having been exposed to discussions in the operating room of many of the world's leading surgeons, I can state that the author's approach to various operations is conservative and follows the generally accepted practice of leading pediatric surgeons. This *Atlas* thus becomes a guide that can be used with great benefit by general surgeons or those in special fields who have limited experience in younger age groups. The chapters on Preoperative and Postoperative Care and on Anesthesia, as well as the anesthetic comments on each surgical procedure, will be found helpful to anesthesiologists in general hospitals.

This large volume is beautifully printed in large, clear, readable type on an excellent grade of paper. The material is well arranged with full page illustrations of each separate procedure. There are 15 pages of references, in addition to a comprehensive index, both of which add to the overall value of this publication.

This *Atlas of Pediatric Surgery* should be a part of every hospital library. It is also highly recommended to all surgeons and anesthesiologists who number among their patients the infants and small children whose special problems are so frequently unrecognized by those who have forgotten the comment of Sir Lancelot Barrington-Ward that "The adult can safely be treated as a child, but the converse can lead to disaster."

WILLIAM O. McQUISTON, M.D.

Obstetrics. THIRTEENTH EDITION. By J. P. GREENHILL, M.D., F.A.C.S., F.I.C.S., (Hon.), F.A.C.O.G. Senior Attending Obstetrician and Gynecologist, Michael Reese Hospital, Chicago. Cloth. \$20.00. Pp. 1,246, with 1,296 illustrations. W. B. Saunders Company, Philadelphia and London, 1965.

This Thirteenth Edition of Greenhill's revision of DeLee's *Obstetrics* has been enlarged by 250 pages. There are some notable additions, such as the chapters on genetic counseling, cytogenetics and fetal electrocardiography. At long last, the subject of obstetrical anesthesia is dealt with by an anes-

thesiologist, Dr. Daniel C. Moore. To an obstetrician, Dr. Emanuel A. Friedman, is entrusted the chapter on analgesia, which he handles well. Some mention might have been made of self-administered analgesia with inhalation agents, so common in other countries, and theoretically ideal for obstetric analgesia. Instruction as to resuscitation of the infant is well, but too briefly, described in Moore's chapter. Unfortunately, Greenhill persists in describing and illustrating the long-outmoded method of blind tracheal intubation of the infant. A description and illustration by Moore of the simplicity of tracheal intubation using direct laryngoscopy would be much more to the point. Also unfortunately, the chapter on Physiology of the Fetus and Newborn is taken almost verbatim from the 1959 edition of Dr. Clement A. Smith's book, thereby omitting much new information on this subject.

The statement on p. 977: "Not all children born in an apparently moribund state are asphyxiated" puzzles me. Much biochemical evidence has been published from several laboratories to the contrary.

There is no mention of examination of the newborn infant in the delivery room. We hope that the presence of a single umbilical artery, with its implication for congenital anomalies, will be included in the Fourteenth Edition.

VIRGINIA APGAR, M.D., M.P.H.

Historical and Experimental Approaches to Modern Resuscitation. By JOHN W. PEARSON, B.M. (Oxon), Associate Anesthesiologist-in-Chief, Baltimore City Hospitals, Assistant Professor of Anesthesiology, University of Maryland and Johns Hopkins University. Cloth. \$6.50. Pp. 106, with illustrations. Charles C. Thomas, Springfield, Ill., 1965.

This volume of which a third is history, deals with the rationale and method of present-day resuscitation in cases of acute circulatory or respiratory failure.

I was intrigued to be reminded that mouth-to-mouth respiration dates from Biblical days, that airway obstruction was recognized as a most serious problem in unconscious subjects more than a century ago, and that closed-chest cardiac massage was successfully performed in man before the turn of the century. But progress in resuscitation was foreclosed for decades by the dissertations of various "learned" professors, based mostly upon theory and in smaller part upon animal experiments. Modern knowledge has resulted from the development of sophisticated instruments from well-designed studies and, equally, importantly, from the courage and sound judgment of those

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