Pain. Henry Ford Hospital—International Symposium. Edited by Robert I. Knighton, M.D., and Paul R. Dumke, M.D. Pp. 587, with illustrations. Cloth. $17.50. Little, Brown and Company, Boston, 1966.

This is truly an outstanding symposium. The editors are to be commended for the selection and organization of the material presented. The symposium is divided into six major topics, and contributors are well-recognized authorities in their fields. The book is printed on glossy paper with an easily-legible type face. The illustrations are reproduced clearly in a size that permits ready observation of pertinent points.

The first section, eight lectures on the anatomical substrata for pain perception, is of particular interest to anesthesiologists. Almost without exception the lecturers have moved away from the long-prevalent concept that pain is one of the specific sensations suggested in the Müllerian doctrine of modalities. Instead of concentrating on the type of sensory nerve ending, discussions are concerned mainly with what happens to the peripheral stimulus on its way to consciousness. These excellent lectures will be of great value to the student of pain who is confused and confounded by the apparent discrepancies in the story given by the patient with a bizarre symptom complex.

The second section consists of seven lectures dealing with parameters of pain and analgesia. It is concerned mainly with methods of testing analgesics in animals and in humans and with problems of narcotic dependency. A particularly noteworthy discussion on the control of pain is presented by Dr. Beecher; and an interesting lecture by Dr. Lim on peripherally-acting analgesics is recommended reading.

These two sections, comprising half of the symposium, furnish the anesthesiologist with the latest thinking on the mechanisms and treatment of pain. The last half of the book is devoted to four chapters on operative techniques for relief of pain, and are of interest primarily to the neurosurgeon. The contributors to this section write with the authority of experience, and their opinions about cordotomy, rhizotomy, and other operations for relief of pain are well worth studying. For the anesthesiologist, in this section of the book Dr. Todd has presented a method of anesthesia that permits some return of consciousness during such operations in order to test the patient for the placement of the surgical lesion, and Dr. Maher tells of his work with phenol in intraspinal block for pain and spasticity. His experience has been extensive, and his suggestions should elicit considerable interest among those who have tried his method or contemplate doing so.

This reviewer was very impressed by the quality of the discussions of various aspects of pain, and recommends the book to those of our specialty who have more than a passing interest in the problems of the suffering patient.

Frederick P. Haugen, M.D.

Comprehensive Approach to Therapy of Pain. By A. Louis Kolodny, M.D., and Patrick T. McLaughlin, M.D. Pp. 145, with four illustrations. Cloth. $6.50. Charles C Thomas, Springfield, Illinois, 1966.

This small volume, written in a relatively nontechnical style, has practical value for the physician treating patients who suffer pain of varying degrees. The authors concentrate on the problems of drug tolerance, habituation, and addiction, discussing a large number of drugs of the analgesic class, as well as many which are useful because of their adjunctive qualities. Their understanding of the emotional aspects of pain reveals their experience as clinicians. From the standpoint of accuracy one can disagree with the attempts to simplify the mechanisms of pain, but not with the overall practicality of the authors' explanations. The chapter on the development of analgesic drugs is particularly well done, and this reviewer was pleased with the very evident insight into psychological aspects of treatment demonstrated in the monograph. The chapters on drugs, dosages, and side effects are not of particular value to anesthesiologists, but may help the internist or general practitioner who wonders what else can be done by drugs to relieve a patient's complaints of pain. For them, it is a handy reference guide.

Frederick P. Haugen, M.D.

Resuscitation of the Newborn Infant. Edited By Harold Abramson, M.D. Second edition. Pp. 411, 26 illustrations. Cloth. $16.50. C. V. Mosby Co., St. Louis, Missouri, 1966.

The first edition of "Resuscitation of the Newborn Infant" was and remains a standard to which medical texts should be happy to be compared. The second edition has maintained the format and the excellence of the first. It is authoritative and readable, describing in detail contributory factors in newborn depression and their prevention, the resultant pathology, and therapy of the conditions.

The chapter authors are leading authorities and their presentations are, in the main, concise and understandable. Although the illustrations are helpful and informative, perhaps a more liberal use could have been made of the instructive graphs from several of the authors' original publications.

Presentation of the abundant new factual data which has been making its welcome appearance in the six years since publication of the first edition certainly adds to the value of this reference work. It would be difficult, however, to point out specific instances where this new information has caused significant changes in the basic far-sighted precepts of the first edition.

Ideally, one could perhaps wish that the editor had chosen to include chapters on acute anemias, surgical emergencies, and infections, as well as an equally authoritative discussion of the clinical aspects in the management of the respiratory distress syndrome.

Even though the coverage of the problem of resuscitation is perhaps too exhaustive for those with only a casual interest, the index and organization of this book make it appropriate for use as a quick reference. It should be recommended reading for all physicians who deal with the newborn.

BRADLEY E. SMITH, M.D.

Law for the Physician. By CARL E. WASMUTH, M.D., LL.B., F.C.L.M. Pp. 583 with appendix. Cloth. $16.50. Lea and Febiger, Philadelphia, 1966.

Dr. Ward Darley, past president of the Association of American Medical Colleges, pleaded in 1952 for inclusion in the medical school curriculum of indoctrination on "the significance of the interplay that is developing between medicine and our socio-economic structure." The aim of the author of this book is to help the physician acquire that knowledge of the social, cultural, and legislative settings in which medical practice is now carried on.

In addition, "Law for the Physician" is a practical reference for the active physician, to aid him in his daily practice. Each chapter is a separate entity; the individual physician can find information relating to his specialty. Summaries of court decisions are well utilized to illustrate and develop points under discussion. References at the conclusion of each chapter will be of benefit to those who desire to delve deeper into any particular aspect of the subject.

Model medical staff bylaws as recommended by the Joint Commission on Accreditation of Hospitals are included, as well as a model code of regulations for those physicians desirous of forming business corporations for their medical practices.

The sections on handling experimental drugs (including a model release form), insurance, fiscal management and tax accounting, malpractice actions and hospital liability are all essential reading for every physician involved in active office- and hospital-based practice. Especially noteworthy is the chapter on Medical Care Plans by the former Chairman of the A.S.A. Committee on Economics, Dr. N. G. De Piero, whose expertise in this field is well known.

There is acknowledgment of the presence of Government as the physician's partner in medicine and the legal ramifications it will entail. Recently-publicized developments regarding voluntary hospital-municipal hospital relationships in the City of New York, Medicare and Medicaid have been anticipated by the author.

The chapter on hospital staff privileges, wherein the responsibilities of the lay board of trustees vs. the medical staff, and the different sets of ground rules for staff membership in public vs. nonprofit corporation hospitals are delineated, is a must for a great many anesthesiologists who tend to remain aloof from hospital activities because of the daily patient load. For example, many of the Society's members do not really understand the function of our Judicial Committee which passes on matters of ethics and not on legal matters which are often referred to it. To quote a decision, "The court is not unmindful of the fact that due to the shortcomings of human nature, an occasional injustice may result, because of the clashes of personality or temperament, possible likes and dislikes, jealousy or differences of opinion. The courts, however, do not sit to remedy every ill caused by the frailties of mankind. Their function is but to vindicate legal rights and redress legal wrongs." Only in a public hospital does the physician have legal recourse for reappointment.

The courts are beginning to show concern whether a hospital may exclude consideration of a doctor of osteopathy under its bylaws, which are arbitrary. They have also tended to remove the immunity rule from all hospitals on the grounds that they are "big business." There is still a gray area in the matter of hospital-based specialties, whether or not they are on salary, as to what their relationship is, that is, master-servant or independent contractor.

Particularly recommended is that section on the relationship in the operating room between the surgeon and the nurse-anesthetist; between the surgeon and the anesthesiologist; between the nurse-anesthetist and her employer (the hospital or the anesthesiologist). There are no simple interpretations of the role of each and in most instances the sharing of responsibility may be considered more an ethical or moral than a legal duty. The author restates the "superior rights" of the surgeon in the "captain of the team" concept. An answer to that concept may be that the anesthesiologist who sees and examines the patient preoperatively and watches over the patient not only in the operating room but in the recovery room and throughout the postoperative stay in the hospital will merit the co-sharing of responsibility and thus make more meaningful his role in the operating room and in the surgeon-anesthesiologist-patient relationship.

One of the most difficult things to do, the author points out, is define accurately and conclusively the term "malpractice." Acts might be considered negligent in one case and prudent in another. How can we establish the doctrine of "liability of fault" when there are other factors introduced such as conflicting testimony of experts, the doctrine of *res ipsa loquitur*, and the conspiracy of silence on the part of physicians? Very often the defendant makes a poor witness on the stand and colors the decision. The author includes in