they be considered by everyone in medical training, practice, and academics. This reviewer recommends this book as thought-provoking reading. In addition, it is interesting and informative. It contains some message for each one of us.

In these times of "new morality" and anxiety, the words of Pascal, selected by the authors for the frontispiece of their volume, are indeed appropriate: *"man is a reed, but a thinking reed; all our dignity consists in thought. Endeavor then to think well; it is the only morality."*

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Law and the Surgical Team. By CARL E. WASMUTH AND CARL E. WASMUTH, JR. Baltimore, The Williams & Wilkins Co., 1969. $13.50.

In the words of the authors, "the purpose of this book is to attempt to explain our basic law as it applies to the present-day practice of medicine, most particularly to that practice in the operating room." I believe that the authors have achieved their goal.

The book consists of ten chapters dealing with "The Surgical Team Concept"; "The Hospital Facility"; "The Surgical Team in the Operating Room"; "The Anesthesiologist as a Member of the Surgical Team"; "Consent for Surgical Procedures"; "Postoperative Care"; "Blood Transfusions"; "Organ Transplantations"; "The Hospital Emergency Room"; and "Medical Ethics and the Law." The tenth chapter, "Medical Ethics and the Law," was written by John Kenneth Potter, M.D., Director of Anesthesiology at Huron Road Hospital in East Cleveland, Ohio.

In discussing the various principles of law that are applicable to the members of the surgical team and the hospital, the authors make liberal references to important judicial decisions. Thus, each chapter is amply referenced.

Probably the chapter most important to the physician reader is Chapter V, dealing with consent for surgical procedures. Here such subjects as informed consent or the duty to forewarn, full disclosure by the surgeon as to the technique to be employed, limitations on the doctrine of informed consent, invalid consent, consent obtained by fraud, religious objections, emergency consent, and multiple operations are cogently discussed.

In this chapter, the author states that in the appendix of the book are several sample consent forms. Unfortunately, these were omitted.

The book contains one statement (page 15) which, if taken literally, is not applicable in all jurisdictions and is therefore erroneous.

> A physician is held to that standard of practice which is adhered to by other physicians in the same or a similar community.

From the above pronouncement the authors imply that the "community" or "locality rule" stated in the 1880 case of *Small* v. *Howard* (128 Mass. 131), is still adhered to by most courts. This is not a fact.

The community or locality rule has been modified in several jurisdictions. Some Courts have emphasized such factors as accessibility to medical facilities and experience (*Tvedt* v. *Haugen*, 294 N.W. 183), whereas others have adopted a standard of reasonable care and allow the locality to be taken into account as one of the circumstances, but not as an absolute limit upon the skill required (*McGulpin* v. *Bessner*, 43 N.W. 2nd 121).

In still another jurisdiction (*Vitia* v. *Fleming*, N.W. 1077) the Court stated:

> Frequent meetings of medical societies, articles in the medical journals, books by acknowledged authorities, and extensive experience in hospital work put the country doctor on more equal terms with his city brother.—[W]e are unwilling to hold that he is to be judged only by the qualifications that others in the same village or similar villages possess.

The Supreme Court of Washington has virtually abandoned the "locality rule" (*Pedersen* v. *Dumouchel*, 143 p. 2nd 973, 978); the Supreme Court of Appeals of West Virginia criticized the "locality rule" and appears to have abandoned it in the case of specialists (*Hundley* v. *Martinez*, 158 S.E. 2nd 159) in a similar situation, the Supreme Court of New Jersey abandoned the "locality rule" (*Carbone* v. *Warburton*, 11 N. J. 418) and, in a more recent decision, Massachusetts Courts have held that a physician's conduct is not to be measured by the standards of other doctors practicing in similar communities and having opportunity for no larger experience, thus overruling *Small* v. *Howard*, the original Massachusetts case which announced the "locality rule."

Law and the Surgical Team is a well written book, in that it presents, in the physician's language, the actual problems encountered by the surgical team, and then proceeds to discuss the legal implications and possible solutions to difficult legal issues in a manner which can be understood easily by one not trained in the law.

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Intensive and Recovery Room Care. By J. M. BEAL AND J. E. ECKENHOFF. New York, The Macmillan Co., 1969. Pp. 279. $9.95.

In their book, Drs. Beal and Eckenhoff and their contributing authors present a unified approach to the goal of providing efficient, continuous and expert care for critically ill patients. They stress the necessity for careful planning and organization to assure that the same high caliber of patient care provided during anesthesia and operation is extended to the postoperative period and to the acutely ill, nonsurgical patient with major organ-system failure.

Divided into six sections, the book reviews gen-

eral organizational policies of special care units, nursing care, general and special problems in patient care, cardiothoracic and pediatric intensive care. Although much of the material presented is not innovative, and no section is a definitive thesis on any of the multifold aspects of intensive care, this book provides a comprehensive evaluation of the areas which must be considered in a unified approach to intensive patient care.

A review such as the authors have provided should be useful to those physicians engaged in planning intensive care facilities. The chapter on organization and planning of special care units outlines the necessity for a full-time physician–director of such a unit, and details the authority and responsibility which must be delegated to him in order to assure efficient function of the unit.

The section on nursing, with its numerous lists of the contents of emergency and other kits, should be helpful to nurses engaged in planning a unit. The remainder of the text should provide aid in understanding the pathophysiology and treatment of acute surgical illness.

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Manual of Surgical Therapeutics. EDITED BY ROBERT E. CONDON AND LLOYD M. NYHUS. Boston, Little, Brown & Company, 1969. Pp. 380. $5.95.

The goal of this manual is to provide a readily-available source of information on the pathophysiologic, pharmacologic and nonoperative aspects of the care of the surgical patient. The authors, all from the University of Illinois School of Medicine, have achieved their goal. The material is up-to-date and well organized, with judicious use of illustrations and tables, and is presented in "cookbook" format. In many instances the authors have managed to include information about the experimental basis for the choice of a particular therapeutic regimen. The pertinent information seems to be all there at the tip of the finger. The manual is designed primarily for the surgical House Officer. However, with the trend in greater involvement of Anesthesia house officers in preoperative and postoperative care, this manual, which has a clear, concise style, may be of great value.

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Progress in Surgery. Volume VII. EDITED BY M. ALLGOWER (Basel), S. E. BERGENTZ (Goteborg), R. Y. CALNE (Cambridge, G.B.), AND U. F. GRUBER (Basel). New York, S. Karger, Basel, 1969. Pp. 290. $22.80.

The six topics presented by different authors consist of 1) the surgical treatment of thyroid disease, 2) stapling devices used in surgery, 3) the use of dextran, 4) the preparation of antilymphocytic sera, 5) the detection of transplantation antigens in leukocytes and 6) progress in liver transplantation.

These reviews are clear, concise and authoritative. One of the authors points out that his review does not include a number of important papers published since the submission of his article. This problem, common to all reviews (especially those published in book form) is seen particularly in the chapters on transplantation and in the chapter on thyroid disease, where no mention of medullary cancers and their association with other endocrine tumors, which has been one of the most fascinating recent developments in endocrinology. The chapter on staples give a good historical review and an outline of the applications of these devices today in the U.S.S.R. The rather complete review of the experimental and clinical studies of the antithrombotic effects of dextran 40 and 70 leaves one with the impression that the entire story is not in yet and that the use of dextran 40 may be indicated intra- and postoperatively in certain circumstances.

This review presents a rather complete reference source, and should be of equal interest to anesthesiologists and surgeons.

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Obstetrics and Pediatrics

DIAZEPAM IN LABOR Each of 200 primigravida and secundigravida parturients was given either diazepam or a placebo during early labor (less than 5 cm cervical dilation) according to a sealed code of random design. There was significant relief of discomfort, as well as reduction in dosage of meperidine, in those patients given diazepam. This tranquilizing agent was shown to be a safe, useful analgesic, either alone or in combination with meperidine, for parturients and their neonates. Temporary hypoactivity and hypotonicity occurred in neonates of diazepam-treated mothers. (*Flowers, C. E., Rudolph, A. J., and Desmond, M. M.: Diazepam (Valium) as an Adjunct in Obstetric Analgesia, Obstet. Gynec. 34: 68 (July) 1969.*)