

# The Anesthesiologist's Bookshelf

Edited by MEREL H. HARMEL

**Cardiac Arrest and Resuscitation.** Third edition. By HUGH E. STEPHENSON, JR. St. Louis, C. V. Mosby Company, 1969. 604 pages. \$29.50.

Doctor Stephenson and 18 contributors from five countries have put together a large volume of material on this rather limited subject. The attempt, over many years of dedicated effort, to compress this expansive literature into a single comprehensive text (1,468 bibliographical references, numerous personal references, 223 illustrations and many case histories scattered throughout the text) may be responsible for the many serious deficiencies in this edition.

The table of contents suggests a poorly balanced organization. The nine major sections contain from one to 29 chapters, the length and scope of which are widely variable. The many related but basically extraneous sections, such as those on "elective conversion of cardiac arrhythmias with precordial shock" and "elective cardioplegia" and "relationship between waveform and effectiveness of transthoracic countershock for termination of ventricular fibrillation," are superfluous additions. The frequent chapter headings, "General Considerations," followed several chapters later by "Other Considerations" leave the impression that the latter are mere collections of afterthoughts. The lack of order and continuity is illustrated by the omission of chapters 12, "Methods of Diagnosis," and 13, "Monitoring" (pages 14-175), and the repetition of chapters 14, 15, and 16 (pages 175-204)—obviously a publishing blunder. The chapters on historical aspects are comprehensive and refreshing, having been written from a European point of view.

Controversial aspects of resuscitation are presented without authority or direction, resulting in confusion as to the best technique; indeed, the author downgrades the trend toward standardization of technique and advocates a more varied approach to be applied to specific situations. For example, the advantages of open-chest massage over closed-chest methods are well known, but in spite of the widely accepted disadvantages of open-chest massage, he concludes that it is better than closed-chest methods and should be taught universally.

The extensive collection of data about the incidence of cardiac arrest and prognosis after resuscitation, always hard to find, is impressive and brings into focus the need for much improvement in resuscitative techniques.

The text's real value, *i.e.*, a wealth of highly pertinent information, is lost in the rambling, poorly organized, and often repetitious presentation. If the material could be presented in an orderly fashion, with clarity, simplicity, authority, and a thread of continuity to bind it into a di-

gestible body of information, this book would make a major contribution to the field of cardiac arrest and resuscitation. In its present state, it has little to recommend its purchase.

JAMES E. GILDEA, M.D.  
Assistant Professor of Anesthesia  
Northwestern University Medical  
School  
Chicago, Illinois

**Clinical Aspects of Autonomic Pharmacology.** By PAUL TURNER. Philadelphia, J. B. Lippincott Company, 1969. 169 pages. \$7.50.

As stated in the preface, this small book is "an attempt to outline current concepts of autonomic pharmacology in a form which . . . (is) of value to both undergraduate and postgraduate clinical students." This attempt is successful; the book's purpose is accomplished.

The author has presented the autonomic pharmacology on a background of anatomy, physiology, and pathophysiology so that all are easily understood. On the whole, the book is well organized and the text is accompanied by well-planned figures. The material which is included is indicated by the six chapter headings: "Introduction," "Parasympatholytic Drugs," "Sympatholytic Drugs," "Autonomic Blockade," "Autonomic Activity in Healthy Man," and "Autonomic Activity and Blockade in Disease."

Unfortunately, this book has a few errors. "Cerebral blood flow is closely related to general systemic arterial pressure" ignores the modern concepts of cerebral blood flow autoregulation; "reserpine . . . should . . . be discontinued . . . at least two weeks before elective surgery" differs from current anesthesia practice in the United States.

Though this small book is neither a textbook nor a reference book, it is a good outline and review of autonomic pharmacology and physiology. It does not, however, represent a source of material which is not readily available elsewhere. The current tendency to rewrite and thereby repeat information in the world's medical literature is, in my opinion, quite unnecessary. One can certainly learn about modern clinical autonomic pharmacology by studying any recent basic pharmacology text and one must study pertinent medical journals to learn of the most recent changes and trends. All in all, I do not believe that this book has fulfilled a need, even though the author has successfully accomplished his purpose.

JERRY H. TITEL, M.D.  
Pritzker School of Medicine  
University of Chicago  
Chicago, Illinois