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**Anesthesiology Boards: A Survival Guide.** By Michelle Starr. New York, Churchill Livingstone, 2000. Pages: 450. Price \$49.95.

As stated in the preface, the mission of the author was to create a cross between a narrative-style, key word-based board examination review text and a question-and-answer type of review book. To achieve this goal, she wrote 173 short chapters, most often 2-3 pages long, emphasizing lists of facts. The topics included are based on careful review of key word lists from recent American Board of Anesthesiology/American Society of Anesthesiologists (ABA/ASA) Anesthesiology In-training Examinations. To address the question-and-answer aspect, she concludes most of the chapters with 1-3 multiple choice study questions. The author suggests in her preface that the book is designed for written board examination preparation, which clearly is true, so the title *Anesthesiology Boards* could be viewed as somewhat misleading. A more accurate title might be "A Key Word-based Study Guide for the Written Anesthesiology Board Examination," but a publisher undoubtedly would balk at the length of that title and its likely diminished appeal to impulse buyers craving a quick fix for their (written and oral) board examination study woes.

Dr. Starr has "covered the waterfront" nicely in her key word topic selection. To the reviewer, this type of bullet-point format is more tedious to follow than concisely written narrative text. There are highlighted "pearls" in some chapters, as well as infrequent line diagrams. Coverage of complex topics tends to be too superficial to convey understanding. Inaccuracies are present, which is not surprising in a comprehensive, single-author, unreferenced textbook. Rather, it defies imagination that such a text would lack inaccuracies. This is why most comprehensive textbooks use a multiauthor approach, selecting authors most often for their recognized expertise on a subject. A number of spelling errors were also found.

The council that prepares the Anesthesiology In-training Examination developed key words to help anesthesiology program directors identify areas in which their teaching programs might not be "keeping up with the Joneses" and to help residents direct their study toward areas of weakness. Residency programs, authors, and residents take a leap of faith if they assume that the topics in the key words comprehensively represent the body of knowledge encompassed in the examination. Although clearly a strong relation exists between key words and examination content, this assumption weakens when one recognizes that the key words are selected after the question has been written and edited and that these historical key words do not necessarily predict the content of the next examination. Writing key words is also an imperfect process, often failing to reflect subtleties in the questions, partly because each phrase is limited to 35 characters. The examination questions derive from assignments addressing specific subjects in the Content Outline for the ABA/ASA In-training Examination, which truly reflects the body of knowledge encompassed in the written examination of the American Board of Anesthesiology. Although key words undoubtedly have some preparatory value, obsessing over them or using them as a primary study strategy places the cart before the horse.

The sample questions at the end of the chapters unfortunately leave much to be desired. The majority would not survive the first editing cut for the ABA/ASA In-training Examination. Sometimes, important aspects of the question are not discussed in the chapter. Common question problems include ambiguity and inaccuracy. The formatting of the questions is inconsistent, sometimes using K-type question numbering for A-type questions, which could be confusing for those who may have difficulty remembering the difference between A-type (single answer, choices lettered) and K-type (more than one answer may be correct, choices numbered) questions. The belief of this reviewer is that reviewing board-type multiple choice questions most

often uses limited study time less efficiently than reading a narrative-style text or a review article and tends to lead more to memorization than to understanding. To a lesser degree, bullet-point review of key words shares the same flaw. Some candidates for the written and oral board examinations may be laboring under the mistaken impression that they can prepare adequately using the "Cliff's Notes" approach taken in this book. The harsh reality is that there is no substitute for understanding subjects in depth, and such understanding is not obtained from *Anesthesiology Boards*. I suspect that the author would agree, so the best use of this text might be as a quick reference on a wide range of topics. One would be hard-pressed to endure reading it cover-to-cover, and such an effort would not be time well-spent.

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**What a Blessing She Had Chloroform.** By Donald Caton. New Haven, Yale University Press, 1999. Pages: 288. Price \$30.00.

"Oh," I thought, "Don Caton has written a book about the history of obstetrical anesthesia; how nice." Dr. Caton is certainly well-qualified to write a history about the subject of his career interest since he became a medical doctor. If the book were only that, it would be of value to obstetricians and anesthesiologists. By his own admission, that would have been easy because the medical literature has been well-preserved and is available from several sources.

But Dr. Caton has given us much, much more. Through the magic of his story telling, he has put the innovators into the society of their time and shown us how their innovations answered social and medical needs. He emphasizes the impact of each development on the relationship between doctors and their patients, and how social pressures modified the development of the innovations. There are several examples in the well-written text, but the most powerful is his description of the impact of the feminist movement of 1900-1930 on the development of obstetrical anesthesia and how it forced the medical profession in the wrong direction.

The champions of the feminist movement wanted improvements in all aspects of the lives of women. They wanted improved job opportunities, improved representation in politics, and more participation in the important affairs of life. They wanted improved health care for women and children, including improved access to prenatal care and obstetric anesthesia. They believed the glowing reports of "Dammerschlaf" or "twilight sleep" from Freiberg, Germany. Dr. Carl Gauss, a well-known obstetrician, was administering small doses of morphine and scopolamine during labor and delivery for analgesia and memory ablation. Articles written by leaders of the feminist movement who had delivered babies in Freiberg were published in popular women's magazines of the time. The implication was that the parturient experienced a deep, restful sleep during which she labored without awareness. When she awoke, a healthy baby lay in a crib beside her bed.

Women throughout the country demanded that twilight sleep become available in the US. Never mind that the laboring mother was not really asleep but rather was confused and delirious, requiring heavy restraints and constant attention of a trained nurse. Never mind that the neonate was depressed and hypoxic. Never mind that reluctant doctors wanted scientific studies before the technique was offered broadly to the public. They would not prevail. Every labor bed and every delivery table in the US was equipped with heavy leather straps to restrain the scopolamine-intoxicated women. Only a series of well-

publicized disasters quieted the clamor for twilight sleep and forced the feminist movement to concentrate on other items of their agenda. Dr. Caton's descriptions of the events are colorful and well-documented.

Similar discussions are presented for the introduction of obstetric anesthesia by Simpson, the opposition in the US by Meigs, and the assistance offered by Channing, all of whom were influential clinicians and powerful spokesmen for their respective points of view. Dr. Caton describes at length the similar educational heritage of the three who nevertheless came to different conclusions about obstetric anesthesia. His description of the subsequent career of John Snow stands in sharp contrast. Snow was from a poor family and had an apprenticeship in medicine rather than a university education. He became the founder of epidemiology when he observed that the early cases of the cholera epidemic in London came from the same neighborhood and limited the spread of the disease by removing the handle from the pump of the contaminated neighborhood well. He became famous as an anesthesi-

ologist when he anesthetized Queen Victoria for the delivery of one of her children. The title of the book is a quotation from Queen Victoria, when she was told that her daughter had delivered a grandchild with the influence of chloroform.

More medical-social discussions are presented for childbirth without fear, spinal anesthesia, neonatal effects of anesthesia, neonatal resuscitation, and the Lamaze technique. As published, the book is of value to doctors, nurses, and laypersons—in fact, anyone who is interested in the medical or social background of health care for women. The book should be given as a gift to medical students, residents, nurses, wives, and mothers.

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