The fourth article in this section, by Zander and Campiche from Lausanne, is a brief review of the clinical features of extradural hematoma. This article does not add any new knowledge to the problem of extradural hematoma, but it appropriately emphasizes the fact that the single most important variable in the treatment of extradural hematoma is the rapidity of decompression of the brain.

The second section of the book, on "Technical Standards," contains chapters on "Supratentorial Craniotomy" by Pertuiset and "Removal of Extramedullary Benign Spinal Cord Tumors" by Guidetti. These two chapters are obviously intended for the neophyte in neurosurgical surgery as they cover the basics of operating room procedures and techniques. I would certainly be fearful of the results if anyone not familiar with neurological surgery attempted to perform an operation on the basis of information contained in these chapters.

In summary, this small book contains four competent review articles on topics of importance to neurological surgeons and an appended section that I suspect will be of relatively limited value. Anesthesiologists will find the first chapter particularly useful.

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This book treats three aspects of respiratory illness in children: epidemiology, pathophysiology and psychosocial factors. The pediatric anesthesiologist and the physician caring for pediatric respiratory intensive care will find something of interest in each aspect since in the long run, all are intertwined in the management of patients who are also children.

An enormous number of respiratory diseases is discussed, but the coverage is very uneven. For example, there is only a superficial treatment of congenital diaphragmatic hernia and of tracheoesophageal fistula, both together making up about one page. This is a major limitation for the anesthesiologist. On the other hand, cystic fibrosis and asthma are discussed in great detail and are presented very well.

There are four valuable chapters, each devoted to a discussion of a single respiratory symptom or topic: Stridor, Wheezing, Cough, and Aspiration (this last under the heading of Pulmonary Complications of Inhalation). These chapters are well written and attempt to correlate clinical findings with pathophysiological function. The anatomy and the physiology that form the basis of the symptom are first discussed, so that the clinical findings can be understood. The clinical significance of the symptom and the respiratory diseases manifesting the symptom are then gone into. These chapters contain material that should be part of the background of any physician who is responsible for the management of respiratory function in children. These four and the two on Cystic Fibrosis and Asthma are the best in the book.

There is a chapter on pulmonary function and pulmonary function testing in children. Most of this chapter concerns only the school-age child and is based mainly upon studies in the adult. When there are known differences in physiology between the child and adult, these differences are brought out. The discussion of ventilation-perfusion ratio inequalities is skimpy.

The authors have a large clinical experience in treating a wide variety of respiratory diseases in children. Much of their book is a practical delineation of this experience with each disease, under the headings of clinical features, diagnosis and treatment. General references and further readings are given at the end of each chapter.

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When I was asked to review this book, I thought it would be simple. However, I find it to be more complex than I had initially thought. The reason for this is that the book is written on several levels. If there is any one theme, it might perhaps be described as that keynoted in the Foreword by Franz J. Ingelfinger, Editor of The New England Journal of Medicine. Dr. Ingelfinger writes about Excellence, a quality perhaps not so much in vogue today as when Dr. John Gardner wrote his book of the same title.

However, excellence is not the only theme found in this book. As a surgeon, I was somewhat put off by the pertinacious attitude of Dr. Bunker that surgeons have not capitulated more readily to the dominance of the anesthesiologist in the operating room. This attitude is strongly reminiscent of that expressed in the surgical editorial in Surgery, Gynecology & Obstetrics a few years ago. The whole thing, of course, was a tempest in a teapot.

Another feature that leaves a surgeon less than enchanted is the arrogance to the specialty of anesthesiology of all of the research endeavors that advanced the field. No mention is made of surgical pioneers such as William Stewart Halsted who, at great personal risk, experimented with anesthetics in the early years of surgery. Through the intervening years surgeons have continued to