the effects of exotoxins on the circulation and (3) studies of septic shock, including effects of whole (dead or living) bacteria and bacterial infection. The authors considered pertinent information on viral infections to be too limited to be included. The section on endotoxins is the largest since endotoxin is available commercially and therefore more studies have been made with it. There is a concise summary at the end stating what is unequivocal in the laboratory animal as to mechanism of hypotension. Suggestions are listed as to the value of certain adjuncts to therapy in the experimental animal. The suggestion is made that the toxic effects of Gram-positive organisms may be more organism-specific than Gram-negative organisms, so that adjunctive therapy may have to be more specific.

This monograph would be of great help to anyone doing clinical or experimental investigation in the field of septic shock. However, the clinical anesthesiologist should be aware of this book. In the few pages devoted to treatment in human patients, four of the six methods reporting some success are close to areas in which the anesthesiologist is an expert—transfusion, vasoressor agents, adrenocortical hormones and hypothermia. A great deal of the experimental work also deals with these adjuncts to therapy.

RUTH M. ANDERSON, M.D.

L’Arrêt Circulatoire. By R. COURBIER, Associate Professor, Faculty of Medicine, and J. TORNESANI, Chief of Cardiology Clinic, Faculty of Medicine, Marseille, France, and collaborators. Paper. 35 F. Pp. 224, with 71 figures, Masson & Cie, Éditeurs, Librairie de L’Académie de Médecine, Paris, 1964.

This book is written in French and represents a synthesis of a good part of the work done by scientists of all nations on the subject of cardiac arrest. The authors define three types of cardiac arrest: arrest in systole which is of very rare occurrence and has never been reproduced in experimental animals, and the other two well-known forms: standstill and ventricular fibrillation. In the first chapter they elaborate on causes and consequences of circulatory arrest, including hemodynamic and metabolic aspects and cellular changes with emphasis on particular effects on vital organs. In the second chapter they discuss etiology and clinical aspects of arrest, as well as complications involving the brain and kidneys. The third chapter reviews treatment, including maintenance of ventilation and oxygenation; methods of assuring adequate circulation first by external massage, defibrillation if necessary and the use of cardiotic, vasomotor and metabolic drugs. Step by step methods of treatment are presented, and the review concludes with treatment of complications following cardiac arrest. The bibliography is quite up-to-date.

This manual of resuscitation compares favorably with other manuals on the same subject. However, certain aspects of the text are lengthy, as the French way of writing is often more elaborate and literate than the English way, but it is also less concise. This is a useful book, as it gives the reader a detailed presentation of the modern way of thinking on this subject, and also modern methods of treatment.

JACQUES R. BOUCHER, M.D.


This book contains the proceedings of a symposium conducted by The British Small Animal Veterinary Association and The Universities Federation for Animal Welfare in London, July 1963. A total of 151 authors contributed to the program which was interdisciplinary in its approach to animal anesthesia. Authors include veterinarians, anesthesiologists, physiologists and dentists from the United Kingdom, Germany, France, and the United States. Many are outstanding in their respective fields.

Six sessions were conducted, divided into the following categories: Primates; Reptiles, Amphibia and Aquatic Animals; Rodents and Lagomorphs; Aves; Ungulates; and Carnivores. A wide variety of anesthetic techniques are described as well as considerable amount of equipment. Some of the latter are quite ingenious in design and enables anesthesia of unusual species.

The book is well edited and has good style and continuity. A considerable amount of the information presented is not available elsewhere in book form. The illustrations are of good quality and appropriate to the subject matter.

This book reflects the growing interest in animal anesthesia and the need for authoritative information on this subject. It is of particular value to those working in animal anesthesia, whether they be research anesthesiologists, veterinarians, or zoologists. It should be in every research laboratory and medical library.

WILLIAM V. LUMB, D.V.M., PH.D.

Animal Anesthesia—Local Anesthesia. By MEL-CHOR WESTHUES, Professor and Director of the Department of Veterinary Surgery, University of Munich and RUDOLF FRITSCH, Director of Veterinary Medicine, Anaesthetist at the Department of Veterinary Surgery, University of Munich. Translated by A. David Weaver. Published in German in 1960 by Paul Parey, Berlin, Germany. Cloth. Pp. 233, with 95
THE ANESTHESIOLOGIST'S BOOKSHELF

July August 1965

illustrations. Price $9.00. English editions by
Oliver and Boyd Ltd., Great Britain, and J. B.

This book will serve principally as a procedure
manual for performing local and regional nerve
blocks in horses, cattle and dogs. It consists of
two parts, the first of which deals with principles
of local anesthesia. Types of nerve block, indica-
tions and contraindications, mechanisms of action
(including an account of pain perception), physi-
cal and chemical properties, potency and toxicity
of a variety of drugs, and a description of the in-
struments, needles and syringes, are presented.
The English-speaking student of anesthesia will
not derive much benefit from this section because
the material is not up-to-date, and the explanations
of mechanisms of action are superficial and confu-
sed. One wonders whether something was lost
in the translation.

The second part is devoted to the techniques of
local anesthesia for three species in particular,
horses, cattle and dogs. Other animals and their
parts are presented where appropriate, e.g., the
horn of the goat, spinal anesthesia, and anesthesia
for castration of the pig. This section is well done.
The descriptions of landmarks and techniques
are complete and well illustrated. Anesthesia of
the head, limbs and organs of procreation are
thoroughly covered, as are paravertebral, epidural,
subdural and sympathetic blocking techniques.
An appendix includes legislation pertinent to vet-
erinary and experimental surgical practices and
lists of the many names, both English and German,
assigned to the more commonly used local anes-
thesics.

DUNCAN HOLDAY, M.D.

International Anesthesiology Clinics. Vol. 2,
No. 3, May 1964. Peridural Anesthesia, EDITED
by P. G. LUND, M.D., F.A.C.A., Director Depar-
tment of Anesthesiology, Coneaugh Valley
Memorial Hospital, Johnstown, Pa.; and The
Airway and Larynx, EDITED by LEROY W.
KRUMPERN, M.D., Professor and Chairman,
Department of Anesthesiology, Temple Univer-
sity School of Medicine and Hospital, Philadel-
phia. Cloth. $22.00 per year. Pp. 729, with

The section on Peridural Anesthesia was com-
piled by seven authors from six different coun-
tries, all authorities in this field. Except that this
subject was excellently covered by Dogliotti many
years ago, little else can be compared to this new
and extensive coverage of the field, which is dealt
with in a quite basic fashion. Two criticisms
might be made of the chapter by J. Alfred Lee.
If no vein can be entered, no procedure should be
done and in the present status of the "cut down"
there should be no such situation. Also he makes
the comment that the blood pressure should be
maintained at least at 60 mm. Hg systolic. Han-
ley states that any pressure below 80 mm. should
be considered a sign of hypovolemia and either
fluid or blood should bring the volume back to
normal.

The second section which deals with The Air-
way and Larynx has at least gotten together ma-
terial usually found in various textbooks on anes-
thesiology, respiratory physiology and anatomy.
There are eight authors, all from Temple Univer-
tity. This section appears above criticism. The
prospective Board candidate might tremble at the
formulas he would need to learn for calculating
the dead space.

Since these basic reviews of two important sub-
jects are compiled by numerous authors, the presen-
tations vary considerably in format, but are all
clear and reliable and contain well-documented
and extensive references.

ALICE MCNEAL, M.D.

Clinical Anesthesia. Vol. 2, 1964—Instrumenta-
tion and Anesthesia. EDITED by WILLIAM H.
L. DORNETTE, M.D., Professor and Chairman,
Department of Anesthesiology, University of
Tennessee College of Medicine, Memphis, Ten-
sessee. Cloth. $7.50. Pp. 198, with illustra-

This latest volume in the Clinical Anesthesia
series differs from its predecessors in that it is
designed to serve as a reference text for the stu-
dent and the practicing anesthesiologist alike. Its
twelve contributors, noted for their interest in in-
strumentation, set out to lead us through the maze
of available monitoring instruments so that we may
understand their usefulness and their limitations,
and so that we may understand what takes place
inside the "black box" interposed between the
patient and the gauges, screens and graphs we
employ to tell us about his condition. They suc-
cceed admirably.

Of the book's eleven chapters, seven contain the
"meat," while the remaining four are philo-
sophical in nature. Dealt with in the didactic
chaers are manometry, respiratory carbon di-
oxide and gas flow measurements, electroenceph-
alogy, thermometry, blood volume tech-
niques and instrumentation, and applications
of gas chromatography in anesthesia. Coverage
of these subjects is excellent and well written with
liberal use of photographs and line drawings to
illustrate the text. A glossary is also provided.
Available equipment with its application, limita-
tions, maintenance problems, and in some cases,
prices are discussed. Bibliographies accompany
each of these chapters.

No less interesting are the chapters which wax
philosophic. Characteristics of simple and complex
monitors are discussed with a plea for reason and
consideration of the patient's safety in their use.
A description of a hospital-engineered central
monitoring system with its attendant economies
should please administrators as well as anesthesi-
ologists. Finally, a glimpse into the future of

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