the surgical aspects of preoperative and postoperative care—a commendable feature.

This book is brought to the attention of anesthesiologists with the intent of advising reference to it when plans for a coordinated team approach to a problem involving vascular surgery are in the making. The mental processes utilized by surgeons in making diagnoses and in planning the surgical approach to intricate vascular problems will be revealed. The anesthesiologist so informed will be in a better position to anticipate steps in surgical procedures that may create problems for him in maintaining each patient’s total economy in a stable state. Reference to the illustrations alone will provide valuable information in topographical anatomy that may be valuable when supportive measures involving entry into an artery or vein must be accomplished with dispatch.

RALPH M. TOVELL, M.D.


This book contains the Proceedings of the First Obstetrical Conference organized by the South-Western Obstetrical and Gynaecological Society, held in Portsmouth, England, in November 1961. Thanks are due to Smith, Kline & French, who sponsored the meetings, and to Messrs. Geigy Pharmaceuticals for printing the programs. These services to the medical profession often go unsung and should be recognized more often for their great value in bringing together specialists of various disciplines.

There are 100 pages of formal presentations and 47 pages of discussion, a healthy proportion for the individual expression of opinion. It is a relief to read, in several spots, that caesarean section is recommended for delivery when the fetal circulation is compromised. Too often, practitioners in the United Kingdom have taken pride in their very low incidence of caesarean section. Also, it is a pleasure to read in Dr. Rees’s talk, of his condemnation of intragastric oxygen as a resuscitative measure.

We agree that “there never has been one single scrap of scientific evidence to show that intragastric oxygenation was an effective way of oxygenating an infant.” Dr. Ian Donald’s chapter on “Asphyxia Neonatorum—The Obstetrician’s Viewpoint” is charming, historical, brief and witty. Dr. W. Norman Rollason’s discussion is especially noteworthy (pp. 63–4). As one of the 8 anesthesiologists of 43 participants . . . and this is a better proportion than could be obtained in a similar meeting in the United States . . . his unhappiness with the ventilation of obstetrical patients who have received relaxants during delivery should be noted.

The request by Dr. Concannon (page 68) for a national policy on maternity anesthesia is wishful thinking, but reflects the urgent need for enlightened thinking about obstetrical anesthesia in both our countries.

The problems of midwife deliveries, unknown to us, are frequently mentioned. It appears that as more obstetrical beds are made available in hospitals, they are immediately filled by patients who prefer medical obstetricians.

Although the title of the book includes the “Paediatrician,” only one participant is designated as a pediatrician, and two others hold a degree in Child Health. There is still a long way to go before pediatricians and obstetricians truly collaborate for the welfare of the infant.

This book gives a view of obstetrical and anesthesia practices in South-West England in 1961. There is little new material to be found in the text.

VIRGINIA APGAR, M.D.


The publisher underscores the statement that this book, in its third edition, has been completely revised, rewritten and enlarged with some contributors appearing for the first