The Anesthesiologist’s Bookshelf

Surgery as a Human Experience. The Psychodynamics of Surgical Practice. By JAMES L. Titchener, M.D., Assistant Professor of Psychiatry, University of Cincinnati College of Medicine, and MAURICE LEVINE, M.D., Professor of Psychiatry and Director of the Department, University of Cincinnati College of Medicine. Cloth. $8.00. Pp. 285. Oxford University Press, New York, New York.

An operation has an entirely different significance to a patient, than to his physician. As an everyday part of his work, the physician minimizes an operation and regards it in terms of a mechanical cure for illness. The patient, however, has a complex of physical, financial and emotional concerns, fear of death, permanent disability, mutilation, cancer, or prolonged postoperative pain. The financial concerns include cost of the illness itself and loss of income or job. Women worry especially about the care of young children. Severe emotional reactions may occur either before or after the operation. Special problems include those of children and the aged, psychosomatic and psychosocial influences, neurotic and psychotic patients, and effects of long-term illness, operations upon the genitalia, plastic and traumatic surgery.

Anesthesia receives only brief consideration, since its emotional significance is not well known. The patient’s response to operation and anesthesia are considered together, as parts of the surgical experience. Premedication is discussed briefly. The massive autonomic discharge due to emotional factors may be responsible for stormy inductions. “Anesthesia is, to the unconscious, a brief form of death.”

Since the authors are professor of psychiatry, the types of responses are interpreted in a psychiatric context, with simple and intelligible explanations. Many case histories illustrate the types of reactions. Details of research studies substantiate the statements made and stimulate interest in further work.

The book is easy to read, with many subtitles to clarify classifications and an ample bibliography.

This book is especially valuable for the physician in understanding the problems of surgical patients and for the anesthesiologist in understanding the patients who, preoperatively and postoperatively are tense and disturbed.

JAY J. JACOBY, M.D.


This book will be useful to all anesthesiologists actively involved in planning new operating suites or redesigning old ones. It provides a basis for discussion and programming the aims and needs for each hospital situation so the problems can be recognized and stated, which is the first step toward finding a satisfactory functional solution reflecting current developments in surgery and anesthesia. The author hopes to encourage new studies of function, with emphasis on time and motion considerations, so that future designs may depart from the traditional inefficiencies and avoid, as far as possible, unfounded prejudices of surgeons, anesthesiologists, nurses, administrators, and architects. The author is critical of the lack of suitable research into fundamental problems of the surgical suite, and points out investigations which might be particularly rewarding. An example is the discussion of potential cross-infection from the unsatisfactory current design of suction equipment, and the improper functional planning which makes inadequate provision for separation of “clean” and “dirty” in the surgical suite. It is suggested that the chief break in technique is frequently the circulating nurse who takes dirty instruments to substerile rooms, disposes of

167