Notable Names in Anaesthesia

J. R. Maltby (ed.)

In his introduction, Roger Maltby recalls how he noted the lack of inclusion of any anaesthetists in Bailey and Bishop’s Notable Names in Medicine and Surgery and how this (disgraceful) omission was the stimulus for producing this book. I suppose as anaesthetists we would not find this omission surprising. However, we should serendipitously be grateful, as it has led to the production of this enormously engaging book.

In all there are 76 mini biographies of some of the most famous names associated with anaesthesia; the majority are by Roger Maltby himself whilst some are autobiographical (e.g. John Nunn, Leslie Rendell-Baker and Cecil Gray). Non-anaesthetists are obviously included (clearly we are not so parochial as our medical and surgical colleagues) such as Bier, Esmarch, Melzack, Wall and Koller as well as manufacturers such as Foregger and King. It should be said that the emphasis is on those who produced eponymous devices, books or manoeuvres rather than those prominent in the research field.

Inevitably one will ponder on the missing names as well as those who are perhaps less worthy of inclusion. So, although benefactors such as Lord Nuffield are rightly included, Henry Isaiah Dorr, who preceded him by endowing the first Professorial Chair in Anaesthesia in the USA is not, UK anaesthetists have little contact with the Berman airway or the Miller laryngoscope blade although as an anaesthetist working in Canada, Roger Maltby obviously has to maintain a different perspective. However, I would certainly have wished to see a monograph on Lucien Morris and his Copper Kettle and on Hale Enderby, the pioneer of ‘hypotensive anaesthesia’.

Nevertheless, this book is totally engrossing. The monograph on Ringer and Hartmann (mainly taken form Alfred Lee’s 1981 paper in Anaesthesia) should be compulsory reading for all juniors who must be bemused by the fact that Lactated Ringer’s USP and Hartmann’s solution BP (both with virtually the same electrolyte content) are named after the Englishman in the USA and the American in the UK! There are also wonderful thumbnail sketches of major developments in anaesthesia and how they came about including the circumstances behind the foundation of the Nuffield Chair of Anaesthesia in Oxford. This is described in some detail in the monographs on Mackintosh and Lord Nuffield.

Perhaps the most fascinating parts are those outlining the development of equipment, especially those used in every day practice to this day. The events surrounding the invention of the laryngeal mask, Mackintosh laryngoscope, Mapleson D and Bain circuits should remind anaesthetists to always keep a ‘prepared mind’ for the possibility of future inventions to benefit the practice of anaesthesia. Having said that, the restrictions we now encounter in clinical practice, the disappearance of the small manufacturing companies and well-equipped medical engineering departments in hospitals, as well as the enormous cost of patent protection, means that we are unlikely to find many names to add to those in this book in future years. That is a pity.

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Cardiovascular and Thoracic Anaesthesia

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This is a lightweight book in every sense of the word. It consists of 196 pages divided into 12 chapters and is part of a series of books entitled 'Anaesthesia in a nutshell'. The book is primarily aimed at UK Specialist Registrars (SpRs) undertaking training units in cardiothoracic and vascular anaesthesia in years 1 and 2. This forms part of the Royal College of Anaesthetists competency-based training programme which dovetails into the syllabus for the Final Fellowship of the RCA examination.

The book is easy to read, the paper quality is good, the diagrams and tables for the most parts are simple and it will fit neatly into the pocket of a white coat. Further reading is provided at the end of each chapter and it is relatively up to date. The book is well balanced with six chapters devoted to cardiac anaesthesia, four on thoracic anaesthesia and two on vascular anaesthesia.

Whilst we appreciate that this is not a physiology textbook, cardiac anaesthesia is invariably intertwined with physiological principles and there is very little background information such as the principles governing oxygen demand and delivery. There are many sections that go into unnecessary detail counterbalanced by too little information in other areas such as cardiac valve surgery and congenital heart disease. The authors did not suggest performing an Allen’s test prior to cannulation of the radial artery and the UK’s National Institute of Clinical Excellence (NICE) guidelines relating to central venous cannulation were not included. In general there is a distinct lack of information on practical aspects such as the management of perioperative myocardial ischaemia, aortic cannulation, glucose control, prevention of awareness during cardiopulmonary bypass and temperature control. The diagram of a bypass circuit is unnecessarily complicated. Whilst the section on ‘off-pump cardiac surgery’ was topical and well written, cell salvage devices were not mentioned. Trans-oesophageal echocardiography was included but could have been expanded in view of the fact that it is increasingly important as part of an anaesthetist’s armamentarium. We noticed the odd spelling mistake and grammatical error. In the section on vascular anaesthesia the advantages and disadvantages of spinal drains were not discussed in the context of aortic aneurysm surgery and the practicalities of using warm air mattresses during aortic cross-clamping were not mentioned. These may seem petty comments, but they are examination type details of which the reader should be aware. The saving grace to this book is the thoracic section, which is clear and well written with good use of simple diagrams.

In conclusion, it would be easy to suggest that this book should be in every SpR’s personal possession, but we cannot do this. There are many other textbooks with more information and it fails because it is neither a practical guide to cardiovascular and thoracic anaesthesia nor it is adequately detailed to be considered a revision text.

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