Professor Marie-Thérèse Cousin, retired Chief of Anaesthesia at the Broussais Hospital of Paris, has just published a two volumes (680 pages) history of anaesthesia and intensive care in France from their beginnings to 1965.

This original work, richly documented and illustrated, and with a wealth of references, is the product of the author's years of researches at the Sorbonne and of her experience as a clinician. It is the first encyclopaedic history of French anaesthesia in all its aspects. Dr Cousin points out that, although many anaesthetic discoveries originated outside her country, the French physicians and scientists immediately understood their significance, adopted them and contributed important modifications and additions.

Volume 1 briefly describes the contributions of the French chemists, physicists and physiologists before 1846. The following chapters address each inhalation agent (from ether to halothane), the intravenous anaesthetics, the local and regional techniques and drugs and the muscle relaxants (including Daniel Bovet’s great contributions). The last chapters narrate the birth of paediatric and obstetric anaesthesia in France.

Volume 2 reviews the history of resuscitation in Europe before the arrival of anaesthesia (a fascinating, largely unknown topic), the introduction of intensive care on the Continent after WW2 (with the engrossing history of the 1952 epidemic of poliomyelitis in Denmark) and the ventilators and monitors used in France since that time. Several chapters on the struggle to create anaesthesia as an independent speciality in France with its political and financial aspects and chapters on the birth of the French professional societies and journals and teaching programs will be of less relevance to the foreign anaesthetist. Interesting, however, is how modern anaesthesia was introduced in France after WW2 by young physicians who had fled their occupied country and learned their trade while serving in the British and, especially the US armed forces during the war. Also the struggle to obtain professional recognition and financial independence in France is a good mirror of the professional battles of the Continent after WW2. The US anaesthesiologists were fortunately spared those trying times …

Dr Cousin’s work is extensively researched and her topics presented in great details and supported by an abundance of references. References and notations are conveniently placed at the bottom of each page, thus sparing the reader continuous and tedious to-and-fro reading between the text and the end of each chapter. Volume 2 has two very inclusive indexes, one for the names, and another for the topics. Professor Cousin writes with enormous enthusiasm in a most elegant, clear and concise French. She solves some medico-historical mysteries and occasionally adds witty, even sly, personal comments. Although a rigorously scientific work, the book reads like a novel, or what the French call a livre de chevet (bedside book).

There is a wealth of pictures of equipment and photographs of French physicians and scientists rarely published in anaesthesia textbooks. Some of the photographs, unfortunately are of poor quality. I hope that this unique contribution to the history of our speciality will be re-published in a hardback edition on good paper and with better photographs. I also hope that Dr Cousin’s book will be translated in English for the education and enjoyment of foreign anaesthesiologists. This important work deserves large, world-wide audience.

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Core Topics in Cardiac Anaesthesia

J. M. Mackay, J. E. Arrowsmith (eds)
ISBN: 0521868416; Price £45.00

The editors have aimed this book at anaesthetic trainees in their first 3–6 months of training in cardiac anaesthesia and intensive care.

This 367-page book consists of 66, three- to six-page, topics grouped into 11 sections. The sections are anatomy and physiology, cardiac pharmacology, diagnosis of cardiac disease, cardiac surgery for anaesthetists, monitoring, routine coronary heart surgery, anaesthetic management of specific disorders, paediatric cardiac anaesthesia, cardiopulmonary bypass, cardiac intensive care and miscellaneous topics. These have been chosen on the basis of guidelines from the Royal College of Anaesthetists, the Society of Cardiovascular Anesthesiologists and past exam papers. The editors have managed to maintain a consistent style throughout the book, despite the use of 62 contributors.

The topics range from the quite simple and basic, such as opioids, to the potentially daunting, such as cardiac embryology. This variation is quite appropriate. The authors have aimed at avoiding the writing of a comprehensive textbook. However, although the topics do not contain the depth of discussion that one might expect from a comprehensive textbook, all the important information is concisely conveyed to the reader. The topics are generally easy to read (5–10 min), informative and can be used as a quick refresher. Each topic has clearly presented illustrations and most topics have tables summarizing key points. In addition, all the topics have an ultimate key-points section including references for further reading.

I would recommend this book to all trainees wishing to get an overview about cardiac anaesthesia and intensive care. It may be useful to those working towards their exams. In addition, there are a number of topics such as: symptoms and signs of cardiac disease; invasive and non-invasive diagnostic techniques; congenital heart disease; and pregnancy, to name a few, that would be of interest to the non-cardiac anaesthetist (trainee or consultant). This book can be a useful quick reference for an established cardiac anaesthetist.

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