

Keith Sykes (editor) with **John Bunker** (contributing editor), *Anaesthesia and the practice of medicine: historical perspectives*, London, Royal Society of Medicine Press, 2007, pp. xv, 303, illus., £15.95 (paperback 978-1-85315-674-8).

Anaesthesia and the practice of medicine traces the evolution of anaesthesia from the introduction of ether and chloroform in the 1840s through to the twentieth century. The book is a collaborative work by two well-known anaesthetists whose careers spanned fifty years of anaesthetic practice: Keith Sykes, former professor of anaesthesia at Hammersmith and Oxford, and John Bunker, former professor of anaesthesia at Stanford and visiting professor at Harvard. Sykes and Bunker shared a concern that the recent history of anaesthesia, especially its influence on other areas of medicine such as intensive care, accident and emergency medicine, resuscitation and chronic pain management, was being forgotten. Their respective experiences of UK and US practice provide a nice transatlantic comparison.

Early chapters relate the introduction of ether, chloroform, nitrous oxide and cocaine in the nineteenth century, and largely repeat the work of earlier anaesthetist historians such as F F Cartwright and W S Sykes. The main body covers key moments in the twentieth century and it is here that the strength of the book lies. Of all medical practitioners, anaesthetists, perhaps, display the strongest awareness of the history and heritage of their practice, yet many find it difficult to reflect upon the past without either seeking to dissect historical events and techniques within a framework of contemporary anaesthetic practice, or adopting a progressive and triumphalist narrative. Inevitably Sykes and Bunker see the twentieth century as a “golden age in which anaesthesia grew from a technical specialty to become part of the practice of medicine” (p. 2). That said, their accounts of twentieth-century developments have a vividness that will be invaluable to future historians. The authors entered practice in the late 1940s when ether was the primary anaesthetic agent; they lived and worked through many of the significant changes

of the twentieth century. Bunker, then chairman of the Department of Anaesthesia at Stanford University, led the US national study of the toxic effects of anaesthetic agents, published in 1969, which was triggered by fears that the new anaesthetic halothane caused liver damage.

The book succeeds in showing how anaesthetic developments integrated with other areas of medical practice. For example the utilization of new techniques of mechanical ventilation that eventually underpinned intensive care units originated from an epidemic of poliomyelitis in Copenhagen in 1952. Until then it was generally believed that victims of poliomyelitis died from changes in kidney function, but the work of the Danish anaesthetist, Bjorn Ibsen, during the outbreak, established unequivocally that polio patients died from inadequate ventilation provided by the “iron lung” or cuirass ventilators. Ibsen’s pioneering technique was to perform a tracheostomy and connect the tracheostomy tube to an anaesthetic breathing system so the lungs could be ventilated by compression of the reservoir bag. The manpower implications were tremendous: the anaesthetic reservoir bags required manual compression for twenty-four hours a day for between two or three months of treatment. Danish medical and dental students worked in six hour shifts, and at the height of the epidemic seventy patients were being manually ventilated. The success of Ibsen’s method was not in doubt: the mortality rate dropped from around 80 per cent to 25 per cent. Respiratory units were established in some parts of the world—Sykes set one up in Durban, South Africa, and later established the Intensive Care Unit at the Royal Hammersmith Hospital.

Many of the issues raised would benefit from more detailed and contextual analysis. The different trajectories of UK and US anaesthesia, for example, could be explained by reference to the transatlantic divergence in practice and culture in the 1840s. There is much to learn from the recent past of anaesthesia: Sykes and Bunker’s account will hopefully inspire new historical researches.

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