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## Book Review:

### Resuscitation Greats by Peter JF Baskett and Thomas F Baskett

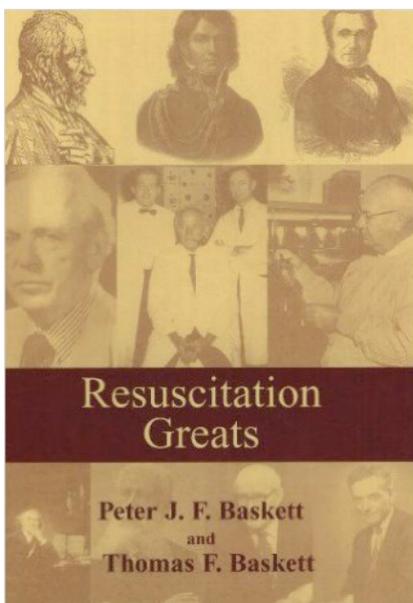
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Reviewed by John Harvey

This fascinating and eminently readable book is a collection of articles that have been published over the years for the journal "Resuscitation". The articles are divided into four sections covering the early years from the time of Galen (130-200 AD) followed by a series of contributions reviewing the 1700, 1800 and 1900s.

The authors, who are brothers, are eminently suited to the subject given that Peter Baskett had a worldwide influence on the development of resuscitation, particularly in pre-hospital care, where his involvement led directly to the development of professional paramedics. His brother Thomas is Professor of Obstetrics and Gynaecology in Halifax, Canada and a former president of the Society of Obstetricians and Gynaecologists of Canada. He has written extensively on the history of medicine and holds a diploma in the subject from the Worshipful Society of Apothecaries of London. Between them, the two brothers contribute to 38 of the 82 articles, sharing their contribution with 56 other distinguished international colleagues. The required qualification for someone to be featured in the book appeared to be that they had to be dead, nearly dead or well into retirement!

The early years discuss Galen's considerable anatomical contributions and physiological experiments, although many were clearly inaccurate at the time. Paracelsus, noting Galen's bellows technique for inflating dead animals' lungs, refined these in 1530 in an attempt – unsuccessful – to revive a patient, later refined by the Royal Humane Society in 1783 as the preferred method of ventilatory resuscitation. Vesalius, acquiring a skeleton from the gallows in secrecy one night, assembled a complete skeleton and later described how an experimental animal could be kept alive with a crude form of ventilation using a reed cane in the trachea. Paré, a barber surgeon in the French army in the 1500's described the use of ligatures to control bleeding following an amputation. The famous William Harvey was described as a small, swarthy, sharp-eyed man, rapid in utterance and short of temper. He had



various idiosyncrasies, including keeping sugar in his salt cellar for adding to the newly-imported coffee and constantly fingering a dagger that he always wore.

The authors have chosen a number of amusing and unusual contributions to resuscitation over the centuries, including pumping tobacco fumes into a victim's rectum in an attempt to revive the dead and an attempt to discover immortality by alternately freezing and thawing volunteers. Lord Cathcart in the 18th century offered a set of rewards for those who initiated resuscitation providing the applications were supported by a certificate from a clergyman.

It was John Hunter (1776) who first provided the cornerstone for resuscitation, emphasising the importance of restoring breathing, applying artificial respiration and even recommending defibrillation to restart the heart, although this only became widely practised in the 1950s. Given Peter Baskett's influence on the profession of paramedics, he would have enjoyed the article describing the development of ambulances, in particular a camel ambulance designed in Egypt by two eminent French military surgeons in the 18th century. Thomas Baskett, himself an obstetrician, described the very first transfusion of human blood (1825) to a woman dying from post-partum haemorrhage. Lavoisier's original contribution demonstrating the purpose of respiration was more likely related to gas exchange than cooling the blood, although sadly being on the liberal end of French politics, he was beheaded during the French Revolution, just at the time

that his colleague and pioneer of oxygen therapy, Priestly, was sailing to New York. There is an extraordinary account of the attempts to resuscitate Abraham Lincoln after his assassination by a 23-year old assistant surgeon in the United States army as well as a description of the first attempt in 1874 at open-chest cardiac massage.

In the 20th century, we learn about the development of oral and nasal tracheal intubation techniques, triggered in large part by the needs of extensive maxillofacial surgery as a consequence of the two world wars. Another great benefit, particularly during wartime, was the discovery of blood groups by Karl Landsteiner, who mixed his own blood with that of colleagues, noting that in some of the sample clots were formed.

Sir Ivan Magill, a pioneer in the design of endotracheal tubes, was a personal friend of Peter Baskett and he features in a photograph showing him being presented with a metre long cuffed tracheal tube used on horses.

There are chapters reviewing the Holger Nielsen method of artificial respiration, the first successful use of ventricular defibrillation by Claude Beck in 1947, Virginia Apgar's new born baby score and the Sellick manoeuvre for preventing pulmonary aspiration during the induction of anaesthesia.

The book concludes with a wonderful review of resuscitation medicine by Douglas Chamberlain, a pioneer of pre-hospital care and resuscitation in the 1970s.

This is a thoroughly enjoyable, amusing, at times gory and eminently readable book. Because of its structure, it is ideally suited to dipping in and out of. Unfortunately it is rather bulky and so less easy to take away on your travels or to hide amongst your notes to enlighten boring lectures. It is certainly a fascinating read, which is both entertaining and informative.

John Harvey