

## BOOK REVIEW

*Leadership in Anaesthesia. Five Pioneers of the Deadly Quest for Surgical Insensibility*

Berend Mets

Published by Cambridge Scholars Publishing, Newcastle upon Tyne, UK, 2020, pp. 340. Price £64.99. ISBN9781527555969.

Leadership, according to Berend Mets, is like beauty – hard to define, but obvious when you see it. It is the central theme of his new book, one which seeks to analyse some significant figures from the history of anaesthesia, specifically in terms of their effectiveness as leaders.

The historical figures in the book are well chosen. There are five. Firstly, William Morton in Boston, MA, hungry for fame and money – the man responsible for the first public demonstration of ether anaesthesia in 1846. Then, John Snow in London, who took the original concept and applied scientific principles to the delivery of anaesthesia and epidemiology. Moving to the next century, we meet Arthur Guedel honing his skills in the theatre of war during World War I in Europe. Guedel returned to the USA to teach simple techniques to a new generation of doctors, making anaesthesia safer in the process. Working with Ralph Waters, he revolutionised airway management with the development of the cuffed tracheal tube.

The only woman in the book, Virginia Apgar, is well known for her work with newborn babies. Probably less is known about her anaesthesia career and her leadership skills, but she had plenty to offer in both areas. This section embraces some of the issues faced by women in the specialty, and the way that Apgar forged her own path. Lastly, there is Bjørn Ibsen in Denmark, creator of the first ICU and a champion of that discipline throughout his life. Importantly, this particular story is not just one of success, but also tackles one of the difficult issues created by intensive care – how to actually withdraw treatment. It was something Ibsen had to confront; even as he celebrated his successes, he realised he had created a new problem.

The characters are well chosen. Together they tell a good story of how anaesthesia developed from a simple technique to the scientific discipline it is today. They trace the journey the specialty has taken, from the operating theatre to the neonatal wards, recovery rooms, ICUs, and boardrooms. And it is a good story because that is the strength of the author – he is good at telling stories.

The book is fast paced. The sentences are short and effective, and the paragraphs barely paragraphs at all. So, if you are

looking for an overview of the history of the specialty, this book will provide it without any of the heavy, laborious writing many will associate with historical texts. There are few footnotes, and the references, while adequate, are not overwhelming. The only thing missing is an index, which is a shame, especially since there is no electronic edition of this book currently available; while it is often tempting to leave them out, they are always useful. The stories themselves are full of drama, personal details, and anecdotes, small incidents or events that humanise these historical figures and make them more interesting to the reader.

The central theme of the book is an analysis of leadership. There is a solid opening chapter about the history of leadership, but once again, it is interesting and not laborious. Leadership is a relatively modern concept, the word only appearing in The Oxford University Dictionary in 1933. But there were always those regarded as leaders, and Mets provides a good summary covering the history, philosophy, and psychology of leadership.

He also provides his own commentary on what may be seen as a weakness in this book. Many serious academic historians take issue with examining historical figures with a modern lens, especially if there are value judgements involved. We live in a different world and we have to be careful to examine the world they lived in, along with the characters themselves. Some would also take issue with assigning modern day psychoanalysis to historical figures, diagnosing them with personality disorders or even psychiatric conditions. Mets does this often, using words such as narcissist and hypomania, terms that have very clear meanings now but were not generally applicable in the past. He also creates a marking rubric, similar to those used for university assignments. With this tool, he analyses each of the characters in the book, using it to continue his discussion about effective leadership.

But he does this in a light-hearted way, and that is important. Academics can quibble forever about the appropriateness of this sort of historical analysis but many authors, particularly those interested in forensic sciences, will continue to conduct exercises such as this. It is fun. It is entertaining. It

is thought provoking. And that is what a book should do – it should entertain you and give you something to think about.

This is a book for doctors in every discipline, but particularly those pursuing careers in anaesthesia and intensive care who want to know more about their history. It will also have appeal for the general reader with an interest in medical history. Serious academic historians may take issue with the approach, but, having met the author on a number of occasions, I do not believe they are the intended audience. This

book is fast paced and fun; it is written with a dramatic style but is very readable.

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doi: [10.1016/j.bja.2020.11.002](https://doi.org/10.1016/j.bja.2020.11.002)