

**Individuality in Pain and Suffering.** By ASENATH PETRIE, Ph.D. Pp. 153, 33 figures, 30 tables. \$5.00. The University of Chicago Press, Chicago, 1967.

The juxtaposition of the titles of these books might serve as their one-sentence resumé: while pharmacology, physiology and neurosurgery proceed apace with new drugs and techniques the individual remains a law unto himself.

The first monograph is essentially the edited proceedings of a symposium held May 20-21, 1966, at the University of California, San Francisco Medical Center, whose *raison d'être* is to be found in the successful development of a potent analgesic devoid of addiction liability, pentazocine. Seven anesthesiologists were among the 26 participants. Pain, while apparently a universal phenomenon of man, can bedevil investigators by its unexpected absence. Postoperative pain was lacking in 40 per cent of patients, relieved by placebos in 20 per cent and by narcotic analgesics in 35 per cent. About 5 per cent of patients reported no subjective relief from narcotics. Contemporary pharmacology, permanent nerve blocks and current neurosurgical methods are presented in the monograph. The busy clinician will find useful facts and perhaps have some misconceptions swept away.

A quotation from the first may serve as a bridge to the second monograph. "The patient may well profit if we redirect our thinking toward the neglected and almost forgotten contributions of motivational and cognitive processes. Relaxants, tranquilizers, sedatives, suggestion, placebos, and hypnosis are known to influence pain, but the historical emphasis on sensory mechanisms has made these forms of therapy suspect, seemingly fraudulent, almost a sideshow in the mainstream of pain treatment. Yet, if we can recover from historical accident, these methods deserve more attention than they have received."

Dr. Petrie's monograph describes her work in the identification of three types of personality: the augments, the reducer, and the moderate. The augments experience pain more intensely, the reducers, less or not at all, while the moderates show no marked increase or decrease. If a rapid and simple method for determining these traits were available, it would be of great clinical value for the anesthesiologist. The theory is appealing, but the testing techniques meticulous and long; the statistical treatment is sound; the utility in clinical anesthesiology is minimal for day to day use. Doctor Petrie's contribution to anesthesiology lies in her objectively documenting that some people suffer more than others.

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**Clinical Anaesthesia Conferences.** Edited by LESTER C. MARK, M.D. Anesthesia Study Committee, New York Society of Anaesthesiologists. Pp. 326, with tables and illustrations. Cloth. Little, Brown and Company, Boston, 1967.

The New York Society of Anaesthesiologists is to be complimented on the publication of *Clinical Anaesthesia Conference*. The volume is well arranged in nine "Sections." The first two "Sections" are devoted to respiratory and cardiovascular complications, respectively. Most of the remaining "Sections" ultimately fall into one or both of these categories. Each of the 77 chapters opens with a single paragraph which clearly defines the situation; this is followed by one or more illustrative case reports. Under the heading "Comment," case analysis and recommendations for treatment are given.

Some anesthetists might inquire if such a collection of case reports in book form can serve a useful purpose. The reviewer's reply is definitely affirmative. One has only to refer to the successful use of this approach by Guedel 30 years ago. As time goes by, the explanation of the mechanism by which a symptom complex is produced may change, as will therapy. The observable phenomena remain the same.

By reason of the wealth of clinical material available to the New York Society, the Clinical Conferences have dealt with almost every conceivable complication of anesthesia. However, a few areas are inadequately covered, e.g., complete bronchospasm may be encountered only once in the anesthetist's lifetime, and yet it may complicate his first case. It should be pointed out that under such circumstances there is a total absence of breath sounds and attempts to inflate the lungs are of no avail. To heed advice against the intravenous administration of a bronchodilator like aminophylline could result in disaster: the fact is that employment of this procedure resulted in a prompt and complete reversal of this very critical condition in two patients in a single hospital during the past two years.

*Clinical Anesthesia Conferences* is recommended to medical students, residents and practising anesthetists as a guide to clinical recognition and treatment of the complications of anesthesia. Its greater value, however, would appear to be the help it affords the anesthetist in avoiding the complications.

Internists who are frequently consulted to determine if a patient "can stand the anesthesia" will find this volume invaluable.

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