

thesiologist in the areas of his special interest that cannot be matched by works such as this.

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Clinical and Experimental Pharmacology and Physiology. London, Blackwell Scientific Publications. EDITED BY M. J. RAND, A. E. DOYLE, J. P. COGHILAN, P. I. KORNER. \$60.00 per annum.

Clinical and Experimental Pharmacology and Physiology is a new bimonthly edited in Australia, published in the United Kingdom and soliciting contributions from all over the world, in any field of pharmacology and physiology, save clinical trials of new drugs. Rapid publication is promised and criticism of original articles published in the journal will be welcomed, the authors criticized being given the right to reply in the same issue. A man's reach should exceed his grasp, said Brown- ing, and in this case it does.

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Intractable Pain. EDITED BY MARK MEHTA. Philadelphia, W. B. Saunders, 1973. Pp. 287, \$18.00.

With the recognition of intractable pain as a clinical disease entity and the subsequent interest of many physicians in this problem, the lack of a general clinically oriented fundamental textbook for use by anesthesiologists and others interested in pain is very apparent. Current texts are limited to certain specialized pain problems, too research-oriented, or else presently out of print in this country. This one, by Dr. Mehta, Consultant-Anaesthetist to the United Norwich Hospitals, England, is written by a man of obvious considerable practical experience in the clinical management of patients. It is at the present time probably the best introductory clinical text dealing with the problem of intractable pain.

The author has organized his material into three parts: theory, clinical disease entities, and treatment. The coverage, together with the adequate citations, gives the text great value as a reference source.

The first part introduces the reader to the complex nature of chronic pain and the need for a multidisciplinary approach. The psychological aspects of the intractable pain problem are briefly mentioned. A simple but adequate review of the anatomy and physiology of pain concludes with an excellent thumbnail survey of theories of pain conduction. Local anesthetic drugs, their action, pharmacology, additives, and the complications of their use are presented, but their names are those familiar to the English rather than the American practitioner. The section on the pharmacology of neurolytic agents is a valuable collection of information, but unfortunately the significance of iatrogenic factors such as analgesic abuse and re-

peated operations in sustaining pain behavior in chronic-pain patients goes unmentioned.

The second section discusses intractable pain in relation to some common clinical conditions such as injury, the neuralgias, cancer, and muscle spasm, and gives Dr. Mehta the opportunity to relate many useful details from his vast clinical experience. Causalgia, a relatively rare condition, receives emphasis, while the more common and more easily treated minor reflex sympathetic dystrophies are only briefly mentioned. Management of the terminal patient with a plea for a cooperative multidisciplinary approach is sensitively discussed. The current English attitude of not making the patient aware of his diagnosis is emphasized. While this is a matter of an individual physician's judgement, the reader new to the subject should be aware that many American centers encourage open frank discussion of the diagnosis with the patient.

The third section is directed at the anesthesiologist and assumes that he is familiar with techniques of nerve blocks and regional anesthesia. The use of phenol and other lytic agents is emphasized here to an extent that few American physicians would endorse because of the effect of litigation on American practice. Mehta's experience with celiac plexus blocks for abdominal cancer is contrary to the reviewer's. The author states that these blocks are rarely required, are a major undertaking, and may require general anesthesia with heavy sedation for two to three days afterwards. In the reviewer's hands, with 50 per cent alcohol the celiac plexus block has been the simplest, most rewarding therapy for abdominal malignancy, usually done on an outpatient basis.

Neurosurgery, psychotherapy, hypnosis, and acupuncture, as well as an important discussion of low back pain, are included in a useful general survey of other treatment modalities. An appendix documents the author's experience with 202 pain-clinic patients seen during one year. I strongly recommend Dr. Mehta's book to any physician involved with the problems of intractable pain, particularly to the Anesthesiology resident.

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Respiratory Physiology—The Essentials. EDITED BY J. B. WEST, Baltimore, Williams and Wilkins, 1974. Pp. 185, \$6.95.

Just that, "The Essentials." "Strunkian," perhaps too Strunkian. Strunk (*The Elements of Style*) insisted that "vigorous writing is concise." The style of this book is informal, clear, and concise to the point of miserliness. For the beginning student in physiology or medicine, or the anesthesiologist seeking refurbishment, "Essentials" should be just the thing. For the reader who wants to know more it will be a source of repeated titillation, if not frustration, aided by selected reading lists.

The territory John West has trod is hardly virginal. Still, this book justifies its existence.