

without a fatality. And, in a comparison of 11 drugs given after cholecystectomy (a popular operation for study), morphine holds its place as miraculously as ever, but with strong competition from fentanyl—shorter acting, more controllable. Also described here are a single trial in obstetrics and one for terminal cancer.

With this technique, pain relief cannot be constant and complete; if it were, the patient would not be motivated to press the button, which again raises the issue of machine, rather than patient, control, with feedback from sources poorly defined but certain to include respiration (the current apnea-monitors being considered inadequate). The impression gained is that a computerized infusion upon which small “on-demand” doses can be superimposed will be more effective than a simpler “press-when-it-hurts” system.

Surgeons and anesthesiologists in a reactionary mood (“there is nothing new,” etc.) may feel supported by the general view that most patients do not try for complete analgesia but settle for a tolerable level of pain; and why not make use of all this information from PCA to improve conventional methods? But now we are exposed to media coverage of new methods of pain management after surgery; an individual patient may request epidural morphine; and there are even signs of interest from disciplines remote from the surgical environment. Some of us, reminded of the slow development of intensive care by the dedicated few, may foresee a similar acceptance by attrition: space and staff, step-down units for individualized pain relief after selected procedures. As to expense, the estimates seem trifling when amortized over three to five years. Whereas the price of pain is incalculable.

The book is easy to read, well printed, with few obvious slips (some erratic editing of references and, on page 4, a comic spelling error related to the acronym PCA).

Over the years, some of the bitterest comments about the inadequacy of postoperative pain relief have been penned by doctor-patients. This publication is recommended to all who are in a position to accept a challenge as humanitarian as any existing today. The time for change is now.

RONALD A. MILLAR, M.D.

Department of Anesthesiology  
The Cleveland Clinic Foundation

---

**Positive Approaches to Living with End Stage Renal Disease: Psychosocial and Thanatologic Aspects**, ed by Mark A. Hardy, Gerald B. Appel, John M. Kiernan, Austin H. Kutscher, Martha L. Orr, Carole Smith Torres, and Lissa Parsonnet (Praeger).

This volume approaches many issues which impact on patient care from a perspective too often forgotten by health care professionals. While we tend to judge success or failure of treatment modalities from an objective standpoint as it involves life or death, work-

ing or not working, graft success vs. graft failure, multiple issues keenly linked to the overall effect of the disease process and treatment on the patient tend to be forgotten.

The variety of contributing authors to this volume, which include physicians, social workers, nurse educators, and patients, blends together a common theme emphasizing the patient with chronic renal failure as the focus of total medical care. This book not only raises issues relevant to the quality of life for patients with end stage renal disease, but offers helpful insights into dealing with those life issues that patients and families with renal failure face.

While the term thanatology is little known to physicians and allied health professionals, it is an approach to patients and disease that emphasizes a form of care giving that encompasses a link between the patient's emotional status and the disease process, a heightened awareness and understanding of the dying process, and the impact of treatment, whether it be successful or unsuccessful on the actual individual. Since many peaks and valleys occur in the treatment of chronic renal failure, it is important to understand alternative ways of improving the quality of life for patients beyond the actual treatment success or failure.

The content of this book may be divided into two specific areas: the first dealing with transplantation and the second with chronic dialysis. The approach to the presentation of material offers insights through actual patient cases, as well as the input of certain authors who themselves had experienced transplants and/or dialysis.

Those issues related to organ donation (presumed consent, living nonrelated donors), physiological stresses, national policy, and the impact of the transplant experience on patients and family are reviewed. A number of chapters raise more issues than provide solutions, but the mere presentation of these issues improves our awareness, which in itself will improve the quality of care.

As the population of patients within the United States requiring dialysis increases, both in numbers and age, a critical view to preparing patients for the dialysis experience and transferring information to them regarding this treatment modality is extremely important. Too often patients enter dialysis programs with heightened expectations which can never be achieved by the actual treatment selection. Information should be given to patients by thorough pre-crisis or pre-ESRD education. Patients need to grow with the idea of dialysis and how their life could fit into the regimen of a specific dialytic therapy. Not only is the introduction of information early on important, but numerous questions arise for a number of people who may not totally benefit from initiating dialysis or continuing therapy. This aspect of care is emphasized by R. Freeman, M.D., in the chapter entitled “Living with End Stage Renal Disease: Prolonging Life or Extending the Dying Process.”

The physician who does not deal with end stage renal disease may not find this book helpful in the

day-in, day-out care of his or her patients. However, individuals involved in the care of patients with kidney disease should be encouraged to read this book. This includes not only physicians, but all individuals involved with patients whether it be dialysis, transplant, pre-dialysis, or pre-transplant. In any disease where a cure does not exist, it is essential that health care providers maintain an awareness of how both the treatment and disease affect the patient as a person.

MARTIN J. SCHREIBER, JR., M.D.

Department of Hypertension and Nephrology  
The Cleveland Clinic Foundation

---

**Lecture Notes on the Liver**, by R. Thompson (Blackwell).

*Lecture Notes on the Liver* is a monogram, which, as the title implies, covers a variety of subjects related to the liver through the form of short clinical notes. The book is composed of 18 chapters. Each chapter is divided into short paragraphs written in a clear, concise style with representative schematic drawings. This format, while rather attractive to the reader, leads unfortunately to many repetitions. Clinical concepts may be reinforced through the force of repetition, but in this instance, it results sometimes in confusion. For instance, postoperative jaundice is called "surgery and jaundice" in chapter 2 and is given as an example of renal toxicity. In chapter 7, it is referred to as "postoperative jaundice" and the emphasis is on halothane toxicity and postoperative cholestasis due to poor hepatic perfusion. A unifying concept of the syndrome is lacking. On the other hand, I found the brevity of the style to be quite effective in other areas such as the section on "diseases that do not cause cirrhosis" at the end of the chapter about cirrhosis, and with the classification of tumors of the biliary tract.

There are very few controversial statements in the book, but the treatment of pruritus with 60 to 180 mg of phenobarbital a day would certainly cause an argument with many gastroenterologists. Some important clinical points are missing, such as the ratio of SGOT to SGPT in alcoholic hepatitis and the absence of any advice on when to treat chronic autoimmune active hepatitis. Finally, I did not find the chapter dealing with drug toxicity to be very helpful. The classification of predictable and unpredictable hepatotoxins is not clinically relevant.

The general presentation of *Lecture Notes on the Liver* is quite good. The printing is adequate and there are very few misspelled words. The subdivision of chapters is very helpful. However, it is sometimes difficult to follow the sequence when more than four different subtitles are used in one paragraph. Finally, the number of references is very small. This is obviously a conscious choice that the author has made,

but it makes the monogram less attractive to internists and gastroenterologists and limits the audience to medical students.

EDGAR ACHKAR, M.D.

Department of Gastroenterology  
The Cleveland Clinic Foundation

---

**Asthma: Clinical Pharmacology and Therapeutic Progress**, ed by A. B. Kay (Blackwell).

With increasing use of bronchial provocation challenge, bronchial asthma is being diagnosed at a greater frequency. Along with this, many asthma-precipitating factors have also been recognized. However, to date, the exact pathophysiological mechanism behind the different types of asthma is not yet fully understood. This book is an up-to-date compilation of knowledge regarding mechanisms of asthma at the cellular level. An attempt has been made to show the therapeutic actions of the various bronchodilators based on pathophysiology.

The book will best serve the interest of research pharmacists who are studying bronchodilators. For the allergist and pulmonologist who are actively involved in caring for asthma patients, this book provides a better understanding of the disease and its remedies. It also addresses the area in future investigation in reference to asthma management. Those chapters entitled "Bronchoalveolar Lavage and the Late Asthmatic Reactions" and "Leucotriens" are outstanding.

In light of the book's strengths, it would be hypercritical to point out the flaws. Nevertheless, some of the chapters dealing with mechanism of drug action at the cellular level go into much detail which, although necessary, might be too much for a clinician's primary interest. I would also like to see conclusions at the end of all chapters, rather than just selected ones. Occupational asthma would definitely be beyond the scope of this book, but more detail on exercise-induced and nocturnal asthma would add to the strength of this work.

*Asthma* is an excellent review of the scientific basis of asthma therapy by a highly qualified international faculty. It is very well written and includes key schematic diagrams, which simplify the difficult concepts in a clear-cut fashion. Tables and pictures are appropriately placed and serve their purpose. The extensive reference list is the hidden treasure of this book.

When major therapeutic advancement in asthma management is longed for, this book could be a valuable reference for the professionals taking part in the management of bronchial asthma.

ATUL C. MEHTA, M.D.

Department of Pulmonary Disease  
The Cleveland Clinic Foundation