
The expanded second edition of this volume is the latest attempt by the American Pharmaceutical Association to catalog significant drug interactions. The magnitude of this medical problem has continued to increase with each addition of new agents to the therapeutic armamentarium. Because of the difficulty in keeping each increasingly specialized physician apprised of all the possible interactions between the drugs he is familiar with and those he uses infrequently, the goal of establishing a handy reference volume is laudable. Thankfully, however, not all the possible or reported drug interactions are included in this volume. Not only is each interaction discussed as to incidence, mechanism, and severity of the drug combination, but well-thought-out comments about the clinical relevance of the interaction and appropriate treatment are also attempted, e.g., reserpine–halothane. All opinions, summaries, and suggestions have been approved by a panel of experts chosen as the most knowledgeable about both the particular drugs and the therapeutic situations in which the interaction usually occurs.

Since the book is intended to serve only as a reference book of common clinical drug interactions, it is critical that the user be able to determine quickly whether the interaction is described, and, if so, to seek out the particular facet about the interaction that is most important at that moment. These goals are facilitated, first, by a short two-page introduction on how to use the book most efficiently. Although the nonproprietary drug name of either interacting drug is necessary to determine whether a specific interaction is discussed, the proprietary names and the designations of classes of drugs are also listed in the same index to facilitate the discovery of the indexed nonproprietary equivalent. Thus, all interactions appear twice in the index, once under each individual drug involved.

The "monograph," itself is organized in progressively increasing detail. Each of the 143 monographs begins with a summary, and goes on to list drugs related to each of the interacting pair that are known to exert similar interactions. Next is a discussion of pharmacologic effects of each drug that are relevant to understanding the mechanism of the observed interaction. The ensuing discussion is directed to an evaluation of the clinical data used to document the interaction in man, often with a final judgment of the adequacy of supporting data and the probable magnitude or relevance of the reported interaction. Each monograph concludes with recommendations concerning the risks involved in simultaneous administration of the two drugs, the references discussed, and a list of nonproprietary and trade names of the drugs discussed.

The individual recommendations are especially useful to the physician, since the monographs do not uniformly contain the expected "avoid concurrent administration" warning expected, but occasionally discredit or de-emphasize the importance of the interaction, e.g., gallamine–diazepam. As suggested in the guide to using the index, those involved in clinical care will probably use the monograph best by reading, in sequence, the summary, recommendations, and clinical data sections, and saving the more detailed pharmacologic section for a review of the responsible mechanism only when needed.

In order to facilitate understanding of the interactions covered in the monograph section, but to avoid repetition of such background, the last 154 pages of the volume contain a supplement that is a miniature pharmacology textbook. A brief 18-page discussion of general principles and mechanisms of drug interaction is followed by 25 separate 5–8-page sections on various classes of therapeutic agents. The individual monographs often refer the reader to these sections, which are intended to provide a review of therapeutic goals, alternative agents, and additional factors that might affect the specific drug interactions. By themselves the textbook sections provide only the broadest of superficial overviews of each area, but succeed in complementing the monographs.

The volume is a well-organized, reflective, and helpful guide to a potentially limitless area, and should be of help both to students and to residents in training, as well as to anesthesiologists in practice.

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This exceptionally thorough, up-to-date and practical monograph on surgical infection proves that the proper committee, given a clear-cut goal, can produce a work that no single author could hope to achieve. It is a distillation of four separate symposia on control of surgical infection held from 1970 to 1972. Sixteen chapters provide basic information and advice on topics ranging through incidence and cost of infection to biology of infection to use and abuse of antibiotics. Particularly valuable in this era of over-reliance on antimicrobial agents are the detailed chapters on such fundamentals as preparation of the patient and operating team, and the operating room and general hospital environments. Specific guidelines for surveillance of infection, isolation and housekeeping practices, and sterilization are provided. The chapter on the influence of operating technique on the rate of infection is particularly valuable. Although the text is terse and tends to be somewhat didactic, the selected references in the bibliography provide ample additional sources of information. One usually concludes a review by stating that the work will be of value to students and house officers and should be in the hospital library. This monograph, however, should be required reading for everyone having any contact with surgical patients. This is especially true for senior staff surgeons, anesthesiologists, and nurses, who may have forgotten those measures designed to prevent infection. Wider implementation of the principles and practices enunciated can only result in a net gain for patients, physicians, and society.

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This concise, informative book may be misnamed. While it does, in fact, emphasize anesthesia for the surgical treatment of
trumatized patients, it could equally well be described as a
guide to anesthesia for emergency surgery of any sort. As such,
it is reasonable reading for anyone responsible for the preopera-
tive preparation and/or anesthetic management of patients in
emergency situations.

The initial section, "Transportation and Emergency Care," is
in two parts, "Emergency Medical Systems" and "Emer-
gency Assessment and Management." The chapter on emergency
medical systems is not directed at the immediate management
of individual patients; however, it provides a useful descrip-
tion of the types of systems available. As such, it should serve
as a valuable reference source for those responsible for the
organization or maintenance of pre-hospital care. The chapter
on assessment and management is concise and authoritative. It
is useful reading for anyone involved in the care of injured
patients, and should serve to enhance significantly the reader's
appreciation of the rationales for various therapeutic plans.

Section II, "Preanesthetic Care," deals with some of the
problems unique to injured and other emergency patients. The
authors approach the problems of the intoxicated patient, the
patient with a full stomach, and rapid evaluation of the
emergency patient in a logical manner. They clearly and con-
cisely outline the current state of knowledge regarding these
problems and present their approach in an authoritative but not
presumptuous manner.

The section, "Intraoperative Management," is somewhat
longer and is more directly applicable to the anesthesiologist.
The principles point out are valuable to anyone responsible for
the care of these patients. Some points in the chapter on
agents and techniques are overstated. In the discussion of signs
and symptoms in hemorrhagic shock, the authors suggest a cor-
relation between hypoxia and the degree of shock. While it has
been demonstrated that an increase in deadspace ventilation is
induced by hemorrhagic shock, the correlation of acute hypoxia
with hemorrhagic shock remains controversial. Certainly, one
should not depend on the degree of hypoxia as a method for
staging hemorrhagic shock. The authors also recognize the use of
large doses of steroids for the treatment of a variety of patients
in shock. The exact statement is "The antistress action of the
corticosteroids may also be of importance." While this statement,
taken literally, cannot be denied, there is no documentation
that the widespread use of pharmacologic doses of steroids for
all shock patients is beneficial. The primary documentation
appears to relate to patients in profound septic shock. The
chapters on fluid and airway management unabashedly present
and defend the authors' views, and this seems quite appropriate.

The section, "Postanesthetic Care," consists of two chapters,
"Respiratory Care" and "Economic Aspects of Trauma." The
chapter on economic aspects of trauma might well have been
included in the introductory section, and the chapter on respira-
tory care is the weakest in the book.

Overall, the book is concise, well written, and authoritative, and
it should be extremely useful to anyone involved in the manage-
ment of acutely injured patients, as well as patients undergoing
emergency surgery. While this cannot be classified as an ex-
tensive reference of historical import, it should serve as an
informative and useful handbook for a wide spectrum of
readers. It would be beneficial to have a copy of the book avail-
able in the emergency care area, as well as in the operating suite.

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Pain: A Personal Experience. By J. BLAIR FACE. Chicago,

Dr. Face, a general practitioner, is a member of the professional
team of the low-back-pain clinic at Bancho Los Amigos Hospital.
He has written this book for the lay public, to present an
approach to the management of chronic pain that is currently used
in the major pain treatment centers.

The book presents pain from the multidisciplinary approach
currently in vogue. There are separate chapters relating to
acute pain and anxiety, chronic pain and depression, pain as a
career, etc. There are chapters presenting simplified explana-
tions of common pain problems, such as headaches, trigger
points, bursitis, and neuralgia. Finally, there are derisive remarks
about chiropractic manipulation and acupuncture analgesia (al-
though the author presents no data to suggest his team's results
are any better).

There are no data in this book, no facts, no references. You will
not learn from this book that the approach did not originate
from Bancho Los Amigos, nor that this same approach (and a
very similar organization of material) has been published pre-
viously by others, with hard data and references. Nor will you
find a useful description of a treatment program.

What you will find are many anecdotes and case histories,
dogmatic statements about treatment methods, and citations of
authorities to bolster the author's assertions. It is a pity that
the author's personal experience with pain precludes even a
minimal scientific approach. However, if you have a patient who
stubbornly refuses to acknowledge the role of psychological
factors in his pain problem, and who is used to reading the
National Enquirer for medical information, this book might
possibly soften his resistance.

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Neuroscience—an International Journal. Chief Editors P. G.
Kostyuk, U.S.S.R., R. Llinas, U.S.A., and A. D. Smith,

Neuroscience is supported by the International Brain Research
Organization. What are the special features of IBRO's journal?
First, the journal will be truly international. Second, the journal
will publish papers describing the results of research on any
aspect of neuroscience. The editors state that every effort will
be made to keep the price of individual subscriptions low
enough so that world-wide distribution is not inhibited.—
B.R.F.