What could be more subjective than the appreciation of art, except possibly the experience of pain? And not only subjective, but indescribable—how could I possibly explain to someone else what it feels like when I hit my thumb with a hammer, except to say that it hurts? Our best attempts to make pain objective, for example using pain scores and visual analogue scales, merely reinforce the futility of the exercise, for whilst certain forms of acute pain may conform to such measurement, pain generally—and chronic pain in particular—is more than just a sensation. How we feel about our pain, our situation, even ourselves, affects how we experience pain, and vice versa. Pain management programmes recognize this and aim to show sufferers how better to cope with their pain, and the INPUT Pain Management Unit at St Thomas’ Hospital in London offers such a programme.

Attending the INPUT programme was one Deborah Padfield, her theatre career disrupted by chronic pain. Now a photographer, she undertook a project with the support of Dr Charles Pither, Consultant Anaesthetist and Medical Director of the unit, and a Sciar grant [www.sciart.org]. Over eight months, Ms Padfield worked with ten fellow sufferers designing, creating and reworking photographic images that they felt captured the essence of their pain. Originally presented in an exhibition, these images now appear in Perceptions of Pain along with commentaries by Professor Brian Hurwitz (D’Oyly Carte Professor of Medicine and the Arts, King’s College, London), Ms Padfield, Dr Pither and the patients themselves.

Once one gets past the hyperbole (‘These images should galvanise clinicians into ensuring . . . the resources required for appropriate medical treatment of pain’), these are indeed provocative images. One is faced with pictures, both ‘natural’ and distorted or abstract, of frozen limbs, hot barbed wire, daggers, broken machinery and piles of rubbish, interspersed with patients’ vignettes that describe the context of their pain. It was these tales, even more than the images, that affected me most, revealing as they do the dreadful impact that chronic, unremitting pain can have on one’s life and making me feel guilty for spotting glimpses of bitterness with a medical system that has apparently failed (mentions of ‘unfortunate surgery and aftercare’, ‘operations that went wrong’ and ‘why won’t they listen?’). Not that the images aren’t disturbing in themselves—readers will find the ones that especially touch them but in my case it was a bruised apple, hospital sticker on the outside, the inside of which was rotten to the core.

This book could be useful on several levels. First, as an exercise for the patients involved in the project to think of their pain in new ways, to describe it and therefore to share it. Although the number of patients is small, their words describe how creating the pictures has helped them, suggesting that such activity may have value in pain management programmes. Second, these pictures might perhaps help other patients to describe their own pain to their doctors and others; this is alluded to in a BBC radio programme that discusses the book [www.bbc.co.uk/ radio4/womanshour/28_07_03/wednesday/infol.shtml] although more work is needed to evaluate this. Third, those who treat patients in pain might gain better understanding of what their patients are feeling by looking through these pages, and thereby perhaps engender less bitterness in their ‘difficult’ cases. Finally, the challenge of portraying pain visually is a provocative intellectual exercise in itself. How would you present yours?

S M Yentis
Magill Department of Anaesthesia, Intensive Care & Pain Management, Chelsea & Westminster Hospital, London, UK

Principles and Practice of Head and Neck Oncology
Editors: Peter H Rhys Evans, Paul Q Montgomery, Patrick J Gullane
633 pp  Price £199 ISBN 1-89906-606-3 (h/b)
London: Martin Dunitz, 2003

To review for a general readership a book on such a highly specialist topic is a daunting task. But Principles and Practice of Head and Neck Oncology presented a more practical difficulty: the subject is inherently gory, and with its many images of operations and flaps the book is not suitable reading for train or plane journeys. Fellow passengers will be observed straining for a closer look, and you become anxious about turning the page for fear of what comes next.

Although the subject matter is not the most pleasant, it is certainly important and challenging. The book is comprehensive, dealing with all modalities of tumour therapy. Altogether, there are 32 chapters, divided into four main sections—namely, basic principles of management; mainly squamous neoplasms; mainly non-squamous neoplasms; and rehabilitation and reconstruction. It was no surprise to find a chapter on the molecular biology of head and neck cancers, an important research area linking science with surgery and clinical medicine. What was surprising was the clarity of the exposition: with its vivid coloured diagrams and its comprehensive glossary of terms it makes the subject understandable even to a surgeon, and will certainly be of interest to the general medical reader.
A controversial question over the past few years concerns who should deal with thyroid gland swellings. Thyroid surgery was for a long time in the realm of the ‘general surgeon’ but has moved to the remit of the specialist ‘endocrine surgeon’. This false demarcation is now challenged by the head and neck surgeons, for whom the thyroid gland is familiar territory. The book therefore contains a comprehensive detailed chapter on tumours of the thyroid and another on the parathyroid gland. These chapters will be of interest and value to all surgeons dealing with these tumours. I like the way the book deals with clinical controversies. One issue in which I take a particular interest is the management of early laryngeal carcinoma and carcinoma-in-situ. Rather than provide didactic information, it offers a balanced text and numerous tables (highlighted in purple) displaying the results of treatments in various hands. This pattern of tables, summarizing published work, not only affords the relevant factual information; it provides an excellent stimulus to thought. Also, along with the clinical images, coloured 3-D diagrams (an art-form in themselves) allow the authors to avoid excessive detail in the text.

As well as serving as a superb reference work for head and neck surgeons and clinical oncologists, Principles and Practice of Head and Neck Oncology will be of value to other participants in the multidisciplinary team—ENT, maxillofacial, plastic and endocrine surgeons, for instance. Trainees in these specialties should also read it, to keep abreast of this advancing clinical discipline.

Andrew C Swift
University Hospital, Aintree, UK

ABC of Antithrombotic Therapy
Editors: Gregory Y H Lip, Andrew D Blann

An admittedly unscientific survey of fellow district general hospital consultant haematologists has confirmed my impression that the subject about which we receive the most requests for an opinion is, by some distance, anticoagulation in all its guises. These inquiries emanate from clinical teams from the full range of specialties, general practice and, increasingly, nurse-led preadmission surgical clinics. A worrying lack of understanding of the basic principles and practice of antithrombotic therapy is regularly conveyed, often by senior clinicians, so there is no doubt that the publication of this monograph, a compilation of reviews originally published in the BMJ’s popular ABC of . . . series is timely.

The editors and most of the authors work as academics and clinicians within the Haemostasis, Thrombosis and Vascular Biology Unit at the City Hospital in Birmingham. The unit’s aim of synthesizing basic scientific research and clinical practice is certainly met in the book. I was particularly pleased to see only key and up-to-date references at the end of each chapter, thus sparing the non-specialist reader the quality-control tasks imposed by the endless lists in larger works.

The book starts with an overview of antithrombotic therapy, concentrating on the modes of action and potential bleeding risks of the increasing number of therapeutic agents. This is followed by very succinct chapters on the role of anticoagulant drugs in venous thromboembolism, cardiac arrhythmias and arterial disease. Finally, the increasing use of antithrombotic therapy in special circumstances, such as pregnancy, cancer and the thrombophilies, is dealt with. As one would expect from the publishing track record of the City Hospital unit, the chapters on antithrombotic therapy in atrial fibrillation are particularly informative. They outline a useful risk-stratified approach to deciding which subgroups of the very heterogeneous mass of patients with this arrhythmia should be treated, and give a clear explanation of the relative efficacy of warfarin and aspirin. As a non-cardiologist, I was also grateful for the lucid up-to-date overview of the respective merits of the various thrombolytic and antiplatelet agents now used in myocardial infarction and acute coronary syndromes.

I cannot unfortunately offer quite such fulsome praise to those chapters more closely related to my daily workload. Although it might appear churlish to criticize a necessarily concise monograph for its omissions, one would have expected more than a few paragraphs on the management of patients taking warfarin who undergo surgical or other invasive procedures. This clinical dilemma must now be faced several times per week in most general hospitals, and I feel that an opportunity was lost to publicize the growing body of evidence suggesting that, other than in high-risk patients (such as those with a metal mitral valve replacement or within three months of a venous thrombosis), surgery can safely be covered by prophylactic doses of either unfractionated or low-molecular-weight heparin. Full perioperative anticoagulation with intravenous heparin, and its associated major bleeding risk, can therefore be avoided in the majority.

With the use of low-molecular-weight heparins now so widespread in the treatment of venous thrombosis, I was also disappointed not to find any information on the reversal of over-anticoagulation with these preparations. As I have discovered from recent experience, this is much trickier than dealing with overdoses of intravenous unfractionated heparin, owing to the long half-life and subcutaneous mode.
of administration of the low-molecular-weight products.

Over-anticoagulation with warfarin is also dealt with in a rather cursory fashion when we consider the large number of patients who now present with gastrointestinal or other bleeding as a consequence.

This well-illustrated book will undoubtedly succeed in bringing an up-to-date, easily digested, overview of antithrombotic therapy to a wide audience. I would be happy for all the preregistration house officers and the nurse practitioners in my Trust to read it from cover to cover. It does have shortcomings, however, several of which might have been avoided by the inclusion of (dare I say it?) a card-carrying haematologist among the authors.

Simon Stern
Department of Haematology, East Surrey Hospital, Redhill RH1 5RH, UK

Tailoring Heart Failure Therapy
Editors: Ronnie Willenheimer, Karl Swedberg
216 pp Price £49.95 ISBN 1-84184-148-X (h/b)
London: Martin Dunitz, 2003

Management of heart failure consumes as much as 2% of the total health budget. Several classes of drugs improve survival and quality of life, and their use crosses the boundaries of primary, secondary and tertiary care. The novel approach adopted by Willenheimer and Swedberg is to look at different types of patient and to tailor treatment accordingly.

After a chapter on general measures, recognized experts provide short accounts of management in special circumstances—in the elderly, women, pregnancy, chronic renal failure, coronary disease, valvular heart disease, and peripheral vascular disease. Grown-up congenital heart disease is not included, and as a cardiologist with a special interest in this enlarging group of patients I felt that it should have been. Three chapters have a different format and deserve special mention. One describes tailoring of neurohormonal modulating therapy. The recommended approach, which seems to me useful, is as follows. The patient with chronic heart failure is given a trial of angiotensin converting enzyme inhibitor, beta-blocker and spironolactone at the full doses used in trials. If this regimen is tolerated, then subsequently plasma brain natriuretic peptide measurement may be used to help decide whether to increase dosage or to add an angiotensin receptor blocker. If the side-effects prove intolerable, the recommendation is for multidrug therapy at less than full doses rather than a single drug in full dosage. This approach is not yet evidence-based, but it fits in with the recent concept of a low-dose polypill for cardiovascular disease prevention.

Another chapter looks at arrhythmias in heart failure. We are reminded that diuretics increase susceptibility to ventricular arrhythmias and that aldosterone antagonists are protective. In addition to antiarrhythmic medications the text includes implantable defibrillators, ventricular resynchronization with biventricular pacing and use of pacemakers to prevent attacks of atrial fibrillation or tachycardia. All may find an increasing role in management of heart failure in the future.

Finally, there is a chapter on depression in heart failure. I had not given this important subject enough thought. Studies suggest that 18% of patients have major depression and that this figure is even higher in those under 65 (24%). In addition, many others have subclinical depression. In one survey, only one in five patients who met criteria for major depression were prescribed an antidepressant drug. We need to recognize depression in patients with chronic heart failure and treat it effectively. Newer antidepressants, such as the selective serotonin reuptake inhibitors and the noradrenergic serotonergic enhancer mirtazapine, seem safe to use in such patients.

There is a lot of useful information in this book, which flows well despite the many authors. The chapters are short and can be dipped into when needed. I recommend it to any clinician who looks after patients with heart failure.

Andrew Marshall
Department of Cardiology,
The South West Cardiothoracic Centre,
Derriford Hospital, Plymouth PL6 8DH, UK

A History of Cocaine: the Mystery of Coca Java and the Kew Plant
S Karch
224 pp Price £29.95; US$39.95 ISBN 1-85315-547-0 (h/b)

Strange history, intriguing curiosities, unhappy lessons for would-be controllers of the cocaine trade and satisfaction for the armchair traveller await the reader of this handsomely produced paperback. Over the years, Professor Karch has written much about cocaine, its actions and its licit and illegal usage, and this new book extends his previous writings on the ways in which cocaine has been used and abused by various European governments for their own purposes. It presents six accounts of the earliest botanical studies, planting and trade in cocaine which illustrate the ability of the species to thrive in Java (now part of Indonesia) as well as in South America, how 19th century pharmacognostic confusion muddled the start of legal international trade in the plant and its alkaloid, and the
Dannie Abse, physician, poet and novelist, has many talents. He is even possible to discern an early approach to ‘crack cocaine’ in comments on the use of alkaline cocaine mixtures.

The kernel of the book consists of skilful translations of rare monographs by Josef Nevinny (Das Cobalbatt, Vienna 1886), Emma Reens (La Coca de Java, Lons-Le Saunier, 1919) and Theodor Waigler (Die Coca, Berlin, 1917). To clarify the history of the Dutch attempt to establish coca growing in Java, we also have the monograph of M Morris from the Bulletin of the Royal Gardens, Kew, 1889, an article ‘Coca from Java’ by G van den Sleen from the Indonesian Mercury of 25 February 1908, and H H Rusby’s ‘The botanical origin of coca leaves’ from the Druggists Circular and Chemical Gazette, November 1900. It is possible to discern an intriguing battle of the botanists here, as in the development of the quinine and natural rubber trades.

Together they show how early botanists were confused about which species was the best source of cocaine, the role of British, Dutch and other explorers and agronomists in establishing the plant as an economically valuable crop in various colonies and the patchy knowledge gained from hard experiences of how to cultivate it and how to extract the alkaloid. The international trade in coca leaf early in the last century is noted, including the activities of monopolist pharmaceutical firms in America and Europe, who saw a market and ignored the problem of addiction, as did most physicians and politicians of the time.

This is a good ‘read’, since it can be enjoyed for the charm of the history and the illustrative engravings, the access to very rare references and, for the more cynical, yet another retrospective example that governments often do not fully understand what they are doing when promoting trade. The themes in the work are mostly clear, although I would have liked more on how the work of Freud, Koller and others led to recognition and introduction of cocaine as a medicine for several purposes. It was the unguarded introduction of cocaine and its therapeutic popularity in the West, plus realization that coca leaves gave considerable resilience to labourers elsewhere, that encouraged many to tolerate the widening use of cocaine, and later the ‘crack’ so troublesome today.

Anthony D Dayan
London NW11, UK

The Strange Case of Dr Simmonds and Dr Glas
Dannie Abse

Dannie Abse, physician, poet and novelist, has many talents. In his latest novel the poet shows through. Words of rare aptitude abound. The meaning is many-layered and shot through with ambiguity. Subplots proliferate. The main story is simple enough, however. Dr Simmonds, an emotionally costive GP, conscientious and well-intentioned, becomes erotically obsessed by the wife of one of his patients. Aided by an out-of-print Swedish novel (Dr Glas), he fantasizes about killing or otherwise neutralizing her Jewish husband, who eventually goes into status asthmaticus. The doctor is summoned in the middle of the night. His patient fails to respond to the standard treatments. In a moment of emotional confusion, he gives a shot of morphine and the husband ends up with permanent anoxic brain damage. Dr Simmonds, thrown into a turmoil of doubt over his motives, takes poison that he had originally obtained with some idea of giving it to his patient. A somewhat grand guignol plot, it might be thought, but one that is rendered most believably and is not too remote from occasional sad realities.

What is the novel actually about? According to the blurb on the back, the Times Literary Supplement reviewer considered it to show ‘subtle acuity’ on the topic of anti-Semitism, and this is certainly a subtheme—one that could hardly have been avoided given the setting of the story in Hampstead, circa 1950. A more central theme has to do with the power of a certain type of woman to orchestrate the emasculation of any men in her life, and end up devoting herself to the care of the survivors. But perhaps, in the work of a poet, one should not look for clear intellectual pathways to meaning so much as the emotional tone. The overall feeling here is one of claustrophobia.

The horizons of all the main protagonists in the book, apart from the husband before his brain damage, are so narrow. There is the narrow austerity, beautifully described, of the Attlee years. The GP, though a good man in a small way, is confined to a vague humanitarianism spiritually, while his emotional life centres on his dead mother. The intellectual life of Hampstead is shown as petty at best. There are rags and tatters of Freudian thinking, while Pirandello is on at the theatre and Schoenberg on the radio. Arid stuff indeed. Above all, there is the constricted professional life and outlook involved in being a GP. Lest one be tempted to assume that this was inevitable for a single-handed doctor fifty years ago and is different now, we are shown how it was an exciting time to be such a doctor. New antibiotics were allowing cures impossible previously, while the NHS was just settling in, with all sorts of fresh ideas required and adjustments to be made.

Many of us probably are, or have been, living in a world just as constricted as that of Dr Simmonds. We may not be so professionally isolated as he, but the new bureaucracies and management structures can hardly be regarded as life-enhancing. When patients and one of his friends try to point out to the doctor that he should take notice of a wider,
more generous world, he does not quite understand what they are getting at. Yet he is a good doctor by any normal standards. A 21st century true story may help to confirm that Dr Simmonds’ narrowness is still with us. A newborn baby was found to have neutropenia. The only immediate action required was to keep it away from obvious sources of infection and wait to see whether the white count would rise naturally over the course of a month or two. The parents were told to bring it immediately to a paediatrician in a centre of excellence. Very sensibly, they demurred. The necessary blood tests could be taken at home, and it is well known that hospitals abound with sources of infection. They explained all this several times, but were nevertheless labelled ‘difficult parents’ and accused of lack of interest in the welfare of their baby. When they asked why the hospital visit was necessary at this stage, no clear answer was given though someone suggested that the blood tests would be ‘fresher’ if taken in hospital.

Tales like this tend nowadays to be greeted with a shrug and some dismissive remark about the NHS. What this novel shows, though, is that one should be concerned about the state of the doctors (and, no doubt, the other staff) involved in this sort of occurrence, for their own sakes as well as that of their patients. For doctors at least, the meaning of the book is clear—Get a life! If you don’t, the life that you’ve got may get you.

Chris Nunn
Argyll, Scotland