

Book Reviews

Treating the Cancer Patient

Palliative Care of the Cancer Patient. Edited by Robert C. Hickey, M.D., F.A.C.S. (Pp. 621+xvi; illustrated. £9 15s.) London: J. & A. Churchill. 1967.

Many patients with cancer have to bear the afflictions of a chronic illness, and this involves suffering for the patient and strain for the family. In fact, the amelioration of the effects of cancer constitutes a major part of its treatment, about which we need to know much more than we do at present. Contemplation of this enormous problem must stimulate us to strive for the universal application of preventive methods, in addition to detection of asymptomatic and early disease, for these are probably the most helpful clinical areas of work today.

Reading this work will dispel any complacency with the present unsatisfactory cancer situation, and it demonstrates how much can be done for patients with persistent disease to enable them to enjoy life in comfort at home and work. Eventually methods may become available whereby an effective tumour-host symbiosis is established enabling the patient to live out the allotted life-span. This is visualized by Lee Clark in his foreword. To write a book with this title is a difficult task, requiring a sound knowledge of cancer with its varied manifestations. Good judgement is necessary to decide when palliative, rather than curative, treatment should be instituted, and to safeguard the patient from having his plight worsened by ill-conceived treatment.

The editor has summoned 33 authors to write about the palliation of cancer in the head and neck, chest, breast, abdomen, and skeleton. Special techniques, such as pain

relief, regional chemotherapy by perfusion and infusion, management of malignant effusions, and palliative radiotherapy, are next considered. Then comes a section dealing with the palliation of cancer in children and the aged. Finally, there is an important, helpful section with information about nutrition, home care, the role of the nurse, use of drugs, and emotional aspects. Some of the chapters could, I think, have been combined. For instance, there are two separate chapters dealing with radiotherapy of breast cancer, and two chapters on palliative radiotherapy in gynaecological conditions and in genito-urinary cancers. The palliation of cancer in many sites of the body requires consideration by a team of specialists—surgeon, radiotherapist, and chemotherapist. I feel that such a joint approach could have been profitably developed in a number of single chapters in this book. It is stated that “each surgeon or therapist has his own ideas about the boundaries between cure and palliation.” Surely there is room, therefore, for joint study and action. Authors have at times strayed from their brief of palliating cancer, discussing other aspects of the problem; the editor could have been more rigorous with his blue pencil. Some of the palliative treatment is really bold. Thus, “the best treatment of a metastatic tumour to the brain is to excise it as completely as possible . . . however, in the presence of an infiltrating, poorly outlined metastasis, only subtotal removal can be accomplished.” But

is this always the best treatment for the patient? A similar attitude is adopted towards pulmonary metastases, even the removal of multiple tumours. I could develop this theme, but space forbids. Neither can I discuss many other palliative operations such as gastrostomy, “a useful tool in attempting to maintain nutrition” in inoperable oesophageal carcinoma. Personally I seldom use it except for specific indications not mentioned here. The treatment of intractable pain is dealt with in a helpful way, attention being given to neurosurgical interruption of pain pathways, sensory nerve blocks, and drugs.

The important subject of domiciliary care of the patient with persistent cancer receives careful attention. We have this problem to solve in Britain, and probably more is being done here than elsewhere, especially by voluntary associations. The nurse makes a big contribution to palliative treatment as a member of the health team, and this receives due recognition with the plea that the nurse should possess a thorough knowledge of the disease. In the chapter on home care the philosophy of cancer palliation is helpfully developed, and rightly “the surgeon who accepts the patient for operative treatment must assume a responsibility for the long-term care of the patient.” This is a big responsibility, and a study of this book will enable not only the surgeon but all others engaged in oncological treatment to understand it better. It is a volume full of information; it is stimulating; but it must be read critically.

RONALD W. RAVEN.

Optimism in Heart Disease

Hearts. Their Long Follow-up. By Paul Dudley White, M.D., and Helen Donovan. (Pp. 357+xxv; illustrated. £4 4s.) London: W. B. Saunders. 1967.

The prognosis of myocardial infarction in the late-twenties when it first became a common diagnosis was usually given, with any luck, as three years. Dr. Paul White, then a young Boston physician, soon began to have doubts. These increased within the next decade as he found more and more long-term survivors, and so he became the willing apostle of optimism in heart disease. He was of course in a particularly privileged position. As a consultant with a national reputation he was usually called in after the patient had already weathered the critical first few hours, when the death roll was highest. He worked in one hospital only and practised in one city, not like the peripatetic professors and research workers who did most of the writing and who moved from city to city as promotion and advancement offered. Their pub-

lished experience dealt largely with acute cases, followed up for at most a few years in what Dr. White calls impersonal public clinics. His patients became more like personal friends, reporting year after year to Beacon Street, and eventually forming the substance of the long follow-up. This provides the title for Dr. White's latest book.

The “long follow-up” needs definition. It is in no sense a follow-up of the author's enormous case-collection. A book of records or collector's pieces would be nearer the mark, all of them breaking the usual prognostic rules. A ductus arteriosus at the age of 90, another at 75; atrial septal defect at 59 and pulmonary stenosis at 75; mitral stenosis at 73; paroxysmal atrial fibrillation for 49 years, paroxysmal tachycardia for 60 years, and atrial flutter for 45 years; left bundle branch block for 21 years and complete heart block for 50 years. The treatment common to most of them was temperance in all things and plenty of long walks. The optimist lives in the best of all possible worlds and Dr. White's book is full of the pleasure he gained from brightening the lives of this extraordinary collection of patients

with heart disease. Yet at the height of his fame he was the shrewdest of physicians, and he knows better than anyone that he is now highlighting the “good” periphery of the distribution curve. At the opposite extreme are the large numbers of patients who die from acute myocardial infarction and complete heart block, but this is not mentioned in the present book. Here and there in it he may be a little too optimistic. For instance, I hope that the aeroplane pilot aged 46 with left bundle branch block whose flying licence was restored on the basis of a normal coronary arteriogram is not at this moment flying an aircraft full of passengers.

Dr. White has for years followed his own advice of keeping his weight down and taking plenty of exercise. Riding his bicycle in the West of Ireland or climbing the stairs to the sixth floor of an Indian hotel, he is an excellent advertisement for his beliefs. If objective proof is needed, the reader should turn to page 8 of this book, where Dr. White shows his own electrocardiograms taken 52 years apart. Anyone would be proud of them.

WALTER SOMERVILLE.