

cer pain, preemptive analgesia, central pain, pain in children, and pain in the elderly.

Overall, this volume gives one the impression that researchers are on the brink of finding new ways of explaining why persons with pain behave the way they do, new avenues toward the prevention of chronic pain, and new, more effective pharmacological agents to control pain; thus, there is reason for hope. Advances in applications of new pain therapies may soon move ahead more dramatically, as the basic research has for many years. As a mere subset of the many papers presented at the World Congress, this volume presents an impressive view of the diverse international efforts along these lines. In sum, we are fortunate to have this volume available and interested persons are likely to benefit from a careful reading.

## Comprehensively on Sensory Complexities

Jan Persson, M.D.

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*Touch, Temperature, and Pain in Health  
and Disease: Mechanisms and Assessments*

Edited by Jorgen Boivie, Per Hansson,  
and Ulf Lindblom

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548 pages, \$69.00

The progress in pain research and management is extensive and rapid in many of the various fields related to these issues. The International Association for the Study of Pain publication series called exactly that (*Progress in Pain Research and Management*) is, therefore, a welcome aid to the pain-clinician engaged in patient work and clinical research. The third volume in the series, titled *Touch, Temperature, and Pain in Health and Disease: Mechanisms and Assessments* has now appeared. The contents are the proceedings of an international sym-

posium held at the Wenner-Gren Center in Stockholm, Sweden, October 6-9, 1993, edited by Jorgen Boivie, Per Hansson, and Ulf Lindblom.

Proceedings from a symposium are, of course, not a textbook and, with so many different authors and a subject matter drawn from so many scientific areas, the task of arranging a coherent presentation of the different contributions is admittedly not a simple one. For the general reader, not a specialist in the field, the lack of didactic structure, however, is probably the greatest drawback of the book. There are overlapping and parallel presentations where the relationships and roles, in general theory and practice, of the different theoretical constructs and methods are not clear. Even though an objective theoretical platform from which to view the different contributions may not exist, I believe the book would benefit from an attempt at an overview and positioning of the presentations.

The structure that can be found in the book is a division into five parts: I, Basic and Applied Psychophysics; II, Quantitative Sensory Testing in Health and Disease; III, Peripheral and Central Mechanisms of Sensitization; IV, Models of Sensory Alterations and Their Assessment; and V, Central Processing.

Psychophysics is central to all clinical and scientific activities that rely on reported perceptions. Notwithstanding this important role, psychophysical problems and pitfalls are often not attended to in clinical practice or research. To my mind, therefore, the first part of the book is perhaps the most essential. The traditional scaling methods, including suprathreshold direction magnitude scaling, are comprehensively presented in two chapters, perhaps with a somewhat confusing disposition. In a provocative presentation, W. Crawford Clark advocates a more widespread use of Sensory Decision Theory (SDT). Sensory Decision Theory is an application of the general mathematical model known as Statistical Decision Theory to sensory measurements. He thus provides another illustration of the immense complexity of human sensory experience and how sophisticatedly it can be analyzed. The clinical relevance of models such as SDT, however, is not presented, but is discussed by Ulf Lindblom who, in his chapter on abnormal sensation, also points out the lack of a one-to-

one correspondence of the terms *allodynia* and *hyperalgesia* to physiological correlates. In several chapters in other parts of the book, issues pertaining to psychophysics also turn up. Kenneth O. Johnson and coworkers underline the importance of exact instructions to subjects in their interesting analysis of the two-point perception. The boundary between the recognition of one or two points is a broad intermediary zone where subjects can discriminate objectively between two apposed points and two slightly separated points.

To the psychophysical and other complexities encountered when using quantitative sensory testing in healthy subjects are added the dimensions of abnormal latency, after-sensation, summation, and so forth when patients are examined. The applicability of thermal and mechanical tests in patients with both central and peripheral pain is illustrated in several case descriptions in the contributions by the editors and others. One important point is the relative objectivity of the techniques used in sensory testing. Feigned results of sensory testing are sometimes a concern. The small variance of repeated threshold readings is difficult to feign, however, making quantitative sensory testing a valuable clinical tool in these situations, too.

Another matter of great clinical importance is the role of the sympathetic nervous system in pain. The extensive work done in trying to elucidate the mechanisms and the sometimes paradoxical results are well reviewed in two chapters. The perplexing results presented at the IASP meeting in Paris in 1993, indicating that responses to sympathetic blocks are placebo effects, are, regrettably, not discussed.

In conclusion, the large number of contributors representing the foremost experts worldwide in both experimental and clinical research has produced an impressive survey, with a wealth of information for both clinicians and scientists. A more didactic structuring of this material would have made it more easily accessible and more valuable for teaching purposes. The declared goal of the organizing committee, however, was a program at the highest scientific level and at the forefront of research and clinical application in the field of somatic sensibility, particularly the assessment of abnormalities in clinical and experimental studies. I think that goal has been amply achieved.

## The Management of Cancer Pain

Elizabeth Carney, R.N., M.S.N., O.C.N.

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### *You Don't Have to Suffer*

By Susan S. Lang and Richard B. Patt

Published by Oxford University Press,  
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Cancer patients and their families often share a fear of the pain of cancer. Unfortunately, more often than health care professionals realize, those fears are lived out as a result of inappropriate pain management. Much has been written in the past decade directing providers to apply current information to the practice of pain management. *You Don't Have to Suffer* by Susan S. Lang and Richard B. Patt makes this information available to cancer patients and their families in a book that could facilitate a shared responsibility for successful pain treatment. The unique quality of this book is that although it is written to provide both the information and the impetus for an active consumer role, it could also serve as a useful reference to health care professionals.

The stage is set for the role of a knowledgeable consumer in the four chapters of Part I. A discussion of the causes of cancer pain and the benefits of eradicating that pain heightens the reader's awareness that relieving pain does more than just make the patient more comfortable. Pain assessment is discussed from the prospective of the patient. Examples of pain-rating tools are utilized to demonstrate mechanisms that can enhance the patient's contribution to the assessment process. Emphasis is placed on the type of information that only the patient can provide and how that information should be presented to assure that the most appropriate therapies are planned. A continuing theme in these chapters is the importance of effective communication among patient, family, and health care provider.

Part II is a comprehensive and accurate presentation of current drug and technological pain therapies. This information is supple-

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Elizabeth Carney, RN, MSN, OCN, is an Oncology Research Nurse at Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire 03756, USA.  
SSDI 0885-3924(95)00126-J