

sage, optimal electrical impulses for defibrillation, determination of prognosis from EEG and clinical signs, and (II-IV) biological aspects and use of hypothermia in various experimental and clinical states.

This publication contains over 100 papers or opinions by almost as many authors. There is little discussion, and no references are cited. Only two papers contain tabular data, and these are summaries. Participants are often identified only by locality, *i.e.*, "Kremenchug," "Czechoslovakia" or "China," and some (particularly session Chairmen) are not identified at all. Many participants were "Candidates in Medical Science." The text is filled with sweeping statements made without any supporting data, and the presentation is correspondingly unconvincing. It is not made clear what pathological situations are being treated—apparently the criteria for inclusion in the studies reported is simply absence of palpable pulses and/or respiration. Thus the subjects of these studies include terminal carcinoma, myocardial infarction, drowning, hanging, freezing, trauma, sepsis, anesthetic overdose, anoxia, and hemorrhage, usually without any clear distinction between them either in terms of therapy or outcome. A further problem is that the translation contains a number of errors which render interpretation difficult. For example, "pulsating current" turns out to mean one or more d.c. pulses! And the statement (page 65) that "the period of safe interruption of the circulation . . . in normothermia [is] 45 minutes" clearly is meant to say something else. It is not clear how many of the deficiencies evident in this work were present initially and how many occurred during translation.

Several ideas emerge which are interesting. For example: (1) the incidence of ventricular fibrillation after condenser shock is very low if the voltage is high enough (up to 7,000 v. is used in obese patients, and 5,000 v. quite routinely) even without synchronization, while the Lown type defibrillator was found to produce ventricular fibrillation in a few cases, apparently because of improper current characteristics (page 91); and (2) paroxysmal tachycardia of both ventricular and supraventricular origin could be abolished by electrical stimulation, suggesting that neither arrhythmia was associated with an ectopic focus, but rather with circular excitation and "re-entry." (3) deep hypothermia (ca. 22° C.) of the brain was said to be achieved quickly (10 minutes) by external cooling of the head even in the absence of circulation—this then led to modest hypothermia in the remainder of the body. Cooling was maintained for 24-48 hours and was thought

to be of great benefit following cerebral hypoxia. Finally, (4) the concept of immediate resuscitation applied to *every* "clinical death" has resulted in the creation of a new medical specialty in the Soviet Union, one which does not yet exist in the United States.

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Clinical Testing of New Drugs. EDITED BY ARTHUR D. HERRICK AND MCKEEN CATTELL, with 21 Contributors. Cloth. \$11.75. Pp. 362, with illustrations. Revere Publishing Company, Inc., New York City, 1965.

The development of new drugs in large numbers is a post-war phenomenon, which has contributed largely to improved health and greater longevity. The ethical and legal problems raised by testing new drugs are as important as the scientific features. In this book, information is provided on many aspects by a group of authors who represent both British and American opinions with industrial, clinical, statistical, governmental, and legal emphasis.

For the physician who may undertake a clinical trial of a new drug as well as for others who must evaluate and use the results, the authors have produced a critical guide. The first section describes some of the procedures and considerations before a drug is proposed for administration to human beings. The next section emphasizes the burdens of the investigator, not only in getting a study done, but also questions of conscience which must be foremost in one's mind in order to protect the subjects.

The inadequacies of empirical trial without control are stressed; features involved in adequate controls are described, and pertinent statistical features are explained. A number of chapters are sufficiently detailed to serve as a guide for setting up satisfactory studies. Both the mechanics of testing and the statistical considerations are described in language simple enough for an average physician to understand. Evaluation of results comprises another section, starting with an interesting chapter on "Placebomania." The last portion, written by chiefs of government agencies, elaborates and explains official policy.

For a highly technical subject, this book is remarkably easy to read. There are sample records as well as clear illustrations in chart and graph form. Because it is so closely related to the work of this specialty, this book should be read by all anesthesiologists.

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