very usable manual for the evaluation, treatment options, and outcomes of stroke and stroke-related disorders.

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Cerebrovascular disease in clinical practice


During the latter part of this century, numerous advances have been made in the management of patients with cerebrovascular disease. Most resulted from a better understanding of the pathophysiologic mechanisms and clinical picture of the various types of disorders, development of safer and more accurate diagnostic tools, and improved medical and surgical treatment.

Cerebrovascular disease in clinical practice, by Wiebers, Feigin, and Brown, neurologists at the Mayo Clinic in Rochester, Minn., offers an updated learning resource and quick reference manual designed to advance the comprehensive care of patients. This well-written text provides a wealth of useful material that, for the most part, deals with clinical assessment of patients with stroke. The six clinical management algorithms are one of the highlights and should prove helpful to all clinicians. Also, chapters devoted to identification of risk factors and modifications of lifestyle are particularly interesting and informative because they reflect the current trend of shifting emphasis from treatment to prevention of underlying disease and stroke.

It is important to be mindful, however, that facilities of the Mayo Clinic cannot be duplicated by most hospitals, especially those in a community setting. Hence, I feel that the authors could have provided an even greater service by mentioning certain basic facts, for example, results of non-invasive testing may vary greatly among different laboratories; some of the more sophisticated studies (OPG, MRA, transcranial Doppler) advocated for evaluation of certain disorders are not always available in community hospitals.

Although the authors state that telephone interviews are less optimal diagnostically than examination in an office or emergency room, I am troubled by the section dealing with making triage decisions on the basis of such interviews. Because an inappropriate decision could result in disastrous circumstances for the patient and a possible medicolegal problem for the physician, this method of handling triage probably should be avoided whenever possible or at the very least approached with great circumspection.

Notwithstanding the above concerns, I consider Cerebrovascular Disease in Clinical Practice a valuable addition to the literature and recommend the book to all clinicians as an effective means of updating their knowledge about the current management of cerebrovascular disease.

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Ethical issues in drug research: Through a glass darkly


The book Ethical issues in drug research, authored by Michael J. Parnham, is a well-written, concise, and easy-to-read text on ethical concerns relating to the development of pharmaceutical agents. The stimulus for the book was the extreme attitude promulgated by some individuals decrying the ethical conduct of medical research. These attitudes, however, are not completely ill-founded; the actions of scientists and business people within the drug industry have, on occasion, been less than exemplary.

Through an ethical appraisal of relevant issues, the author seeks to provide a “common ground” on which to guide drug development. The book is written with the premise that this common ground is best defined by the religious and philosophical principles of contemporary western society. As such, the text is replete with biblical references—even the title of the work was inspired by a verse from 1 Corinthians: “For now we see through a glass, darkly; but then face to face: now I know in part; but then shall I know even as also I am known.”

Ethical issues of drug testing arise solely as a consequence of the balance between therapeutic response and toxicity. The development of “toxicity-free” drugs is devoid of ethical concerns. Nutrient drugs are a prime example of such agents; supplementation of sailor’s diets of the early 1800s with citrus fruits high in vitamin C prevented scurvy. More recently, a diet high in polyunsaturated fatty acids has been encouraged as being beneficial to the cardiovascular system. Neither of these examples was subject to major ethical criticism. The author aptly discusses the distinction between a nutrient and a drug. Nutrients are those molecules required by all individuals. Only a minimal concentration, well below the threshold level of toxicity, is necessary for good health. Drugs, by contrast, are substances that are not required by healthy individuals. Although there is overlap between nutrients and drugs, especially when an industrial process concentrates nutrients to administer them at supernormal levels, the threshold concentrations for efficacy and toxicity are much wider for nutrients than for drugs, conferring a substantial degree of safety. This principle was understood as early as five centuries ago, demonstrated by a quote from the Swiss practitioner Paracelsus (1493-1541): “All things are poisons, and nothing is without poisonous effect; the dose is what makes anything poisonous or not.”

Parnham outlines the three common methods of getting a drug to market: modification of a well-known and widely used compound, imitation of a compound developed by another company, or de novo development of a completely new compound. Although the former two methods are quickest and easiest, most current drug development programs involve the latter pathway. An empirical approach to drug discovery is largely of historical interest, for example, the plant-derived products of the past. Newer
methods require an understanding of the physiologic mechanism of the process at hand, followed by directed efforts at a chemical modification of the process. A review of drug development over the last few decades reveals that major advances in new drug development immediately follow breakthroughs in elucidating the physiologic mechanisms of various biologic processes.

In summary, this book succeeds in analyzing some of the areas of ethical contention within the field of pharmaceutical development. It provides a succinct review of the history of drug research, discussing the social, ethical, and political concerns that have controlled progress. The book is recommended for those involved in the conduct of clinical trials, as well as those interested in the history of medicine as it relates to the discovery of novel pharmaceutical agents. As such, the text stimulates thought on what is "right" and what is "wrong" in the scientific endeavor known as drug research.

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BOOKS RECEIVED

The receipt of the books listed below is acknowledged. This listing is regarded as appropriate return for the courtesy of the sender. The books that are of particular interest will be reviewed and the review published as space permits.

Surgical management of venous disease
Seshardi Raju and J. Leonel Villaviccencio; Baltimore; 1997; Williams & Wilkins; 567 pages.

Ballistic trauma

Vascular disease in the elderly
Wilbert Aronow, Edward Stemmer, and Samuel Eric Wilson; Armonk, N.Y.; 1997; Futura; 574 pages; $120.

Vascular surgery: A comprehensive review, 4th edition
Wesley Moore; Philadelphia; 1993; W. B. Saunders; 896 pages; $179.

Inflammatory and thrombotic problems in vascular surgery
R. M. Greenhalgh and J. T. Powell; Philadelphia; 1997; W. B. Saunders; 472 pages; $150.
New Developments in Vascular Surgery. Transcription. Contents. Joint Vascular Research Group Trial: 284 patients; Study the relationship between intraoperative intravenous heparinization, blood loss during surgery and thrombotic complications. Conclusion: Intraoperative heparin, given before aortic cross clamping, is an important prophylactic against perioperative MI in aortic aneurysm surgery.[6]. Surgical Research Laboratory and Section of Hepatobiliary Surgery and Liver Transplantation, Department of Surgery, University of Groningen, University Medical Center Groningen, BA33, Hanzeplein 1, 9713, GZ Groningen, The Netherlands. It has been long known that circulating platelet-neutrophil complexes are present in a wide range of inflammatory conditions including bacterial infections and sepsis (Gawaz et al. 1995), inflammatory bowel disease (Pamuk et al.). Platelet-neutrophil interactions in inflammation and infection. Neutrophils are key first responders to sites of injury and infection and are increasingly recognized as actors in chronic inflammatory states (Deniset and Kubes 2016; Soehnlein et al.).