The names of Dame Cicily Saunders and St. Christopher's Hospice are familiar to all who are concerned with care and treatment of the dying. This book is the product of many years of monitored clinical practice and research at that Hospice. The work is intended, in the first place, as a handbook for family and hospital doctors and for hospice physicians and nurses. However, there is much here which will be of great value for patients, family members, chaplains and social workers. Indeed, since any reader knows that she or he may well be, one day, in the position of the patients referred to, it is a book for everyone. In keeping with its purpose as a handbook for physicians and nurses, the text has three major sections on the use of analgesics for terminal pain; adjuvant therapy in pain control and the control of symptoms other than pain. These sections are addressed to the medical expert. However, the whole focus is patient-centered. As the authors write in the preface, the achievement that is looked for will be the patient's own. This achievement is the living of life to its full potential, even in dying. The development of skills in physical care is directed to making this possible in a situation of physical ease and activity, with assured personal relationships. The authors hold the view that the vast majority of cancer patients and those suffering from other diseases, could be given relief from terminal pain by the use of narcotic analgesics and other drugs. On the basis of their experience and research, they indicate in considerable detail what appropriate treatment is available. However, the treatment is constantly seen as in the service of helping the patient to accept responsibility for the life that remains to him or her. While the authors do not expressly argue the case against the deliberate shortening of life, they take a clear stand against this. The quality of living which can be achieved even in dying is seen as the most powerful argument against euthanasia. This quality can reflect a personal maturity and an intensified capacity to resolve relational and spiritual problems. Besides dealing with physical pain, the authors address mental pain, social pain and spiritual pain. Here, too, no doubt on the basis of experience, they have much to offer which will be of great value. Although the work is relatively brief, its recommendations are succinct and specific. The work does not argue the case for any specific religious belief system, and accepts the reality that many patients will not share a religious view or express themselves in religious terms. However, the authors indicate, again on the basis of actual experience, how certain beliefs, e.g., that life continues in some way beyond death, persist and support persons in the last crisis. Chaplains are cautioned against inappropriate intrusion, but are alerted to the (surprising) welcome which may be given to informal availability. There is extensive and detailed information on treatment for the professional. But there is something for all. The authors sum this up: the command "Watch with me" did not mean "take this crisis away" or much less "explain it." It simply meant, "Stay there and stay awake." Both for its professional information and deep humanity, this book is to be highly recommended.

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