Book Reviews

An Introduction to Anaesthesiology, 2nd ed.

A. Coetzee, W. Van der Merwe (Eds.). Oxford University Press, 1995. 539 pages. \$94.90. ISBN: 0-19-570381-2

The stated purpose of this book is to provide background knowledge of anaesthesia to the undergraduate medical student and to the general practitioner. This is done by discussing anaesthesia as it relates to different organ systems in each chapter, generally including clinical features, pathophysiology, diagnostic tests and preoperative assessment, anaesthetic implications and complications, techniques, monitoring, management and post-operative care. As in most multi-authored texts this approach is not always followed, some repetition occurs, and the quality and consistency of the writing varies.

A good attempt is made to provide a brief review of all aspects of anaesthesia care, both elective and emergency, complex and routine. This is often accomplished by the use of clinical scenarios. Chapters are also written concerning the preoperative visit, premedication, acute and postoperative pain, fluid and blood therapy, medico-legal aspects of anaesthesia and some specific issues: resuscitation, burns, obesity, geriatrics, paediatrics. Some of the recommendations are quite conservative or out of date i.e. blood replacement guidelines, NPO guidelines, whom is a candidate for same day surgery; other topics such as the laryngeal mask airway, the Lightwand and preadmission clinics are not even mentioned. The book is not referenced.

In summary, this book will be of use in providing an understanding of the art of anaesthesia to the undergraduate medical student.

John Clark
Halifax, NS

Postoperative Care of the Critically Ill Patient

T.J. Gallagher (Ed.). Williams & Wilkins, 1995. 502 pages. ISBN: 0-683-03416-2

This book is not a comprehensive critical care text, however, it outlines many unique aspects of postoperative care. Many of the authors are recognized authorities in critical care. The chapters are generally well referenced and well written. The authors did not address system issues related to the provision of postoperative care such as the need for admission to intensive care versus intermediate care facilities and the organization of post-anaesthesia care units for critically ill patients. Several chapters are particularly thorough and valuable, including choice of ventilatory support strategies, post-traumatic head injury, acute renal insufficiency and the management of the obtunded postoperative patient.

There are two unique aspects of the book that merit comment. The author of each chapter introduces the topic with a case description, most of which are brief and relevant to focus the readers' attention. A wide margin is used on all pages with highlighted key principles. This is particularly valuable for junior residents, as key learning points are emphasized. The margin is available for readers' notes.

This book would be an excellent introductory text for anaesthesia residents starting a critical care rotation, however, I would not recommend it as a comprehensive outline of all of the issues related to postoperative care.

R.J. Byrick
Toronto, Ontario

The Practice of Thoracic Anesthesia

E. Cohen (Ed.). Lippincott-Raven Publishers, 1995. 596 pages. \$72.50 US. ISBN: 0-397-51078-0

At first inspection, with its colour plates and black and white photographs of the airways, this is an attractive book. Unfortunately, closer examination reveals it to fall short of Dr. Kaplan's description in the foreword as a reference "useful not only for the management of patients undergoing thoracic surgery, for whom it was primarily intended, but also for the patient with pulmonary disease undergoing other surgical procedures."

More than other multi-author texts (this one has 23 contributors) this book suffers from inconsistency in quality from one chapter to another. There are 20 chapters divided into five sections. The usual introductory topics of anatomy and physiology are included, but in inadequate detail and with no discussion of pathophysiology. The chapters on hypoxic pulmonary vasoconstriction and on the physiology of the lateral position are better, but still lack the depth one would expect to find in a major reference text. Pulse oximetry and transcutaneous gas monitoring are presented in excessive detail, whereas in the discussion of invasive haemodynamic monitoring the principles of electromechanical transducers are not mentioned.

The chapter dealing with airway management and the various methods of separating the lungs is very good, but much of the same information, and many of the illustrations are repeated in the chapter on the management of one lung ventilation. In the section on management of special clinical problems the subject of anaesthesia for bullectomy is well presented, but the management of patients undergoing YAG laser resection of obstructing endotracheal or endobronchial tumours is hardly mentioned and the topic of lung transplantation is omitted.

One of the more frustrating parts of reading this text is the poor editing. In some chapters there are one or two typographical errors per page. Throughout this book there are numerous references to the work of Dr. Benumof. This reviewer recommends that the anaesthetist who wishes to own a well written, comprehensive, single author text on thoracic anesthesia would be well advised to purchase the second edition of Benumof's *Anesthesia for Thoracic Surgery*.

R.P. Grant
Vancouver, B.C.

Core Curriculum for Professional Education in Pain, 2nd ed.

H.L. Fields (Ed.). International Association for the Study of Pain, 1995. 123 pages. \$25.00 US. ISBN: 0-931092-12-4

When the IASP formed its own publication division over five years ago, the stated intent was to provide IASP members with timely, high quality, attractive, low-cost publications relevant to the problem of pain. The IASP has achieved each of these goals and much more. This expanded 2nd edition of the core curriculum embodies the thoughtful and balanced approaches to pain education that have come to be expected of an IASP publication. It provides a concise statement of the objectives for professional training in pain, and should be required reading for all health professionals with an interest in pain management. Each of the 29 sections follows the same overall format of defining general and specific knowledge and performance objectives, and are amply referenced with key publications. Sections on basic mechanisms, measurement and diagnosis, pharmacological and nonpharmacological treatments, common acute and chronic pain states, assessment of disability, and the ethics of pain management and research provide a comprehensive blueprint for professional educational programmes in all health disciplines. Planners of professional education need look no further than the core curriculum for specific content goals and expectations, while retaining flexibility in implementation depending on local needs and available resources. This latter point is covered by a specific IASP objective on ethical standards and quality assurance: "Understand that current, local standards of care may be far from ideal and that efforts to change standards must involve changes in moral awareness and commitment, as well as changes in the technical education of professionals".

For algesiologists and pain researchers, the core curriculum defines the major boundaries of relevant knowledge and performance, and highlights areas in need of further study. Pain management is a requirement of specialist anaesthesia training and the core curriculum provides an excellent basis for improving education in this important area.

J.B. Forrest MB PhD FFARCS FRCPC
Hamilton, Ontario

Reflex Sympathetic Dystrophy: A Reappraisal

W. Jänig, M. Stanton-Hicks (Eds.). IASP Press, 1996. 249 pages. \$55.00 US. ISBN: 0-931092-13-2

This monograph is one of a series sponsored by the International Association for the Study of Pain (IASP) to provide timely and detailed discussion on topics that are controversial or are rapidly advancing, and having an appeal to a wide audience of scientists and clinicians. For more than one hundred years, the sympathetic nervous system has been known to be stimulated by pain, but it is only within the last decade that its provocative role in nociception has become clear. Originally used to denote certain acute pain states after trauma, reflex sympathetic dystrophy (RSD) is now recognized as only one of several painful conditions in which the sympathetic nervous system has a prominent influence on the clinical presentation and pathophysiological responses.

The IASP 1994 classification of pain syndromes redefined RSD, causalgia, and other sympathetic pain states as complex regional pain syndrome (CRPS) and includes several subtypes;

CRPS-1 is RSD, and CRPS-2 is causalgia. This new standardized taxonomic description of these diverse but related conditions was long overdue, and was intended to avoid any reference to their mechanisms, or to the role of the sympathetic nervous system, because it is widely recognized that identical clinical pain states can arise from entirely different mechanisms, and may not involve the sympathetic nervous system. Despite this, the authors chose to continue using the older and largely obsolete terminology because of perceived entrenchment of these by practitioners, rather than take the opportunity to promulgate modern concepts in the newer terms.

This monograph is the result of a 1993 meeting of a small group of investigators and clinicians, mainly from Germany and the USA, and reflects a narrow focus on diagnosis and mechanisms of CRPS. Several sections provide a good summary of current evidence and thinking on efferent/afferent sympathetic neuron linkages, sympathetic target organ mechanisms, diagnostic algorithms, and quantitative sensory testing. Missing, however, is any discussion of the role of sympathetic responses and interactions in acute postoperative pain, or in chronic musculoskeletal and visceral pain.

The editors, in their epilogue, mention that "... treatment itself was not discussed", but then go on to state that "... many controversies arose throughout the conference. In all cases, they reflected differing opinions and experiences, mostly from treatment of heterogeneous groups of patients in academic centers" and "... in any case, most patients with RSD/CRPS are not seen in academic hospitals, but are treated in community hospitals ... by doctors who either do not recognize what these patients have, nor know how to treat them". Evidently, this group of participants from academic centers could not agree among themselves on what is appropriate treatment for these conditions, but had remarkable confidence in declaring the inappropriateness of other specialist's diagnosis and treatment approaches. As often happens when factual knowledge is lacking, dogma becomes categorical. We must await another occasion for the authors to provide their evidence and to justify their assertion that "... therapeutic approaches ... frequently have little rational basis". The editors' disclaim any intent to hide the "... many controversies and disagreements", that surrounded participants' discussions of treatment options, but one is dissatisfied that potentially the most interesting parts of their discussions were left out. Had these controversies been included in the present volume, physicians in all clinical settings might have gained a useful reference text. As it is, volume 6 of *Progress in Pain Research and Management* is incomplete.

J.B. Forrest MB PhD FFARCS FRCPC
Hamilton, Ontario