Book Reviews

Obstetric Anesthesia and Uncommon Disorders

David R. Gambling, M. Joanne Douglas (Eds.). W.B. Saunders Company, 1998. 463 pages. \$134.00. ISBN 0-7216-6157-2

This is a very useful book for anaesthetists, whether principally engaged in obstetric practice or only occasionally dealing with complicated obstetric patients.

The book is organized on a modified body systems approach. The first four chapters deal with problems related to the cardiovascular system, and include a thorough review of the physiological changes of pregnancy. The chapter on structural heart disease contains some useful tables and excellent descriptions of surgical corrections, information that is not always easy to come by. The discussion on cardiac conduction abnormalities is particularly comprehensive. The information is equally valid in non-obstetric cases.

Airway management, always of primary interest in obstetric practice, is dealt with in a readable fashion, complete with interesting and scary case histories. It includes useful strategies for management, including discussion on the use of the laryngeal mask airway.

Adult respiratory distress syndrome, cystic fibrosis, asthma and pneumothorax, and pulmonary embolism are discussed in the next series of chapters, culminating in a fascinating overview of organ transplantation and subsequent pregnancy.

Management of pregnant women with diseases related to the musculoskeletal, nervous, and haematological systems often generate controversy, and decision making can be difficult. This book will help practitioners make informed choices in a variety of uncommon and more frequently encountered conditions. Many women have been denied good pain relief in labour because practitioners don't know how to manage patients with back and nerve problems.

The book also deals well with other anxiety inducing clinical scenarios, such as Caesarean delivery in fetal distress where regional or general anaesthesia may be unavailable or contra-indicated. A "how to" approach to field block anesthesia for section may be new information for many.

Some very rare conditions are well described, but most of the information is of practical use in any hospital that deal with a large obstetric population. By

virtue of the length of time it takes to publish a textbook, the references in many chapters are already old, but that does not detract from the usefulness of the information.

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Measurement of Pain in Infants and Children

G. Allen Finley, Patrick J. McGrath (Eds.). IASP Press, 1998. 210 pages. ISBN 0-931092-20-5

This is the 10th volume in a series entitled *Progress in Pain Research and Management*, published by the International Association for the Study of Pain. It is a multidisciplinary text of 10 chapters. There are 19 contributors from the disciplines of nursing, psychology, anaesthesia, paediatrics, and developmental biology. Seven authors are associated with Canadian institutions and many have contributed extensively to the development and ongoing assessment of clinically used pain scales.

The definition of pain is still under debate and the measurement of the intensity versus the affective component of pain is challenging. Thus, the measurement of pain is an evolving science. For example, the reliability and validation studies of the pain scale, the OPS, often used in paediatric anaesthesia studies, have only been published in abstract form. Many alternative pain assessment techniques are available and these are presented in detail in this text. The principles of psychometrics, physiological measures, behavioural measures including facial display of pain, and reviews of self-report and composite measures are well presented. There is also a practical chapter on the implementation of pain scales into clinical practice.

Well written, interesting but of less immediate relevance to my practice are the chapters on neuroimaging and neurophysiological measurement of supraspinal pain processing and the neonatal flexion reflex.

This book should be read by those involved in paediatric pain research or clinical practice. A clinician who alters practice based on the results of a paediatric pain study should be aware of the advantages, degree of validation and limitations of the "outcome measure" used. This book provides this information in an accessible format.

Anaesthetists and pain nurse clinicians who assess and treat children, toddlers, infants or cognitively challenged adults who cannot use the "gold standard" of self-report will find this book useful.

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Pain Treatment Centers at a Crossroads: A Practical and Conceptual Reappraisal.

Mitchell J.M. Cohen, James N. Campbell (Eds.). IASP Press, 1996. 338 pages. \$69.00 (US). ISBN 0-931092-14-0

The concept of the Multidisciplinary Pain Centre (MPC) has evolved over the last several decades. This book is an expansion of proceedings from a meeting held at John Hopkins Hospital in March, 1995. It critically reviews the past and present paths taken by pain centers and makes suggestions for future development. Four areas of chronic pain are discussed: approach to assessment and treatment, future areas of research, measurement of outcome, and third party funding.

Section one of this book traces the evolution of MPCs through their methods of assessing and treating chronic pain. Although all the clinics reviewed approach chronic pain from both behavioural and medical points of view each clinic tends to focus more heavily on one aspect of care. This section provides some recommendations for further refinement of approaches and treatment of chronic pain.

Section two of the book discusses some of the modalities involved in managing chronic both behavioural and physical. Many different modalities have been used to manage chronic pain. The authors emphasize the need for non biased studies in deciding which of these tools are useful. The lack of good randomized trials in the pain literature is emphasized. As well the need for both a uniform definition of outcome is needed with pain centers developing mechanisms for measuring outcome in their patient population.

Section three describes the impact of chronic on the individual and their families. Future research is required to prove to third party insurance carriers that payment for treatment at credible MPCs will save money in the long run. The final section discusses pain medicine as a specialty. The issue of training programs and the need for proper accreditation are crucial for developing a well recognized specialty.

As this book is an expansion of proceedings from a meeting the information presented does not flow well. It will be interesting for those people involved in

developing pain centers or for those looking for future trends in pain management.

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Assessment and Treatment of Cancer Pain

Richard Payne, Richard B. Patt, C. Stratton Hill (Eds.) IASP Press, 1998. 331 pages. \$71.00 (US) Member: \$46.15 (US). ISBN 0-931092-21-3

This text represents presentation highlights from an August 1996 Cancer Pain Satellite Meeting of the 8th World Congress on Pain. The three editors succeed in their goal of emphasizing new knowledge in cancer pain assessment and management. The book is appropriately multidisciplinary, multimodality and multinational.

Of particular interest to the anaesthetist who participates in cancer pain management are the sections on medical decision making in pain assessment and treatment, neuropathic pain, and updates on clinical pharmacology of opioid and non-opioid analgesics. Practical advice on clinical pathways for pain assessment and management, as well as intraspinal opioid reservoir placement, is helpful.

This Volume 12 in the series entitled *Progress in Pain Research and Management* should be added to libraries of Pain Management of anaesthetists, as well as to teaching centre libraries.

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Oxford Handbook of Acute Medicine

Punit Ramrakha, Kevin Moore. Oxford University Press Canada, 1997. 878 pages. \$45.95. ISBN 0-19-262682-5

The aim of this handbook is to give confidence to doctors to manage acute internal medical problems effectively and safely, and it is intended to compliment the "Oxford Handbook of Clinical Medicine". It claims to be "practical, up-to-date, comprehensive" for the "systematic diagnosis and step-by-step management of medical emergencies". This is an excellent handbook which delivers on its promise to be a practical guide for doctors to deal with virtually every acute medical emergency.

This book is divided into 16 chapters with 1/3 of the book devoted to cardiovascular and neurological emergencies. Each chapter deals with both presenting problems (i.e. respiratory failure), plus specific disease

states (i.e. acute asthma). There are also chapters on pharmacotherapy, drug overdoses, disorders due to physical agents (i.e. drowning), plus practical procedures (i.e. pericardial aspiration).

A few areas were weak - the physiological recommendations for cardiac tamponade; spinal shock was not in the differential diagnosis of shock; and it is recommended that the drowsy or unconscious head injured patient be hyperventilated to a PaCO_2 of 3.7 - 3.9 kPa (27-29 mm Hg).

The handbook does not include some items that are common knowledge to anaesthetists (i.e. $\text{P}_{\text{ET}}\text{CO}_2$ to confirm tracheal intubation, epidural analgesia for pain relief). Also, some things might be familiar to North American physicians (i.e. paracetamol, pethidine, blood gases in kPa).

However, with the increasing frequency of critically ill patients coming to the operating room, this handbook would be useful not only anaesthesia residents, but also as a quick reference for anaesthetists in their on-call room.

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