Book Reviews

Principles and Practice of Pain Management

C.A. Warfield. New York: McGraw-Hill Ryerson Inc, 552 pp. \$106.65 (Cdn). ISBN 0-07-068291-7

During the last ten years, over 30 comprehensive textbooks on pain management have been published, several by contributors to this volume, and if all texts related to this topic are included, they number well over one hundred. Faced with so many recent texts on pain, one wonders what Dr. Warfield and her co-contributors had in mind for theirs. Possibly this was out of frustration that, aside from a few classic texts, such as those of Bonica, Raj, Aronoff, and other, few have provided the reader with concise information of lasting value. Yet, the rapidly evolving discipline of pain management imposes a need for such information also to be up-to-date. Dr. Warfield is no stranger to these needs, and I can say without reservation that she has provided her intended audience – specialists in pain management – with something that will not gather dust but will be quickly worn through constant use. This book has achieved a remarkable consistency of style, detail and clarity, especially when one considers there were 58 contributing authors from four countries, although most are associated with Dr. Warfield at Boston.

There are four main sections: Part 1 deals with the basic understanding of pain mechanisms, measurement and diagnosis; Part 2 comprises eleven chapters on pain by anatomic location, of particular value in different diagnosis; Part 3 covers the diagnosis and treatment of nine major areas of pain management – sympathetic dystrophies, cancer pain, myofascial pain syndromes, acute and postoperative pain, herpes zoster, neuropathies and neuralgias, peripheral vascular disease, central pain syndromes, and paediatric pain; Part 4 has 14 chapters on therapeutic approaches using drugs, nerve blocks, physical and stimulation methods, psychobehaviour, and surgery. In all, this is an excellent, easily read reference text for the practicing pain specialist. The final chapters on pain clinics and medico-legal issues are included for completeness but they are relatively brief. Selected commonly-used nerve blocks are described in an appendix. While these are clearly presented I wonder how useful this section will be to the pain specialist, except to those who perform nerve blocks only occasionally.

There is very little that is lacking in this text; not included is discussion of the epidemiology of pain and treatment outcomes, neuromediator interactions, balanced

analgesia, pre-emptive analgesia, and phantom pain, although each is mentioned. On the other hand, there is a great deal of practical information that is provided. I was especially impressed with the chapters on pain measurement, headache, neck pain, chest pain, perineal pain, extremity pain, herpes zoster, and paediatric pain.

Had I not had the opportunity to preview this text, I doubt whether I would have purchased it; my shelves are amply adorned with expensive books I find rarely useful. Dr. Warfield is to be congratulated for producing a very useful text on pain management, that I am happy to say spends more time on my desk than on the shelf. It was written for pain specialists and as such is essential reading but all physicians who want to know more about pain and deal with it more effectively, will benefit from this text. It is highly recommended for all departmental and hospital libraries.

Jay Forrest MB ChB PhD FRCPC FFARCS
McMaster University, Hamilton, Ontario

Cardiac Anesthesia, 3rd ed.

J.A. Kaplan (Ed.). Philadelphia: W.B. Saunders Co., 1993. 1353 pages. ISBN 0-7216-6707-4. \$233.00 (Cdn)

This text continues to exemplify an encyclopaedic review of all relevant aspects of the clinical sciences necessary for effective management of patients with cardiac disease, whether for cardiac or noncardiac surgery. All chapters are well written and can stand on their own as single reviews of selected topics, with adequate cross-reference to topics covered more extensively by other authors within the same text. The rare chapter is pedantic in nature whilst the illustrations and figures are all appropriate. Many chapters, e.g., "Outcome studies in patients with heart disease," by K.J. Tuman, are outstanding and should be read by all clinicians. This text is large but the trade-off is the extensive coverage and wide-ranging sources of information available. Errors of detail are minimal although the usual discrepancy between theoretical and practical quantification of ml of oxygen per gram of haemoglobin used in available oxygen equations occurs here as in other texts. Emphasis on previous medical management and early extubation after surgery is present but minimal. These topics will be of greater concern as resource utilization is affected by the economics of cardiac disease in our health care systems. Although it may be

an impossible task, a *Companion Handbook of Cardiac Anesthesia* might be a useful extension of the factual information available in this well-referenced text. This text is highly recommended for any clinician, in any field of medicine, who deals with the care of patients with cardiac disease.

K.W. Turnbull MD FRCPC
Vancouver, B.C.

Baillière's Clinical Anaesthesiology. International Practice and Research. Vol. 6, No. 3. Outcome After Anaesthesia and Surgery.

J.M. Desmots (Guest Editor). London: Baillière Tindall, September 1992, 232 pages. ISBN 0-7020-1618-7 £27.50

Baillière's Clinical Anaesthesiology. International Practice and Research. Vol. 7, No. 2. The Anaesthetic Crisis
M.McD. Fisher (Guest Editor). London: Baillière Tindall, June 1993, 316 pages. ISBN 0-7020-1734-5 £27.50

Outcome and Crisis belong to a series of publications which fit between journals and textbooks. Unlike journals, the contents are not peer-reviewed for accuracy, although the authors of each chapter are usually chosen on the basis of being considered experts in their field. Unlike textbooks, the limited extent of the volumes means that publication time is usually more rapid and the material more up-to-date.

Outcome is an eleven chapter review of the risks of anaesthesia for a variety of conditions. The book starts with an overview of epidemiological aspects by J.M. Desmots, who is also the editor. The reader is taken briskly through the most important studies of morbidity and mortality of the 1980's and '90's. This is followed by a chapter by R.L. Keenan on outcome and prevention of mishaps. This manages not to be a duplication of the first chapter by concentrating on the underlying "causes" of problems and also by citing data from closed claims and critical incident analysis. The next three chapters are well-referenced discussions of outcome in adults with heart disease after non-cardiac (P. Coriat and S. Reiz) and cardiac surgery (J. Marty and E. Samain) and of complications of blood component therapy. This latter chapter by D.B.L. McClelland also contains the interesting information that Creutzfeldt-Jakob agent can be transmitted from human blood to animals. D.A. Browne and M. Morgan contributed the chapter on anaesthesia for labour and operative delivery. As well as covering the immediately life-threatening problems, the authors deal concisely with the problem of awareness, stating

that the problem is due to the anaesthetist "quite simply not (having) given sufficient anaesthetic." M-L. Levy's chapter is a careful attempt to narrow the discussion to outpatient anaesthesia. Included is the list of anaesthesia care indicators developed by the American JCAHO and a summary of significant events in 19,676 patients at the George Washington University Hospital. The review of outcome in the geriatric patient by M.A. Duey and C.H. McLeskey covers the complications but deviates into preoperative evaluation. M.A. Courtney and D.H. Lambert clearly identify the non-anaesthetic and anaesthetic factors contributing to neurological sequelae after regional anaesthesia while J.P. Zachny, J.L. Lichtor and K. Kotilla provide a useful grouping of psychological and neurological disturbances in the pre-, intra-, and postoperative periods. The last chapter concerns the influence of practice standards on anaesthetic outcome. J.H. Eichorn comprehensively reviews the Harvard (1985) and American Society of Anesthesiologists' (1986) standards. However, twice he states that the Netherlands had the first formal "standards" document. He then continues with the statement that several other countries followed the United States in the development of standards, including publication of the Canadian Guidelines in early 1987. In fact, the Canadian guidelines were first published in booklet form in 1977, thus predating the Netherlands document of 1978.

Crisis provides fourteen chapters of a more specific outcome. However, this book not only details the aetiology, incidence and description of these untoward events, but also serves as a practical reference, with advice for both treatment and prevention, where applicable. The first chapter concerns death during or after anaesthesia, but J.C. Warden and J.N. Lunn avoid the usual litany of mortality statistics by including a discussion of limitations of these studies, as well as presenting previously unpublished data from the NCEPOD and New South Wales studies. The next three chapters provide discussion and useful algorithms for desaturation (R.W. Morris), hypotension (D.A. Scott and M.J. Davies), and difficult/impossible intubation (P.J.F. Baskett). To those familiar with ACLS protocols, the chapter on arrhythmias by A. Urwyler and D. Scheidegger contains therapeutic suggestions that differ from ACLS, e.g., cardioversion of ventricular tachycardia at no more than 75 joules "because of the risk of causing ventricular fibrillation." Both the chapters on obstetric (F.X. Lab) and paediatric (A.J. O'Connell and J.H. Overton) emergencies start with similar common sense statements to the effect that these problem areas are not for the inexperienced. Both chapters also have protocols for managing difficult intubation in these patients. The aetiology, incidence, screening and treatment of malignant hyperthermia is very well de-

scribed by P.J. Halsall and F.R. Ellis. Crises in regional anaesthesia (C.P.J. Morton and J.A.W. Wildsmith) and neurosurgical anaesthesia (R. Traill) are comprehensively covered, as is the chapter detailing practical crisis management in the perioperative care of cardiac surgical patients (G. Cutfield, D. Harrison and F. Junius). Acute respiratory problems are sensibly included with anaphylaxis (M.McD. Fisher and R.F. Raper). This chapter makes particularly interesting reading for those of us fortunate to work in a part of the world where the incidence of anaphylaxis appears to be much lower than the quoted 1 in 6000. The last two chapters deal not with crises, but rather with a source of problems and then dealing with the aftermath. W.J. Russell provides data from the Australian Incident Monitoring Survey related to equipment-related mishaps. He also manages to discuss age-related degradation of sight and hearing of the anaesthetist as a contributing factor to crises. Finally, A.K. Bacon and R.L. Mason review the process of "communicating" after an adverse outcome. This chapter alone is worth the price of the book.

Both these books belong in every hospital library and should be read by all anaesthetists, whether in training or in practice. To those who might argue that reading reviews of outcome studies is not as practical as the latest pharmacology paper, I can only suggest that "history is nothing more than a tableau of crimes and misfortunes"¹ and that knowledge of these may help prevent their future occurrence.

Reference

- 1 *Voltaire*. L'Ingenu. 1767, Chapter 10. The Oxford Dictionary of Quotations. Third Edition. Toronto: Oxford University Press, 1989.

J.M. Davies MSc MD FRCPC
Calgary, Alberta