

## Book Review

### Complex Regional Pain Syndrome

*R. Norman Harden, Ralf Baron, Wilfrid Jänig.* IASP Press Seattle, 2001. 338 pages. ISBN 0-931092-41-8

Complex regional pain syndrome was defined as type I (CRPS-I) and type II (CRPS-II) in 1994 and replaces the terms reflex sympathetic dystrophy and causalgia respectively. The key symptoms and signs of CRPS are: 1) pain, including spontaneous pain, hyperalgesia and allodynia, 2) abnormal regulation of blood flow and sweating, 3) edema of the skin and subcutaneous tissues, 4) trophic changes of the skin and nails, and 5) movement disorders.

Both types of CRPS are associated with abnormal activity of the sympathetic nervous system. Sympathetic neuron damage is almost always present in CRPS-II, but is mild or absent in CRPS-I. This multiauthor text is volume 22 of the series entitled *Progress in Pain Research and Management* published by the International Association for the Study of Pain (IASP) and is the second monograph published on this topic by the IASP since 1996. Two questions come to mind. Firstly, has knowledge of CRPS and its treatment advanced to the extent that a second monograph is needed? Secondly, does this text fulfill the aims of the IASP to 'provide timely, high quality, attractive, low cost publications relevant to the problem of pain'? The answer to the second question is unquestionably an affirmative. The answer to the first question is a qualified one. The fact is we still do not know the cause or causes of CRPS and only occasionally are we able to treat this difficult condition. Unfortunately this monograph does not provide insight into either of these clinically relevant problems.

Three areas are covered: animal models, human experimentation, and diagnostic methods. The discussion of experimental methods is comprehensive and presented clearly and will be of interest to researchers seeking a good summary of current investigative techniques in CRPS. The review of diagnostic tools is fairly brief but provides the basic information on the approaches to diagnosis. There is almost no comment on the treatment of CRPS apart from a passing reference to sympathetic blockade as a diagnostic and therapeutic procedure. The role of  $\alpha_1$ -adrenoceptor blocking drugs, such as phenoxybenzamine and phenolamine, and the therapeutic value of *iv* guanethidine block receive hardly a mention. This omission is sur-

prising as the treatment of CRPS has been extensively studied. This text would have been of much greater value for clinicians, such as myself, had a review of the treatment of CRPS been included. Also, despite the author's assertions that the diagnosis of CRPS can now be made with some precision, I remain doubtful on the basis of the information presented.

I am left with the feeling that this text is but another phase of the debate on CRPS. The solutions of its cause, its diagnosis and its treatment have yet to be defined. What this text does achieve is to signpost the future directions that researchers should take to develop effective treatments for this difficult condition.

Jay Forrest MD PhD FRCPC FRCA FRCP (EDIN) FEARCSI  
Hamilton, Ontario

### Neuropathic Pain: Pathophysiology and Treatment

*Per T. Hansson, Howard L. Fields, Raymond G. Hill, Paolo Marchettini.* IASP Press Seattle, 2001. 277 pages. ISBN 0-931092-38-8

This is one of the 21-volume "Progress in Pain Research and Management" series published by the International Association for the Study of Pain (IASP). It includes contributions by a number of internationally recognized scientists and clinicians. Most of the chapters present an extensive review of the literature on the topic under consideration. The initial chapters deal with pathophysiology of neuropathic pain at the molecular level, focusing on the roles of sodium channels and cytokines. The meat of the book is dedicated to discussion of peripheral as well as central sensitization mechanisms of chronic pain maintenance, based on hypotheses and conclusions derived from animal *in vitro* models and neurobehavioural studies, and limited human studies. The role of the sympathetic system is also discussed in a systematic and fairly easy to understand chapter. Postherpetic neuralgia is presented as an example of diagnostic and therapeutic challenge in neuropathic pain. Finally, treatment options with antidepressants, anticonvulsants, antiarrhythmics, opioids, topical local anesthetics, and central nervous system (CNS) stimulation are presented. Again, I found the chapter on CNS stimulation to be a concise and clear description of a complex treatment modality that should be a must read for all pain practitioners, whether or not

they provide such service. However, I was disappointed that a discussion of intrathecal infusion therapy was not included in this book, in view of the vast amount of research and knowledge of pain mechanisms at the spinal level. Also, the inclusion of more schematic representations would have been desirable.

Overall, I think an avid pain researcher and practitioner will be delighted with the wealth of literature presented and referenced in this book, although it may be frustrating to a wider audience who may prefer more rapidly accessible learning material on a topic.

Moo-Khon Hiew MD FRCPC  
Calgary, Alberta

**The Clinical Use of Blood in Medicine, Obstetrics, Paediatrics, Surgery & Anaesthesia, Trauma & Burns**  
*Jean C. Emmanuel, Brian McClelland, Richard Page* (Eds.). World Health Organization Blood Transfusion Safety, 2001. 337 pages. ISBN 92 4 154538 0

The "Clinical Use of Blood" is part of a series of learning materials developed by the World Health Organization/Blood Transfusion Safety in support of its global strategy for blood safety. It focuses on the clinical aspects of blood transfusion and is composed of a comprehensive guide to the use of blood and blood products, the module of learning material, and of a pocket handbook for use in clinical practice. A major objective of the "Clinical Use of Blood" is to minimize unnecessary transfusion. It is designed for prescribers of blood at all levels of the health system, particularly clinicians at district hospitals in developing countries. Contents were prepared by an international team of specialists, reviewed by WHO and critical readers and evaluated in two workshops held in 1997.

The "Clinical Use of Blood" is not intended to replace national guidelines on the use of blood and blood products. Also, since the evidence for effective clinical practice is evolving constantly, readers are encouraged to consult up-to-date sources of information. In summary, this is a basic text that will be useful to medical students and trainees who wish to initiate a reflexion on the appropriate use of blood. General principles on when transfusion may be necessary under different clinical circumstances are presented clearly; strategies to avoid transfusions are outlined. However, for the practitioner with expertise in the field, the contents are somewhat cursory and must be complemented by sources of information such as the National Library of Medicine.

Jean-François Hardy MD  
Montreal, Quebec

### Top Tips in Critical Care

*G.R. Park, Rob N. Sladen* (Eds.). Greenwich Medical Media Limited, 2001. 144 pages. ISBN 1-84110-120-6

Top Tips in Critical Care is a 144-page booklet, composed of 15 chapters of tips and caveats from airway management to nutrition. Half of the contents are organized in an organ-systems approach and the other half as a clinical problems approach.

Each chapter regroups a number of topics, very succinctly addressed by a sentence or a short paragraph under a heading, to be followed by either a tip, a caveat or both, relating to the topic at hand. Subjects are of variable length, importance and interest as are the chapters' contents. As the editors advise us in their preface, these tips and caveats are a collection of "words of mouth" having been passed on to colleagues, juniors and others. As such, these tips and caveats lack explanations, justifications or references. After having read this booklet, I fully agree with the authors that this book is the antithesis of an evidence-based approach, being an opinion-based approach. The point of view is very practical, sometimes overly simplistic for experienced critical care physicians, while lacking in nuance for the inexperienced medical student or junior resident.

Having shared this booklet with critical care fellows and attendings, I was honestly uncertain at best as to which audience to target for this publication and thus felt hard-pressed recommending it for readership.

Jean-Gilles Guimond MD FRCPC FCCP  
Montréal, Québec

### Careers in Anesthesiology: Autobiographical Memoirs (volume VI)

*B. Raymond Fink, Luke Masabiko Kitahata, J. Roger Maltby, Thomas T. McGranahan*. Wood Library-Museum of Anesthesiology, 2001. 189 pages. \$45.00 ISBN 1-889595-07-1

The autobiographical memoirs that have been published by the Wood Library Museum since 1997 are intended as an "experiment in living history" to reflect advances over the last half-century. This volume furthers this intention by presenting three contributions from the groves of academe by the late Ray Fink, Luke Kitahata, and Roger Maltby, and one from private practice by Thomas McGranahan.

Such is the breadth of the achievements of the first three individuals in particular that justice to their memoirs is not possible in a short review. Suffice it to say that each makes the book worth reading and that

it is a privilege to share their views on anesthesiology and, indeed, on life. In Fink's memoir, for example, we can appreciate the product of an original mind. His belief that "the basic reality is not animals using energy to grow and reproduce (but) energy using animals to keep itself flowing" remains in my mind. Kitahata's memoir is characterized, rather, by a sense of virtue; quite simply, he states that the secret of the art of anesthesia is "to be compassionate as well as vigilant." This will resonate with the members of the Canadian Anesthesiologists' Society, whose motto is 'Science Vigilance Compassion'. Maltby's memoir is, as one would expect from a no-nonsense Lancastrian, full of good sense, and his observation "anesthesia is not only safer for the patient but also less stressful for the anesthesiologist" summarizes both his own contributions and the evolution in the specialty.

The editor of *Careers in Anesthesiology* included, for the first time, a memoir by an anesthesiologist in private practice. While I read the short contribution by McGranahan with interest, I was left with the conclusion that, through no fault of his own, it was overshadowed by the quality of the three other memoirs. From this point of view, he was short-changed. This is not to detract from his own successful career, and, indeed, some readers may welcome the variety that McGranahan's memoir gives to this volume. Moreover, his memoir does allow one to reach one conclusion, based on what all four anesthesiologists share: it surely is no coincidence that what all four anesthesiologists had in common and what greatly aided them in their tasks in the specialty was a happy home life.

David A.E. Shephard MB FRCPC  
Charlottetown, Prince Edward Island