
Most physicians must evaluate and treat patients with pain on a regular basis. Pain is the most common complaint for patients seeking medical advice and treatment. Despite this, few physicians receive training in pain management, and standard textbooks barely mention the topic. Recognizing this deficit, Drs. Irving and Wallace have written a pain textbook aimed explicitly at the practicing, non-pain specialist. In addition to physicians with office-based practices, medical students, residents on a pain rotation, or interested anesthesiologists will find that this book offers a practical introduction to many important topics related to acute, cancer, and chronic pain management.

The bulk of the book (25 of 34 chapters) is devoted to discussions of specific pain syndromes followed by treatment algorithms and case discussions. I found this format to be an engaging and efficient way to illustrate unique and common issues related to a wide diversity of pain topics. The algorithms present comprehensive and ambitious treatment plans that may stretch the resources of busy primary care physicians, but certainly provide a reasonable approach for common pain problems. The lack of literature comparing treatment paradigms for complex pain patients means that the algorithms presented represent the authors’ biases and experiences rather than consensus drawn from scientific study. Their focus on normalizing function while minimizing expensive and invasive treatments is made clear in the treatment outlines. Each chapter includes a helpful description of the types of patients to consider referring to a pain specialist and educates the clinician about what to expect from a pain management referral.

Sections of the text devoted to psychological aspects of chronic pain and non-pharmacologic treatment answer many common questions regarding the role of psychological factors and the use of ancillary treatments such as physical therapy. A particularly helpful chapter addresses the problems that primary care physicians must address when caring for “the difficult pain patient.” This chapter explains the process of individualizing care, recognizing difficult personalities, avoiding wasteful referrals, and adjusting one’s expectations for outcome.

I gave the book a trial run with a representative of its intended audience: a medical student on her pain rotation. She found the book practical and helpful and thought it gave her a basis for thinking about pain patients. Despite her endorsement, I noted some deficiencies in the book that lowered my enthusiasm for it. First, editing errors abound in the text and references (inaccurate abbreviations, incorrect citations, inconsistent use of brand names and generics, definition of the visual analog scale several chapters after it is used in the text, and so on). Second, the limited references make it difficult for the average reader to distinguish between writer opinion, established fact, and points open to contention. Finally, a few factual errors serve to perpetuate misunderstanding of some issues (inclusion of sigma receptors in the opioid table, reference to trigger points in fibromyalgia).

Despite these deficiencies, I found the book to be a helpful, straightforward guide well aimed at its intended audience. Those without a pain text or specific pain background should consider this book as an inexpensive starting point ($49.95), whereas those with more extensive libraries or training may find the algorithms and case discussions provoking and of interest. Irving and Wallace are to be commended for their efforts at addressing this underserved area of pain medicine. If primary care physicians incorporated even a small part of the information in this book into their practices, pain patients would be well served.

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The second edition of Difficulties in Tracheal Intubation provides a considerably expanded view of the topic relative to that provided by the first (1984) edition. Lacking the first edition’s chapter on case reports, the second edition contains new chapters on pediatric intubation, emergency airway access, cervical spine injuries, difficulties presenting at extubation, the Combustube®, predicting difficult intubation, fiberoptic techniques, the laryngeal mask airway, and legal aspects of intubation.

There is much to like about this textbook. The chapters are generally well written and of a consistent length and breadth. The illustrations are appropriately numerous. A list of key points is provided at the end of each chapter. On the other hand, this second edition has more “science” than the first edition, a change which is not always for the better. For example, although studies may present conflicting data, few would agree with the comments that “inhaling enflurane at concentrations between 0.85 and 3.2% has no effect on cerebral blood flow” (p 35), or that rocuronium had a “much shorter duration of action” than vecuronium (p 38). Some topics are needlessly repeated in two or more places. There is no need to illustrate the Combustube® in chapter 13 when chapter 14 is devoted exclusively to this topic. And, as is often the case, line drawings might have been a better choice than many of the photographs.

One aggravating aspect of the book is the repeated statement that a particular practice is “common in North America.” Curiously, many of the described common practices were new to me. For example, I was unaware that there were many centers where “awake fiberoptic intubations are carried out on all patients requiring intubation by the nasal route” (p 567).

Nevertheless, this is a book with a very high ratio of wheat to
chaff and, given the importance of the topic, can be recommended to all who practice anesthesia.

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Critical Care Medicine: Perioperative Management is a textbook of 62 chapters divided in three major sections written by a multi-author team comprised largely of anesthesiologists. This newly written textbook offers an original and interesting approach to critical care medicine because of its main focus on perioperative treatment of critically ill patients. Anesthesiology has greatly evolved during the past decade, changing from a specialty consisting of taking care of patients in the operating room to a specialty that requires expertise in all aspects of perioperative medicine. Today, the anesthesiologist-perioperative medicine specialist should be able to perform an expeditious preoperative assessment of sometimes critically ill patients, to conduct careful intraoperative treatment of these patients, and to treat them during the immediate postsurgical period. In addition, the anesthesiologist-perioperative medicine specialist also provides care outside the operating room, including anesthesia services for diagnostic procedures, consultation for airway management, pain management, intravenous line placement, and acute treatment of 'floor' and critically ill patients. To fulfill this job description, the modern anesthesiologist-perioperative medicine specialist not only has to be competent in all technical aspects of anesthesia but also must have deep knowledge of general medicine because all forms of disease are represented in the surgical patient.

The present textbook responds to some of the important questions the anesthesiologist-perioperative medicine specialist may have to answer while taking care of critically ill patients. It is divided in three major sections. The first section not only covers traditional topics such as basic intensive care unit organization, risk assessment and reduction in the preoperative period, and preanesthetic evaluation, but also includes novel and interesting chapters on quality management in the intensive care unit and on ethical and end-of-life issues. These innovative chapters are of particular importance for the young physician who is expanding his or her training in critical care medicine. This text also provides some new information for the established anesthesiologist-perioperative medicine specialist. For example, these chapters include a detailed analysis of the shift from the traditional quality-assurance activities to quality improvement as a new approach to evaluate patient care activities. This change in the approach to quality management is of particular interest because it will help to provide the most appropriate and cost-effective delivery of care to critically ill patients. The chapter on ethics and end-of-life issues provides a comprehensive discussion about the difficult ethical problems frequently encountered in critically ill patients. This excellent chapter also proposes some useful decision-making processes to include approaches to the very controversial and delicate question of physician-assisted suicide and active euthanasia.

A second and longer section is dedicated to organ-specific diseases in the perioperative period. This section discusses most of the problems the anesthesiologist-perioperative medicine specialist will face while treating critically ill patients during the perioperative period. The information provided to the reader is often up-to-date, including recent publications on sometimes scientifically controversial subjects. For example, the chapter on principles of cerebral protection provides not only information about the classical principles of physiology and pathophysiology of the cerebrovascular function, but also offers a comprehensive analysis of the newer potential pharmacologic and nonpharmacologic treatments for patients with acute head injury. Similar comments can be made for the chapter on thermoregulation control, a common but often underestimated problem in critically ill patients. Also, the chapter on evaluation of fever in the intensive care unit, a common but sometimes very difficult clinical problem, proposes a series of excellent and innovative workups to the anesthesiologist-perioperative medicine specialist. In contrast, some chapters of this section are somewhat disappointing. For example, the chapter on vascular access and cannulation consists of a lengthy text with few figures to describe the different techniques of arterial and venous cannulation. In addition, one of the figures describes the Allen's test performed before placement of a radial artery catheter. As stated by the authors themselves, this test is neither sensitive nor specific and therefore does not deserve such an emphasis in a textbook on perioperative medicine. A shorter text and more figures would have been significantly more useful to explain and demonstrate these cannulation techniques to the readers. Also, it would have been helpful to include a table describing the advantages and disadvantages of the different types of catheters available on the market. Similarly, in the chapter discussing the pathophysiology and management of cardiogenic shock, it is surprising that the description of the management of this clinical entity does not include a discussion about the several newer vasoactive agents. Rather, it only refers to classical drugs that have long been available (summarized in table 3).

Finally, the third section covers subspecialty critical care and specialized problems encountered in critical care medicine. This section consists of excellent chapters covering various topics, including endocrine emergencies, specific problems related to the critically ill obstetric and pediatric patients, and chapters on multiple trauma, burns, and poisoning.

The presentation of the topics is similar for all chapters of the textbook. Each chapter starts with a very useful list of key words and ends with a summary of key points. This approach gives some unity to a textbook written by many different authors and allows the reader to rapidly access to the essential information contained in the text of the chapter. The quality of figures and tables is good and consistent throughout the different chapters of the textbook. In addition, each chapter finishes with a paragraph entitled 'Eye to the Future.' This is an interesting attempt to provide to the reader some insight into the current research on the particular subject discussed in the chapter or into new trends for the management of clinical problems. It is, however, unfortunate that the authors of several chapters have included only one or two sentences in their final paragraph (for example, chapters 23 and 61). In general, the citations of literature appear to be up-to-date and comprehensive despite the usual con-