
The 3rd edition of the Handbook of Clinical Anesthesia is well organized and well written. I have never loved handbooks; I find they usually fall into one of two categories: (1) small with too little clinical information or (2) large and impossible to carry. This text attempts to break these molds: it is a useful clinical reference book that fits in a waistpack. The handbook parallels the comprehensive parent textbook, Clinical Anesthesia, by the same editors and has undergone considerable changes since the 2nd edition. The book consists of 57 small chapters and six important appendices. These are subdivided into seven sections, expanded from its earlier edition. The focus is on perioperative treatment of patients, with chapters describing preoperative evaluation, intraoperative techniques, anesthesia subspecialties, and postoperative care. New chapters describe the economics of healthcare delivery and practice management. The organization of the chapters and overall flow of the book have been improved. The text is far from complete, but it provides an excellent quick reference and review for residents, nurse anesthetists, and staff anesthesiologists. It is also a nice teaching tool for the busy academic physician.

Section I of the book, entitled “Introduction to Anesthesia Practice,” is the most radical alteration from the 2nd edition and is my least favorite. The section contains completely new material, providing first a brief history of anesthesia and then a discussion of practice management. It also contains chapters that describe experimental design and statistics, hazards in the operating room, and risk management. These chapters are well written and informative; however, it is not the type of information I usually look for while working in the operating room. I found that these chapters just got in the way when I was trying to find something quickly. However, the section is brief, only 31 pages, and I can appreciate the authors’ trying to follow the parent textbook as closely as possible, thereby making the handbook a better review text.

Sections II and III discuss basic principles of anesthesia practice. There are terrific new chapters on possible mechanisms of anesthesia and electrical safety. These additional chapters are important because they are subjects with which residents frequently have difficulty. The pharmacology chapters are updated and well organized; newer drugs are covered, and shaded charts make critical information easy to find. The authors have added a chapter describing basic pharmacologic principles, which really enhances this section.

Section IV (previously section I/IV) covers preoperative and postoperative concerns. A new chapter on anesthesia and coexisting disease, along with the classic pharmacogenetics chapter, make this section an excellent quick reference.

The core of this handbook is Section V. The subspecialties are discussed individually, and there are improved reviews of related physiology. In addition, there are new chapters describing laparoscopic surgery, monitored anesthetic care, and the allergic response. The chapter on peripheral nerve blocks is a great reference at the bedside, but it needs to be expanded. More illustrations like the diagram of the ankle block would be helpful.

The appendices in this book are potentially useful quick references to use in the operating room. They contain a few formulas, an electrocardiogram atlas, a common drug list, American Heart Association resuscitation protocols, new standards of the American Society of Anesthesiology, and difficult airway algorithms. I found the list of commonly used drugs to be the most useful part of the appendices. The list is updated and contains the newest agents (e.g., remifentanil). I was disappointed that the section on difficult airway algorithms was outdated and does not contain recommendations for the laryngeal mask airway.

In summary, although it is not a perfect handbook, this text does a nice job. Overall, the new edition has achieved the authors’ goal of enhancing ‘rapid access’ to information in as comprehensive a manner as a handbook allows. The price of $39.95 may seem a little high compared with other small reference books, but I think this text gives you more for your money. It is more complete in its review of the field and, in addition, fits in my waistpack.

John A. Thomas, M.D.
Assistant Professor of Anesthesiology
Wake Forest University School of Medicine
Medical Center Boulevard
Winston-Salem, North Carolina, 27157-1009
jthomas@wfubmc.edu

(Accepted for publication March 18, 1999.)


Churchill’s Pocketbook of Pain is one of several handbooks that have emerged in recent years as a result of the growing popularity of pain medicine. In the preface, the authors cite two important issues surrounding the management of chronic pain: (1) the misconceptions and lack of scientific basis for what we do and (2) deficiencies in the educational preparation of physicians in the diagnosis and treatment of complex pain entities. Anesthesiologists in the United States have taken an active part in addressing pain issues by participating in the development of policies and educational programs to relieve pain and suffering. Advances in research on mechanisms of pain and outcome data are emerging to support and direct appropriate care for this group of patients.

This handbook by Stannard and Booth reflects some practice patterns that are characteristic of the United Kingdom. As with most pocket handbooks, it is intended as a convenient reference, giving the reader a brief overview to the management of more common acute and chronic pain problems. The book is composed of five sections with various chapters within each section.

Section 1, entitled “Principles of Pain Management,” describes the anatomy and physiology of pain followed by sections on clinical pharmacology and descriptions of common opioids, nonopioids, local anesthetics, and other coanalgesics used in the practice of pain medicine. Included in this section is a chapter on neurostimulation techniques, including acupuncture. There is also a chapter on the assessment of the patient in pain, a crucial part of the diagnostic work-up and treatment of painful conditions.

Section 2 reviews the treatment of acute pain, including postoperative pain, trauma pain, and two specific groups of patients: obstetric...