

James C. Eisenach, M.D., Editor

Opioid Sensitivity of Chronic Noncancer Pain. Edited by E. Kalso, H. J. McQuay, Z. Wiesenfeld-Hallin. Seattle, International Association for the Study of Pain, 1999. Pages: 397. Price: \$68.00 (International Association for the Study of Pain member price: \$44.20).

"Opioids do not work for chronic pain." "Opioids do not work for neuropathic pain." "People with chronic noncancer pain who are prescribed opioids will become addicted." How often have you heard one or more of these shibboleths? How often have you said one or more of them? You may need to read this book.

No? Do you know how and where opioids work? Exactly? Do you know where receptors for opioids are produced or how inflammation or rhizotomy affects that process? Do you understand the molecular basis for the weak effect of most opioids on most allodynia?

Most anesthesiologists need to read this book. It is one book in the series published by the International Association for the Study of Pain entitled "Progress in Pain Management and Research" and is a compilation of 24 of the papers presented at the first international research symposium of the International Association for the Study of Pain in late 1998. Therein lie the reasons for some of the problems and some of the highlights of the book. The papers presented are primarily a mix of literature reviews and reports of personal clinical and basic research. The result is a solid overview of the current science of opioids and their uses in animal and human pain models.

The book is divided into four sections, dealing with opioid receptors, the pharmacology of opioids, the "sensitivity" of opioids in various pain states, and chronic pain states and the effectiveness of opioids in each.

Overall, this book provides an excellent review of the current state of opioid and pain transmission science in general and the specific research that pertains to the use of these medications in chronic pain. In some places, it reads as well as a mystery novel in the description of the researchers' efforts to ferret out specific answers to questions regarding receptor or opioid characteristics.

There are some flaws. Some of these accounts are bogged down in unnecessary detail, and in-text references sometimes fill up so much of the sentence structure that the meaning is lost. Also, as might be expected in a book of 24 independently (and simultaneously) written articles on such a specialized subject, there is a fair amount of overlapping information. This is not all bad because some of the concepts are bound to be new to some of the readers and bear reiteration. However, the editors could have made better use of this situation by referencing related portions of the text to each other specifically by page number (rather than using the frustrating term "elsewhere"). The book could have been made more useful to a wider readership had the editors included a glossary of terms and concepts with references to the several portions of the book that dealt with each. Tables and graphs are spare and clear in meaning for the most part, although sometimes (chapter 6) they are too remote from their discussion in the text. However, there are certain chapters (1, 5, 6, 8, 18, 19, 22, and 24) that should be required reading for any physician who prescribes opioids—and for all anesthesiologists.

In summary, all pain and opioid researchers and all physicians who treat patients with chronic pain should own and read most of this book. It should also be read by those anesthesiologists who wish to review the pharmacology and pharmacokinetics of opioids and their receptors. Those who are interested in the near future of the science of the physiology of pain and its relief will find many fascinating, new ideas here. Finally, those who wish to refute cogently the supporters of the use of codeine and meperidine and who wish to explain to their surgical colleagues why meperidine is of no advantage in the presence of biliary disease will enjoy wielding this tome in the operating room. That should be almost all anesthesiologists.

Douglas G. Merrill, M.D., Virginia Mason Clinic, Seattle, Washington. anedgm@vmmc.org

(Accepted for publication April 12, 2000.)

Cardiac, Vascular and Thoracic Anesthesia. Edited by John A. Youngberg. New York, Churchill Livingstone, 2000. Pages: 1,010. Price: \$195.00.

The title of this multiauthored work (72 collaborators, 71 North Americans) puts it in the tradition of important textbooks that pave the way for anesthesia residents. It is proposed as a major reference volume to read cover to cover to get a comprehensive overview of three of the main specialized areas of anesthesia practice. Therefore, it must start from basic principles and detail their application to the technologic, operative, and anesthetic strategies currently used in the field. Most authors have done a good job in writing with clarity and structure, and some did exceptionally well. The section about cardiac anatomy and physiology (much of the latter, less of the former) could serve as an example of how an intrinsically complicated topic can be clarified and made enjoyable to read. The chapter about continuous quality improvement constitutes an unexpected but refreshing addition. However, sections about anesthetic implications and clinical practicalities do not always measure up to the value of accompanying theory, for example, in the text regarding valvular disease, although of crucial importance for cardiac surgery.

A textbook of such ambition should also bring the reader up to the level of the latest technologies or inform about the current avenues of research likely to influence clinical practice in the near future. Unfortunately, this first edition fails in that respect. Despite being published in the year 2000, it features few references more recent than 1996. Recent guidelines about standard transesophageal echographic examination are not followed, and advice is given to purchase a machine without pulsed or continuous Doppler ultrasonography, starting with a one-plane probe, a clearly obsolete choice. Recent surgical advances are notably absent. Some, such as multivessel aortocoronary bypass with use of malleable stabilizers while avoiding extracorporeal circulation, or the multiple modes of repairing cardiac valves or chordae already are used so widely in clinical practice that they represent a majority of cardiac procedures in some places. Quite a few chapters mainly reflect local habits and fail to introduce the reader to alternative techniques. For example, the section describing tracheotomy and its percutaneous approach describes only one of three available techniques, and not the most versatile. In contrast, the same chapter offers a brilliant synthesis of tracheal and carinal reconstructions. Important contributions at times are ignored, such as the value of evoked potentials for monitoring patients with cerebrovascular disease undergoing cardiac or carotid surgery or their use in descending aorta repairs. The numerous illustrations are generally of great didactical value but too often are given unfair treatment as a result of a poor printing technique.

This monumental work and undoubtedly ambitious effort falls short of expectations. Neither residents in training nor accomplished practitioners will find the comprehensive reference text they need. It is incomplete, and some sections were outdated before it reached the bookstore. The reasons for these shortcomings may reflect the large volume of material needed to be discussed or the relatively long time to edit and print such a masterpiece, in comparison with the speed of evolving science and technology. Clearly, the hard work and energy invested in this endeavor has resulted in many outstanding sections, and the shortcomings are perhaps inevitable in this time of rapid change in this area.

Philippe Baele, M.D., Cliniques Universitaires Saint-Luc, Brussels, Belgium. baele@anes.ucl.ac.be

(Accepted for publication April 12, 2000.)