
It is no mean feat to encompass the diverse features and management of chronic pain in 212 pages without being didactic, simplistic or superficial. This book achieves this to a large degree—with honours! It is the second edition of a popular book in a series with a succinct and successful format. The changes are those which reflect the evidence base of this speciality as determined by meta-analysis, informed review, randomized controlled trials (as far as such evidence exists) and consensus. The book is written in three parts: (i) assessment of evidence, history, examination and psychosocial factors; (ii) description of various chronic pain disorders with their features, treatment, mechanism and management; and (iii) various methods of treatment, including drugs, stimulation and invasive therapies, diagnostic and definitive methods, and surgical and psychological techniques.

In general, the descriptions and management of the disorders agree with those in larger works and with recognized authorities. References are not given in the text, which may make this seem less authoritative, but certainly makes it easier to read. The chapters are small and sections within the paragraphs are short enough to be absorbed before the mind wanders. Technical terms are used sparingly and there is a glossary of acronyms at the beginning of the book. The authors are to be congratulated in that, although the text is terse with every phrase essential to the imparting of knowledge, it flows clearly and the reader is drawn into the narrative, retaining interest.

There are gems to be found in this book but, inevitably, there are also omissions, items that could or should have been omitted, and some with which I cannot concur. The gems include an excellent one and a half page chapter by Andrew Smith (who is the editor of the Cochrane Anaesthesia Review Group), which describes clearly and simply the various measurements of evidence-based medicine and how to measure them. There is Archie Cochrane’s description of giving comfort to a dying soldier for whom no cure was possible, and his realization of the difference between suffering and pain. Under clinical governance, there is the acknowledgement that although there may occasionally be grounds for a patient’s complaints, the process of complaining may be part of the presentation of the patient’s disorder. It warns that an over-solicitous and apologetic response for an alleged deficiency may reinforce the behaviour which aggravates the pain and disability. Statements such as ‘Pregnancy appears to be a risk factor for postpartum disc prolapse’, and ‘central pain syndromes occur even in the absence of a spinal cord’ made me smile.

There are omissions such as chronic dental causes of head pain, the use of cryotherapy, the value of movement in conditions such as cervical spondylosis, the irreversible effects of botulinum toxin, and the consideration of anal pain. Even simple line diagrams would have made some aspects of physical therapy easier to understand. The index is inadequate in a book that seems to attempt to provide chapters which are sufficient in themselves with cross-references to other sections. If, for example, one wishes to look up ‘stump pain’, there is no entry although there are several entries for ‘phantom’. For ‘sympathectomy’, one is diverted to ‘guanethidime’. If the trainee pain clinic wished to consult for an answer to shooting, numbing or burning pain, the index will not help.

I dispute some of the information on sympathetic blockade. The addition of local anaesthetic to guanethidine in the i.v. regional technique may prevent the uptake of the guanethidine. The stellate ganglion is more usually found at the level of the seventh cervical vertebra; the somatic nerves do not have to be blocked during thoracic sympathetic block by the paravertebral approach; the lumbar sympathetic chain lies on the anterolateral aspect of the vertebral body rather than in the paravertebral gutter; and the hypogastric plexus does not have to be approached via the inconsistent space between the fifth transverse process and the sacral ala.

There is the theme throughout the book that pain disorders are diseases in themselves, having acquired an existence beyond that of an extension of the disease which initiated them. The primary aim is to alleviate the disability, and change the perception of the sensation that makes it so aversive. This is preferable to temporary pain relief which does nothing to alter the underlying disorder and may even render the victim more dependent on the various carers. Concurrent, however, is the acknowledgement that pain relief may have to be attempted to restore function and that even temporary relief for, say, a few weeks may be of value. The conflict between the ideal of transfer of the management of chronic pain to the subject and the more pragmatic chronic management of pain, is not resolved.

The book is said to be designed for specialist registrars, general practitioners, nurses and physiotherapists, but this book has an even wider potential audience than this. The emphasis on evidence-based treatment makes it useful in formulating a treatment plan on first consultation, or answering the question ‘whatever do I do now?’ on later ones. The systematic organization of the chapters makes it ideal as a reference in the pain clinic. I have enjoyed reading it and I recommend it to almost any health professional.

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