
The commonest problem seen in most pain clinics in the United Kingdom is low back pain, with or without leg pain. I was surprised therefore to find that neither back pain nor low back pain appear in the index of this book. Rather than common pain syndromes, this book deals with pain syndromes to which a name can be given, and usually describes a nerve block or some other invasive treatment that the author thinks appropriate for that diagnosis. For each diagnosis, the author gives a brief description of the clinical syndrome, the signs and symptoms, tests that can be done, the differential diagnosis, treatment, complications and ‘clinical pearls’. No evidence is given for any of the material and there are no references. The word ‘Atlas’ in the title is rather misleading as many of the illustrations merely show a drawing of a patient in pain, sometimes accompanied by anatomical drawings that only show the area of the pain and add nothing to the understanding of the condition.

The whole approach of the book is simplistic and pays no attention to the dramatic advances in our understanding of chronic pain and its management in the past 30 yr. The contribution of neurophysiology and pharmacology is almost totally ignored. The role of clinical psychology would appear to be almost non-existent. For almost every condition the author recommends a nerve block or some other type of invasive treatment. The concept that patients with chronic pain have a complex biopsychosocial problem is not part of the approach in this book. It seems that the author assumes that each patient has a diagnosable and understandable cause for their pain. By addressing the supposed underlying cause, the patient will be cured. Sadly, this is far from the reality. Many patients coming to pain clinics cannot be given a meaningful diagnosis, only a descriptive one, which really only tells the patient what they know already, for example, low back pain, chronic daily headache, or phantom pain. The insights gained from the neurosciences have shown how complex many chronic pain syndromes are. Neural plasticity involving changes at the receptor, axon, spinal cord and brain occur in many conditions. It is now recognized that these changes and dysfunction within the nervous system are contributory factors in many pain syndromes. This has made many older treatments such as nerve blocks, especially destructive blocks, seem less relevant to most pain clinicians. The evidence for the effectiveness of many of these procedures is lacking, and there are many reports of patients being made worse by them.

An example of the shortcomings might be in the chapter on phantom limb pain. The illustration shows a man sitting on a pavement, holding a begging bowl, with a sign saying ‘homeless lost job Vietnam vet’. There is an anatomical drawing of a pelvis showing the sciatic nerve. The author briefly discusses the genesis of phantom pain, mentions the spinal cord, but no reference is made of other recent developments such as cortical remapping. He states that people born with congenitally absent limbs do not suffer phantom pain. This old notion has now been disproved. Pre-emptive analgesia is recommended, even though studies have shown that it is not effective. Other pain problems suffered by amputees such as stump pain and back pain are not mentioned. The author lists various forms of treatment, and states that they have been shown to be useful in the palliation of phantom limb pain. No evidence or references are given for this optimistic statement.

Another example might be the chapter on atypical facial pain which concentrates on the diagnoses which must be excluded, and states ‘the major pitfall when caring for patients thought to be suffering from atypical facial pain is the failure to accurately diagnose underlying pathology responsible for the patient’s pain’. This seems to ignore the fact that most patients coming to pain clinics with this diagnosis have been thoroughly investigated and the problem lies in their management not in the diagnosis. The treatment focuses on drugs and physical modalities such as oral orthotic devices and physical therapy. Nerve blocks are said to be of possible value. Psychological help receives only a brief mention.

Pain medicine has come a long way since 1965 when Melzack and Wall proposed the Gate Control Theory. The complexity of the problem at a physiological, pharmacological and psychological level can be daunting, but we have to address this complexity. I do not feel that this book helps in this endeavour.

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