For further instructions, doctors in the UK are advised to recognize the limits of their professional competence and to seek help from colleagues. Doctors in the UK are advised to recognize the limits of their pain management. The worry for some practitioners is that an obscure pain is ever found. It is important to know when to call a halt to further investigations because continuing a fruitless search for a solution is likely to result in complications. A typical out-patient clinic may contain a mix of patients with a wide range of medical and surgical specialties. In many instances, the patients have been referred for evaluation and treatment of pain from a wide range of medical and surgical specialties. In conclusion, this textbook is worthy to be included in the library of all anaesthetic departments, especially to support the education of trainee anaesthetists.


This is the first edition of a 45 author book, with all except six authors based in the USA. The contributors are not only anaesthetists and pain specialists, but also psychiatrists, pharmacists, and a neurologist. This approach to any text puts it at risk of lack of uniformity and repetition, and this book is no exception.
Generally, the book is dry. Diagrams and tables break up the text however, and aid the student in assimilating the material. My other major criticism is the balance of the text. Diclofenac and remifentanil are only briefly mentioned. Even aspirin, acknowledged as the NSAID by which all others are compared, is barely considered. In contrast, cholecystokinin and CCK antagonism are the subject of two chapters. The layout leads to a degree of repetition, with several chapters on NSAIDs and opioids, so that for example tolerance and addiction (all defined differently in different places), are dealt with three times in the text. Similarly, opioid receptors are described (albeit well) three times in four consecutive chapters. At the end of each chapter, there is a bibliography variously described as references or further reading. In some cases, there are over 100 references for further reading, in one case with nothing more than the reference itself and no title included. Students who wish to undertake further reading rarely require more than a few references. If they require numerous references, then I suspect an Internet search would be more worthwhile.

Approximately the first half of the book is divided into chapters that deal with acetaminophen (paracetamol), cyclo-oxygenase (COX) inhibitors, opioids, anticonvulsants, alpha-2 antagonists, antidepressants, and glutamate receptor antagonists. The chapters on paracetamol, opioids, anticonvulsants, alpha-2 antagonists and glutamate receptor antagonists (especially the NMDA receptor complex) are generally detailed and well written. In particular, the chapter on anticonvulsants included a wonderful section entitled Clinical Pearls, with a table on the management of neuropathic pain. But the chapters on COX-2 inhibitors are already out of date. There are, for example, a number of recent publications on the use of these drugs for postoperative pain that are not mentioned. The material on antidepressants would have been more in keeping with a psychiatry book than a book on drugs for pain.

The rest of the book contains a variety of chapters that have no real theme, but interspersed is some excellent material. The two somewhat esoteric chapters on cholecystokinin and cholecystokinin receptor antagonism are interesting. I enjoyed very much Chapter 25 on synergistic epidural analgesia. It is well written, and has a very individual approach: one felt one was reading the fruits of a lifetime’s experience rather than an assimilation of a literature search. There is also a refreshing approach in it to classifying drug action, including some rather unusual hand-written diagrams, and an excellent account of dorsal horn neurophysiology, pharmacology and pathology. The references in this chapter are unique in that they are annotated, each one having a line or two on the salient features of the paper. Following this chapter there are two lucid and detailed chapters on spinal analgesia. A brief foray into neuropathic pain is followed by some good chapters on peripheral analgesia. Two of these chapters are very detailed and complex—A Peripheral Basis of Neuropathic Pain (Chapter 28), and A Potpourri Of Potential Targets For Analgesia (Chapter 33). The latter becomes increasingly complicated and I found the last two diagrams indecipherable.

There is also some discussion of the more practical areas of acute pain management, many of which are incorporated into the University of Cleveland’s protocol. There is some good advice here, but the use of basal morphine infusions for PCA and morphine-only epidural infusions would cause a few raised eyebrows, I suspect.

For those who deal with headaches and migraine there are two chapters devoted to this area, the latter dealing very well with abortive and preventative pain management. After a very readable chapter on painful bony metastases, the book closes with approaches to assessing analgesic outcomes.

Overall I am not sure who this book is aimed at. It is much too detailed for the UK postgraduate examinations. Specialists in the area of pain management may be interested in this text, but even given the modest price I do not think it will be a purchase for many departmental libraries. The real difficulty I have with this book is not the individual chapters—the majority on their own are readable and of good scientific content. However, publishing together 39 generally good chapters does not necessarily make a good book. The whole is less then the sum of its parts.

Will this book sit in my study gathering dust? No, but only because I have spent a deal of time getting to know the individual chapters. However, I doubt many potential readers would persevere in this task.

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