It is one of the great modern myths that Americans are not interested in history, but this perception owes more to the fame of Henry Ford’s quote (‘History is more or less bunk’) than it does to fact. It certainly does not apply to our specialty in that country because the Anesthesia History Society flourishes and the American Society of Anesthesiologists houses in its headquarters building one of the great historical resources, the Wood Library-Museum. Its title perhaps suggests that this is a dusty repository for outdated texts and dusty pieces of equipment, but this is far from the truth: static displays there are, but it aims to be a living museum, with publications, prints, and recordings in its archives. Most importantly, much of the collection is accessible, either through displays on the website (www.woodlibrarymuseum.org) or by purchase of a wide range of products. On sale are books, prints, CDs, and even t-shirts for those who wish to declare visibly their support for Horace Wells, William Morton, or Crawford Long as having primacy in our history (my heart is on my sleeve in listing the three of them in that order)!

More seriously, the team of librarians and archivists at the Library-Museum not only maintains the collection, but supports an active programme of historical research and publication, the volume under review being a typical product. It is the latest in a series (starting in 1997) of volumes containing biographies of eminent members of our specialty, each volume containing contributions on anything between one and five people, but the average number being about three. Originally, they were all autobiographical, but then one volume (not numbered in the series) written by others was produced since when there has been a mix of the two. Length and precise content are left very much to the authors so there is little consistency of either form or approach through the series, meaning that, certainly in the case of the autobiographies, the piece reflects the individual. Most are tightly biographical, but some of those which were written by the subject are much more in the way of a commentary on the specialty as the author saw it.

This volume, number X (but really XI), is about as typical of the series as a whole as it could possibly be. It contains three biographies (Lucien E. Morris, Thomas B. Boulton, and Burnell R. Brown), the first two self-written and the third by others (Adolph Giesecke and Jeff Zavaleta), and with two of the subjects from the USA and the third from elsewhere (the UK in this case). Morris and Boulton start with a little in the way of family background and then concentrate on their careers, with some emphasis on events, periods, or activities which were of special importance to them; Burnell’s story is, of course, the classic one of the light which burned brightly, but was snuffed out all too early. Perhaps for that reason, he is one of the youngest in the series (it is not possible to be certain for some are coy about date of birth!), but even so one of the overriding conclusions I take from this volume is the same as from those others which I have read—there was a time, not so very long ago, when the members of

our specialty were a very small number indeed because everyone seemed to know everyone else personally! The way in which the specialty has grown over the last 60 yr means that this can no longer be true.

One must consider who this series is for, and thus who might buy it. Biography is something which you enjoy or not: I find it most interesting to read of those whom I have met, especially if their activities were in aspects of anaesthesia similar to my own. But what is there beyond personal interest? Biography, whoever the author, is notorious for not necessarily being the best source of historical record or interpretation of events, and it is intriguing that the Library-Museum catalogue refers to the individual pieces as ‘stories’. What the collection does best is record, from a spread of individual perspectives, how anaesthesia developed from its occasional practitioner beginnings into a major specialty during (and a little after) the middle third of the twentieth century. My generation had direct contact with the people who were involved and learned from them what had been won. This series will preserve that ‘story’ for the future.

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doi:10.1093/bja/aen141


This pocket-size book is part of a series of handbooks within the Oxford Pain Management Library. This series of books aims ‘to cover broad areas of specialty pain management, as well as more specialised topics’. There are currently six titles available, with a further seven in preparation. The emphasis in these titles is to summarize current evidence and new developments in an easily digestible manner, with accompanying illustrations, tables, and drawings.

Bone pain, particularly if cancer-related, is a major pain management challenge. This is primarily because there may be difficult incident ‘breakthrough’ pain (on movement) and persistent background pain. Active research is now further exploring the pathophysiology of bone pain, opening up further avenues of treatment.

This book contains 10 short chapters. The first half of the book covers general pain management principles and the clinical, radiological, and pathophysiological features of bone pain. The latter half of the book is devoted to individual chapters discussing specific and varied treatment options. These include pharmacological, radiotherapy, and interventional pain relief techniques. A final chapter discusses orthopaedic interventions. The emphasis throughout the text is on brevity, and regular concise summaries of the latest available evidence are a useful addition to the descriptive prose. There are numerous helpful illustrations and diagrams to aid understanding.
There are limitations to any small handbook and this book is no exception. The wide breadth of knowledge required for a full understanding is necessarily lacking, but the individual contributors have managed, by and large, to achieve a satisfactory distillation of current knowledge. As a pain medicine specialist with occasional palliative care input only, I particularly enjoyed the chapters on bisphosphonates and radiotherapy. These provided useful background knowledge and confirmed their central role in the overall management of cancer-related bone pain.

The book contains some minor errors, predominantly of omission, in a few sections. For example, a brief summary of opioid analgesics includes methadone as a useful mu and sigma opioid agonist, but fails to mention any N-methyl-D-aspartic acid receptor antagonist action. There was also rather scant discussion of biopsychosocial factors within the general pain management chapter, well recognized as a central issue in both chronic and palliative care pain management.

However, these minor faults were few. In contrast, there were several ‘gems’ of useful information gleaned from reviewed evidence. I was interested to learn that NSAIDs, long thought of as particularly useful in bone pain, have recently collected rather more equivocal evidence outside their short-term use. Substantial and balanced evidence is also provided for the use of neuraxial opioids and their delivery systems.

I think this title achieves the aim of providing concise and relevant information in a convenient and accessible format. However, one could argue that handbooks are at their most useful when they provide clear ‘bedside’ management guidance. The individual chapters are informative, but there is a lack of cohesion when attempting to ‘put it all together’. I feel an additional chapter, or even further discussion, on the more practical issues of ‘which treatment to use when’, would add significantly to the usefulness of this book.

Overall, I would recommend this book to any health professional with involvement in the management of cancer pain. It provides good value and accessible knowledge, sitting well within the larger pain management library pocketbook series.

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doi:10.1093/bja/aen142


This book is another addition to the family of ‘Emergencies in’ titles from Oxford University Press and is intended to complement the famous Oxford Handbook of Clinical Medicine. As is traditional with these books, it is written by junior doctors with junior doctors and medical students in mind.

The book is divided into three main sections. The first is entitled ‘the basics’ and offers advice about ABC assessment, fluid balance, pain control, death and dying, capacity and consent, and dealing with stress. The second section is a collection of common presentations of medical emergencies, for example, chest pain, shortness of breath, which correspond well with the ward calls received by an on-call junior doctor. The third section is divided into 10 chapters, largely specialty-based, for example, cardiology, respiratory, gastroenterology, but also including surgery and clinical biochemistry and gives advice on diagnosis and management. These chapters are in a similar order to those in the Oxford Handbook of Clinical Medicine.

Initially, I wondered what this book would have to add when compared with the Oxford Handbook of Acute Medicine, especially as it is shorter, but brevity is a benefit in books intended to be carried around and it also contains information relating to surgical emergencies. Emergencies in Clinical Medicine seems more tailored to the most junior doctor responding to the initial call and the more time I spent reading it, the more I liked it. Compared with the Oxford Handbook of Acute Medicine and other similar texts, however, it lacks some specific treatment advice, for example, for hypertensive crisis, no specific drugs are mentioned, but the reader is advised to seek help from cardiologists or intensivists. This is entirely appropriate for today’s junior doctors who have readily available support from senior colleagues, but would make the book less useful for anyone working in a hospital without such support.

It would be useful if the presentations in the second section were in the same order as the specialty-based chapters which follow in the third section as, although they are well indexed, they do not appear to be in any particular order. The edges of the pages are helpfully marked by chapter, and it would be good to have the template for these on the back cover of the book for quick reference rather than at the beginning of the third section. The book is illustrated with occasional diagrams and a few X-rays which are generally not the best examples of the conditions illustrated, for example, the X-rays relating to subarachnoid haemorrhage and the ‘subtle pneumothorax’ (which I was unable to see). I would buy this book if I was a newly qualified doctor or involved in the ward care of patients and dealing with the emergencies which arise. It represents a good summary of the material to be learned in a year or two of busy house jobs. I do not think it is of direct relevance to those on call for intensive care or anaesthesia, nor is it intended to be, but it is easy to read and I expect it will be seen regularly on the wards.

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doi:10.1093/bja/aen143