I must confess that this ‘Handbook’ is one of the biggest and most comprehensive I have come across. It represents the philosophy and techniques of one of the most prestigious pain departments in the USA and is, in effect, a tribute to its founder and dedicatee, Donald Todd. There are 48 contributors, apart from Jane Ballantyne herself, for the 37 chapters. Their specialties are wide ranging, from nurse specialist to neurosurgeon, with the majority of authors being anaesthesiologists. There is also a very useful set of appendices including chronic pain classification and relevant (although mainly US based) organization websites and addresses. The US origin also means that many of the regulations outlined in the Appendix on use of drugs, especially opioids, are not relevant to other countries such as the UK and those in Europe.

In such a large Handbook with so many contributors there are inevitably variations in style and plenty of repetition. The latter is not such a problem if key points are being re-emphasized, but it can be rather irritating when more mundane points are being restated. Herein lies a problem of how to set out such a book. One can either make it a collection of free-standing mini-monographs or a fully integrated textbook, which takes the pain trainee (and specialist) from basic science through the spectrum of conditions encountered by the pain service in a single stream. The former approach is taken here. I would have preferred the latter. Why? First, it would have avoided the repetition. Second, it would have allowed a more detailed initial section on anatomy, physiology and pharmacology without necessarily taking up more space. Thus, a separate and comprehensive chapter on basic pharmacokinetics and dynamics could have avoided the frequent repetition of how the various drugs worked. In my opinion, it is lack of understanding of basic pharmacokinetic principles that is one of the greatest stumbling blocks to provision of excellent analgesia with opioids. It should have been considered in more detail. In addition, mechanisms of action of the adjuvant drugs such as tricyclic antidepressants, anticonvulsants and local anaesthetics could have been discussed in one place and the reader referred back to it in the remainder of the book.

My general impression is not only of a weighty handbook, but also of one that is rather wordy and overly text based. It is, however, extremely comprehensive with a useful and up-to-date selected reading list at the end of each chapter. Although there are some excellent illustrations, the radiographs do not reproduce well on mat paper and some of the line drawings are very feint. Browsers and potential purchasers might well be put off and would therefore miss what is, overall, a superb tome. However, potential readers should be warned that the book is geared mainly towards the chronic pain patient and the section on acute postoperative pain occupies only 38 pages.

The book begins with an excellent summary of the neural basis and mechanisms of pain and continues with a thought-provoking summary of the placebo effect. It then proceeds through chapters on painkillers and adjuvants, diagnostic and therapeutic techniques, and then chapters on individual problems such as acute pain, neuropathic pain and cancer pain. I was pleased to see a chapter by Woolf (and Decosterd) on Pain Mechanisms and their plea to treat the pain causing mechanism rather than the disease category. For example, ‘neuropathic pain’ in diabetes does not have a single underlying cause and thus will not necessarily respond to a single ‘pain killer’.

I came across a few anomalies. The chapter on opioids still contained discussion of the now discredited μ1- and μ2-receptor subclassification, but no mention...
of the new Opi classification. The reference to buprenorphine as having 'low intrinsic activity' at the mu receptor is incorrect. It would have also been useful to have a single point of reference for the definitions of hyperalgesia, allodynia, hyperesthesia, etc. rather than having them crop up in various guises in several of the early chapters. I felt that the chapter on acupuncture could have been more comprehensive.

In the somewhat brief discussion of postoperative pain, there was little about the mechanism of action and selection of spinal opioids and the section on patient-controlled analgesia was rather cursory. A list of recommended techniques of pain control for various common procedures would have been useful, especially for day case surgery and laparoscopic procedures. There were also some confusing recommendations on the use of epidurals. Page 285 states ‘there is no true consensus on whether aggressive pain treatment can speed recovery after surgery . . .’, yet p. 295 states that epidural analgesia ‘is known to improve surgical outcome’. I think the jury is still out on this one! On p. 297, one of the contraindications to epidural placement is ‘concurrent or planned treatment with low molecular weight heparin’. This recommendation would totally proscribe the use of perioperative epidurals, at least in the UK. In addition, I think it worth mentioning that no opioid has a product licence for use by the spinal route and, in another context, there is no licence for the use of non-steroidal anti-inflammatory agents in children for postoperative pain, at least in the UK.

Overall, though, if one can accept the layout and mini-monograph approach, then this handbook justifiably takes its place as a ‘must have’ for any pain unit. It acts not only as an introduction, but also as an excellent reference text to the vast majority of patient problems encountered and procedures carried out. Trainees pondering a career in Pain Medicine should look no further for a text to supplement and enhance their pain clinic attachment. Established Pain consultants will find it an excellent day-to-day reference source and should keep a copy immediately to hand.

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Clinical Data Interpretation in Anaesthesia and Intensive Care

S. Bonner, C. Dodds (eds)
ISBN: 0-443-06453-9; Price £24.99

Have you ever worried that your collection of ‘interesting’ electrocardiograms and chest radiographs was a little, well, peculiar? Then this book is tremendously reassuring – you are not alone! S. Bonner and C. Dodds have compiled an excellent anthology of data interpretation questions divided into nine subject chapters. Each chapter begins with competent (but not overly detailed) descriptions of how to interpret certain types of data. These are followed by 30 data-interpretation questions – along the lines of (a) interpret this piece of data, (b) what is the diagnosis, (c) what other investigations are indicated and (d) what is the anaesthetic management? – the answers to which are concise and accurate, and in many cases inclusive of up-to-date suggestions for further reading.

If I had one criticism, it would be that the scrolled layout (sometimes single-columned, sometimes double) makes the book appear untidy, and this is something the publishers might address in future reprints (the sales’ success of the book, I would suggest, being guaranteed). That said, the book is otherwise excellent and is a ‘must buy’ purchase for those undertaking anaesthesia examinations. I was particularly impressed by the quality of graphic reproduction throughout – all the electrocardiograms, radiographs, tomograms, scans and traces were unusually clear for their size. On the whole, the data for interpretation are similar in nature to that encountered by the anaesthetist in daily practice, but there are several interesting oddities that require greater thought. The answers provide more in the way of instruction than information, but this is no bad thing when what the reader really needs is confirmation of a correct answer.

Bonner and Dodds are to be congratulated on editing a first-rate book that is among the very best of an expanding genre.

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