

social, scientific, and religious views regarding pain came into question. The book has something to offer for everyone, historian, surgeon, and anesthetist. As a student of both medicine and history, I greatly enjoyed the book's exploration of the founding days and watershed occurrences of anesthesia.

In the Victorian world through which Snow guides us, suffering was an Old Testament virtue. Pain was God's will, payback for Eve's original sin, but could also serve as a transcendent means to understanding and faith, just as Job's trials were to him. *Blessed Days* begins with the graphic account of Fanny Burney, a novelist forced to endure her own mastectomy without any pain control, and who later recounts the anguish she suffered in nauseatingly vivid detail. Surgical suffering would affect the patient, family, and surgeon alike. If at all possible, the caring physician would prescribe surgery as a last resort, and many were known to suffer immense guilt and even physical illness because of their overwhelming empathy for the poor patient. Given the prevailing religious interpretation of suffering, many surgeons were inculcated with an acceptance of pain as an unavoidable, even necessary component of human experience. One surgeon even opined that pain was "given us as a blessing." Although the slow advance of surgical science before anesthesia is understandable, what may be less obvious is the slow reception by both medical and lay communities of many well-meaning attempts to decrease suffering. The idea of pain as virtuous or even protective to the suffering patient was so entrenched that many prominent surgeons initially dismissed anesthesia as either "a questionable attempt to abrogate one of the general conditions of man" or a dangerous negation of the body's natural response to stress.

Thankfully, the seeds of anesthesia were being sown in an era fertile with new ideas. Its gradual acceptance by society was aided by the revolutionary view that human suffering was neither a necessity nor a blessing. Enabled by the freedom of thought espoused by such great minds of the time as Charles Darwin, Jeremy Bentham, and Charles Dickens, the tradition of suffering as indispensable to existence was dispelled, and anesthesia helped to usher in more enlightened beliefs of humanism, compassion, and the worth of individual life. Fanny Longfellow, herself a recipient of ether for childbirth, hailed anesthetics as "the greatest blessing of the age." As Snow explains, by gradually breaching religious doctrine and entrenched thinking, anesthesia made and continues to make known its true impact on the world.

Throughout the book, Snow convincingly argues that the growth of anesthesia was more than the simple accumulation of scientific knowledge. Perhaps, more gratifying than the influence of anesthesia on patients' bodies is its impact on patients' lives; time and again, the author explains how anesthesia positively influenced the prevailing attitudes of the time by profoundly affecting many facets of life in the Victorian world. After presenting how news of the first public demonstration of ether spread from Boston to England, the author explains how the important achievements of pioneers like James Simpson and John Snow influenced social groups

such as women (including Queen Victoria), the military, academia, and even the underworld.

Although one of the great strengths of the book is its brevity, the more intense student of medical history may find the desired degree of development of Snow's ideas lacking. However, what the author has done is to offer busy clinicians an enjoyably brief overview of anesthesia history, while also providing rigorous historians an easily applied compendium of source material and ample suggestions for further reading by chapter. In the balance between too little and too much, I believe Snow chose "just right."

The end result of the author's labors is a very readable and enjoyable journey through the history in which her ancestor played a pivotal role, and which, through slow reassessment of societal views, challenged the bleak views of the mid-nineteenth century. For both the practicing anesthesiologist with only a passing interest and the serious scholar of medical history, the book will be a valued addition.

Corry Jeb Kucik, M.D., D.M.C.C., Massachusetts General Hospital, Boston, Massachusetts. jkmd97@gmail.com

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Pain Medicine: Specialty Board Review. By Salahadin Abdi, M.D., Ph.D., Pradeep Chopra, M.D., M.H.C.M., and Howard Smith, M.D. New York, McGraw Hill Professional, 2009. Pages: 512. Price: \$64.95. ISBN-10: 0071443444. ISBN-13: 978-0071443449.

The July 1, 2007, Accreditation Council for Graduate Medical Education program requirements for accredited pain medicine fellowships were aimed at improving the training in our subspecialty through the inclusion of structured multidisciplinary training and participation. Indeed, as our understanding of the complexity of pain has evolved, so have we realized that no single specialty or model holds all of the answers to comprehensive pain treatment. The enriched curriculum poses new challenges to educators and trainees alike as the learning curve is arguably steeper than ever before.

Many candidates for board certification in pain medicine will have already studied for their core residency board examinations within the same fellowship year while also managing a busy schedule of clinical services, academic duties, and career searches. Candidates require board preparation materials that strike an efficient balance between being both high yield and comprehensive over multiple disciplines. Although few resources exist to meet this need, *Pain Medicine: Specialty Board Review*, by Abdi *et al.* is among the best efforts available to that end. The contributors to this book have backgrounds in anesthesiology, physical medicine and rehabilitation, neurology, and psychology.

Mark A. Warner, M.D., served as Handling Editor for this book review.

This board review is a 300-page question–answer book containing nearly a thousand test items organized into 15 chapters related to pain pathophysiology and management. Within each chapter is a self-test of multiple choice, true–false, or K-type style questions followed by an answer key that holds the bulk of the informative content. Most answers highlight the rationale behind the correct answer in less than 100 words, but certain important topics are expanded to include more background information. For example, an answer related to intrathecal catheter-tip granuloma has two pages of content. Conversely, a small number of questions are presumably straight forward enough to warrant no explanation.

Testing of fundamental knowledge, such as anatomy, pain pathophysiology, pharmacology, and pain states, occurs mainly in the first half of the book. Although not necessarily organized by region, the anatomy chapter focuses foremost on the spine and the nervous system. However, relevant anatomy is tested indirectly in many other questions throughout the book. Significant attention is directed toward cellular mechanisms of pain (*e.g.*, neurotransmitters and receptors) and pathologic pain syndromes, such as central pain, phantom pain, craniofacial pain, headache, complex regional pain syndrome, radiculopathy, neuropathy, soft tissue pain, cancer pain, pelvic pain, and arthritis. Opioids are well covered, and nonsteroidal antiinflammatory drugs, antidepressants, anticonvulsants, and other medication classes are also explored.

Middle chapters transition into the diagnosis and assessment of pain, where moderate attention is paid to signs, symptoms, electromyography, imaging, examination, and diagnostic injections. Psychometric scales are covered briefly. However, within these sections, there is significant interleaving of content on pain syndromes and pathophysiology.

The latter half of the book is devoted to pain management techniques and practice considerations. Advanced interventions, such as intrathecal therapy, spinal cord stimulation, neurolysis, spinal augmentation, and provocative discography, are covered in detail, whereas there is modest discussion of complementary and alternative therapies. The interdisciplinary chapter presents topics on pain management in different patient populations (*e.g.*, geriatric, pediatric, critically ill, and pregnant) rather than featuring the application of multiple disciplines to treat pain. For such information, the reader should refer to the later chapter on rehabilitation. Behavioral, psychologic, ethical, and medicolegal aspects of pain medicine complete this book to ensure a well-rounded review.

In my opinion, this excellent board examination review book is contemporary, informative, and useful. Busy physicians will appreciate a resource that allows interactive learning while also being relatively comprehensive and detailed. Although the content is not as strictly demarcated as the chapter headings suggest, it probably simulates the multidimensional nature of actual board examination questions. I believe that the focus of this book in a small way reflects the bias of the authors and of pain subspecialization in general—dominated by anesthesiologists (like myself) but having increasing integration with rehabilitation, neurology, psychiatry, and palliative care. Those areas are where review materials similar to this can expand in the future as the needs of our specialty change.

Maxim S. Eckmann, M.D., Acute Pain Service, The University of Texas Health Science Center at San Antonio, San Antonio, Texas. eckmann@uthscsa.edu

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