and burn patients. One noted regional variation in practice in the United Kingdom is the use of Entonox, a mixture of 50% nitrous oxide in oxygen, which is available in wards, obstetric units, emergency departments, and some ambulances as a potent inhalation analgesic. The delivery unit is a tight-fitting mask or mouthpiece, which the patient holds and operates to prevent continued administration, reminiscent of the handheld Penthrane units used years ago in obstetric practice in the United States. Safety issues, not only in obstetric practice but also in the trauma patient and emergency department setting, as well as environmental concerns must not be underestimated when using this analgesic mixture.

I have some concerns regarding the section on epidural analgesia for postoperative pain management. The authors list sepsis and coagulopathy as relative contraindications to the use of epidural analgesia. In most textbooks in the United States, these two factors are considered absolute contraindications to the use of neuroaxial techniques. In today's climate of low molecular weight heparin and anticoagulant therapy, the issue of anticoagulants, coagulopathic states, and potential for epidural hematoma is critical in the anesthesiologist's decision to use or not use epidural analgesic techniques.

Section 3 discusses cancer pain and advanced human immunodeficiency virus disease. These chapters give an excellent overview of the pathophysiology, patient assessment, and treatment of cancer and acquired immunodeficiency syndrome pain. However, these chapters, as is the book in general, are weak when considering the diagnostic and therapeutic benefits of interventional modalities for cancer and chronic pain states.

Section 4 includes six chapters on pain syndromes that are frequently observed in the chronic pain clinic, including back and neck pain, muscular pain, scar pain, neuropathic pain, and facial and pelvic pain. The underlying disease or pathologic process is nicely presented, and clinical features and management options are clearly outlined. I found it interesting that the authors failed to mention the use of gabapentin, a newer anticonvulsant that has been used with great success and is now considered a first-line drug in the treatment of neuropathic pain states.

Section 5 covers the psychological aspects of pain and the importance of psychologists in the multidisciplinary management of chronic pain.

This concise and informative pocket reference is well suited for physicians in training, as well as clinical nurse specialists who are part of the pain clinic team. It is a wonderful introduction to the principles and practice of pain medicine for anesthesiology residents.

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**CD-ROM: Peripheral Nerve Blocks: Lower Limb and Upper Limb.** By Alain Delbos, James Eisenach, Patrick Narchi, and Louis Brasseur. Philadelphia, Lippincott-Raven, 1998. Two-CD set. Price: \$295.00.

A multimedia approach seems particularly appropriate for teaching and learning regional anesthetic techniques. The CD-ROM set Peripberal Nerve Blocks: Lower Limb and Upper Limb comes very close to fulfilling the quality one would expect from its well-respected international authors. From perusing its interactive tutorial to checking that last anatomic relationship, the user discovers a medium that is truly "multi." Click on a peripheral block from the index and you can elect to view animation, video, or even a reference library. Narrated animation walks the student through an entire block, from indications and anatomy, to required equipment, to which muscle movements are acceptable when elicited by a peripheral nerve stimulator. The video choice shows the block being performed on a patient as each individual step is narrated. Subtopics are linked to a library that provides more than 600 references, many of them accompanied by an abstract. On my G3 Macintosh computer (Apple, Cupertino, CA), the pictures were crisp, the sound was clear, and movement through the program was smooth and moderately fast. Discs are readable in either a PC or Mac format.

The authors are to be congratulated for this bold undertaking, as it comes together extremely well. The lower extremity portion includes single-shot and continuous approaches to the lumbar and lumbosacral plexi, plus techniques at the knee and ankle. The upper extremity disc details standard brachial plexus techniques and also includes infraclavicular and midhumeral approaches, along with selective nerve blocks at the wrist and elbow. Highlight a specific block with the pointer and the expected sensory distribution changes color on the accompanying illustration. Although not as good as the artistry in Brown's atlas, the illustrations are nonetheless accurate and provide a dynamic layering of anatomic detail. Despite its success, this work has several minor shortcomings. Drawings for the axillary approach include dissection toward the neck, rendering them somewhat disorienting. Instruction often errs on superficiality. For example, five axillary block techniques are described, but few in enough detail to truly learn them. Similarly, opioids and clonidine are mentioned as potential local anesthetic adjuvants without acknowledging what I interpret as less-than-compelling data supporting their use. Some arguably important topics are curiously absent, such as alkalization of local anesthetics, awareness of intraneural injection, and sedation. Finally, a peripheral nerve stimulator is frequently recommended as necessary equipment for blocks, even when, as in the case of blocking the radial nerve at the wrist, a purely infiltration technique is described.

Overall, *Peripheral Nerve Blocks* is an excellent resource, but at \$295, the price is imposing. Acquiring it for a resident library is worthwhile. Residents of all levels would benefit from its dynamic demonstration of anatomy and needle placement before and after actual performance of a regional technique. Similarly, the CD could be a valuable adjunct to introductory lectures. For the practicing anesthesiologist with some prior experience with a needle, this CD-ROM should provide the necessary review and motivation to renew dormant regional anesthetic skills.

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