

■ REVIEWS OF EDUCATIONAL MATERIAL

James C. Eisenach, M.D., Editor

Epidemiology of Pain. Edited by I. K. Crombie, P. R. Croft, S. J. Linton, L. LeResche, M. Von Korff. Seattle, IASP Press, International Association for the Study of Pain, 1999. Pages: 321. Cost: \$61.00; \$42.70 (IASP members).

This work represents the published results of the International Association for the Study of Pain (IASP) Task Force on Epidemiology. *Epidemiology of Pain* consists of 19 chapters authored by various contributors. The book's three main aims, as stated in the preface, are (1) to provide a repository of epidemiologic information about chronic pain syndromes; (2) to review the problems and pitfalls in epidemiologic studies of pain; and (3) to identify high-priority areas for future research. It should be noted that this book does not include references to acute pain or pain associated with cancer and its treatment, which renders the title of the book somewhat misleading. The use of graphs and tables varies considerably from chapter to chapter, and the use of figures is limited.

The first three chapters address the usefulness and methodology of epidemiologic studies. These chapters will be useful background reading for those seeking to design, conduct, or simply understand epidemiologic studies. The next five chapters consider the influence of various population characteristics (e.g., psychologic factors, extremes of age, gender, cross-cultural factors) on the prevalence and characteristics of chronic pain. The remaining 10 chapters characterize the available literature that addresses a number of chronic pain conditions; however, only subsets of known chronic pain conditions are addressed, and this book is not all-inclusive. For example, no chapters deal with neuropathic pain or sympathetically mediated pain. Although there are chapters regarding neck, shoulder, and knee pain, there is no discussion of hip, elbow, or abdominal pain. The 10 chapters concerning chronic pain conditions vary considerably. In many cases, the major conclusion of the authors is that the current literature is inadequate to permit a comprehensive epidemiologic analysis. Regardless, most of these chapters bring together the best available collection of research, whatever its deficits.

This book should be seen primarily as a reference text. To my knowledge, it is the only book of its kind, and there are none better and none worse. *Epidemiology of Pain* represents a first attempt to compile comprehensive epidemiologic data concerning chronic pain. In a future edition, inclusion of chapters about more chronic pain conditions and information concerning acute and cancer-related pain should be considered.

L. Brian Ready, M.D., F.R.C.P.(C)
Professor of Anesthesiology
Department of Anesthesiology
University of Washington
Seattle, Washington
lbready@u.washington.edu

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Atlas of Anesthesia, Volume VIII: Cardiothoracic Anesthesia. Edited by Ronald D. Miller and J. G. Reves. Philadelphia, Churchill Livingstone, 1999. Pages: 163. Price: \$135.00; \$195.00 (CD-ROM).

This is a beautifully and elegantly produced work, full of high-quality illustrations, tables, and graphs. For those who prefer to use a computer, the CD-ROM contains the same illustrations and text, and is displayed in the multiple ways one would expect from an electronic source. The organization and indexing of both the print and the electronic version are excellent, enabling a rapid, subject-specific search. *Atlas of Anesthesia* is a multiple-contributor publication, and most of the contributors are well-known to the cardiothoracic anesthesiology community.

After an initial review of *Atlas of Anesthesia*, we asked a current resident in anesthesiology, who had just completed a cardiothoracic rotation, and a prospective resident for their impressions of the work. Our combined, overall judgment is positive; however, there are a few limitations. Although figures and explanations are excellent, it is not possible to give sufficient detail or comprehensive coverage for a higher level resident or fellow in the brief sections allotted to each subject. Therefore, the atlas does not replace a standard reference text in cardiac or thoracic anesthesiology, and Dr. Reves alludes to this in the preface. However, several sections offer excellent introductions to subjects that are probably the best available anywhere; introductions to echocardiography and cardiopulmonary bypass stand out in this regard. There are a few major omissions; the only discussion of thoracic anesthesia relates to lung transplantation and thoracic aortic disease, and pericardial disease and intravascular monitoring (i.e., arterial catheter, pulmonary artery catheter, cardiac output measurement) are not discussed.

The atlas begins with sections concerning cardiac physiology and pharmacology, followed by preoperative cardiac evaluation for non-cardiac and cardiac surgery. The first sections make use of figures redrawn from classic publications, and the chapter regarding pharmacology is an excellent pictorial review of the mechanisms of action of the major classes of cardiovascular drugs. There is no mention, however, of anesthetic drugs. A chapter by Lee Fleisher summarizes the American Heart Association and the American College of Cardiology task force recommendations with clear, easy-to-read algorithms and charts. Subsequent sections discuss ischemic and valvular disease, again using many figures adapted from classic publications, and a nice use of flow-volume loops in the case of valvular disease. There is a rather disappointing lack of anatomic representations of the coronary vasculature and the cardiac valves, both native and prosthetic, in these sections.

After these fundamental sections, lung transplantation and thoracic aortic surgery, an unusual combination of topics with excellent illustrations; end-stage heart failure and cardiac transplantation; and electrocardiography and monitoring, with the surprising omission referred to previously, are discussed. An outstanding and comprehensive section regarding cardiopulmonary bypass follows. *Atlas of Anesthesia* concludes with sections concerning coagulation, again using excellent figures; intensive care; and finally history, practice management, and education. Although the last chapter is definitely of interest, especially to the senior reviewer, one wonders why it should be in an "atlas."

As is usually the case with many multiauthored textbooks, some unevenness between chapters is evident. This disparity is exacerbated by the brief space allotment to each subject and the tendency of some authors to use diagrams and algorithms, whereas others use figures. There is some redundancy: the intraaortic balloon pump is illustrated and explained in three sections, partial bypass for thoracic aortic

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surgery is reviewed in two sections, and the β receptor-mechanism is illustrated in two sections. In some sections in which figures do not fill the pages, there are some surprisingly large spaces that could be filled with additional text.

Dr. Reves and his colleagues deserve praise for offering this collection of brief, beautifully illustrated reviews of topics that are relevant to the cardiac anesthesiologist. *Atlas of Anesthesia* has great potential as a teaching tool. Our resident reviewer commented: "Great pictures, easy tables, and graphs help make studying more enjoyable." We believe that the work deserves a place in the libraries of hospitals in which cardiac anesthesia is taught, and it will be a quick and useful reference for all levels of medical practitioners, from students to those who practice in the subspecialty area. The book is more "user-friendly" than the CD-ROM, in that figures and explanations are more easily viewed together; viewing the full figure at an appropriate size and text electronically usually requires scrolling or screen splitting. The CD-ROM provides the opportunity to project the high-quality illustrations and graphs and to use the illustrations in a variety of teaching formats. Can this atlas replace either introductory or comprehensive texts? The answer is no, but this is not the intent of the work.

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James Ramsay, M.D., F.R.C.P. (C)

Associate Professor of Anesthesiology
Director

Division of Critical Care Medicine

Deputy Director

Division of Cardiothoracic Anesthesiology

james_ramsay@emory.org

Mark Guergawi, M.D.

Associate in Cardiothoracic Anesthesiology

Emory University School of Medicine

Emory University Hospital

Atlanta, Georgia

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