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NMS Clinical Manual of Anesthesia. By Randall S. Glidden, M.D. Lippincott, Williams & Wilkins, Baltimore, 2002. Pages: 186. ISBN: 0-7817-3738-9. Price: \$18.95.

This handbook aims to provide medical students rotating in anesthesiology with the insight and background necessary for understanding anesthetic practice. The intent of the authors, stated in the first chapter, is to present information necessary for an anesthesiologist to deliver an anesthetic with emphasis on the medical basis for the interventions. Patient safety, provided through preoperative evaluation, preparation, and monitoring, is a central issue for our specialty and warrants emphasis in handbooks such as this, especially those directed to medical students who might otherwise have little interest in the specialty. However, these topics as well as anesthetic options (conscious sedation, regional, general) are introduced following chapters addressing the medications of general anesthesia (also presented in an order unlike that used in operating rooms). More attention is needed in subsequent editions for an orderly presentation of information.

There is a long history of texts designed to make basic anesthetic concepts palatable to students in an entertaining manner. (Who can forget the infamous *Anesthesia for the Uninterested?*) Indeed, a colloquial style can be a helpful aid to teaching in some settings. However, by their nature medical students have demonstrated an ability to read, process, and integrate complex information delivered in information-rich, entertainment-free documents and texts. Storytelling, the writing style used early in this handbook to address topics pertinent to basic anesthetic management, seems condescending to the reader who has demonstrated the intellectual skills required for acceptance into medical school and progression to clinical rotations. Later in the book, storytelling is replaced by conversational-style writing that is not concise. Perhaps this reflects my personal bias, but as a clinician with experience in shepherding medical students through anesthesia rotations, I question the effectiveness of these writing styles for the intended intellectually adept audience.

A handbook should allow the reader to quickly obtain information through tables and figures, affording the ability to efficiently pursue information in more substantive textbooks. This handbook fails in providing concise, useful information in an organized, practical order necessary for medical students to appreciate patient care in anesthesia. Handbooks in anesthesiology representing the specialty in a more professional and authoritative tone are available and recommended to the intelligent and insightful audience for whom this handbook is intended.

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Atlas of Uncommon Pain Syndromes. By Steven D. Waldman, M.D., J.D. W.B. Saunders, Philadelphia, 2003. Pages: 262. ISBN: 0721693725. Price: \$99.

At the turn of the twentieth century, Sir William Osler, arguably America's greatest physician, claimed that if a physician knew all about syphilis and its manifestations, that person would understand all of medicine. Because untreated syphilis affects all organ systems, a thorough knowledge of syphilis led to a comprehensive understanding of

medicine. At the turn of the twenty-first century, this paradigm has switched from syphilis to pain. Thus, a thorough understanding of pain and all of its manifestations will lead to a thorough understanding of patient care. Pain remains the greatest healthcare crisis in America, costing the American people billions of dollars in direct healthcare costs as well as untold billions in lost productivity and disability. Yet the average medical student receives 1–2 h of training in pain medicine and virtually no training in making difficult diagnoses.

It is not surprising, then, that on almost every clinic day, I evaluate a patient whose painful condition has been misdiagnosed. The modern pain physician should strive to establish a diagnosis, design the most appropriate therapeutic plan, and implement that plan. Given this context, Dr. Waldman's book is much needed and fills a glaring void in the pain literature as well as that of the general medical community. This text also complements Dr. Waldman's previous efforts: *Interventional Pain Medicine*, the *Atlas of Pain Management Injection Techniques*, and the *Atlas of Common Pain Syndromes*, which are loaded with useful clinical information and are extremely valuable for practicing physicians. The *Atlas of Uncommon Pain Syndromes* is no different and sets a new standard for physicians who will no longer have a valid excuse for never having heard of *slipping rib syndrome* or *quadriceps expansion syndrome*. Together, these books allow pain physicians to begin their work with a solid foundation.

For the physician studying for the boards, this text, which is clear and easy to read, provides a relatively comprehensive list of fasciomas that appear on board examinations. The book contains 71 chapters divided into 13 sections according to the general anatomic location of the pain syndrome. Each chapter presents a brief description of the clinical syndrome, signs and symptoms, appropriate testing, differential diagnosis, recommended treatment, complications and side effects (sometimes just "complications" and sometimes "complications and pitfalls"), and "clinical pearls," or advice gleaned from clinical experience. The identification of the appropriate *International Classification of Diseases, 9th Edition*, code at the beginning of each chapter is valuable to both clinicians and billing personnel. On occasion, however, Dr. Waldman recommends unconventional treatment techniques, and it would have been equally helpful if he had included the current procedural terminology codes for these procedures (*i.e.*, cervicothoracic interspinous bursitis injection).

The text is not without shortcomings. Despite the easy accessibility of information, the text covers only a limited number of treatment algorithms and options. Don't turn to this book for the latest treatment strategies; for example, information on the treatment of spinal headache omits conservative therapies, such as abdominal binders. In some cases, unsupported treatment strategies receive unequivocal endorsement; for example, the section describing the use of nerve blocks to treat Ramsay Hunt syndrome notes, "Failure to use sympathetic blockade immediately and aggressively, especially in the elderly, may sentence the patient to a lifetime of suffering from postherpetic neuralgia." Although most of us believe this to be true, the medical literature does not support such a dogmatic statement. Given the lack of firm evidence for many of the recommended therapies, the reader should be cautious in uncritically accepting some of these recommendations. Along this line, the value of this book would have been enhanced with the inclusion of references to more extensive information on the various pain syndromes.

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