
Book Reviews

Geroanesthesia. Principles for Management of the Elderly

Stanley Muravchick. Mosby-Year Book Inc. 1997.
306 pages. \$94.95. ISBN 0-8016-7238-4

This hard copy, 306 page, eight chapter, single author text offers an interesting and comprehensive approach to anaesthesia and the elderly. Each equally weighted chapter opens with an outline of the contents to be discussed. The first two chapters focus on definitions and biology related to aging as well as on evaluation and perioperative management of the elderly. Subsequent chapters focus on the major organ systems. Relevant physiology and changes in organ functioning associated with aging are presented and then discussed in terms of their relevance to anaesthetic management. Each chapter concludes with a summary of the major points, a clinical case presentation with discussion and a table summarising the relevant age-related changes pertinent to the organ systems in question. Flow charts and algorithms provide visual representation of the concepts presented highlighting the components that are affected by aging. All figures and tables have been specifically designed by the author to complement the text and present information with a new perspective. This goal has been achieved. There are, however, sections in which the author wishes to provide the reader with background information on very complex and extensive subjects such as pharmacokinetics where the treatment of these topics is necessarily brief and superficial. This is perhaps one of the drawbacks of a single author text.

This single author book is written in a prose which is smooth and easy to follow. It is both interesting and informative offering the reader authoritative and well referenced comments from a geriatric specialist. For example, he is quite definite that the electrocardiogram is the only preoperative test which is sufficiently cost effective to be applied routinely. However, the author is careful to say that the book is intended neither as a definitive resource nor as a clinical guide book, but rather as "his best effort at reviewing and integrating the information and conclusions published by many researchers in many disciplines."

Geroanesthesia is an authoritative textbook supported with extensive, carefully reviewed and current references. It should be acquired by anyone involved in administering or teaching anaesthesia for the elderly.

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The Management of Chronic Pain, 2nd ed.

A. W. Diamond, S. W. Coniam. Oxford University Press, 1997. 178 pages. \$80.50. ISBN 0-19-262695-7

This 178 page text is designed to provide basic information "... for the young clinician embarking on a career in this challenging field..." This second edition was written to reflect the current more cautious approach to nerve blocks, the use of less destructive techniques in terminal cancer care, and the focus on rehabilitative approaches to managing chronic non malignant pain.

The book starts with the history of pain clinics, a brief review of pain perception, and assessment of pain. Eight following chapters cover the major pain syndromes including back pain, myofascial and neurogenic pain, headaches, pain due to malignancy, and syndromes of unknown causes. The book ends with psychological management and a chapter on protocols for pain management.

This book starts out well with an emphasis on interdisciplinary approaches to chronic pain. The authors clearly have years of experience and have tried to provide practical information that would be helpful for managing patients that usually attend a chronic pain clinic.

Unfortunately, the book is written in a chatty style that is disorganised, unbalanced, and poorly referenced. The text is not succinct and it is often hard to follow the topic. For example, the discussion on epidural steroids provides one reference, and has some practical suggestions but is disorganised. One paragraph starts by discussing the efficacy of steroids alone compared with steroids mixed with local anaesthetic, then discusses the optimal number of injections, and finishes with a differential diagnosis of leg pain. There are two references on facet joint pain. Steroid facet joint injections are not referenced and justified solely because "Elsewhere in the body, intra-articular injections of steroid...relieve the pain of arthritis..."

The information is not up to date. The International Headache Society classification is not presented and preventative versus abortive treatment of migraine is not included. Sumatriptan is discussed in one sentence with no clinical information provided.

Chapter lengths do not reflect the problems most commonly seen in North American chronic pain clinics. There are 52 pages on cancer pain but only six on myofascial pain which presents much more frequently. Headaches get six pages in which, mainly, trigeminal neuralgia is discussed rather than the more commonly seen migraine and chronic daily headaches.

The role of the psychologist in a pain clinic is well presented and there is a good explanation of how psychological factors either contribute to or are a result of the chronic pain. The protocols for pain management are strongly procedure oriented and of limited value as they do not provide an overall approach to the patient.

There is much practical experience in this book, but there are other introductory pain textbooks which are clearer, more organised and more up to date.

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Pain Management for the Practicing Physician

Gordon A. Irving, Mark S. Wallace. Churchill Livingstone, 1997. 330 pages. \$49.95 (US)
ISBN 0-443-07913-7

This book is written as a clinical guide for medical students and non-pain specialist physicians. The focus is on chronic non-malignant pain with only minimal discussion of cancer or acute postoperative pain. The authors are physicians practicing in pain clinics in Texas and San Diego and have written most of the chapters with contributions by psychologists for the psychological issues.

The writing is clear, concise, and understandable. In the first section, the IASP taxonomy of pain is presented and there is an excellent discussion of opioids, NSAIDs, and adjuvants. There is a good balance between basic science pharmacology and clinical guidelines. I was glad to see the correct 3:1 oral to systemic conversion for morphine rather than the more commonly quoted 6:1 ratio. I would have liked more discussion of transdermal fentanyl including equianalgesic doses and pharmacokinetics. However, this is a minor criticism. Unfortunately, after presenting the IASP taxonomy the authors use terms not included in this classification such as conduction pain instead of neuropathic pain.

The main section covers a variety of chronic pain syndromes. Each chapter follows a similar format with discussion of the basic pathophysiology of the syndrome followed by algorithms for treatment, and ends with a case presentation. The treatment algorithms are very effective at clarifying an approach to the patient based on their symptoms and response to previous

treatments. The case presentations reinforce the information and are realistic in that there are no simple solutions. Patients with chronic pain often undergo multiple trials of several medications and receive only partial amelioration of the pain and this is reflected in their case presentations. The only criticism is that there is a lot of repetition from chapter to chapter. For example, the information on treating neuropathic pain is very similar for each syndrome and is repeated almost verbatim in each chapter.

The psychology section gives a good description of how pain clinics address the behavioural and cognitive processes of chronic pain patients in order to help them cope more effectively with chronic pain. There is a very practical discussion of personality disorders, a topic that is poorly understood by non-psychologists and leads to difficulties understanding the behaviour of some patients. The discussion focuses on how difficult patients act and how a professional tends to respond to them with suggestions as to how to handle the situation more effectively.

In summary, this book achieves its goals. There is plenty of practical "bedside" advice that would be useful for the intended audience. It has a good balance between medical and interdisciplinary approaches to difficult chronic pain problems. The brevity of information on postoperative and cancer pain would be limitations for medical students. With these minor limitations I would have no difficulty recommending this book.

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Charles Waterton. A Biography.

Brian Edginton. The Lutterworth Press, Cambridge 1996. 250 pages. ISBN 0-7188-2924-7

Biographies of anaesthetists are not common. The inclusion of a biography of a non-anaesthetist in these columns may seem eccentric, but not when the subject is Charles Waterton (1782-1865), squire of Walton Hall in Yorkshire. He was one of England's most famous nineteenth century eccentrics, yet one who described himself as "the most commonplace of men."

Waterton was a traveller, writer, ornithologist, taxidermist, a lifelong student of natural history and an environmentalist. He was also prone to accidents and arguments. As a youth in Spain, he had a close call with death from the "black vomit." Later, on the Essequibo river in Guyana, he captured a cayman with a special baited hook, then rode it for forty yards on the bank, using its forelegs as a bridle. When he finally settled down in the 1820s, he converted his Yorkshire estate

into a nature reserve, long before National Parks were thought of. He fought a legal battle with the owner of a neighbouring soap factory whose noxious gases and effluent were killing vegetation and poisoning a river.

The author gives us a sense of Waterton's strong Catholic upbringing and background, his ascetic lifestyle, his love of wildlife and his charity towards human neighbours less fortunate than himself. He also provides cryptic, sometimes amusing, descriptions of Waterton's frank exchanges of opinion with "closet naturalists" and others who did not accept what were, to him, unassailable facts. Waterton was often right, sometimes he was wrong, but, right or wrong, he clung tenaciously to what he believed. He was intolerant of bigotry in others while not being entirely innocent himself.

The section on curare is more accurate and comprehensive than those in other Waterton biographies. It also includes details of his animal experiments that do not appear in anaesthesia textbooks. Waterton set off on his first "wandering" into the interior of Guyana in 1812 to obtain curare from the Macusi Indians. His best known experiment was the one in England in 1814 in which a donkey was injected with curare, became paralysed and was kept alive by artificial respiration, using a pair of fire bellows through a tracheotomy, until the effect of the curare wore off. The author also includes verbatim quotations from Waterton's vivid and endearing accounts of his earlier experiments on birds and animals in Guyana, as well as Waterton's belief that curare could be an effective treatment against hydrophobia and tetanus.

Such is the continuing fascination of Charles Waterton that this biography by Brian Edginton is the fourth to be published in the past fifty years. The author's refreshingly informal, sometimes unconventional, writing style is eminently suited to his subject. This is not to say that the book is casually written. It is extensively referenced from Waterton's own books, pamphlets and collections of his letters, from contemporary and modern newspaper and magazine articles on both sides of the Atlantic, and from many other miscellaneous sources. Those readers who would like to meet the "most incongruous mixture of bizarre eccentricity, credulity and unbelief, coupled with a brilliant originality of thought, in a somewhat rough setting of common sense" will enjoy this book.

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Human Embryology, 2nd ed.

William J. Larsen. Churchill Livingstone, 1997.
512 pages. \$39.00 (US). ISBN 0-443-07989-7

This text is designed to meet the needs of first-year medical students and the information is well presented in graphic and text format. For the anaesthetist, its value lies in its ability to explain in an understandable way the pathogenesis of congenital anomalies. To determine whether the author had succeeded in this I reviewed the embryology of two clinical problems: situs inversus totalis and atrioventricular canal defect. With respect to the former I learned the concept of "handed asymmetry." I was unaware that two, different, single-gene mutations are responsible for handedness and that there are several regulatory factors involved early in development. Change in any of these may result in the anomaly. Another chapter explained the coordination necessary for the formation of atrioventricular valves and separation of the ventricles and outflow tracts. While this information will not alter patient management it helps explain the clinical findings.

Overall, this is a well written, up to date and useful reference which should be available in the library of a department of anaesthesia.

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