
I have to admit, my first thought after receiving this 12-pound, 1,100-page book was, “This is the last thing I need further crowding my office!” This initial impression was based, in part, on the plethora of fine obstetric anesthesia texts that have been published recently, including Sol Shindler’s Anesthesia for Obstetrics, Mark Norris’ Obstetric Anesthesia, and David Chestnut’s Obstetric Anesthesia: Principles and Practice, as well as a large assortment of more abridged handbooks and paperbacks.

Among the aforementioned texts, it seems most appropriate to compare Dr. Chestnut’s work to O Steheimer and Van Zundert’s. Both are very recent and, I am afraid, seem to be competing for the title of best obstetric anesthesia text. The author’s approach is firmly in the computer-based, “ Parts” and “ Inconsistently,” Pharmacology and “ Consistently,” respectively, the nomenclature is to blockade of peripheral nerves.

In the practices, Mexico, and I and, and many are the “recessional” and “grooves” produced by discussions, the best of these peripheral blockade texts, and computer references. My primary goal in reviewing Pain Relief and Anesthesia in Obstetrics was to try to decide which of these three would best fulfill these aims, because it seemed unlikely that many anesthesiologists would need both.

It is apparent, from perusing the contributors of each text, that entirely different approaches were used in selecting the chapter authors. Dr. Chestnut selected an overwhelmingly North American authorship, whereas O Steheimer and Van Zundert chose a strikingly international mix (5 continents are represented). There are risks and benefits to both of these approaches. Chestnut’s text reads extremely well to a practitioner most accustomed to North American style prose, and gives an extremely complete view of the art and scope of obstetric anesthesia as practiced in the best American and Canadian centers. For many North American readers, this may be exactly what they are looking for in a major textbook. In contradistinction, O Steheimer and Van Zundert take aim at a more worldwide audience. Much of their text is devoted to comparing and contrasting the evolution and current practice of obstetric anesthesia across many diverse regions of the world. I found the section on “Organization of An Anesthetic Service for Obstetrics” particularly enjoyable reading, because it compared Australian, South American (Chile and Argentina), British, continental (Swedish, French, Spanish, and Italian), and American author’s viewpoints and experiences in this area. Although this is clearly not the subject area one is likely to explore when trying to develop an anesthetic plan for a complicated parturient, it may be very helpful to innovative anesthesia departments trying to redesign obstetric anesthesia delivery under severe fiscal pressure.

The organization of the text combines traditional and more innovative approaches. After an extremely well-written and complete section on the history of pain relief in childbirth, the text is organized into major sections of Maternal-Fetal-Neonatal Considerations, Epidural Anesthesia, Alternatives to Epidural Anesthesia, Anesthesia for Cesarean Section, The High-Risk Parturient, Maternal and Neonatal Outcome, Structure and Function (of Obstetric Anesthesia Services), and finishes with a Controversies section. For the most part, this organizational pattern is well thought out and complete. The High-Risk Parturient and Her Future section explores some very interesting coexisting disease in a number of mini-chapters (1-6 pages each). This include carbon monoxide poisoning, venous air embolism, and use of the laryngeal mask airway in obstetric airway emergencies. Other sections seemed a bit loose in their organization, such as the Maternal and Neonatal Outcome section, which contains chapters on parturients with transplanted organs and which seems more appropriately included under the High-Risk Parturient section. Likewise, the Controversies in Obstetric Anesthesia mixes appropriate chapters such as Effects of Epidural Anesthesia on the Progress of Labor with some interesting, but hardly contentious, topics, such as Nutrition During Pregnancy and Computers and Fetal Monitoring. There are also a few chapters that seem as if they overlap excessively with other chapters. An example is Use of Hyperbaric Oxygen, which deals almost exclusively with carbon monoxide poisoning, and might have been combined easily with the Acute Carbon Monoxide Poisoning in Pregnancy chapter.

Although the content of Pain Relief and Anesthesia in Obstetrics is generally complete, one glaring weakness is in the area of intrathecal opioid analgesia for labor. Clearly, this is an immensely popular technique in many obstetric anesthesia centers, and is barely mentioned within this text. This may be due to the logistics of publishing such a major work (most of the references are 1991 and earlier), or to the ever changing approach of obstetric anesthesia. Another section of this text that is similarly dated is Effects of Anesthesia on the Progress of Labor, whose most recent reference is from 1990. Clearly, all of the controversy and information generated by the contrasting studies of Thorp and Chestnut are missing. In contrast, Chestnut’s Obstetric Anesthesia: Principles and Practice covers intrathecal opioids during labor more completely, and addresses the impact of epidural anesthesia on labor outcome with references through 1993, despite being published more than a year earlier. In this reviewer’s opinion, these two topics are the “hottest” issues in obstetric anesthesia today, and the dated coverage detracts from an overall positive review of this text.

In conclusion, O Steheimer and Van Zundert’s Pain Relief and Anesthesia in Obstetrics is a generally complete obstetric anesthesia reference text whose major strength is the strikingly international authorship and contrasting of anesthetic approaches in diverse regions of the world. Practitioners less interested in this facet of the text may more interested in the most up-to-date and complete discussions of obstetric anesthesia issues and controversies might be better served with Dr. Chestnut’s text.

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If you are an anesthesiologist practicing pain medicine who needs to know more about headaches, then this new book offers a valuable addition to your library. Egilus Spierings, M.D., Ph.D., has written a scholarly and practical guide to the treatment of migraine. Dr. Spierings starts with a broad and pragmatic discussion of the different views of the classification and etiology of migraine, and clearly demarcates when he is providing his own opinion. Next, he covers the diagnosis of migraine. Here, the pain-practicing anesthesiologist will find some useful pearls. For example, when considering whether transient, recurrent sensory, or somatosensory symptoms are migraine aura, focal epilepsy, or transient ischemic attacks, he notes: migraine aura,
the symptoms develop over minutes, with epilepsy, the symptoms progress over seconds, and with transient ischemic attacks, the symptoms occur suddenly, without progression. In another example, the symptom complex of headaches always on the same side of the head and neurologic symptoms always on the opposite side is a warning of a possible underlying, structural, intracranial lesion. The persistence of neurologic symptoms between headaches is another such warning sign. An addition that would be nice in this section would be a discussion of guidelines regarding the ordering of brain imaging studies—Do all recent onset, recurrent headaches require computed tomography or magnetic resonance imaging?

The following sections include extensive reviews of the pharmacologic treatment of migraine—both abortive and preventive. In these two chapters, the author provides analysis and assessment of the studies that examine the efficacy of the various drugs. Most pain-practicing anesthesiologists will find these sections too detailed. I would have preferred more discussion on the mechanisms of action. Why is it that tricyclic antidepressants, serotonin antagonists, and calcium-entry blockers not only diminish the intensity of migraine attacks, but also diminish migraine attack frequency? Particularly useful elements of these chapters are his tables summarizing the efficacy studies. The table on abortive medications suggest that simple NSAIDs, with an efficacy of 60%, may be best as a first treatment, and that the highest efficacy is obtained with subcutaneous sumatriptan at 80%. The table of preventative medications indicates the highest efficacy for nadolol at 70%.

In chapter six, Dr. Spierings provides a very useful review of trigger factors, which includes menstrual cycling and hormones, stress, weather, and dietary products. Many of the cited studies make use of headache diaries. It would have been helpful if the author provided more guidance and instruction on the clinical use of such diaries. However, even in the earlier diagnosis chapter.

Dr. Spierings concludes with sections on pediatric migraine, cluster headache, and paroxysmal hemicrania. These are rarely seen in most Pain Management Clinics, yet these conditions are within the scope of algology. The practitioner should be familiar with the information in these brief chapters.

I was disappointed by the absence of any discussion of biobehavioral techniques, such as relaxation training and biofeedback. For the treatment of migraine, there is an extensive literature regarding the potential of these techniques as adjuncts and possibly primary treatments of migraine and other headaches. I would have enjoyed a critical review of these studies by Dr. Spierings. Similarly, Dr. Spierings mentions the roles of exercise and sleep disturbances as potential migraine triggers, but does not extensively review or discuss the importance of sleep regulation and exercise in the treatment and prevention of migraine attacks.

The summarizing tables and the complete index make this book a valuable reference text. It is best for those that have at least a little background or experience with general headache assessment and treatment. I would not recommend it to the expert headache practitioner (unless they are looking for a nice review of medication efficacy studies). The price is a little steep at $45, but perhaps the publishers will release a less costly, softcover edition. Overall, this is a worthwhile and easily readable book for the pain-practicing anesthesiologist.

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Stanley Feldman is a senior academic anaesthetist in London, England, who has focused on mechanisms of action of neuromuscular relaxants throughout this 35-year career. He has written this monograph as a description of his journey into explanations of relaxant action that differ from the classical competitive theory of Paton and Waud. He differs because he believes that what is presented as fact in classical theory leaves critical questions unanswered. Feldman's virtually sole focus is into mechanisms, forming the basis for his alternative explanation, lies in examination of relaxant effects in the human forearm briefly isolated by a tourniquet. He first published his approach and theory in Proceedings Royal Society Medicine (1970; 63:692–5), and has propounded it since then. Feldman postulates a reservoir in or near the endplate proper that holds relaxant molecules, with finite capacity and slow release, and uses this format to explain various facets of relaxant phenomena. The principle question is whether there is supportive evidence for his postulated special reservoir, or whether the receptor occupancy theory of competitive antagonists provides a reasonable answer.

Feldman writes well, and clarifies concepts quite well: "The term occupation is somewhat misleading in a dynamic process it reflects a higher random chance of reaction . . . rather than physical occupancy . . . " (footnote, p 101). His early chapters, History, The Neuro-Muscular Junction, and Neuromuscular Transmission are brief, lucid, straightforward, comprehensive, highlighted by excellent figures, and provide some superb informative reading.

However, after the first few chapters, quality is uneven, as numerous deficiencies, inaccuracies, use of jargon, and typographic errors cloud the monograph. For example, he blurs the distinction between actions of depolarizing and nondepolarizing agents, in part by nonconsidering Salpeter's saturated disc theory of the action of acetylcholine, or the fact that only 15% of acetylcholine receptors need to interact with an agonist such as acetylcholine or succinylcholine to be effective, or that hysteresis occurs in nondepolarizing blockade, or that 75% of acetylcholine receptors require interaction with a drug for evident blockade.

He repeatedly seems to regard "biophase concentration" as though it were receptor occupancy, which it isn't. Regarding neuromuscular blockade, he appears to confuse the linear portion (the relation between dose and concentration) with the nonlinear portion (the relation between concentration and effect). He appears to be unaware that analysis of relaxant responses depends on the phase of recovery. Feldman uses selective evidence to support his ideas. For example, when Matteo et al. published data on plasma concentration of curare versus blockade (Anesthesiology 1974; 41:410–5), Feldman (and in addition, independently, Aaron Kopman — same citation) criticized his reasoning and findings (Anesthesiology 1975; 42:644–5). Barbara Waud (Anesthesiology 1975; 43:381–2) defended Matteo, demonstrating that the results were consistent with competition theory. It is interesting that Feldman, in his monograph, does not cite