
The recent publication of a multitude of books related to pain and its management is reflective of the growth of pain medicine as an independent discipline. Pain societies are actively pursuing the establishment of pain management as a board-certified specialty or subspecialty. The American Board of Anesthesiology has just announced requirements that would lead to a certificate of added qualifications in pain management.

The first monograph that discussed the concept of a multi-disciplinary, team approach to the management of chronic pain was The Management of Pain by Bonica in 1955. An extensively revised second edition of this text was recently published (second edition, 1990). Another respected text in this area is The Textbook of Pain by Wall and Melzack (second edition, 1989). The authors of these comprehensive texts have contributed greatly to our understanding of the anatomy and physiology of pain and its management. Raj's book, however, serves a different role, as indicated by the title. Stated in the foreword by Bromage, this is an excellent, practice-oriented book that serves as a "no-nonsense" guide to the field of pain management.

The goal of the second edition of this popular book is "to present to the reader the advances in pain management seen since the last publication" in 1986. The author recognizes that despite the substantial progress made in our understanding of the mechanisms of pain and in the development of therapeutic modalities to relieve pain, not all patients benefit from optimal pain management. Hence, an additional goal of this book is to "be instrumental in the education of a new generation of . . . physicians who have the expertise to . . . provide adequate pain management for all persons in pain."

Compared to the first edition, the second edition has undergone considerable expansion and reorganization. The number of chapters and contributors has increased from 47 to 51 and 45 to 76, respectively. The print is larger and more pleasing to the eye, and the quality of the paper is much improved. Although the number of color photographs has been reduced from 16 to 4, they are better located within the text. The illustrations, including the reproductions of the radiographs, are of high quality.

The book is organized into six major parts, and the two principal parts ("Clinical Section" and "Therapeutic Considerations") are further subdivided into three sections each. Part 1 includes an overview of the status of pain management and the development and organization of pain centers. This section, which was divided into several chapters in the first edition, is now better organized into fewer, more encompassing chapters. Worthwhile additions in this section include two practical chapters by Abram and Gillespie, "Standards of Care and Reimbursement Issues in Pain Management" and "Education and Training in Pain Management Personnel." These chapters provide information on financial and administrative aspects of organizing a pain clinic that is not usually discussed in other monographs.

Part 2, the largest division, entitled "Clinical Section," consists of sections on the clinical evaluation and helpful laboratory investigations of the pain patient, as well as descriptions of common pain syndromes. Revisions from the first edition include an expanded section on cancer pain and a new section on pain management in patients with acquired immunodeficiency syndrome (AIDS). Pain syndromes, based on their anatomic location, are discussed in a lucid, organized fashion by several expert clinicians. Most chapters have a section on evaluation of the pain patient prior to a discussion of therapeutic options. In an otherwise comprehensive section on cancer pain, the absence of a discussion on the evaluation of the cause of pain in these patients is an unfortunate omission. Perhaps inevitable in a multiauthored text of this size, there is a redundancy of information. For example, trigeminal neuralgia is discussed in the chapter "Common Headache and Facial Pain Syndromes" and in the next chapter "Organic Causes of Headache." Likewise, sympathetically maintained pain is discussed in the chapters "Neck and Upper Extremity Pain," "Low Back Pain and Pain of the Lower Extremity," and "Upper and Lower Extremity Pain." The description of the pain syndromes based on anatomic location makes each chapter independent and facilitates quick referencing. However, appropriate cross-referencing in the text between the chapters would have helped.

Part 3, entitled "Therapeutic Considerations," includes various modalities used by the pain management team. The section on pharmacologic techniques has been expanded. Additional chapters on facet blocks and pituitary adenolysis have made this section more comprehensive.

Part 4, entitled "Special Situations," is an innovation that provides interesting reading on a diverse range of topics. The first chapter, "Presentation and Preparation of Medical Evidence," is a concise introduction to interactions frequently encountered between the medical and legal professions in the course of treating chronic pain patients. The chapter on the management of pain in major disasters, such as earthquakes or hurricanes, is thought-provoking. The chapter on space medicine emphasizes the medical aspects of space travel with a focus on pain management. The well-referenced chapter "Recent Trends and Future in Pain Management" serves as a springboard for more in-depth reading.

The current edition of Practical Management of Pain is an improvement over the first: it is better organized and covers a wider range of topics. The book provides a wealth of practical information on the management of common pain syndromes in a concise manner, but it should not be construed as a replacement for the more comprehensive texts, such as that of Bonica. This book will serve as a useful reference for all fellows and practitioners in pain management. Because anesthesiologists are playing an increasingly prominent role in the management of acute and chronic pain, we recommend the inclusion of this book in all departmental libraries.

SRINIVASA N. RAJ, M.D.
Associate Professor
KATHLEEN VELOGO, M.D.
Fellow in Pain Management
Department of Anesthesiology and Critical Care Medicine
The Johns Hopkins University School of Medicine
600 North Wolfe Street
Baltimore, Maryland 21205


The appearance of computed tomography (CT) scanning as a diagnostic tool in medicine was a revolutionary advance in our ability to see anatomic structures noninvasively. CT scans, which show us axial views of anatomic structures, are a quantum improvement over the low attenuation density resolution of the common chest radiograph in differentiating lung parenchymal structures. This has resulted in dramatic improvements in diagnosing lung pathology. With decades of clinical use, CT scanning has continued to evolve.

A recent advance in CT technology is the advent of High-Resolution CT (HRCT). HRCT dramatically improves on the ability of CT to
resolve fine anatomic structural details. Compared to ordinary CT, HRCT uses increased kilovoltage peak and milliampere settings, thin slices, high spatial-frequency reconstruction algorithms, and small fields of view to resolve structures as small as 200–300 μm. Normal lung exhibits high radiographic contrast between the air-filled structures, which appear black, and the water-containing vascular and tissue structures, which appear white. With the advent of HRCT, these structures can now be clearly resolved and differentiated radiographically.

As a research tool, HRCT has enjoyed wide utility. Early studies correlated radiographic findings with morphology and pathology. More recent studies have examined the location and regional heterogeneity in airway constriction. As a clinical tool, HRCT is experiencing tremendous proliferation as the definitive diagnostic test for many pulmonary diseases.

High-Resolution CT of the Lung is a well-conceived and well-executed book by three acknowledged leaders in the field of HRCT of the lung. The book contains ten chapters and a glossary of terms and can be divided roughly into three sections of related chapters.

In the introduction of the book, the authors list five specific ways in which HRCT can guide the diagnosis and clinical approach to a patient with lung disease: 1) detection of gross pathology that is not apparent by less sensitive means (e.g., chest radiography); 2) delineation of the characteristics of the lung abnormality, allowing for specific or at least differential diagnosis; 3) detection of active versus burn-out disease; 4) a guide to appropriate biopsy site and technique; and 5) a follow-up technique to determine efficacy of treatment.

Chapters 1–4 are titled “Introduction,” “High-Resolution CT Technique,” “Normal Lung Anatomy,” and “HRCT Findings of Lung Disease.” All are easily read, superbly illustrated, and well-referenced with up-to-date material. Even if no other part of the book is read, these four chapters will give the clinician sufficient information to understand the basics and applicability of HRCT.

The next four chapters discuss specific findings and categories of lung diseases: “Reticular Opacities,” “Reticulonodular or Nodular Opacities,” “Increased Lung Opacity,” “Cystic Abnormalities,” “Lung Destruction, or Decreased Lung Opacity.” Each chapter has a brief discussion of the disease entities and the CT and HRCT findings, and many also include a discussion on the clinical utility of CT.

A chapter on HRCT of the pleura rounds out this section. Although this chapter has the same excellent execution as the other chapters, it seems to be the least developed.

The authors close their book with an excellent summation chapter, “Clinical Utility of HRCT,” and a glossary of HRCT terms. Their assessment and recommendations are conservative, well-thought-out, and well-delineated. The glossary of terms that follows is not extensive but is satisfactorily cross-referenced to both the figures throughout the text and the references.

This book is likely to become a standard reference source on HRCT of the lung for radiologists and nonradiologists. It is concise, well-written, and splendidly illustrated and is useful for all physicians, from the novice CT reader to the expert. Although the book is not for every anesthesiologist, it is an excellent choice for those involved in critical care management of patients or those interested in staying abreast of the latest advances in evaluation and diagnosis of pulmonary disease. This concise reference source is superb and reasonably priced addition for any library of anesthesia and critical care medicine as well as for any physician who treats patients with pulmonary diseases and wants to be well-versed on the latest in pulmonary diagnostic techniques.

ROBERT H. BROWN, M.D.
Assistant Professor
Anesthesiology and Critical Care Medicine and Environmental Health Sciences
The Johns Hopkins University
600 North Wolfe Street
Baltimore, Maryland 21205

---

ANNOUNCEMENT

The American Board of Anesthesiology (ABA) will administer its written examination for certification of Continued Demonstration of Qualifications (CDQ) on Saturday, May 15, 1993, and Friday, October 1, 1993. Diplomates of the ABA who are interested in participating in the voluntary CDQ program may request an application by writing to the Secretary, American Board of Anesthesiology, 100 Constitution Plaza, Hartford, Connecticut 06103-1796. The deadline for receipt in the Board office of completed applications for the May examination is November 15, 1992. The deadline for receipt of applications for the October examination is April 1, 1993.