Book Reviews

B. Raymond Fink, M.D., Editor


I find this book particularly useful in that it summarizes extensive work by each of the authors. Melzack and Dennis update the gate- control concept. Cannon, Liebskind and Frank provide a very readable discussion of serotonin, endorphins and narcotic pain-inhibition mechanisms. Fordyce provides a behavioral analysis of chronic pain and indicates how behavioral modification can be applied in treatment. Chapman presents the sensory decision theory model, as a more precise measuring method of pain, and Hillgard provides an extensive literature review on the subject of hypnosis and pain. Sternbach, the editor, provides a final chapter on “Clinical Aspects”, in which he describes pain patients, pain games, methods for soliciting the quality and intensity of pain, and specific therapies.

The authors of each of the chapters are well-known to the students of pain and pain mechanisms. Most are psychologists and view pain management from this non-pharmacological and non-surgical viewpoint, which is useful for anesthesiologists. Most of the chapters represent reiterations of material presented elsewhere. This book provides a summary of the authors’ work or of their concepts, and extensive references.

It is increasingly important to speed new knowledge (or concepts) to physicians and other users. Photocopying the original manuscripts, as is this publication, does shorten the time from the author’s typewriter to the reader’s eye, but leaves the impression of a hurried presentation, prepared under appropriate headings.

This book is well-indexed and a valuable source of information for anyone studying or treating patients with pain. Not a “how-to-do-it” book, nor a primer, I recommend it as a useful survey, covering most aspects of the present state of knowledge in the psychology of pain.

D. W. Eastwood, M.D.
Department of Anesthesiology
Case Western Reserve University
School of Medicine
2065 Adelbert Road
Cleveland, Ohio 44106


Genius is the ability to see what others have seen, but to draw different conclusions from the observation. Very few of us are afflicted with the responsibility of genius, and we tend to accept what we have been told without subjecting our knowledge to critical analysis. Most of us suffer from mundane minds that lack either the originality or the energy to question the dogma that has been transmitted to us during our neophyte years. In this category belongs the ritualistic acceptance that blood pressure measurement is a simple matter, a motor skill that can be performed and subjected to interpretation by anyone. Also, the clinical corollary appears so obvious that it hardly warrants repeating: the peripheral blood pressure determination is an accurate reflection of the status of the cardiovascular system.

This apparently benign truth is wrong! Even a superficial perusal of John Bruner’s Handbook of Blood Pressure Monitoring reveals the infinite complexities of reliable blood pressure determination. But the difficulties are simplified by an exquisitely lucid style of presenta-


When first requested to review this book, I shuddered, expecting a pedestrian recitation of sophomoric material. I expected that most of the contents would be ancient history, because by now all possible surgical positions and all possible variations of these positions have been described. I was pleasantly surprised to find that my initial impression was wrong. I enjoyed reading the history of the development of the surgical positions. I greatly profited from the discussions of the physiologic changes occurring in the various positions.

190
Some medical textbooks attempt a complete exposition of a subject—incorporating basic as well as clinical information of value to the practitioner. A few others have no pretense at completeness provide little more than tables or graphs as a reference for hard-to-remember facts and figures. Practical Anesthetic Pharmacology attempts a compromise—to provide only material relevant to the practice of anesthesia. Though at first glance writing such a textbook might seem an easy task, all too often what results is a superficiality that misleads the reader into avoiding a more comprehensive explanation of mechanisms and theories. Unfortunately, a large part of Practical Anesthetic Pharmacology falls into this trap.

The book consists of 16 chapters, each comprising an area of pharmacology related to anesthesia. Eleven of them are written by Doctors Attia and Grogono, while five are contributions from experts in the areas of muscle relaxants, local anesthetics, cardiovascular drugs, arrhythmia management, and antibiotics. The editors’ chapters apparently represent an expansion of notes originally produced in response to requests from students and trainees, and use the format of a brief review of the subject followed by tables of facts. I found these chapters to be of uneven quality and completeness, and think that the abbreviated presentation of complex material makes learning more rather than less difficult. An example is the chapter on inhalational anesthetics. In ten pages of text, pharmacokinetics, anesthetic systems, theories of anesthetic action, and physics of gas cylinders are discussed—all without the aid of figures or diagrams. As a consequence, the result is unclear to anyone who is not sophisticated in these subjects. In the remainder of the chapter the pharmacologic properties of inhaled agents are presented in tabular form, but the information is incomplete, and occasionally in error. For example, the MAC values for halothane, enflurane, and chloroform, but not for methoxyflurane, nitrous oxide, or cyclopropane, are provided. Halothane and trichlorethylene are said to depress uterine contractility, while the uterine effects of other agents are not mentioned. Halothane is called a respiratory depressant while enflurane is not. The flammability of fluroxene is not mentioned, although flammability is commented on when appropriate for all other agents. Halothane is said to increase cerebral blood flow, while this effect is not attributed to any other agent. Phosgene, not dichloroacetylène, is identified as the neurotoxic result of the trichloroethylenel—soda lime reaction. The section on gas cylinders is complete in terms of describing how the cylinders are made and tested, while the most practical information—the volumes of gas present in cylinders of various sizes—is not included.

In contrast to the chapter on inhalational agents, the chapters on neuromuscular blockade, by Ali and Savarese, and local anesthetics, by Covino, are concise yet complete, with helpful figures that explain both why the agents work and how to use them clinically. Similarly, though somewhat overlapping, Fahn’s and Philbin’s respective contributions on cardiovascular drugs and the management of arrhythmias provide information easily used by clinicians.

Technically, the book has some distracting faults. For example, drugs are referred to at times by their generic names and at other times by their trade names. The bibliography sometimes cites only the first author (without et al.), while at other times it includes the coauthors. And I fail to understand why a chapter about vitamins is included in a book entitled Practical Anesthetic Pharmacology, while vasopressors are completely omitted.

In summary, although I would not recommend purchase of this book for a personal library, department or hospital libraries might find a copy useful as a source of information.

Alix Mathieu, M.D.
Department of Anesthesia
Massachusetts General Hospital
Boston, Massachusetts 02114