
As yet another sign of the steadily increasing interest for pediatric regional techniques, two well-known British pediatric anesthesiologists, Drs. Peutrell and Mather, have supplied a new addition to the textbook literature concerning pediatric regional anesthesia. According to the preface of the book, the aim was to provide a practical manual regarding the special aspects of regional blocks in children, primarily aiming for an audience of residents and fellows or the anesthesiologist who is not performing these techniques on a regular basis.

The merit of the book is primarily in the care taken to explain that pediatric blocks should be learned not only by reading a book, but should be complemented by hands-on training supervised by experienced pediatric anesthesiologists. It also underlines the strict indications that should be met before performing thoracic epidurals in anesthetized children. Also, the chapters describing the very useful peripheral nerve blocks (e.g., ilioinguinal, penile, and lower limb blocks) and the chapters discussing various aspects of caudal blocks are all of very high quality.

However, in the reviewers opinion, there is considerable room for improvement for a second edition of the book. Because the reader should already have a basic knowledge of regional anesthesia before starting to practice pediatric regional anesthesia, some chapters provide unnecessary detail about fundamental issues (e.g., the pharmacology of local anesthetics and the anatomy of the brachial plexus). A much sharper focus on the details that are truly special in the setting of pediatric blocks would be a substantial improvement.

Although regional anesthesia for dental procedures is of great value also in pediatric patients, the large section concerning these blocks appears to be better suited for a textbook about pediatric odontology because these blocks are almost exclusively performed by the pediatric dentist and not the anesthesiologist.

The illustrations in the book are clear and have few and minor errors. However, in this day and age of computerized printing, it is very disappointing that the pictures and illustrations are in black and white. To include good quality color illustrations would make for a tremendous improvement of the book.

To the reviewer's disappointment the book also contains some very controversial statements, mainly regarding the central blocks. Without further discussion, the authors recommend and claim the superiority of the use of air, compared to saline, for the loss-of-resistance technique in pediatric epidurals. This is highly controversial, and the reader should be alerted that this by no means represents an international consensus. In fact, great caution has been recommended regarding the use of air for this purpose by many international authorities in the field of pediatric regional anesthesia.

Despite numerous international experts finding lumbar epidural blocks to be very useful, even in neonatal surgery, the authors, without any specific reference, suggest a younger age and lower weight limit for epidural blockade in children (6 months, 5 kg). This limit might represent a good rule for the nonpediatric anesthesiologist but should not be viewed as an absolute limit for more experienced practitioners.

Regarding the issue of the possibility to reliably thread epidural or caudal catheters to a more cranial level, the authors' statements again are controversial. Numerous reports found this method to be very useful and reliable, but more recent publications have shown less favorable results with this technique. A more moderated phrasing in this regard would be more appropriate, including a recommendation to check the true location of the tip of the catheter by radiography if cranial advancement of the epidural catheter is important to the clinical use of the catheter.

In summary, is this book worth buying? The price is not prohibitive, considering the general pricing of medical textbooks. Despite some important beauty spots, the text contains a lot of valuable information and should be included in the library of any anesthetic department performing pediatric anesthesia. However, residents, fellows, and the occasional pediatric anesthesiologist perhaps should await a second, more condensed, color-illustrated, and balanced edition before buying a personal copy.

Per Arne Lönnqvist, M.D., D.E.A.A., Ph.D.
Associate Professor
Department of Paediatric Anaesthesia and Intensive Care
Astrid Lindgren Children’s Center at the Karolinska Hospital
Stockholm, S-171 76, Sweden


This was a novel of sufficient intrigue that it was difficult to set down. The mysteries concerning which of the characters were guilty of the mischief described were held significantly long to guarantee total involvement by the reader. The consideration that “managed care” may be heading in the direction portrayed in this book is very disturbing, particularly the ease with which such an “ideal” system seems able to be manipulated for the purpose of greed. Involving primarily interns and residents, young physicians eager to please to make their mark, the story gains great credibility, and the reader is lead to the belief that “this could really happen!” By the same token, making the heroine (Maggie Altman) an idealistic intern with an insatiable curiosity and a deep respect for life is poetic justice.

The array of characters is reminiscent of a Dicken’s novel. The hierarchy of a medical center (Texas University Regional Preventive Health Center or TURPH) is aptly shown through the interns (Maggie Altman and Fred Jenkins), the residents (“Pit Boss” Brent Stemmons and Chief Resident Steven Blaine), and, finally, the Chief of Medicine, Dr. Phillip Essig. Milton Silber is a former professor of medicine who retired out of disgust with the changes that the new managed-care system, EQUACARE, has caused, becoming instead a financial wizard. He keeps an interest in things at Texas University Regional Preventive Health Center through his longtime friend Dr. Metzenbaum, the Chief of Pathology. There are
drug dealers (Raul) and thugs (at least two, with an argument that can be made to include one of the nurses), assisting financiers (Fitzhugh) available for romantic involvement, and patients, of course. Do the patients really receive the “best” care, or are they victims of the new system? Are patient records really altered, and why are there empty beds in which patients are supposedly assigned? Who is Dr. Milton, anyway, and what does all of this have to do with Willie Sutton? When did nurses, technicians, clerks, and secretaries start treating physicians with open disrespect? Are there hospitals that really operate by Law IX (the only good admission is a dead admission)?

No one likes to hear about “bad apples.” Although physicians are human, we like to envision ourselves as something more than ordinary. Still, there will always be a percentage of physicians who are swayed so easily as anyone else by greed and vice (e.g., drugs, power). Reading about the decay of one or more “brethren” is very uncomfortable, engendering distaste and dislike. These emotions make finishing this book both difficult and necessary. The sense of justice at the end is incomplete, but very realistic. The message before the first page: medicine is a trust, not a holding company, is proven to be true.

Sutton’s Law is worthwhile reading for anyone, but especially the medically oriented. It is the type of book that would be particularly useful to relieve the tedious while traveling during vacation or during trips to and from meetings. The chapters are short; the action is mixed. It is medically accurate, without obvious error in terminology or description. The only down-sides to the book are minor grammatical errors and the occasional repeating of words (e.g., that, and, what). These are annoying but easily overlooked as the reader becomes involved in the story. It is hoped, however, that these will be corrected before the final printing. The entertainment provided is well worth the cover price.

Terrence D. Bogard, M.D.
Associate Professor of Anesthesiology
Department of Anesthesiology
Wake Forest University School of Medicine
Winston-Salem, North Carolina


The Textbook of Pain, editors Patrick Wall and Ronald Melzack, is one of a growing number of textbooks available on interactive CD-ROM. Because the text itself has been reviewed previously, this critique will focus exclusively on the Churchill Livingstone interactive software package and its usefulness for the pain practitioner. I should preface the review by stating that I am neither a novice nor an expert in the use of computers. I am, most likely, representative of most pain practitioners who rely on multiple software packages to accomplish daily administrative tasks but who have precious little time to sit in front of a computer and obtain “guru” status in their computer knowledge base.

Following the user-guide instructions, I found the installation process to be very straightforward and easy. For Windows-based personal computers, the minimum system configuration needed to use the CD-ROM is a 386, Intel-compatible processor, (although a 486 processor is strongly recommended), 4 MB RAM with at least a 4 MB swap file, Microsoft Windows 3.1 or higher, file sharing, 5 MB free hard disk space, and a CD-ROM drive. For the Macintosh, the minimum system configuration requires a 6x×20 processor or higher, 4 MB RAM (8 MB recommended), System 7 or higher, 5 MB free fixed disk drive space, and a CD-ROM drive.

The format is identical to the other CD-ROM texts published by Churchill Livingstone, for example Miller’s Anesthesia, fourth edition. Included in the interactive software are the Textbook of Pain and a MEDLINE database. The MEDLINE database includes a listing of all the references cited in the text and a substantial subset of articles pertinent to the pain field from the MEDLINE database produced by the National Library of Medicine. This database also contains a listing of all articles from key journals in the pain field for the past 5 years. Therefore, when reading the text, reference citations can be double-clicked to display title, author, journal, and date. If a MEDLINE icon is present above the reference, clicking the icon opens the MEDLINE database to display the full abstract and details of the journal article, including a MEDLINE identification number. Unfortunately, the number of available abstracts was fewer than I would have anticipated. For example, in Chapter 1, only 185 of 305 references are linked to MEDLINE and have an available abstract. Inevitably, it seemed as though the abstracts that I was particularly interested in were unavailable.

Having a MEDLINE resource with only articles pertinent to pain is an advantage, however this CD-ROM only contains articles current to the end of 1996, limiting its function as a consolidated pain reference database. Those of us who perform regular literature searches are often in need of the most current articles, making a dated MEDLINE database of limited usefulness.

The text and MEDLINE are equipped with a powerful search engine called the “query” function. Using the query function, key words, authors, titles of sections, among other things, can be retrieved. The query function has a bit of a learning curve, however. For example, if interested in finding information about a multiword topic, e.g., cervical cancer, typing in these two words will yield 25 “hits.” However, a hit is any paragraph that contains both the word cervical and the word cancer; highlighting multiple sections that discuss cancer in conjunction with cervical nerve injury, cervical node biopsy, cervical spine pathology, among others. To find text that specifically discusses cervical cancer necessitates entry of the text in quotes. The search engine will then yield hits with the desired phrase. Although it could be argued that this method of searching is becoming standard, the User Guide and tutorial lacks discussion of this issue, whereas many other basic computer skills are discussed in great detail.

The software also has the capability of allowing one to “highlight,” “bookmark,” or make notes in any area of the text, customizing the text in much the same way one would with a conventional textbook. The query function can also be used within this customized text, allowing one to narrow the search or return to these particular premarked sections very easily.

Customer service for this product was poor. Calls placed on multiple occasions provided only an answering machine. Several days after leaving a message, the service call was returned, but this was clearly not the prompt customer service that I have experienced with other software vendors.

Is the Textbook of Pain Interactive CD-ROM worth purchasing? I believe the digital CD-ROM format provides several advantages over