
Trying to contain the “essentials” of pain medicine and regional anesthesia in 500 pages of text is a prodigious effort. To approach this monumental task, Dr. Benzon has recruited a team of anesthesia-based coeditors (well-known or of expectant renown), and they have integrated the contributions of 76 additional scientific and clinical authors, giving a generally multidisciplinary emphasis to the final product. Approximately 130 pages are devoted to each of the following topics: pain medicine, evaluation and diagnostic tests, pharmacology, treatment options for chronic pain; chronic pain syndromes; and local anesthetics and nerve blockade. Postoperative pain management and cancer pain are 30 pages each. The stated purpose of the book is to serve as an “up-to-date, concise and authoritative discussion of the essential topics in pain medicine and regional anesthesia.”

How well are these goals met? The 1999 copyright date is only an estimation of the contemporary purport of the material. In this book, the reader will learn something new or have knowledge reaffirmed by every chapter. Examples of pertinent concepts that one might view as new-age include: the use of pain psychologists to assess the appropriateness of referred patients for chronic opioids or invasive procedures; the daily use of opioids in patients with chronic, noncancer pain; an algorithm to aid in the diagnosis of complex regional pain syndrome; the acknowledgment that there is a controversy regarding preemptive analgesia; and the reality that the determination of physical disability is an administrative issue, whereas psychologic disability really is based on clinical indices. The writing style is clear, focused, and specific. The bibliography for most chapters is admirably short, and many have but a few references older than 1990 (allowing for some of the classic articles). The book does not try to compete with recognized textbooks on regional anesthesia but does recreate a distillation of such information, which has value for the complete novice or anyone looking for quick guidance.

The chapters are truly concise. The brevity, though, highlights the editorial group’s understanding that clinicians are furiously busy. In pursuit of a kernel of information during a hectic day in the pain center or the operating room, one does not always have time to wade through page after page of text. Satisfaction comes in getting to the heart of the sought-after matter efficiently. The setup of this text surely fulfills that pursuit. Perhaps some of the chapters are so short that they could have more practically been associated with other relevant material, but the consistency of the writing combined with the approach taken to formatting the text helps to direct one’s attention effectively. There is a germane bibliography on each topic (and in some chapters a further reading list) at the end of even the briefest chapter. The text is complimented by an appropriate number of useful tables and figures—many of them reproductions from more classic sources. The index is splendid, albeit short, synopsis of the history of anesthesia in the first edition. The second section, Scientific Principles, is well-organized and amply illustrated. The figures are larger than those in most texts and have easy readability. Illustrations are of higher quality than those in previous editions, and the effort to improve illustration with color is noted widely throughout. This section and the third, Anesthetic Management, are the core of the text. These sections are well-updated and have introduced recent research in our field, including ischemic preconditioning, development of stereoisomer pharmacology, and molecular biology of receptor and enzymatic variants. I appreciate the extensive chapters about metabolism and toxicity of inhaled anesthetics and opioid pharmacology, but they may seem a bit long to the casual reader. The chapters on research design and statistics and transesophageal echocardiography are presented well and should be useful to clinicians and investigators. Although mentioned, the section on office-based anesthesia should be highlighted and developed, possibly as a separate chapter, because more procedures are being performed in nontraditional settings.

Section IV is entitled Subspecialty Management. The chapters in this section reintroduce the general principles and management strategies presented for specific procedures or situations. These authors discuss a wide spectrum of patients and procedures and include contemporary concepts in the care of patients at the extremes of age, management of the different lasers used in surgical care, and a thorough discussion of postanesthesia care unit issues and perioperative and chronic pain.

Anesthesiology, V 94, No 6, Jun 2001
Section V, devoted to critical care medicine, is nicely updated and similar in its organization to the previous edition. Unfortunately, because of the latency involved in publishing any major work of this size, certain sections will become outdated more quickly than others. One example includes the changing advanced cardiac life support guidelines. Newer concepts in the determination of brain death are presented and are valuable to the critical care specialist.

In the final section, Ancillary Responsibilities and Problems, the authors have energetically updated their contributions, including new research about human performance, simulators, and education, as well as operating room management, legal and ethical aspects, and environmental safety. Future work on safety, injury, and other healthcare concerns of anesthesiologists will become an even more important contribution to future editions.

*Anesthesia* is complemented with appendices, which include the American Society of Anesthesiologists Practice Guidelines. This is a welcome addition because texts are more easily located in a busy operating room or cluttered office than were the individual practice guidelines when published. The CD-ROM accompanying the text could not be opened in the Windows NT environment but worked splendidly on my nonnetworked personal computer. It is a great complement to the text.

In summary, I have very high regard for *Anesthesia*. I am happy to replace my well-worn previous editions for this one. I still enjoy using a hard-bound textbook and do not solely use electronic publishing as my resources. This is a text I will enjoy for years and is a great core text for students, residents, faculty, and practitioners alike. It should be available in most anesthetizing locations and is a dependable resource for academic and practice questions.

**Joseph R. Tobin, M.D.,** Wake Forest University School of Medicine, Winston-Salem, North Carolina. jtobin@wfubmc.edu

(Accepted for publication February 8, 2001.)
New York, NY, USA. Boutique Workshops. Ultrasound Guided Regional Anesthesia Boutique Workshop. Dubai Symposium. NYSORA SIMULATORS™. Highlights the potential mechanisms by which spinal anesthesia may fail, detail strategies to decrease the failure rate and protocols for managing an incomplete spinal anesthetic. Lumbar Plexus Block â€“ Landmarks and Nerve Stimulator Technique. Highlights the relevant anatomy and technique description to perform a lumbar plexus block using external anatomical landmarks. Spinal Sonography and Applications of Ultrasound for Central Neuraxial Blocks. This section outlines spinal sonography techniques, relevant sonoanatomy, and practical considerations for ultrasound-guided Central neuraxial blocks.