

approaches to the treatment of acute and chronic pain. The editor's aim with this book was to gather a group of internationally renowned experts in basic and clinical aspects of opioid actions and pain control. This reviewer believes that the editor has achieved his aim and produced a very interesting and practical book which should be useful to any neurologist or neurosurgeon treating patients with cancer pain or non-malignant pain, particularly neuropathic pain, with opioids.

The first eight chapters deal with the basic science aspects of opioids and include the gene structure and function of opioid receptors, endogenous opioid peptides and analgesia, supraspinal and spinal mechanisms of opioid analgesia, and peripheral mechanisms of opioid pain relief with clinical implications. The very important issue of tolerance and its mechanisms is dealt with, as well as opioid/non-opioid interactions and transplantation of opioid-producing cells. Although this reviewer is a clinician, there is much of interest and importance here from which a clinician can benefit. The last ten chapters deal with the clinical aspects of opioids, specifically the physical and chemical properties, clinical pharmacology and adverse effects. Chapter 10 is a very good overview of the clinical pharmacology and adverse effects of opioids. Specifically, it deals with the importance of the metabolites of morphine and meperidine. It is very good at outlining the excitatory effects of the meperidine metabolite normeperidine. It also very importantly emphasizes the variability in responsivity and individualization that is required in the use of opioids and provides a conversion chart for different opioids.

Chapter 11 is an excellent summary of pre-emptive analgesia by opioids, that is the prevention of postoperative pain by good preoperative and intraoperative pain management. This is an extremely important area and involves the important work of a Canadian, Dr. Joel Katz, of whom we can be justly proud as one of the world's authorities in this area. Chapter 12 deals with the intraoperative use of opioids in a very useful fashion. The following chapter deals with the use of opioids in acute pain. Some small complaints are that it utilizes drug terminology which will be unfamiliar to North Americans such as the use of pethidine for meperidine and paracetamol for acetaminophen. It also perpetuates the issue that morphine is more likely to cause spasm of the sphincter of Oddi. This reviewer knows of no scientific evidence that meperidine is better in that regard and thinks this issue needs to be laid to rest. There seems inadequate emphasis too on the value of subcutaneous injections instead of intramuscular injections (except for meperidine). However, the reviewer judges that these criticisms are minor. A chapter on patient-controlled analgesia (PCA) with opioids again emphasizes individual variability which is important, as emphasized in a previous chapter. The general principles outlined in this chapter are important. There is an excellent chapter by a Canadian neurologist, Dwight Moulin, who is a world authority on opioids and chronic, non-malignant pain. This is an extremely important chapter since opioids are increasingly used in this area and may be the only avenue of relief because other modalities may be ineffective. Here the need for following certain guidelines is employed, but also the safety of opioids and the fact that tolerance and psychological dependency are not major issues with chronic opioid use in non-malignant pain. Dr. Moulin also deals with important issues such as pseudo-

addiction, that is the forging of prescriptions because of inadequate pain relief. A chapter follows on opioids in cancer pain by a Canadian world expert on cancer pain management, Eduardo Bruera and colleagues, and this clearly gives the principles of opioid administration in cancer pain and some of the issues that arise at the end of life. The final two chapters deal with specific areas, that is the use of opioids in visceral pain and the use of opioids in obstetrics. These chapters also are well written and practical.

In summary then, this is an excellent book which combines basic and clinical aspects of opioids in pain control and is good value for neurological clinicians involved in pain management. It is important to recognize that if we are going to help a substantial proportion of our patients with chronic pain, particularly neuropathic pain, one has to become familiar with the use of opioids and the guidelines and principles that are necessary. This book is an excellent resource in this regard.

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FIFTY NEUROLOGICAL CASES FROM THE NATIONAL HOSPITAL. 1999. Edited by Adrian J. Wills, C. David Marsden. Published by Martin Dunitz, London. 165 pages. C\$157.50 approx.

Many generations of Canadian neurologists have attended the Thursday afternoon Grand Rounds at the National Hospital, Queen Square, sitting in the high-backed curved benches of the amphitheater, overlooked by the portraits of Sir Gordon Holmes, Sir Francis Walshe and Sir Charles Symonds. Some years ago, I tabulated over 200 Canadian neurologists who had spent time at the National, so this little volume will bring back many memories, especially with the commentaries by Ian McDonald, Chris Earl, P.K. Thomas and 27 other consultants.

The Thursday case presentations have been so central to the experience of neurological education at the National, each dutifully recorded by the academic registrar, that it is surprising that no previous collection has appeared. Since such rounds have been held on Thursdays since the hospital opened in 1860, the editors point out that this book has been waiting to appear for 140 years.

This small volume captures some of the feeling of those case presentations – succinct, clear and always interesting examples of patients with neurological diseases, followed by a discussion by an expert consultant. The format is not unusual in any academic unit, but here it was always done so well, and perhaps with more preparation and more formality than the Grand Rounds in North America, where a case is often selected from the ward by the resident at any level and that resident, after a night with the books, reviews that case and the literature.

The format in this volume is sharp and succinct as those presentations always were. The essentials of the history are presented in about eight lines. Then the findings on examination are summarized with the relevant laboratory and radiological results. As these appear on the right hand page, you have an opportunity to test your diagnostic skills – and they will be tested! Turning the page, there is the diagnosis and a single page discussion by one of the 30 consultants. The case ends with a

single reference. Some cases are so classical you will recognize the diagnosis in the the first few lines of the history. Others are such interesting presentations that the information would not have led to a definite diagnosis initially, and there is no room for a differential diagnosis here. Still others are fascinating zebras that were not even in my personal herd. I learned a lot in an enjoyable manner.

My first draft of this review discussed some of the cases, but on second thought, I decided this would spoil some of your fun and the educational value of thinking through the cases. It would be an interesting experience to have a staff-house staff exercise showing the history alone and having a discussion. Then show the findings and discuss further. Finally, the group could discuss the consultant's overview and add to it, particularly a discussion of the differential diagnosis, which the published format does not allow.

I don't know who would fare better in attempting to guess the diagnosis in these cases, the senior resident with her or his

recent reading for the Royal College examinations, or the very experienced consultant. Both would find the exercise enjoyable and rewarding. These 50 cases are a short course in neurology.

I don't wish to overemphasize the "test" aspect of the book, because it is set up as brief instructive case presentations, but the learning value is increased if you approach each one diagnostically, and don't peek at the answer first.

This is a book every neurologist and resident in neurology will want to own. I expect this will be the first of many such case books from the National Hospital.

On a sadder note, one of the co-editors, David Marsden, Dean of the Institute of Neurology and Professor of Neurology at Queen Square, known to neurologists everywhere, died suddenly just as this appeared. This volume will be just one of the many memorials to his great contributions to neurology.

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