Sherlock Holmes is my hero. All his adventures start with a case presentation by a petitioner, followed up by further questions by the great detective. He ruminates about the case, then goes to the scene of the crime, armed with various diagnostic equipment. All relevant information is disclosed by Dr. Watson to the reader. The whole process “starts on the supposition that when you have eliminated all which is impossible, then whatever remains, however improbable, must be the truth.”

This volume, Pain Medicine: an interdisciplinary case-based approach, follows this time honored format. The four editors have achieved for this volume what Dr. Watson achieved for Sherlock Holmes. The adventures in pain medicine are written with a consistent style devoid of errors. They lead the reader along a logical path through the diagnostic process to a satisfactory conclusion. I found the volume engaging, educational, and entertaining.

The chapters all begin with a case presentation, followed by a series of pertinent questions. As each question is addressed, further clinical and laboratory data are added to the case to support the diagnosis. Management is discussed in a similar format, with highlighted clinical information. Conclusions, not clinical guidelines, are discussed at the end of each chapter.

For example, the chapter on discogenic pain begins with a half-column length case presentation of a 30-years-old secretary with a 6-months history of low back and buttock pain. Review of systems and physical examination results are given. This scenario is followed by these questions:

1. What are the potential pain generators in this case, and what is the likely diagnosis?
2. How is the diagnosis confirmed?
3. What is the incidence and prevalence of discogenic back pain?
4. What is the natural history of discogenic back pain?
5. What are the clinical manifestations of discogenic back pain?
6. How is discogenic back pain managed?
   a. Interventional procedures
   b. Psychiatric interventions
   c. Surgical options
7. What is the long-term prognosis for discogenic low back pain?

There are 10 further highlighted paragraphs of clinical or laboratory information which fill out this clinical adventure. There is a total of 14 pages of text and four pages of references [158, most recent being 2013]. There are five figures of relevant X-rays and MRIs. The questions are all answered logically, supported by further history, laboratory findings, and imaging. Likely outcomes of nonoperative and operative interventions are discussed. A major conclusion is that the only known way of preventing painful disc disease is adequate physical exercise, avoidance of smoking, and minimizing harmful loads on the spine.

There are seven sections in this volume:

1. Neuropathic pain.
4. Visceral pain.
5. Persistent postsurgical pain.
7. Other disorders.

These sections are divided into 26 chapters, provided by 71 authors. These contributors represent not only the five “core” specialties of pain medicine [anesthesiology, psychiatry, neurology, neurosurgery, and physical medicine] but also internal medicine, orthopedic surgery, obstetrics/gynecology, palliative medicine, oncology, cardiology, and nursing. This is about as interdisciplinary as it gets.

It is an easy volume to navigate. The table of contents is clear. Pagination is comprehensive. The center bottom of each page shows chapter number, chapter title, and page number. References in each chapter appear adequate and timely. They range in number from 27 [chronic pelvic pain] to 317 [cancer pain], but commonly 100–150. The index is comprehensive with seven pages, each with four columns of 77 lines of text [approximately 7 point type size: some might need reading glasses]. There is an adequate number of illustrations throughout, many in color, with images, figures, and tables. They all seem to be quite appropriate to the text.
The opinions in this volume are balanced, and usually with good supporting evidence. It is most definitely not a cook book. However, it does not pretend to be entirely evidence-based as there is often little evidence in the literature. Where such data are available, they are included. For example, Table 10.5 lists 14 studies assessing radiofrequency denervation for sacroiliac pain. Table 13.1 lists six groups of pharmacotherapeutic agents used for failed back surgery syndrome with 15 citations of high-quality studies. Conversely, several therapies are mentioned as options on the basis of unconfirmed case reports [cryoanalgesia, epidural magnesium, and dorsal root chemical neurolysis], or included despite initial enthusiasm and subsequent refutation [intrathecal methylprednisolone for postherpetic neuralgia]. This is a testament to the authors’ intent to cover all reported possibilities. However, this inclusiveness places a significant responsibility on the reader to evaluate the statements and references with some skepticism. This is not a flaw in a medical text.

Is this, a textbook, reference volume, or just a darn good read? I think it is all of the above. It certainly achieves its goal of presenting interdisciplinary information on common pain syndromes in an engaging and clinically relevant format. Every pain practitioner who reads this volume will achieve insights that are not usually presented in conventional texts and then will be able to provide a more comprehensive approach to day-to-day clinical problems.

As we know in pain medicine, these problems are never quite simple, my dear Watson.