The Management of Major Trauma (second edition)

C. Robertson & A.D. Redmond, Oxford University Press 1994. £14.95, 192 pp. ISBN 0-19-262447-4

This new edition of the first book in the series of handbooks in emergency medicine produced by Oxford University Press is aimed at junior and middle-grade staff working in accident and emergency (A&E) departments, faced with adult patients who have sustained multiple injuries (specific problems associated with paediatric patients are covered in a separate volume in the series). The handbook is set out in four parts. The first part covers epidemiology and the initial reception, followed by a systems assessment covering head, thoracic, abdominal, and spinal and skeletal injury. The third part discusses general principles of shock and the metabolic response to trauma, volume replacement and blood transfusion and patient transport. The final part includes practical procedures and speaking to relatives.

The layout is unusual and does not follow as logical a pattern as would be expected of a didactic handbook aimed at streamlining trauma care. The approach roughly conforms to advanced trauma life support (ATLS) principles, although there is often little distinction between the primary survey, resuscitation and the secondary survey phases. This is less important in the 'Thoracic Injury' chapter, which is excellent with clear, practical advice throughout, but does lead to a degree of inconsistency particularly in the systems assessment chapters.

Criticisms of a deliberately didactic work such as this should always be restrained. The following points deserve comment. In-line traction rather than stabilization is recommended for protection against suspected cervical spine injury. The IV induction dose of thiopentone of 2–4 mg kg⁻¹ would be over-generous in the presence of hypovolaemic shock. End-tidal CO₂ is not mentioned to exclude oesophageal intubation. Insertion of the scalpel handle leaving an exposed blade during cricothyroidotomy should be condemned. Blood sugar

is omitted as an 'immediate investigation', and a lower limit for a positive red cell count in the DPL effluent in penetrating trauma is not given. Lateral skull films are of little true value in risk stratification in multiple trauma, but will continue to be requested as long as clinicians persist in treating CT scanning as a sophisticated rather than routine procedure. Finally, there are no guidelines as to exactly when to request either surveillance thoraco-lumbar radiology in unconscious patients, or angiography in suspected vascular injury to the limbs. These are all minor points.

There is, however, a paucity of new topics or text in this second edition. Except for the odd table and minor reordering, most chapters are the same as those in the 1991 first edition, despite inclusion of some more recent references. There is a new diagram depicting a flail chest in the 'Thoracic Injury' chapter with some new text on penetrating cardiac injury and the role of trans-oesophageal echo. In the 'Spinal and Skeletal Injury' chapter the MAST suit is de-emphasized and the role of external fixation and invasive radiological procedures in severe pelvic trauma expanded, well illustrated by two new diagrams. Finally, in the volume replacement chapter, the 'key' points are re-ordered and there are a few lines on hypertonic saline and new oxygen carrying solutions. The preface and index remain unchanged.

Individuals or institutions who already have edition one may not wish to rush out and buy this new edition. For those unfamiliar with the work, it does provide a simple, comprehensive overview of trauma care and may be recommended for the junior doctor, senior A&E nurse or paramedic. Middle-grade staff might prefer a more comprehensive text. However, as the authors point out, there is really no substitute for experienced senior, consultant supervision, which is so important in successfully managing these most complex of patients.

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