

## Book reviews

### Current Practice of Emergency Medicine

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The problem with large textbooks is that one buys them in the hope of purchasing accepted wisdom *en bloc* only to find areas of disagreement scattered throughout the text that influence your opinion of the book as a whole. This is even more of a problem when American textbooks appear on U.K. bookshelves.

This book however is basically very good. It covers most aspects of accident and emergency (A&E) medicine and inclusion of areas not commonly accepted within the remit of an A&E department in the U.K. gives insight into the practice of emergency medicine in North America.

I was initially heartened to see that American emergency medicine does not appear burdened with paranoia about the hypoxic drive and in one chapter high flow 100% oxygen is recommended for all emergency patients.

However, it is inevitable that multi-author textbooks contain contradictions and the heights to which the book soars when discussing rationally the use of oxygen are unfortunately matched by the old chestnut of 'hypoxic drive' in the section on chronic obstructive airways disease. The blanket restrictions on the use of oxygen are not qualified by any reference to the respiratory rate or CO<sub>2</sub> retention and while stating hypoxemia is the major threat to the patient's life it suggests administering oxygen at 24%. This is room air. This section was most disappointing.

Differences in U.K./U.S.A. practice abound within the book, and you will struggle hard to find a reference to a British author or a British journal in this text. Even when the Glasgow Coma Scale is listed in the text there are no references to Glasgow or the authors of the scale.

In general the areas relating to wound management are well covered and for the most part look largely relevant to U.K. practice.

The non-surgical areas read like a textbook of internal medicine and clearly reflect the primary care role of American emergency departments. I doubt any U.K. textbook would include a section on the common cold.

When dealing with a violent patient there is a lot written without very much gain. I was not aware of the true value of a section entitled 'Clues to the recognition of violence'. Use of a restraint and the general approach to the violent patient would be foreign to most U.K. practitioners. The financial responsibility for unaccompanied minors is a section not yet present in any U.K. text but who knows what the future holds?

Surprisingly many of the legal aspects were dealt with on a first principle basis and do have relevance for U.K. practice.

The section on cardiology is detailed and more than adequate for emergency room practice.

While reading this book I was on duty for the A&E department and looked up some of the more unusual conditions that presented that day. Brodie's abscess was not listed in the index and the only reference to osteomyelitis in children was one paragraph in a book of over a thousand pages.

Fracture/dislocation of the ankle with an obvious threat to the viability of the overlying skin was not covered. There is an algorithm for treating fractures but no mention is made of the importance of preserving circulation to the skin in severe dislocations.

The book generally covers the unusual, such as, environmental emergencies quite well but day to day emergencies suffer as they are given equal coverage to the more exotic.

In summary this is an interesting book that is well-produced and contains some very well prepared and informative pieces. Overall, however, it does not provide enough information on the more common emergencies for it to be of daily use in an A&E department. Furthermore, it is written entirely for the North American market and many of its recommendations are clearly not applicable to British Practice.

I will keep the book and use it for easy access to references on 'intermediate exotica'. It will not provide the department with an easily useable reference book nor provide myself with a definitive text on the rarer conditions that we occasionally see.

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### **Poisoning and Drug Overdose**

By K. OLSON

Large & Appleton, Hemel Hempstead. 1990, £10.95.

This book is aptly described by the Publishers as a 'clinical manual'. It is an excellent source of information for the emergency physician and is divided into four sections.

The first section details methodology and rationale for urgent evaluation of a poisoned patient, using the airway, breathing and circulation approach. It offers a number of lists of clinical symptoms, supported by the drugs which may induce them, and then describes the appropriate laboratory investigations to confirm clinical suspicion into firm diagnosis. Methods of eliminations are also discussed.

The second section lists a number of specific drugs and poisons in alphabetical order. A description follows of the availability of each compound mechanism of toxicity, clinical presentation, diagnosis and treatment. At least one reference is given for each agent as supplementary reading. The list of poisons also includes plants and snake and spider bites.

The third section lists specific antidotes to previously mentioned toxins and describes when and how they should be used.

Section four is named Environmental and Occupational Toxicology. There is a brief description of the theory of medical management in relation to a major