BOOK REVIEWS


Inevitably, this is a distinctly American publication and therefore reflects terminology and practice, particularly in drug use, that differs from the UK. Examples include the recommendation to use quinidine and procarcinamide early in the management of atrial fibrillation and the omission of any reference to diphosphoros or to the use of antimesotens to prevent opioid induced vomiting. Amiodarone, antistrepsil, and isosorbide mononitrate are also noticeably absent. The account of postischaemic angina is very transatlantic perspective and there are minor differences, too, in the treatment algorithms for cardiac arrest in comparison with current European guidelines.

The two appendices deserve mention. The first is a potentially helpful set of electrocardiograms showing a number of characteristic abnormalities. The traces have been recorded from emergency settings to make them realistic rather than of "textbook" quality. On occasion, however, their readability could have been improved by their being reproduced with greater magnification. In some cases, too, the traces and their captions are decidedly misleading. For example, the trace described as showing right ventricular hypertrophy illustrates right axis deviation but no evident right ventricular hypertrophy; the right-sided leads (part of the printed definition of this condition); the trace of left bundle branch block shows no R wave greater than 2 mm; and the trace illustrating "posteroanterior myocardial infarction" fails to live up to the description of its caption, is identical to a subsequent trace labelled "acute anteroseptal infarction" and shows an evolved Q wave infarct in the right leads. In several other traces there are important discrepancies between the trace presented and its description.

The second appendix provides a comprehensive review of cardiovascular medications (American style) with good descriptions of the dose, indications, therapeutic effect, and side effects for each. One wonders, however, why the 47 chapters of this book were not a part of the main body of the text.

In essence, this is not a how-to-do-it book for accident and emergency staff but a concise review of cardiovascular medicine slanted toward this service. It is interesting, accessible, and informative though with imperfections and a transatlantic flavour. As house surveyors say, if this is the sort of property that you would like, buy it! Look carefully to see for yourself; it might well prove very useful for your bookshelf.

In the preface, the editors state that their handbook is intended to act as an extension to the major text "The clinical practice of emergency medicine" and in fact the chapters of the two books apparently correspond.

The book is published in small print in clinical handbook style. The first page deals with acute angle-closure glaucoma, but then you have to start somewhere. It certainly deals with many conditions that you are likely to see and a lot more that are much rarer. For example, if there's a bit hard to read, what help might it give us on ... let's say sprained ankles? It's not in the index under ankle, soft tissue injury or sprain. It's not in the contents under "trauma." In fact, the section on fractures only takes up two and a half pages. There are five lines on ankle dislocations and three and a half lines on ankle fractures but this is in another section, much later, called "fractures in children."

How about dog bites? Two lines: "Cat bites show a high prevalence of Pasteurella multocida, an organism that is strongly endorsed to live in the oral cavity of dogs. Radiographs are necessary to look for the development of osteomyelitis and fractures." Mmmmm... Wait a minute, there's another section here later. Might as well deal with the possibility of "Thousands of people throughout the world are killed each year by sharks, crocodiles, pachyderms, big cats and other large carnivores." And there are, in fairness, a few lines about dogs. But the section on Crocodile Snake Envenomation [rattlesnake bites to you] is much, much longer.

OK, so how about the big stuff? Let's try orthopaedics. Well, it doesn't deal with it as an entity, but the book includes very thorough sections on ischaemic heart disease, acute pericarditis, etc. So should you buy it? Well, it is a good book if you want: * Lots of information * Knowledge of diseases prevalent in the USA * An American viewpoint on emergency medicine * Eye strain. It is not for you if you want: * Lists of practical advice * A pocket reference * Information about common UK presentations.

Nevertheless, it is an important textbook and every department probably should have the book. But there really should be an English or a Scottish rival...

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Medicine and the Law are learned disciplines which are divided by a common language. Although English legal system countries administer the law through the common language of English for doctors and others who practice their profession in the same language, it is perhaps surprising and not a little disconcerting to discover that the respective professional groups use certain key English words to convey significantly different meanings. For example, most doctors encounter scientific method at some stage in their training, if only from a comfortable distance, but close enough to understand the concept of an issue such...