BOOK REVIEWS

Emergency Management of Cardiovascular Disease. Edited by R V Aghababian. (Pp 449; £50.00.) Boston: Butterworth-Heinemann, 1995. ISBN 0-7506-9633-8.

The 19 chapters of this multiauthor book from Massachusetts present a reference in cardiovascular disease for the practising emergency physician. Twenty seven contributors have written comprehensively yet succinctly on a broad range of topics in cardiovascular medicine. Overlap and repetition – difficult to avoid in a multi-author book of this type – have been trimmed to level that is acceptable, though not perfect.

The value of presenting the anatomy, physiology, and pathology leading to a patient's presentation with cardiovascular disease is strongly endorsed by the layout and content of the book. Its editor, Richard Aghababian, has taken the welcome approach that "the physician can best diagnose and treat the patient's problem when the underlying pathophysiological processes that have produced the patient's symptoms are understood". Accordingly, the text deals soundly not only with ischaemic heart disease and arrhythmias, but also with the cardinal features of cardiomyopathies, valvar heart disease, cardiac infections, pericardial disease, malignancy, vascular disease, and trauma; and, for the most part, the book succeeds well in its aim.

The book may not suit the needs of readers who are looking for an incisive outline of practical emergency management, but it contains a wealth of information to support the practice of acute cardiovascular medicine from the very basic ("The heart is a hollow muscular organ consisting of four chambers..."), to the more advanced (such as the ECG in Lyme disease). The range and level of the writing makes much of it relevant to the educational needs of senior medical students, postgraduate nurses, and junior medical staff, as well as providing a convenient reminder and reference text for more experienced practitioners in emergency medical care.

Several of the chapter headings follow the edict "You can't tell a leopard from his spots": chapter 2 – "Initial Approach to the Patient" – is no more than a reflective piece on the progress of emergency medical care and the requirements of a contemporary emergency medical physician. In chapter 3 – "Medical History" – 11 of the 12 pages, and two detailed probability tables, focus on evaluating the emergency patient from the perspective of long term risk factors for coronary and venous thromboembolic disease. Chapter 6, "Diagnostic Evaluation", has substantial emphasis on special investigations that in European practice are more the province of the cardiovascular physician for subacute management than of the emergency team (stress testing, ultrasound, nuclear medicine, angiography).

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 procainamide early in the management of atrial fibrillation and the omission of any reference to diamorphine or to the use of antiemetics to prevent opioid induced vomiting. Amiodarone, anistreplase, and isosorbide mononitrate are also noticeably absent. The account of prehospital care conveys a 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 shows no positive R wave at all in 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 "posterolateral 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 inferior 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 pages of this useful appendix 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 cardiology particularly 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.

R VINCENT
Brighton

Handbook of Emergency Medicine. Edited by A Harwood-Nuss and R C Luten. (Pp 816; \$50.00.) Philadelphia: Lippincott, 1995. ISBN 0-397-51327-5.

As handbooks go, this is a big one. It is edited by two professors in the division of emergency medicine of the department of surgery of the University of Florida. They work at the Health Science Center in Jacksonville. The list of contributors takes four pages in fairly small print and all seem to be qualified primarily in the USA.

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 classical textbook 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 less common. So if we forget that it'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 also present 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 later in the book dealing with all animal bites: "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 Crotalid Snake Envenomation [rattlesnake bites to you] is much, much longer.

OK, so how about the big stuff? Let's try chest pain. 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 ● Practical help and advice ● A pocket reference ● Information about common UK presentations.

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

C MOULTON
Bolton

Medical Negligence, 2nd ed. Edited by M J Powers and N Harris. (Pp 1188; £155.00.) London: Butterworths, 1994. ISBN 0406-0045-28.

Medicine and the Law are learned disciplines which are divided by a common language. Although English legal system countries administer the law through the medium 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