Although the preface states that the book is aimed at emergency physicians at any level, in this country it will be most of value to senior house officers and middle grade trainees. In this respect the absence of references and suggestions for further reading is regrettable and the didactic style of authorship fails to acknowledge and debate areas where there are genuine differences in opinion. However, the depth of coverage offered will make this a valuable book to have in the desk drawer if not the coat pocket.

The main authors are two American emergency physicians and a professor of cardiology. As a result of North American authorship, there are differences from standard UK practice. The American Heart Association algorithms are used in the chapter on cardiac arrest and there is the inevitable need to substitute adrenaline for epinephrine and lignocaine for lidocaine. There is also relatively superficial coverage of trauma in comparison with medical and surgical emergencies, which reflects the workload in many American emergency departments. These are, however, minor points that do not detract from the overall quality of the text.

In summary, this book is well written and affordable. The format is ideal for those looking for a book which can offer them accurate and accessible information to use in clinical work. Those requiring more definitive referenced work would be better purchasing one of the major textbooks of Emergency Medicine.

Graham Johnson
Plymouth


As specification proceeds apace, there is a tendency towards the production of larger and larger medical textbooks on smaller and smaller topics. This refreshingly short and concise book does not follow this trend. In a few clear and well presented pages it collects together all currently agreed guidelines and many of the normal values and drug doses relevant to A&E.

Partly because of its nature, there is really very little to criticise within the text. The most glaring deficiency of a book presumably directed at doctors throughout the United Kingdom is the failure to mention the different legal system in Scotland. A certain amount of northern wrath could have been easily avoided if differences in the Mental Health Act and the reporting of deaths to the Procurator Fiscal had at least been acknowledged. Apart from this, there are only one or two obvious omissions. The nomogram for estimating carboxyhaemoglobin concentrations at the time of exposure could usefully have been added, as could details and doses of anaesthetic drugs (which are mysteriously missing from the pharmacopoeia).

The authors justify their book by claiming that “the overstretched doctor cannot be expected to retain and recall all this information”. However, as far as many of the guidelines are concerned (for example, cardiac arrest, peri-arrest arrhythmias, status epilepticus, pneumothorax), our patients would surely expect a little more! Prospective candidates for higher examinations in A&E should be warned that examiners will certainly expect this knowledge to be thoroughly ingrained. Indeed, for this very reason alone, this book can be recommended as an essential purchase to all such candidates.

Jonathan Wyatt
Edinburgh

Institution of Engineers of Ireland

Impact Biomechanics, Injury & Traffic Safety


The aim of the programme is to bring the latest research on the biomechanics of impact injury to a wider technical and medical audience. It is only by achieving an understanding of how injury is caused that researchers and engineers can devise methods of mitigating injury severity. This one-week conference will bring to Ireland the world’s leading experts in the areas of traffic safety, injury, and trauma.

The programme consists of three events: (1) A course on Impact Biomechanics and Injury; (2) A public “Manning” lecture, and (3) the hosting in Dublin by the Institute of Engineers of Ireland of the 1996 International IRCOBI Conference.

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