practical reference book. Finally, any book that can quote Shakespeare, House of God, and the Ancient Greeks gets my vote for entertainment value alone.

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Stroke Syndromes. By J Bogousslavsky and L Caplan. (Pp 510; £95.00.) Cambridge: Cambridge University Press, 1995. ISBN 0 521 453976.

The management of patients with acute stroke is evolving very rapidly. Triage of stroke cases in accident and emergency departments will become increasingly important over the next few years as effective treatments for acute ischaemic and haemorrhagic stroke are identified. However, any triage will need to be done within minutes and certainly no more than an hour or so after arrival in A&E, since the "therapeutic window" in stroke is likely to very short. In other words, clinical bedside assessment of stroke will be even more important in the future. Bogousslavsky and Caplan's book therefore arrives at an opportune moment. It is, however, a reference book (and a very informative one at that), more designed for thoughtful bookish contemplation than as a guide to snappy decision making in A&E. Although the book is meant to be — and is — a mine of useful information for sorting out puzzling strokes, that's as far as it goes. It is not designed to be a guide to treatment, so "Stroke syndromes" really needs a companion volume on what to do next once the stroke syndrome has been diagnosed. It also makes clinical strokology seem fearsomely complicated (which it ain't always). We all know that anyone can diagnose a stroke in the calm of the neurology ward the day after admission, when the history and physical signs have stabilised. On the other hand, clinical assessment of patients with acute stroke gets more difficult the earlier the patient is seen. From the perspective of A&E medicine, this book does not address the problems of acute stroke particularly: is too complex, lacks chapters on the essentials of the assessment of acute stroke (particularly the history taking and key bits of neurological examination), and does not deal with some of the clinical problems encountered when assessing patients with "hyperacute stroke". It is perhaps unfair criticism of the book to point to these deficiencies, since it — quite reasonably — assumes a level of neurological competence and is not solely aimed at doctors at the sharp end of stroke care. Nonetheless, despite some potential shortcomings specific for A&E medicine, this is a worthy reference tome.

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Clinical Practice of Emergency Medicine. Edited by Ann L Harwood-Nuss (Pp 1709; £132.50.) Philadelphia: Lippincott-Raven, 1996. ISBN 0-397-51357-7.

This text is heavy (4 kg) which dictates that it is destined to be a reference book as opposed to a handbook.

The aim of the book was to provide a comprehensive text focusing on the diagnosis and management of medical emergencies. To achieve this there are 418 chapters provided by 448 contributors. The contributors are predominantly emergency physicians but also include experts from specialty areas, with some eminent names such as Robert Hoffman, Paul Pepe, and Robert Rosen.

The volume is subdivided into nine sections and covers topics such as surgical emergencies, trauma, medical emergencies, paediatrics, toxicology, and environmental emergencies and includes two sections–which are new to the second edition–on essentials of administrative and clinical issues in emergency medicine and essentials of diagnostic imaging and the laboratory.

Each chapter follows a similar format and begins with an introduction covering areas such as epidemiology, anatomy, and physiology, followed by sections on the clinical presentation and differential diagnosis. I particularly liked the way the chapters are split to include sections on the emergency department evaluation, management, and disposal of patients. There then follows a section on common pitfalls which I found to be an exceptionally valuable reminder for the practising physician. Each chapter is supplemented by references which are up to date, although predominantly taken from the American literature.

The text is supplemented by numerous figures and tables. These consist of high quality line drawings, *x* rays, and clinical photographs. Some of the photographs would benefit from being in colour, notably the eye trauma section which included a most vivid example of traumatic retrobulbar haemorrhage. The publishers, however, appear to have had problems in consistently reproducing good quality ECGs.

The index, although comprehensive, could benefit from highlighting where there are several series of pages referenced.

Some of the guidelines and other information do not entirely coincide with UK practice and policies. The American Heart Association guidelines for cardiopulmonary resuscitation, the schedule of routine childhood immunisations, and tetanus prophylaxis schedule, together with legal issues such as the amendments of the US, are notable examples. However this is balanced, to a degree, by some efforts which have been made to make the text suitable for a UK audience. The chapter on paracetamol poisoning not only includes the only FDA approved 72 hour oral protocol, but they also reference Prescott's protocol. Also the appendix of normal laboratory values cites both MGH and SI units.

I believe the editors have achieved their aim and congratulate them on successfully coordinating such a large number of contributors. I have enjoyed reading the book and will continue to refer to it. I suppose my strongest recommendation comes from the fact that a further copy has already been purchased by this department.

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Guidelines for the Management of Acute Head Injuries. By Richard Ashpole, David Hardy, and Juergen Klein. (Pp 39; £5.95.) Hale, Cheshire: Haigh and Hochland Publications Ltd,1995. ISBN 1 898507 30 9.

The improvement in mortality from severe head injuries seen in the last 25 years has resulted mainly from the use of guidelines and a systematic approach to management. This neat pocket book concisely summarises for the nonspecialist the currently practised guidelines in the United Kingdom for head injury management. Beginning with the Glasgow coma scale it gives algorithms for head injury management and initial resuscitation. In a stepwise fashion it covers the basics of airway, breathing and circulation, the treatment of convulsions — and the assessment of neurological status. Radiological evaluation of major head injuries is then listed followed by 13 examples of computerised tomography (CT) and plain *x* ray findings in head injuries. Useful guidelines on observation and review of head injuries on the ward and the investigation and management of minor head injuries follows. I was specially pleased to see a section on transfer protocol and in particular the emphasis on having a stable patient before transfer. A happy neurosurgeon is one who receives all the notes and *x* rays including the CT scan. This book is by design brief and concise and will be of most use to the novice A&E SHO. The publishers are clearly aware of this for they have made it possible to hold the book and turn the pages using one hand, leaving the other to conduct the telephone call with the on-call neurosurgeon. Sponsored by a drug company with an interest in head injury it was disappointing to see that references were not provided for the Glasgow coma scale or clinical algorithms.

Although useful in illustrating typical abnormalities these must not be thought to enable reliable interpretation of the range of appearances encountered in "real life" — CT scans certainly should be sent, via image link, for neurosurgical review.

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