centred over the injured area. Routine "lumbar spine" and/or "thoracic spine" requests may miss such injuries. If the clinical signs are maximal around the thoraco-lumbar area, request radiographs centred on the area of maximum clinical signs (for example, "spine T6–L4", or which levels are appropriate).

Reviews: Supplement to *Lancet* December 21–28, 1996

Lancet 1996;**348**(suppl II):1–27
This contains updates on all that is exciting or new within different specialties, from anaesthesia to tropical medicine, nutrition to orthopaedics. Each article ends with five key references for 1996. The article on emergency medicine by Marie Kuhn, Adelaide, refers among other things to new techniques to aid the diagnosis of the acute myocardial infarction, active compression-decompression CPR, CPAP in pulmonary oedema, cost saving plans, and ultrasound in emergency medicine. The numerous references quoted on each page may be useful to many.

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BOOK REVIEWS

ABC of Spinal Cord Injury. By David Grundy and Andrew Swain (Pp 64; £12.95.) London: BMJ Publishing Group, 1996. ISBN 0 7279 1049 3.

This is the third edition of a book first published in 1986. It addresses the management of spinal cord injury in 14 chapters, progressing from "at the scene" to "later management and complications". Each chapter contains clear line drawings, photographs, tables, and diagnostic images to clarify and expand the text.

This small book is lucid and efficient in explaining the key points at each stage in the care of the patient with an injured spinal cord. It contains specific chapters on medical management, nursing, physiotherapy, occupational therapy, and the social needs of the patients and their families. This is both the strength and weakness of the book—for while it is an excellent primer for any health care professional wishing to learn about spinal injury, its simultaneous breadth but lack of depth ensures that the interested reader will need to search elsewhere for greater detail (the provision of a suggested reading list does assist this). More specifically, while the whole book is of interest, only the first five chapters are of direct relevance to the investigation and treatment of the spinally injured patient in the A&E department.

Certain aspects of spinal cord injury have been omitted. In particular I would like to have seen a chapter dealing with the prevention of cord injury, which could usefully have complimented the brief section dealing with the epidemiology of spinal cord trauma. Similarly further references could have been made to the patient who is the victim of both spinal trauma and other injuries—highlighting the need for a high index of suspicion and a management plan that minimises the risk of further injury to the spinal cord.

Overall the book fits the "ABC" format well and I would commend it to anyone who deals with the victims of spinal cord injury.

C MANN
Plymouth

Emergency Triage. By Kevin Mackway-Jones. (Pp 156; £12.95.) London: BMJ Publishing Group, 1997. ISBN 0 7279 1126 0.

I really enjoyed reading this book. Part of that enjoyment came from realising how short it was. Having started on page 1, I got to page 36 (there are 156 pages) and found that the rest of the book was essentially given over to flow charts for an array of presenting complaints.

It is a book for medical and nursing staff and has been written by an interdisciplinary group. On the first page, there is a statement of the five initial aims for the group when it was established in November 1994. These were the development of a common nomenclature, common definitions, a robust triage methodology, a training package, and an audit guide for triage.

The book follows close on the heels of the nationally recommended triage guidelines, and will provide a tremendous boost to negotiations with purchasers who wish to ensure a uniform approach. Its central thrust is to provide an approach to triage which is capable of being audited, yet still requires professional expertise to execute. The authors acknowledge that training for triage requires pattern recognition and deduction, and as such is fairly sophisticated. Professionals from both nursing and medical disciplines will immediately appreciate this.

This approach should not be confused with an algorithmic basis for solving the patient's problem and it is designed simply to take the presenting complaint and make priorities based on observations and questions. I was heartened to read that the prioritisation process takes account of the patient's pain level.

On the downside, there are no references given, even when references are quoted, such as in the second chapter. The book does not deal with how the triage process can integrate early clinical care decisions, such as the need for immediate *x* ray, and I was surprised to see that there is very little discussion given to the automatic prioritisation of children, although the subject is mentioned very briefly in the fifth chapter. There is no mention whatsoever of other aspects of the process of triaging, such as establishing target times, but this is probably outside the scope of the book, which is focused on the decision making process and methodology.

I would have liked to have seen comments concerning the use of information technology to supplement the decision making process, but again this is probably more process orientated than the authors have wished. The authors have succeeded in meeting the first three of their five aims, and I now wonder whether there is scope for a further manual dealing more specifically with training and audit.

This is an excellent book. It makes a very valuable contribution to the national understanding of emergency triage and I would hope that it would be embraced by both medical and nursing professions as a guide and way forward.

J SLOAN
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Case Studies in Emergency Medicine. By Howard A Freed, Dan Mayer, and Frederic W Platt. (Pp 406; £35.00.) Edinburgh: Churchill Livingstone, 1996. ISBN 0 316 29470 5.

Are you a fan of *Casualty*? Do you never miss an episode of *ER*? Then this American text may be a book for you. It is a collection of 106 real cases which have presented to an emergency department. Each case is presented with a history, some clinical findings, and the results of some investigations. There are three questions at the end of the presentation which should by now have had you guessing what the punch lines will be. There then follows a discussion of the case, which invariably revolves around the more appropriate investigations and treatments required.

The cases represent a wide spectrum of clinical problems including medical, surgical, trauma, gynaecology, paediatrics, and psychiatry. They are randomly presented, as one might encounter working in an emergency department. There is a three page explanation of abbreviations at the beginning of the book which introduces the United Kingdom based physician to new terms such as 2-PAM for "pralidoxine" or RMA for "refusal of medical attention". Nevertheless I found all the abbreviations somewhat irritating.

The nomenclature of drugs is very American and requires a knowledge of the common US terminology for drugs, although usually the generic name is given in addition to the common trade name. Clinical practice varies also. Take the asthma scenario, for instance, where the patient is a 23 year old man who becomes wheezy after being arrested by the police. His respiratory rate is 20, his pulse rate 90, and he has bilateral musical wheezes in his chest. He gets oxygen at 5 litres per minute through nasal prongs, an infusion of 500 mg of aminophylline over two hours, and is returned to jail. Needless to say he gets worse and returns. And how many cases do we see where a patient places a firecracker in his anus and lights it ?

Overall this book is a collection of semisensational emergency medicine cases randomly arranged as they would present to an American emergency department. I do not feel that it approaches the cases in sufficient depth to provide authoritative comments. A book for friends and family, perhaps, to let them know what happens in A&E but not for emergency physicians.

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