

effective ways of changing practice in A&E departments. Alternative ways and means need to be evaluated to pass on information concerning vaccination in A&E in order to improve awareness and to change practice.

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- 1 CMO's Update, 1994;2:1-2.
- 2 Department of Health. *Diphtheria in the former USSR*. (Professional letter: PL/CMO (93)9.) London: Department of Health, 1993.
- 3 British National Formulary, No 28. London: The Pharmaceutical Press, 1994.
- 4 CMO's Update, 1995;5:1.
- 5 CMO's Update, 1996;9:3.

BOOK REVIEWS

Baillière's Clinical Neurology. International Practice and Research, volume 5, number 3. Critical Care.

Edited by C F Bolton and G B Young. (Pp 245; £30.00.) London: Baillière Tindall, 1996. ISBN 0 7020 2096 6.

I believe the authors have succeeded in their aim of producing a book on the critical care of neurological conditions which will be of interest and use to both the neurologist and the non-neurologist.

The book covers neurotrauma and the major medical neurological emergencies. It also provides information on the diagnosis and investigation of neurological conditions which arise in the ITU patient, such as the "hard to wean" patient, critical illness polyneuropathy, and iatrogenic seizures.

The chapter on CNS trauma gives a clear review of current thought and practice in the management of head injury. Unfortunately the section on spinal trauma is too brief. This is an important area and I would have liked to see it treated in the same comprehensive man-

ner. In particular I feel more detail should have been included on the acute monitoring and management of the cardiorespiratory complications in spinal trauma, and the later presenting but potentially life threatening autonomic dysreflexia syndrome.

Subarachnoid haemorrhage, stroke, seizures, and Guillain-Barré syndrome are covered logically and with practical management suggestions. The differential diagnosis of encephalopathy is comprehensive, although of necessity in a book of this size coverage of the detailed management of specific conditions is limited. In particular there is a good short section on hypoxic-ischaemic encephalopathy.

The last section covers ethics. It is clearly written and covers such important areas as withdrawal of care and euthanasia; however, it is presented from a North American perspective and does not cover any of the recent English or Scottish case law.

Overall the book achieves an excellent balance of relevant physiology and monitoring, current practice, and the practical implementation of new research. There are suggestions throughout of work in progress on new therapeutic or neuroprotective agents, which makes it a pleasantly optimistic read. I recommend it to any trainee involved in the care of neurologically injured or ill patients. Its relevance to the A&E trainee comes from the clear explanation of the principles of treatment which form the basis for our emergency room management.

JULIA HARRIS
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Roberts' Practical Guide to Medical Emergencies. By James R Roberts. (Pp 302; £30.75.) Philadelphia: Lippincott-Raven, 1996. ISBN 0 397 51838 2.

Roberts' book constitutes part of the exponential growth in texts on emergency medicine. This book is a collection of essays written by a single author from the American publication *Emergency Medicine News*. The individual articles have been revised to bring them up to date and grouped into themed chapters. Many of the topics covered would

not be included in a British publication about "medical" emergencies, such as fingertip injuries, puncture wounds to the foot, and sedation of children. The title does not accurately indicate the contents of the book, though the author undoubtedly presents a practical guide based on personal practice, supported by references to the medical literature. The views expressed are well reasoned and highly readable in the main. However, readers expecting a comprehensive "guide to common medical emergencies" will be disappointed. The small range of topics discussed constitute a minor part of British A&E practice.

Some of the topics covered have stimulated considerable debate among my colleagues. One particularly contentious example is the recommendation for combined use of intravenous fentanyl and midazolam by non-anaesthetists to sedate children for painful or unpleasant procedures in the emergency department.

The chapter entitled "Myths and misconceptions" provides an interesting insight into some procedures that have long departed from UK practice. Examples include the use of iced gastric lavage for control of upper gastrointestinal haemorrhage and the routine use of figure of eight bandaging for clavicular fractures. Other mythologies exposed seem to have little relevance to practice on this side of the Atlantic, such as pouring scorn on the practice of using nebulised adrenaline to facilitate the discharge of children with croup from the emergency department.

In this brave new world of evidence based medicine, it is disappointing that this book is in essence a collection of personal opinions. While the individual articles are both interesting and entertaining they lack the rigour of systematic reviews and are not of great practical help in directing change in the management of individual patients.

In summary the book provides an interesting insight into the practice of a highly respected North American emergency physician but many of the views expressed are not readily applicable to the work of an A&E doctor in Britain. Colleagues looking for a "practical guide to medical emergencies" are advised to look elsewhere—perhaps closer to home?

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Correction

In the paper by O'Donnell *et al* in the May issue (volume 14, pages 163-4), some errors in table 1 were not corrected on proof. The corrected section of the table is as follows (corrected figures in bold):

- (4) It is important to rinse mouth out after steroid inhaler use. (*True*)
24/25 SHOs answered correctly
6/25 Nurses answered correctly
- (5) How can you tell that the MDI is empty? (*Shake it*)
14/25 SHOs answered correctly
19/25 Nurses answered correctly