Letters, Book reviews, Notices


Anyone who has ever been faced with a sick neonate or child will admit to feeling anxious. This wonderful little book allays most if not all of that anxiety and is easy to read in the lift, on the way to the ward, or during a hasty walk to the resuscitation area. It fits snugly into a white coat pocket and, importantly, into the "bumbag" so loved by paediatricians!

The authors are succinct in achieving their aim to write "a clear practical guide to the management of both the acutely ill child and the neonate". They never leave any doubt as to what should be done. Punctual, confidence inspiring statements fill the pages, for example "in trauma—insert two large bore cannulae into big peripheral veins".

The book is almost equally divided between neonates and children. Each section is divided into common presentations and specific conditions. I found it difficult to think of an example of either which was not supported by a relevant chapter. Cross referencing in the book is extremely easy.

Each presentation or condition covered stresses the priorities in management as well as treatment regimens. The chapter on poisoning even includes the telephone numbers of the National Poisons Centres. Life support measures in neonates and children are described as are details of emergency practical procedures.

Negative aspects of this sturdy little book are difficult to find. Local policy may not include ipecacuanha in its management of poisoning and some centres have replaced arachis oil with olive oil when using paraldehyde in the management of status epilepticus.

My invitation to review Acute Paediatrics said that I could add it to my bookshelf. I doubt it will remain on any shelf long enough to gather dust so invaluable it will be to all those involved in the care of sick neonates and children.

A long overdue book which I have every confidence will be a great friend to those who buy it.

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This is an up-beat and enthusiastic book. If it were a teacher's work book young, students given to Blairite body language in its efforts to explain. It is the New Labour of textbooks, putting emphasis, and even spin, on the subject of blood gases to make it sexy and interesting. The style is a cross between life support manual and trendy vicar, and the end result is both highly readable and effective, if a little overcooked and earnestly mated.

With a reassuring move to increasing critical care in accident and emergency (A&E) departments, the subject of blood gas interpretation is highly relevant and no longer belongs exclusively to intensive care. This book sets out to cover what should be considered essential core knowledge of this area for A&E staff dealing with acutely ill or injured patients. The layout is extremely easy to follow, with well designed cartoons, graphs, and boxed information highlighting key points. Concepts of acid-base balance are well developed, with excellent chapters on acidosis, alkalinosis and oxygenation, and these build up to a concluding chapter on interpretation of blood gases that is comprehensive and presented with patient clarity. The introductory two chapters are less strong, and beginning with the detailed description of how to take blood gas samples is a bit of a turn-off. Describing a practical procedure always tends to read like a VCR manual—this is better than most, but does not instantly engage like many of the subsequent chapters. Each chapter is followed by a self test quiz; these are strongest when presenting case scenario puzzles.

This book is geared towards experienced nurses and junior doctors. As such, the content is spot-on and achieves its objective of de-mystifying blood gas analysis. What's more, you feel as though the authors really care that you understand this subject, and would make you a pot of Earl Grey while you were reading if they only could.

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Figure 1  Braising indicating the position of the seat belt (arrow).

fastening at the level of the lower thorax (fig 1). In view of this patient’s obesity and heavy clothing this was undoubtedly her easiest means of applying the seat belt, whereas she should have ensured that the lap strap lay below her fatty apron and the diagonal strap ran between her breasts.

Health educational programmes aimed at seat belt use should also emphasise the correct use of these restraints, especially in those people where anatomy or clothing prevent an easy snug fit.

NOTICES

British Association of Plastic Surgeons: Advanced Courses in Plastic Surgery

The eighth meeting of the sixth series will be held on bone biology/limb trauma (excluding hands) at the Haydock Thistle Hotel, St Helens, on 26–27 March 1999. The course is aimed at consultants and trainees in plastic surgery but members of the British Association for Accident and Emergency Medicine are invited to attend. The fee for this meeting will be £350, inclusive of one night's accommodation and all meals.

For further information contact: British Association of Plastic Surgeons, Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 2PN (tel: +44 (0) 171 831 5161/2; fax: +44 (0) 171 831 4041; e-mail: secretariat@baps.co.uk).

The 16th Annual Scientific Meeting of the Australasian College for Emergency Medicine incorporates the 20th Annual Scientific Meeting of the Australasian Society for Emergency Medicine

The above meeting will be held from 22–24 November 1999 at the Auckland Convention Centre, Aotea Centre, Auckland, New Zealand. The key theme will be education in emergency medicine and the keynote speaker Judith Tintinalli, Professor and Chairman, Department of Emergency Medicine, University of North Carolina at Chapel Hill.

For further information contact: Amanda Kennedy Medical Meetings, PO Box 16-106, Glenview, Hamilton, New Zealand (fax: +64 (0) 738 1887; e-mail: amandak@wave.co.nz).

Readership survey

The editor would like to thank all those who responded to the readership survey. The comments are greatly appreciated.