The lumen of the ring prevented total airways obstruction and saved this child's life.

H J B GONSALVES
Consultant in Accident and Emergency, Bishop Auckland General Hospital, Cockton Hill Road, Bishop Auckland, County Durham DL14 6AD

Is this a record? Six years in "Paris"

EDITOR,—We should like to bring to your attention an interesting patient who presented recently at our accident and emergency (A&E) department.

The patient was a homeless man, aged 64, who lived rough and was well known in the area. In November 1992 he fell and injured his left knee while under the influence of alcohol. Radiography of his knee showed a simple fracture of the patella. He was put into a plaster of Paris cylinder for four weeks, to be reviewed at the end of that period.

Four weeks later he was seen in the fracture clinic for assessment. The plaster was removed on arrival. He had a stiff knee but with no tenderness over the patella at all. He was to be put into a Tubigrip support bandage and to be reviewed two weeks later. However, he was actually put into a Dynacast plaster and told to come back in two weeks for review; he failed to keep his appointment.

Almost six years later, in October 1998, the patient arrived in the A&E department, with a request from his general practitioner (GP), to have his plaster removed.

The Dynacast plaster was filthy, foul smelling, but undamaged and it was with some sense of trepidation that the plaster was removed with an electric saw. The limb was covered in dead squamous tissue and had four small areas of superficial ulceration. He was able to straight leg raise and to demonstrate about 15 degrees of flexion on removal of the cast. The leg was cleaned and, other than some generalised pallor and thinning of the skin, was found to be extremely healthy. He had very little movement of the knee joint but good ankle and hip joint movements. His leg was dressed with mupirocin and a paraffin gauze dressing and then a conforming bandage.

During his six years of wearing his Dynacast cylinder he had walked to Cornwall and to the Midlands, some considerable distances from his home town. In doing so he had lived rough for the majority of that time. In order to move freely he had developed a Parkinsonian type shuffle, which was most effective.

The Dynacast was in excellent condition, as was the stockinette. The wool and other protective dressings, however, were showing sign of degradation. Neither Smith and Nephew, makers of Dynacast, nor ourselves have been able to find any reference to any form of prolonged treatment with a plaster of this nature reported in any of the medical or nursing literature.

There are lessons to be learned from this case. The principal one is the importance of ensuring that when plans in management are altered that records must be altered as well. In this case the patient was seen, or to be seen, by two doctors. As there was no written alteration to the plan on the first attendance at the fracture clinic the second doctor was not to know that the patient was not in a Tubigrip bandage when last seen. It is understood that, because of the nature of his life style, a verbal change of plan was given and a further two weeks in a cylinder was recommended.

Interestingly, the patient decided to remove the plaster as he had chosen to retire from the road as he now felt that there were too many unpleasant people travelling on the roads.

M R MARTIN
Staff Grade
P HARDWICK
Charge Nurse
A KILLICK
Sister
Taunton and Somerset Hospital, Musgrove Park, Taunton Somerset TA1 5DA

BOOK REVIEWS

The Midnight Meal and Other Essays About Doctors, Patients, and Medicine. By Jerome Lowenstein. (Pp 128; £12.50.) Yale University Press, 1997. ISBN 0-300-06816-6.

The Midnight Meal. The very words brought back vivid memories of comforting cheese omelettes, or bacon and beans, eaten with relish in the middle of nights "on take", waiting for the bleep to go off again. Memories of real food at night, before packaged meals and microwaves on hospital corridors.

In this collection of essays, Dr Jerome Lowenstein, a professor of medicine at New York University Medical Center and a longtime member of the staff of the Bellevue Hospital, writes about some of the changes he has seen in the way medicine is practised, and he reflects on some traditional values, which at times appear to be in danger of extinction.

Many of his essays, such as "Can you teach compassion?" are about a "humanistic" approach to medicine, which he has tried to nurture in his junior staff. He recalls an intern presenting a patient as a, "Thirty five year old IVDA . . .", and asking, "Would our thinking or care be different if you began your history by telling us that this is a 35 year old marine veteran who has been addicted to drugs since he served, with valor, in Vietnam?". Such attention to patients as individuals is a strong theme throughout. Patients, in Dr Lowenstein's hands, are not examples of interesting conditions, they are distinct personalities with their own special fears and emotions. "Every patient has a name and a story, yet many seem to remain almost as nameless as patients brought in comatose to the emergency room as 'unknown white female'", he writes, as he ponders the dilemma between listening to patients, and the pressure to get each one treated quickly and effectively.

Several of his essays concern the patient-physician relationship. "On drawing blood" examines the importance of this simple task in allowing medical students to begin making physical and psychological contact with patients. In "Asymmetry" he discovers, from talking with colleagues, that although in a particular patient-physician relationship there is an asymmetry in the amount of uncertainty, fear, pain, or helplessness felt by the two parties, the physician has to cope with the cumulative effect of repeated "asymmetries".

Dr Lowenstein takes a look at some of the changes in medicine and medical practice, such as "The biomolecular revolution", and our increasing reliance on numbers: measuring concentrations and defining treatment thresholds. In "The whole truth . . .?" he acknowledges progress made in favour of patient autonomy. He does not suggest that we turn back the clocks: the pace of medicine has changed too much for that, but he does lament the passing of institutions, like the midnight meal, which fulfilled far more than just feeding busy clinicians.

In "Shaky evidence" he takes a playful swipe at evidence based medicine, meta-analyses, and outcomes research, and questions some of their underlying principles. As with the rest of this collection Dr Lowenstein manages to engage the reader with his insights and the deftness of his touch.

This book is not only a good read: it is stimulating and uplifting. It reminded me of my house jobs, the physicians who taught me, and my motives for going into emergency medicine.

BERNARD FOËX
Specialist Registrar in Emergency Medicine, Bolton

Oxford Handbook of Accident & Emergency Medicine. By J P Wyatt, R N Illingworth, M J Clancy, P Munro, C E Robertson. (Pp 782; £18.95.) Oxford Medical Publications, 1999. ISBN 0-19-262751-1.

Never judge a book by its cover, the saying goes. This book certainly lives up to its outward appearance—the cover is purple and yellow. Historically, both colours are significant—the former adorning Roman Emperors and the latter being revered by the Sun King, King Louis XIV and hence the yellow room in the Palace of Versailles.

I admire the authors for taking on the responsibility to produce such authoritative guidance on such an exhaustive subject. The book is comprehensive yet concise. It is easy to read yet may also be used as a reference book. Many accident and emergency (A&E) senior house officers who use the book as guidance find it extremely useful. It contains facts pertinent and particular to A&E which may only be found in other books either with difficulty or not at all.

The book is also a great time saver in that it contains the latest guidelines and protocols such as the British Thoracic Society guidelines for asthma, and they are all in one easy to find place. It is logical, practical, and well structured.

Where there is pictorial representation, it is done extremely well. This is particularly true in the nerve block chapter (analgesia and anaesthesia).

If I were to suggest any improvements, it would be to highlight in red or italics the critical points—for example, contraindications and pitfalls. It would also be nice to have a small section on a career in A&E medicine.

This is an invaluable adjunct for present A&E senior house officers. The ultimate compliment is to say I wish I had had this as a senior house officer as it would certainly have reduced my stress levels, in addition to augmenting my medical knowledge.

This book will be of benefit to junior doctors, medical students, nurses, and paramedics as well as general practitioners.

I hope we are at the stage when junior doctors can once again begin to say that they have