acquired their medical knowledge from books such as this, rather than from *ER*!

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Minor Injuries Unit Handbook. By Matthew Cooke, Ellen Jones, Conor Kelly. (Pp 182; £13.99.) Butterworth-Heinemann, 1998. ISBN 0-77506-3451.

This book is a little gem for the practitioners for whom it has been produced: accident and emergency (A&E) senior house officers, emergency nurse practitioners, and general practitioners. I know because they have reviewed it for me and what follows is a distillation of their views.

This is a very useful pocket reference book that is full of the "bread and butter" problems with which patients attend A&E departments and minor injuries units.

For many junior doctors or nurses the bewildering variety of relatively "minor" conditions facing them can be unsettling or challenging, being poorly described or absent from A&E textbooks, perhaps being thought of as too trivial to include. These conditions are of course very important to the patient, so the ability swiftly to diagnose, manage, and advise does wonders to reassure them and maintain their confidence.

The book's 182 pages are divided into four sections covering wounds and wound care, minor trauma, minor medical conditions, and managerial matters. The layout is very good which allows for quick reference; in less than one minute it is possible to glean enough knowledge to allow confident diagnosis, careful exclusion of more serious or life threatening conditions, and sensible management strategies with clear advice for patients in the majority of cases. Key points to look out for or points of interest are listed for each condition, helping to differentiate patients who can safely be treated and sent home from those who are more likely to need admission or further investigation. There are no diagrams or photos and I think it is all the better for that—easier to read, and of course it keeps the price down!

The book is very comprehensive, covering all manner of wounds with advice on skin closure techniques and after care. General principles are followed by discussion of more difficult wounds (intraoral or pretibial lacerations). The vast majority—if not all—of the minor ailments seen are included.

Lacking in this book is a more in-depth approach such that the more experienced A&E senior house officer or nurse practitioner will find it over simplified at times. Occasionally it is too specific—for example it has no section on "red eye" but only separate ones on conjunctivitis and arc eye, leaving out more worrying conditions such as iritis. Also for brevity some conditions are not covered in enough detail, such as headache.

I was glad to see a section on violence and aggression even if it was at the end rather than the beginning, as this is a huge problem in A&E departments now.

Overall this is an excellent pocket book. I would expect it to be well thumbed throughout the first few weeks of an A&E job. How clever for an academic general practitioner and two A&E consultants to tailor their information so perfectly for their proposed readership.

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Life in the Balance: Emergency Medicine and the Quest to Reverse Sudden Death. By Mickey S Eisenberg. (Pp 304; £19.99.) Oxford University Press, 1997. ISBN 0-19-510179-0.

You have probably performed cardiopulmonary resuscitation (CPR) more times than you can remember, but have you ever wondered where it all came from?

In *Life in the Balance: Emergency Medicine and the Quest to Reverse Sudden Death* Mickey Eisenberg, Professor of Medicine at the University of Washington, provides many of the answers. In this book, aimed at the lay reader, Eisenberg traces the path from the formation of the Society for the Recovery of Drowned Persons (Amsterdam Rescue Society), in 1767, to the training of paramedics and later emergency medical technicians (EMTs) in the 1970s and 1980s.

In one of the early chapters he points out that resuscitation was largely an alien concept in ancient and medieval times, when life and death were considered the province of the divinity. With the Enlightenment came the first serious attempts to revive the drowned. The practices of the time included bloodletting, rectal or oral fumigation with tobacco smoke, and the use of domestic bellows or the rescuer's mouth for artificial respiration. The latter was soon supplanted by far less intimate, but far less effective techniques, until the work of Elam, Gordon, and Safar in the 1940s and 50s finally proved the effectiveness of mouth-to-mouth resuscitation. Convincing the world involved demonstrations on volunteers sedated and paralysed to mimic patients in respiratory arrest!

The discovery that electricity could stimulate muscles led, in 1818, to macabre attempts to resuscitate a recently hanged murderer. The chest movements elicited provided convincing evidence that electricity could be a key to reviving the dead. And so it proved, but for the fibrillating heart, rather than for restoring ventilation. From the early history of electricity the author takes an entertaining digression into the world of "electroquackery", before tackling the development of defibrillation. It was during a defibrillation study that Knickerbocker and Kouwenhoven noticed that by applying pressure to the closed chest arterial pressure increased momentarily. From a chance observation external chest compressions were added to the resuscitation protocol.

Having explained the development of the key components of CPR Eisenberg then covers the story of Frank Pantridge, the Belfast ambulance, and the importance of pre-hospital defibrillation. Initially this was provided by mobile intensive care units staffed by a doctor. By the early 1970s paramedics had started using defibrillators in several cities in the United States, including Seattle.

In the epilogue the author asks "Is it worthwhile?" and quotes one of the fathers of modern CPR, Peter Safar, "Resuscitation applied without judgement and compassion is morally and economically unacceptable". The author outlines the chain of survival and ponders the question of why survival rates for out of hospital cardiac arrests vary so widely. He then provides a "community survival checklist" to assess the likelihood of successful resuscitation, and to suggest where improvements could be made. This includes the question "Does the EMT unit with a defibrillator have a response time of four minutes or less?". How many of us would be able to tick "Yes"?

This well researched, and amply referenced, book is engagingly written. It tells a fascinating story and introduces the reader to some remarkable and inspiring medical pioneers. Anyone providing CPR would find this book a good read, but it would be especially useful to all those who teach it. Having read this book their teaching should be far more entertaining.

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Management of Acute and Chronic Pain. Edited by Narinder Rawal. (Pp 231; £25.) BMJ Publishing Group, 1998. ISBN 0-72790-1193-7.

The effective relief of pain has always been a primary aim of medical care but it is often poorly managed despite increasing knowledge of pain pathophysiology, and the development of new drugs and drug delivery systems.

Management of Acute and Chronic Pain consists of a series of reviews written by an international panel of specialists. The book has introductory chapters on the anatomy, physiology, and pharmacology of pain followed by reviews of the management of postoperative and obstetric pain. The management of acute paediatric pain, chronic low back pain, and cancer pain is also covered.

The authors demonstrate an enthusiasm for their subject and attention is given to the clinical, organisational, and clinical risk issues of pain management. The book is well referenced except for the introductory chapters, which disappointed by providing only a limited selected reading list. Multiauthor texts produce challenges for the editor in ensuring consistency of style, presentation, and content. In general these challenges are well met. There is some repetition between chapters and a few typographical errors of drug dosage units need correcting.

It is a pity that the book does not contain a chapter dedicated to the management of pain in emergency medicine. A brief mention is given to the use of the femoral block in children with a fractured femoral shaft but otherwise references to the management of acute trauma pain are limited. The chapter on chronic low back pain will be of interest to accident and emergency specialists.

The book will be of value to trainee anaesthetists and intensivists and those with a special interest in pain management.

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Cardiac Emergencies: A Pocket Guide. By Jim Nolan, John Greenwood, Alan Mackintosh. (Pp 188; £14.99.) Butterworth-Heinemann, 1998. ISBN 0-7506-3833-8.

How quickly the memory fades. Five years since I left general medicine to join those at the front door and already the inner sanctum of the hospital has been lost to me. Or how swiftly the practice of medicine is evolving and

we are left behind even in subjects in which we were once competent. Nolan and colleagues have produced an informative, up to date, and evidence based guide to the management of common cardiac conditions. The book is concise, readable, well referenced, and makes good use of key points to emphasise important aspects of management. It provides clear "how to do it" guidelines that will educate the novice and reassure the mature.

Each chapter opens with a short background to the topic. I am sure I am not the only one who balks at the plethora of acronyms attached to cardiology trials. Even Snow White drew the line at seven. Here, TAMI, TIMI, GUSTO, GISSI, and the rest are summarised and a clear consensus offered. The chapters on arrhythmia management and post-infarct risk stratification and treatment are particularly good. The protocols for resuscitation follow those of the European Resuscitation Council with the helpful addition of suggestions to answer the question "360J, 360J, 360J, now what?" The advice on when to stop resuscitation attempts is welcome.

The book disappoints in one or two key areas: 2% to 4% of patients with an acute myocardial infarct are discharged from the accident and emergency (A&E) department. The book provides no pointers as to how to improve this and leaves out simple diagnostic aids such as chest pain protocols and multilead electrocardiograms. The newer cardiac markers are also not included. Door-to-needle time may be accelerated by the administration of thrombolytic agents by A&E staff rather than waiting for review by busy junior medical doctors.

Overall, I would recommend this book to any junior physician looking after general medical patients and it has a place within the A&E department for those times when the cardiologists are slow to answer their pagers.

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Emergency Medicine: The Core Curriculum. Edited by Richard V Aghababian. (Pp 1490; $138.) Lippincott-Raven, 1998. ISBN 0-316-00753-6.

This is a North American textbook of nearly 1500 pages structured around, and addressing, the core content for emergency medicine of the American College of Emergency Physicians.

Its principal aims are to provide a structured study text for trainees preparing for their higher examination, to provide a departmental reference to assist in acute management, to provide a resource for preparation of instruction material for medical students and junior staff, and to provide a list of key references to allow greater study. In all of these aims I believe it achieves its purpose well. It does this despite its layout.

It is very heavy on text and short on diagrams, flow charts, or indeed anything to interrupt the columns of text. As such it will not suit all learning styles, indeed it will probably only suit a minority of them. Of its expressed aims, therefore, I think that it is least successful as a study text.

The layout is not so problematic if the book is being used for a quick review of an individual subject or as a resource for preparation of teaching material. Despite this criticism of its layout, and while it certainly is a burdensome study tool, its content is overall very good although, understandably, North American in orientation. Each subsection of each chapter follows a similar consistent layout and each subsection is followed by the key references. The European literature is well represented in these reference lists.

My initial impression, based on the layout, was not favourable but in use I have come to value the text and commend it as a text that meets its own expressed aims, outlined above.

It is best as a quick review text and for preparation of teaching material but despite my reservations about its style I would commend it to any trainee studying for the Edinburgh Part B in Accident & Emergency or indeed for the FFAEM exit examination.

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