In today’s society people want everything instantly, including their medical care. See and treat provides that instant access to “primary care” with no need to wait. Do Castille and Cooke really think that anyone will wait three days to see their general practitioner (GP) when they can pop in to the emergency department and see a doctor instantly 24 hours a day? The public perception of see and treat will be how long patients wait to be seen. The minor injuries that are emergencies constitute an interesting and often valuable sub-specialty but are not our raison d’etre. Trailing behind minors are the primary care cases and the triage category fives for whom we are now trying to resource a priority see and treat service. This has got to be the diametric opposite of emergency medicine and as such should not be a part of any major plan on reforming emergency care. The concept of see and treat is reasonable but if it is to work, we must totally isolate it from the emergency department and make it a primary care service, run by primary care doctors.

If we continue our blinkered charge ahead with this initiative then emergency department running see and treat will effectively simply become rapid access primary care centres. I’m sure the government will be very pleased and that local GPs will not mind but it will be a mortal blow for emergency medicine.

It is interesting that there seems to be a rumour going round that only those who have not tried see and treat are complaining about the negative effect it has on job satisfaction. For the record, I am currently doing see and treat and my job satisfaction during these periods is negligible.

**BOOK REVIEWS**

**Trauma**


It is sometimes difficult to review a textbook of this size. Only a fool—or someone with too much time on their hands—would attempt to read a book like this from cover to cover. I certainly failed in my attempt, and therefore decided to leave it in our office as a clinical resource over a three month period.

So, what did three months of use tell me? Well, I did try hard to get on with this book. At first I went it to as a primary source of information when my memory failed, or when the unexpected arose. On a positive note, the breadth of the book was impressive, there was usually a section that covered my clinical query. The comprehensive chapter list covers most trauma problems that present to a UK emergency department. Everything is here from initial assessment to the rehabilitation of trauma; in addition, there are some unexpected (but arguably related) diversions into topics such as acute psychological disease and child sex abuse.

On the downside, the factual content of the book is just not up to the level that a senior emergency physician would find useful and I found my initial enthusiasm waning fairly rapidly. The text in many of the chapters is non-committal and really represents an overview of the subject matter (for example, a whole chapter on the brachial plexus only demonstrates five nerve branches). Recommendations for investigation or treatment are frequently too vague to be transferable to individual clinical cases. Another criticism is the enormous number of key point summaries littered throughout the text. Ordinarily I am a big fan of such microsummaries, but here they are so frequent that they become irritating, popping up as they do every few paragraphs or so. In many cases, they do not necessarily represent microsummaries of facts, rather they reiterate the authors’ opinions on the content of the preceding pages.

There are exceptions to my critique with some well presented chapters; for example, the chapter on ophthalmic trauma is quite good as are several of the chapters on musculoskeletal trauma. However, the variability in approach, style, and quality between chapters reflects on the editorial approach to the book.

After three months, I have stopped trying to get anything from this book. If a junior colleague or student came to me looking for an overview of trauma management, then this book may provide it. However, as an active clinician I found there to be insufficient depth to help deal with individual cases and problems. Finally, at a rather pricey £95 I would advise a colleague’s money to go elsewhere.

**S Carley**

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**Key facts in anaesthesia and intensive care, 3rd edn**


This pocket sized reference book is aptly named—it contains, as the title suggests, “key facts” and no more. It provides a source of data and guidelines mostly in the form of tables and flow charts on many aspects of anaesthesia and intensive care. Chapters include normal biochemical and haematological values; resuscitation guidelines; anaesthetic equipment checklists; adult and paediatric drug doses; guidance on ventilation, sedation, and other aspects of management of the critically ill patient; and, finally, some of the commonly used scoring systems such as the Glasgow coma score and APACHE II.

This book is by no means an interesting read, but neither is it meant to be. I imagine it would be invaluable to a limited audience—namely first year anaesthetists and probably students and trainees from other specialties completing anaesthetic secondments.

The main strengths of the book are the credibility of the authors coupled with concise and generally accurate checklists and protocols for the management of basic anaesthetic and intensive care problems. I particularly liked the section on paediatric anaesthetic information, which was clear and succinct, yet included all the important data for routine practice.

However, I felt that some of the information was either too basic or unnecessary in a book of this type. Normal values differ between laboratories and, therefore, one could question their usefulness to anyone other than students. Cardiac arrest protocols should be committed to memory rather than being looked up in a pocket book in the heat of the moment, and there are sources for these that are continuously updated elsewhere. The references seemed accurate and up to date but it was noticeable that much of the information was taken from the web site of the Association of Anaesthetists of Great Britain and Ireland.

The book seems to fill a gap in the market in that there does not seem to be any similar publications in this price range.

Therefore, I would recommend this book as a good introductory reference book to those starting in anaesthetics but that its usefulness would inevitably decrease rapidly as experience was gained.

**S Ireland**