clearer type. Less obvious is the slightly smaller size but this has not reduced the number of pages nor the vast amount of information that the book contains. There have been a few additions and modifications, mainly to include the fixative and other implants that Huckstep has developed.

Simple as the guidance is said to be, the discerning reader will doubtless appreciate it more fully than those for whom the book was written just how sound and detailed the guide is. With fractures, the emphasis is on the simpler but more reliable methods, but the place of internal fixation is clearly indicated without the confident enthusiasm that is not unknown in this connexion. Clearly, many will disagree with points of detail but that is only to be expected of any properly dogmatic presentation of any subject.

There are a few points of detail on which constructive criticism may be offered, mainly because I have found them to be pitfalls for the newcomers to this kind of work.

Dislocation of the shoulder can damage much more than the circumflex or axillary nerve, but few know this or test for it. The same applies to the posterior interosseous nerve and the anterior type of Monteggia’s fracture-dislocation.

Posterior dislocation of the shoulder is so easily overlooked that this perhaps deserves a special warning. The same applies to the more complex fracture—dislocations of the foot and to fractures of the odontoid process of the axis.

In matters of fact: the dislocated lunate bone looks pentagonal rather than triangular in the antero-posterior view; fractures of the base of the fifth metatarsal are transverse, which distinguishes them from the longitudinal epiphyseal line; a pulled elbow may require either pronation or supination; and I think that ‘post-ganglionic’ is more appropriate than ‘post-axonal’ in connexion with injuries of the brachial plexus. I was interested to see that Huckstep has reverted to dressing burnt fingers separately instead of allowing the relative freedom of use that a plastic bag makes possible. However, the reader will quickly find out which to use in his or her hospital.

One may wonder how many anaesthetists would agree to give a general anaesthetic to allow a fractured femur to be manipulated in the patient’s bed. I have to confess that my own efforts to do this (anywhere) have been remarkably unsuccessful. One may also wonder how doctors in spinal injuries units would react to the recommendation that an unconscious and paralyzed person should be prone, without special instructions about safeguarding the spinal cord.

Having said that, I can add that it would not surprise me if the fifth edition of this excellent guide were to appear within 5 years.

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Renal and Urologic Emergencies
By A. E. Wolfson & A. Harwood

This work is part of the series Clinics in Emergency Medicine published by Churchill
Livingstone. It is an all-American offering with 22 contributors: ten physicians, eight urologists and four emergency room specialists. It is a 290-page work, of which the first 130 pages comprise acute nephrology and the remainder acute urology. It is, on the whole, well written and represents a useful compilation, covering such problems as evaluation of the azotemic/oliguric patient, management of hypertension in the emergency room, electrolyte emergencies, acid-base emergencies, urinary retention, urolithiasis, acute scrotal emergencies and urologic trauma, to mention but a few.

The problem with the work is that it has not been the subject of a conscious decision as to whether it should be a useful practical guide to the emergency doctor on the spot or a textbook dealing with the whole management (and aetiology) of patients with urgent problems, the actual emergency room role being just one part of this whole.

Thus, where the emergency room means access to beds and continuing care through the first 24–48 h by one team, this book would be very useful indeed; where emergency room means the sort of transitory relationship with the patient and his illness that is so often the case in the UK, the book will be an interesting read during the quiet hours and a useful reference work, but not a constant guide. The gap might have been bridged if each chapter had lists, tables or algorithms to summarize acute management problems and decisions; for example, the patient with a suspected fractured pelvis: particular examination points; distinction between anterior or posterior urethral rupture, or ruptured bladder: what X-rays to order . . . Do I catheterize? If not, why not, and if so what catheter? and so on.

One will have to search for these answers. Yet the search is often worthwhile especially on such topics as management of the uraemic patient, fluid challenge in ATN and electrolyte emergencies. Most of the urological advice in the book could only be safely undertaken by one of the urological team, and the advice to try to use the catheter introducer if there are difficulties in the emergency room brought a gasp of disbelief to my lips and tears to my eyes! On balance, recommended for the emergency room shelves but very transatlantic. How nice it would be to see a British equivalent.

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A Colour Atlas of Plastering Techniques
By MILLS, PAGE & MORTON

It is pleasant to see instilled in a small volume the practical experience that one has accumulated over several years, usually by much trial and error. Such a volume is A Colour Atlas of Plastering Techniques. As an atlas, the book exists on its colour pictures which are generally clear and explanatory. The only criticism here is that the definition between plaster and wool or gauze tends to be lost in a white glare.