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 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.

P. O. REILLY

Department of Urological Surgery,
Stepping Hill Hospital,
Stockport,
England

A Colour Atlas of Plastering Techniques

By MILLS, PAGE & MORTON

Wolf Medical Publications Ltd, London. 1986. 72 pp. £9.95.

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.

All one might want to know about practical plastering methods is included in 67 colour pages. In addition, volar and mallet splints, thumb spicas and finger strapping are demonstrated. The modern lightweight casts are demonstrated as well as some problematic procedures such as extending a short leg cast. One criticism is that, if the book is going to be directed at casualty officers and nursing staff, then, perhaps, the pages on shoulder spicas, lumbar jackets and Minerva casts could be deleted and small sections included, devoted to the complications of plastering—with suitable pictures. Few centres nowadays use finger casts for 'boxers fractures.'

As with any atlas, is it worthwhile paying for colour reproduction? The answer is a definite 'yes.' The inexperienced casualty officer should use this book as a primer before and, perhaps, during his first plastering attempts. It is to be recommended.

A. J. GRAY

Accident and Emergency Department,
Stockport Infirmary,
Stockport,
England