Principles of Critical Care
By J. K. Ihde, W. K. Jacobson & B. A. Briggs

There has long been a need for an introductory text on intensive care to counterbalance the several definitive texts aimed at the specialist and meet the needs of those junior medical staff of whatever parent specialty who are, with increasing frequency, being attached to ICU’s for training in modern critical care medicine. Unfortunately, this pocket-sized, reasonably priced book is far from suitable.

Firstly, it is too ‘surgical’ in emphasis to be appropriate for a UK audience. Ten pages, for example, are devoted to acute cholangitis, and none to asthma or self-poisoning.

Secondly, it is far too Californian: 21 of 23 contributors are from that state. There is a whole chapter on envenomation and a chapter on critical care nursing that includes such statements as ‘the nurse delivers care with a holistic approach, considering the patients biologic (sic), psychosocial, cultural and spiritual dimensions . . .’

Thirdly, even in its coverage of surgical matters, where it claims to be aimed at the medical student and junior doctor, it lacks focus. Choice of crystalloid or colloid as a resuscitation fluid is granted one or two paragraphs, whilst spinal fractures are treated to four pages. On the whole, this book is a disjointed collection of surgical practice, the exception being excellent coverage of adult CPR.

The best American intensive care, as the best European, is integrated and founded upon a firm grasp of basic sciences. Nowhere in this book does that theme of basic science emerge from the dogma of the authors’ local practice. Our trainees deserve better than this.

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Underwater Diving Accident Manual
By P. J. Bryson
45 pp. £6.00 (plus £1.20 postage and packing).

I am not sure if I am the right person to review this book as I am not a diver, have never dived and, unless the seas around these islands become as warm as the Mediterranean, I am unlikely ever to be tempted to dive. However, I work in an A & E department whose catchment area includes a long length of coastline, including wrecks, a diving school, two decompression chambers and the Diving Diseases Research Centre and so I need to be aware of potential diving hazards. As decompression sickness may present anything up to 36 h following a dive, all A & E departments in the country may, on occasion, see divers with symptoms which could be related to the dive.

This is a thin guide of 45 pages which is nicely produced and whose cost is doubtless in part due to the waterproof paper it is printed on. It is designed for divers to carry with
them in their boats and covers problems from cardiac arrest through hypothermia, decompression sickness and nitrogen narcosis and other diving conditions, to heat exhaustion and jelly fish stings. There are also sections on radio communications, helicopter transfer and of course telephone numbers for advice. While not being a medical manual, it is a good little book and, if it is going to be carried by divers, then A & E departments would benefit from having a copy, so that they know what it contains and what divers are being advised.

However, there are at present two omissions from the book. Firstly, on page 4 it tells divers, in the event of an accident, to bring the book with them to hospital to aid medical personnel not familiar with diving medicine but there is no guidance in the book for inexperienced casualty officers when faced with a diving accident victim. A single page of information with a few essential dos and don’ts, such as not using Entonox and filling the cuffs of endotracheal tubes and catheters with water rather than air if the patient is likely to be recompressed, and advice to give patients 100% oxygen until they get to a decompression chamber would be a valuable addition to the book. The last omission is that we tend not to see divers with decompression sickness, because they go straight to the decompression chamber, I presume, though we see plenty of divers on summer weekends with painful reddened ears or perforated eardrums and a paragraph or two about this would also add to the value of the book.

A second edition incorporating these two extra pages would transform the book from being useful addition to an A & E department library to being a desirable one!

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Manual of Pediatric Emergencies
Edited by JOSEPH R. ZANGA

As one would expect with any wide-ranging multi-author book, this volume is a mixture of the good, the mediocre and, occasionally, the inaccurate.

The editor offers the volume to ‘Pediatricians, Emergency Department Physicians and House Staff’ and expects it to be used as a refresher in quiet moments or as an instruction manual when very sick children are admitted. It is for the former rather than the latter purpose that I think it would be useful as there is no substitute for experience or previous clear instruction from the A & E consultant when seriously ill children are present.

The book starts well with a chapter by the editor entitled ‘Children are not little adults’ with some useful physiological ranges for different ages of child. I found the layout of the book a particularly good feature. Each chapter, although by a different author, has been constructed to be of a similar layout. Large amounts of material are