BOOK REVIEWS

Trauma Imaging in the Thorax and Abdomen
By Alexander Rosenberger, Olga B. Adler & Rosalind M. Troupin

As stated by L. Rogers M.D., this book is an ‘outstanding example of international medical cooperation at its best’. This feat of cooperation was between the clinical work at Rambam Hospital, Haifa, and the University of Pennsylvania and Children’s Hospital of Philadelphia. Viewed in this light, the importance of this book cannot be denied.

The stated goal of the work is to ‘create a book that provides realistic insight into clinical management issues in traumatology, as well as a clear overview of the role of modern imaging’. The following is my impression of whether this goal is achieved.

From the outset, it is difficult to identify the population at whom the book is aimed. It is written by three radiologists and, on balance, it would seem that it is written for radiologists, to give them some appreciation of trauma. Reading it as a casualty person, two main high points of the book are noted:

1. Most chapters contain modern, accepted information of good quality on the pathophysiology of various injuries.
2. The standard of reproductions of X-rays, CTs and so on is good throughout, if a little impractical for most units. Certainly, the illustrations have a deal of interest value.

However, the material on trauma is no different from that which would be found in a good modern text on accident and emergency medicine and, apart from solidly advocating CT scanning in a high percentage of trauma cases, no fresh or practically usable advice is given and none of the age-old decision making problems of trauma personnel are solved. This book, because of its nature, lacks the more comprehensive approach of a trauma textbook, which would be allowable if the specific radiological comments following the good pathophysiological explanations were justly complementary but, for the most part, they are anticlimatic.

Each chapter is seen to follow a similar layout. It begins with a section on anatomy which is useless on the whole. Then follows what is often a good solid section on trauma pathophysiology. After this, there is, almost uniformly, a poor follow through into the field of imaging, the radiological comments often being of almost negligible value. As previously mentioned, the illustrations are of good quality, if a little difficult to interpret.

Chapter-by-chapter comments:

1. Introduction. This should be interesting for radiologists but is of relatively little practical value.
2. Trauma: physical agents and pathologic damage. There are some good thoughts in this chapter, which mainly consists of basic casualty advice for radiologists.
(3) Chest wall—diaphragm. A very basic chapter, especially the anatomy. Very little new information is given, though what is said is acceptable. There is very little radiology in this chapter and what is there is of minimal value.

(4) The pleural space. Poor anatomy/physiology but the chapter is good on trauma pathophysiology, particularly regarding pneumothorax.

(5) The lung parenchyma. Quite good clinically; useless radiologically.

(6) The mediastinum. Again, this is good clinically and, apart from some references to technetium scanning and echocardiography, of little radiologic benefit.

(7) Abdominal wall and peritoneal space. This advocates CT scan for haemoperitoneum and, apart from this, is of no radiological value.

(8) Spleen, liver and pancreas. CT scan is advocated for injuries to liver and spleen again. It makes the point that imaging of the pancreas is of no value.

(9) Gastrointestinal tract. This contains an interesting piece on immersion blast trauma.

(10) Retroperitoneum and urinary tract. Yet another mention of the value of the CT Scan.

If, as one would suspect, this book is written for radiologists, then it probably provides some interesting information about trauma. If it is written for trauma care personnel then those who wish to glean the same type of information would probably be better off reading a modern trauma text with its comprehensiveness of pathology, investigation and treatment. Apart from advocating the value of CT scan, which may be impractical in many trauma situations even if it is available, very few old problems of decision-making are solved, therefore, the text is weak from its imaging standpoint; it would be of very little value to the average casualty officer.

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First Responder
By J. DAVID BERGERON

This is a soft-covered, A4-format book that is aimed at the ‘first responder’, the person that witnesses or comes across an accident or emergency, and has the chance to care for the patient until the arrival of the emergency services. The claim of immediate care is envisaged, in the USA, as stretching from the first responder to the EMS (emergency medical services system) to the ER (emergency room—accident and emergency department). Before concluding that this is another basic First Aid book, it should be realized that it is designed to accompany a 40-h course developed by the American Department of Transportation. The concept of the first responder is now 10 years old and First Responder has just reached its second edition.

The book is subdivided into 20 chapters covering such subjects as the Human Body, Patient Assessment, Airway Haemorrhage, Injuries, Burns and Medical Emergencies.