(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.
It concludes with chapters on Gaining Access To, Moving and Triage of Patients, and a special section of Incidents in Water.

Each chapter starts with a set of objectives. The following text is generously illustrated with diagrams and pictures and, at key points, a 'Stop' caption is strategically placed to question whether the reader has fully grasped the material to that point and if not to advise a recap. ‘Scansheet’ pages are used throughout the book as picture-based and captioned summaries of key points in the subject under review. There is a small illustrated section on anatomy and physiology, and an atlas of 48 colour pictures of injuries, some of which are a bit disappointing in their quality. Most of the subjects are covered in depth and in a clear and precise manner, but just occasionally this underestimates the reader’s ability or learning need. For instance, the instruction to brush off dry lime before flushing with water is given without explanation. The explanation would surely reinforce learning. I would expect a modern text to suggest something more suitable than a dry dressing for a burn, and the section on smoke inhalation covers the theory but, again, lacks the interpretative details of looking for burnt hairs, soot in the nose, in the mouth and so forth.

Occasionally, practical details do not ring true—the instruction for an elbow injury is to immobilize it in the position in which it is found. The illustration shows the elbow as straight or at 90°. In practice, the injured elbow is more likely to be held somewhere between and I would prefer the UK style of immobilization. The splinting methods for lower-limb fractures are very elaborate and reliant on multiple bandages with board splints and the reader is exhorted never to attempt to correct angulated fractures of the upper leg bone if the hip appears to be dislocated—strong on theory but short on practice if the masking of the one by the other is not to be mentioned.

These criticisms apart, the book is good, clear and covers the basic facts that the first responder needs to know. At £21.35, it has to be said that it provides a lot of reading but it will be in competition with cheaper UK books on the same subject. Without a course to accompany it, the reader will be at a disadvantage.

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Psychotropic Drug Handbook, 5th edn
By PAUL J. PERRY, BRUCE ALEXANDER & BARRY LISKOW
1987. 346 pp. $15.00 spiralbound.

This pocket-sized volume is a model of American thoroughness: using DSM-III diagnoses, the indications, efficacy, mechanism, dosage, pharmacokinetics and adverse effects of each major group of psychotropics are presented in a concise yet comprehensive style. The product lists, abundant up-to-date references, and clean-cut guidelines for the prescriber are all welcome. Together with the modest price tag, one can see how the book’s popularity has ensured five editions in 7 years.

Chapter by chapter, it seemed useful to have documentation of the relative potencies