

appeared, without being so long that it cannot easily be read from cover to cover. As such, it takes up a well-defined slot, and I recommend it to every doctor interested in accident and emergency work, and to every accident and emergency department, where it should be freely available to the senior house officer carda.

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### **Problems in Paediatric Emergency Medicine**

Edited by ROBERT C. LUTEN

Churchill Livingstone, Edinburgh, 1988. 296 pp. £26.50.

This book concentrates on the emergency management of the paediatric patient, focusing mainly on trauma and medical emergencies. The book is written by US authors and therefore when reading it one has to adjust the social background and the clinical management so that it applies to current practice in Britain today. The book is divided into three sections, the first a section on the general management of paediatric patients, a second trauma section and a third medical section.

The general section has a chapter on the medicolegal aspects of managing paediatric patients, including consent, which is useful reading for anybody dealing with the paediatric patient. The chapter on child abuse is basically a social description and does not contain any information which is not better described elsewhere. There is a critical chapter on the use of investigations, such as X-rays, and the laboratory, which provides some sensible guidelines for the use of these facilities.

The second section on trauma management concentrates on the child with multiple injuries, the child with cervical spine injuries, some problems in fracture management and some problems in minor trauma care.

Each chapter emphasizes the differences in the paediatric patient as compared with the adult patient and this provides some guidance in child management, for example to the necessity of X-raying cervical spine in a child.

The section on fractures describes the anatomy and physiology of children's bones, with a useful section on epiphysis and the different types of fracture that children may sustain. They concentrate particularly on fractures that are special to children, with a description of how they affect the child's growth and development, as well as to describing primary care.

The third section describes medical problems in the management of vomiting, diarrhoea and dehydration, seizures, respiratory distress and intoxications. I found the chapter on the management of poisoning extremely useful, in that it describes the evaluation of paediatric overdose patients and gives a critical guide to the different methods of treatment. The problems associated with gastric lavage, emesis and the giving of activated charcoal are well described.

This book as a whole I feel would be helpful to somebody who already has a basic knowledge of paediatrics and emergency medicine, who wishes to appraise further

different managements and problems with paediatric patients. I think the book has a useful role in the library of any accident department that receives paediatric patients.

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**The 1988 Year Book of Neurology and Neurosurgery**

Edited by RUSSELL N. DE JONG, ROBERT D. CURRIES & ROBERT M. CROUELL  
Year Book Medical Publishers Inc., Chicago, 1988. 466 pp. £35.00.

The Year Book Series is well known to all medical practitioners and 1988 sees the publication of digests in 35 different specialties. Volumes on neurological disease have appeared since 1902, with the continuing aim of gathering and reviewing articles on topics of contemporary interest and controversy over the previous 12 months.

The neurosurgical, and larger, part of this book is the work of one editor who succeeds in the challenging task of presenting a panoramic view across the whole subject. The personal flavour to the selection explains why some articles are included and others omitted, but the overall balance is sound and useful.

The section on trauma is rather disappointing with little new to report. We are reminded again that severe and diffuse axonal injury can occur without any rise in intracranial pressure, and that about 3% of patients with a head injury initially assessed as minor (CGS 13–15) develop complications requiring neurosurgical intervention. The place of skull X-rays after head injury continues to be debated. Computerized tomography is the imaging technique of choice in acute head trauma while magnetic resonance may be more informative in subacute and chronic injuries. No significant developments are reported on the medical or surgical management of head or spinal injury.

The commentaries contain the occasional error of fact, and there are some irritating printing errors; 'neural' for 'mural' and 'annual aneurysms' should not have passed the proof room! But these are small criticisms and as a whole, this book is stimulating and readable. As a review it encourages us to look again at topics previously rather neglected, and further reading is the natural sequel.

This Year Book should find its place in the library of every neuroscience unit and many postgraduate centres. For the specialist in accident and emergency medicine, it is perhaps of passing interest.

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