Book Reviews

Acute Medicine. A practical guide to the management of medical emergencies. David Sprigings and John Chambers. Pp. 336. Blackwell Scientific Publications, London, Edinburgh, Boston, Melbourne, Paris, Berlin, Vienna, 1990. Soft cover £12.50.

I am of the generation who have spent years carrying 340 grams of the *Oxford Handbook of Clinical Medicine* in my white coat pocket. I now have a replacement in the form of *Acute Medicine* weighing in at 430 grams!

Acute Medicine (also with a soft washable cover!) is divided into four sections; common presentations, specific problems, procedures and useful information. The layout is easy to follow with practical headings such as problems, priorities and further management. Treatment protocols are exact and there are precise instructions for preparing and administering infusions of drugs including rates in ml/minute, which make this an extremely useful handbook.

The full range of medical emergencies is covered and the emphasis is on diagnoses not to be missed. Advice is sensible; for example the invaluable tip on acute chest pain – ‘if you cannot make a confident diagnosis of a minor and self-limiting disorder, admit the patient’. There is a detailed chapter on the management of arrhythmias but a rather cursory description of the role of thrombolysis in myocardial infarction, which can be a difficult clinical decision when ‘time is myocardium’. The only other major omission was, perhaps, a chapter on the management of the unwell immunosuppressed patient, including those with HIV infection, although some aspects of this are covered in ‘other chapters’.

The section on procedures is very clear; the step by step instructions must be good since the procedures sound so easy! Furthermore, should there be problems these have been anticipated under the heading ‘trouble shooting’.

‘Useful information’ is largely composed of tables with all those numbers that are never in one’s head when one needs them, such as peak flow rate in a 45 year old male who is 5’6” tall, as well as the essential ‘dermatomal’ man.

The index is inadequate but mitigating this is the excellent lay-out, such that one can flip through and find the page needed even in a moment of stress. There is an enticing further reading list, largely composed of references to recent review articles in major journals (mostly 1985 onwards, including two in press 1990!).

Acute Medicine is an attractive, easy guide to use. It is not a book for medical students, but I strongly recommend its use by those having to make and implement decisions in the emergency situation. It would be appropriate as revision material for the MRCP examination, particularly vivas.

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Annual Review of Medicine; Selected Topics in Clinical Sciences. Volume 41, edited by William P. Creger, Editor. Cecil H. Coggins and E. William Hancock, Associate Editors. Annual Reviews Inc. 4139 El Camino Way, P.O.

Box 10139, Palo Alto, California, 1990. \$38 in USA/\$42 elsewhere.

An annual review of medicine has, perforce, to be patchy and choosy. The editors, however, have achieved the impossible in getting most ‘hot topics’ of the year reviewed by the many distinguished workers in their respective fields, although I would have liked to see an article on coronary angioplasty included in view of a host of new trials like the BARI, CABRI, EAST, GABI and RITA.

Review of cholesterol screening does not give adequate representation to dissenting views (page 177). In the table on page 293, nifedipine is shown not to have any effect on heart rate: in fact it has significant effect on heart rate in a sizeable percentage of patients on the drug. Whereas the reduction of coronary artery disease progression with treatment of hyperlipidaemias is stressed on page 471, the increased total mortality in the drug-treated patients in some of the recent studies, like the Gemfibrozil study, has not even been mentioned. A few of the reviews concentrate on the American scenario to the exclusion of outside experience. These are only minor criticisms. The concluding remarks of Dr Cotton on biliary endoscopy are timely.

The book has been very well produced with a hard cover like its predecessors. The line diagrams and the figures are very well reproduced. A classified index is an added asset to the reader for quick reference. This book should find its place in the book shelves of all teaching hospitals and medical schools. The book is also recommended, as a reference manual, to every practicing internist, nay, every physician.

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Development Reflexive Rehabilitation. David J. McGlown. Pp. xi + 250. Taylor and Frances, London, New York, Philadelphia, 1990. Cloth £30.

The major users of this book will be therapists and paediatricians with responsibilities for disabled children. They will not be comforted by it, but should read it. There are three main parts. The overture gives a good summary of the major schools of physiotherapy and the Doman-Delacato and Conductive Education techniques. The author quotes generously from other works, but presents a balanced view of those systems. His habit of addressing himself as ‘the writer’ irritates, but may have been necessary because of the extensive quotations. In this early part we are warned of the dangers of eclecticism, but surprisingly, after outlining his own theories a little in the middle part of the book, he resorts in the finale to stating that the child needs physiotherapy as well as his own techniques. Indeed, the child does.

The theories behind developmental physiotherapy are well accepted in most countries now, but reflexive rehabilitation is not. I found the lists of numerous reflexes

and patterns which children graduate through very difficult. He does not explain his process in enough detail to know exactly what he has done to his patients. He compares his results favourably with those from Budapest, but looks at cohorts of patients and pooled results rather than showing us case studies. He finds time to quote verbatim the cruel and unsympathetic words of paediatricians as recalled by disappointed parents, but does not find time to show us the process and result in sufficient detail which is probably why none has been published in reputable journals. Sadly his paragraph on evaluation deals mostly with system evaluation rather than evaluation of results.

The time has come for very particular and specific analysis of the results of early intervention with disabled children. It must be on a limited basis looking objectively at the results of discrete defined interventions. It is already beginning elsewhere, but this book does not contribute to that process.

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Intensive Care Manual. 3rd Edition, edited by T.E. Oh. Pp. xiv + 700, illustrated. Butterworths, Sydney, London, Boston, Singapore, etc, 1990. Softcover £27.95.

This is the third edition of a book which has proved deservedly popular both as an introduction to intensive therapy and as a source of readily available information about many of the problems likely to be encountered in a general intensive care unit. It has grown considerably in the four years since the previous edition and now covers a wide range of topics. Ninety percent of the authors come from Australia and the remainder from Hong Kong so that it is inevitable that the book reflects current antipodean practice. In general this differs little from that in the UK and should present few problems.

The choice and order of inclusion of topics seems somewhat random and this can make locating information rather difficult. This problem is exacerbated by an index which is less than complete (for instance the entry for cardiac output leads one to a short entry in the chapter on the Critically Ill Child rather than to the much longer and more relevant entry on the subject in the chapter on Haemodynamic Monitoring) and has the infuriating feature of endless cross referrals. The standard of the different contributions is inevitably variable but the majority form reasonably concise and readable reviews of their topics and include a fair number of references, the majority of which are commendably up to date.

The standard of production of the manual is good with a durable binding and reasonably tough paper which is important for a book which will inevitably spend much of its life in the arduous environment of the ITU. There are relatively few illustrations but most seem well chosen and clear. Even the radiographs in the chapter on Imaging Techniques are well reproduced and clearly labelled with the exception of one, which appears to show intubation of the right main bronchus, that lacks any caption at all.

As a general rule the book is better at telling you what procedures to use than it is at giving detailed instructions

about how to perform it and the ITU resident in search of instructions on how to insert a pulmonary artery catheter or perform a fibre-optic bronchoscopy in the middle of the night would be better looking elsewhere for help. It more than makes up for this shortcoming by offering concise guidelines for the management of both the common problems encountered on ITU and many of the rarer ones such as botulism.

Despite some minor shortcomings I feel that this book fulfills its intended role as a source of advice on the acute management of the critically ill patient extremely well and that a copy of it should be available for instant reference on the nurses' station of every intensive care unit. It is not particularly expensive and in my view every doctor with an interest in critical care medicine should also acquire a personal copy.

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The Medical School. Stories of the medically macabre. G.P. Hosmer. Pp. 230. Claycomb Press, Chevy Chase, USA, 1990. Paperback £7.95.

This is a strange book full of strange ideas and insights. Take a mixture of (American style) sex, philosophy, religion, clinical medicine, academic research, mix gently in the mind of an anonymous professor and, 'hubbub, bubble, toil and trouble' this book will be the product of it.

It is a collection of short stories, each of which is a Gothic novel in miniature in which supernatural or horrifying events, some of which are *not* impossible to envisage, are recounted.

An arrogant materialistic surgeon is effectively cursed by an aggrieved relative. A scientist races to develop a vaccine against a religiously elaborated pandemic. The presence of something, 'the unseen' of spontaneously aborted fetuses is used to effect a possession. A mixture that confirms beneficial integration on to individuals is developed with interesting consequences. A medical school faculty which decides to close itself down. An immunologist realises that the (and his) immune system is outside conscious control, but develops enough insight into his immune system to realise that he is infected with a retrovirus. An anosmic professor develops a female genital perfume, whose odours make females feel terrific, but leads to reproductive and sexual disinterest in females, and which is also a sexual turn-off for males.

All this is the product of an unusual mind. The author uses a pseudonym, WHY? Is it because the characteristics and behaviour of some of his anti-heroes are derived from those of his colleagues? I think we need to know; if this is the case they have to be stopped!

Who should read this book? Those with a penchant for the bizarre, those who enjoy the essence of Kafka and Edgar Allan Poe here transmogrified to the American academic medicine scene. Such readers should also have an ample supply of faith, hope and charity available.

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