
Mr Brown’s admirable little book has deservedly gone into its second edition. Primarily intended for the A&E Department SHO it is very much a pocket book and its 408 pages are therefore packed with information. Mr Brown did not, I am sure, intend this to be a book which is read from cover to cover. It will, however, be used by its owners as a very useful source of vital facts which are easily accessible at critical moments.

**Accident and Emergency Diagnosis and Management** stands up well in comparison with its competitors of which there are several. Its layout is clear and the print pleasing and legible. Mr Brown has adopted a format in which he first lists the important points of each condition discussed and these, in sensible hands, should lead to the correct diagnosis. He then lays out a logical management sequence, guiding the reader through the appropriate urgent investigations and immediate therapeutic interventions. His instructions overwhelmingly follow a sensible mainline course and there is little here that the majority of A&E consultants would quarrel with. Mr Brown has done well to cover such a lot of ground so competently. If I was struggling for a criticism I would suggest the inclusion of a few more line diagrams might be advantageous. The book is of course a paperback and from the number I see around in my own department, I can confirm both its popularity and the fact that it seems to be robust enough to stay the course in a busy unit and not fall to pieces with the constant usage it deservedly gets.

R. Evans


This book provides a comprehensive review of the current status of percutaneous balloon valvuloplasty. The application of interventional cardiology has greatly increased in recent years and a textbook emphasizing the indications, results and clinical perspective of balloon valvuloplasty is of fundamental importance to the practising interventional cardiologist as well as educational to the cardiologist both in training and in established practice. This book has multi-authorship and is written by acknowledged experts in the field describing the current status of percutaneous balloon valvuloplasty. There are earlier chapters tracing the history of these techniques; a timely reminder of the anatomy and pathology of valvar stenosis, the pathophysiology of valvar stenosis is re-emphasized. The chapters on the clinical evaluation and electrocardiographic evaluation of valvar pathology perhaps adds somewhat to the volume of this book, but little to the actual practice of balloon valvuloplasty.

There are important chapters on the echocardiographic and magnetic resonance imaging assessment of valvular disease which are important techniques in evaluating the short-term and long-term results of this technique. There is a comprehensive review of the various techniques for the treatment of mitral stenosis with a particular detailed description of the Inoue balloon catheter technique which is of great value to the cardiologist in training. The importance of being able to perform transoesophageal echocardiography to carefully evaluate the suitability of the mitral valve for such a technique is importantly emphasized.

The account of balloon valvuloplasty for acquired aortic stenosis was somewhat biased by the experience of the French group whereas other groups will have a different experience particularly in the elderly. Cribier and his colleagues tend to have exhibited valvuloplasty in a younger group of patients with aortic stenosis who would have a very good result from conventional cardiac surgery. However, not having any discussion to any of these chapters the alternative view of the limited application of balloon valvuloplasty in the elderly with a high restenosis rate has not been presented in this monograph.

The excellent results from valvuloplasty for pure pulmonary stenosis and the technique is well described. The use of valvuloplasty for stenoses in conduit valves and in congenital cardiac problems is well described. There is a well-balanced chapter giving the surgeon’s opinion on this conservative technique. The editor, Dr Cheng, gives his predictions for the future prospects of this technique clearly indicating that it may well still be in its infancy in application and will require cardiologists to constantly update their experience from excellent monographs such as this.

Although rather expensive this is an important publication for the interventional cardiologist to at least be able to refer to a reference in this field but needless to say is a little dated due to the delay in publication. I would strongly recommend this as a definitive book on balloon valvuloplasty but was a little disappointed that there seemed to be no new illustrations from the authors other than those already exhibited in their publications of this technique in conventional journals.

D.J. Coltart


This review covers all three books.

The books fulfill an undoubted need. I have checked in our medical library and by far the most commonly used books are those used to help pass examinations. It may well be that these examinations have very little to do with the practice of medicine and that the obscure facts one crams are soon forgotten.

The authors, however, recognize the need for a quick way to cram and at the same time practice MCQ technique and data interpretation. Whether this is a complete M.R.C.P., in other words contains adequate information to pass M.R.C.P., is doubtful. Candidates should still read proper textbooks, but my anecdotal evidence is that they rely increasingly on this type of easy to use publication.