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