Accident and Emergency Diagnosis and Management, second edition, Anthony F.T. Brown. Pp. xv + 408, not illustrated. Butterworth-Heinemann, 1992. Paperback £16.95.

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 400 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.

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Percutaneous Balloon Valvuloplasty, edited by Tsung O. Cheng. Pp. 556, illustrated. Igaku-Shoin Medical Publishers, New York, Tokyo, 1992. £58.75.

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 discussed. 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.

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The Complete M.R.C.P. Parts 1, 2 and 3, H.L.C. Beynon, C. Marguerie and K.A. Davies. Pp. 263, not illustrated. Churchill Livingstone, London, New York, Melbourne, Tokyo, Edinburgh, 1991. Paperback £9.95.

This review covers all three books.

The books fulfil 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.

Certainly these books are easy to use and although not comprehensive contain a lot of useful, simple to get at knowledge. The MCQ book has only 300 questions but the answer section is quite adequate. It is a shame that there is no instruction on the 'science' of MCQ answering such as what to do if you don't know. I like the Data and Slide Questions better. The pictures on the whole are good and the answers give a reasonable overview of the various conditions.

I do not really like the idea of a 'Complete M.R.C.P.' in three thin paperbacks. I think it shows what an insignificant hurdle the M.R.C.P. is. However, training doctors will like these books, as imbibing the information easily from them will taken them a good way towards passing this hurdle.

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The ECG in Practice, second edition, J.R. Hampton. Pp. 304, illustrated. Churchill Livingstone, Edinburgh, London, Milan, New York, 1992. Paperback £8.95.

This book is a companion to the *ECG Made Easy* which has helped countless numbers of medical students and junior doctors understand the basics of the ECG.

The style of both the *ECG Made Easy* and *The ECG in Practice* has withstood the test of time and has shown itself to be easily understood.

The ECG in Practice attempts to mirror the thinking of the junior doctor in that the book will be used as reference with a particular ECG pattern in mind, and the book is indexed so that the ECG patterns may be compared with the one in question. This is a second edition, the first edition having been published in 1986. I have a particular interest in adenosine and was, therefore, pleased to find it covered in detail in the section on supra-ventricular tachycardia. However, it was not in the index which is obviously an updating problem. I personally do not care for the way in which supra-ventricular tachycardia is treated, that the terms atrio-ventricular re-entrant tachycardia and atrio-ventricular nodal re-entrant tachycardia are not used. I think these terms are now in common cardiological usage and certainly demonstrate a better understanding of the pathophysiology. Furthermore, there was no 12 lead of Wolff-Parkinson-White syndrome in tachycardia to demonstrate the inverted P waves in the inferior leads.

These criticisms are minor, however. This book is to be widely recommended to students of cardiology, medicine, nurses, cardiac technicians and indeed anyone who

wishes to further their knowledge of ECGs beyond *The ECG Made Easy*.

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The Longterm Care of the Coronary Patient, Risteard Mulcahy. Pp. 123. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1991. Paperback £24.95.

This book begins with the assertion that medical care for patients with ischaemic heart disease (IHD) is concentrated around acute coronary events and that once the patient has made the initial recovery from infarction or angina stabilized then hospital doctors and GPs alike tend to lose interest in their long-term care. The author sets out to demonstrate just how much can be achieved in terms of improving the quality of these patients' lives by individually planned long-term care. The management guidelines are based on 25 years of experience of a rehabilitation programme at St Vincent's Hospital in Dublin. I found these guidelines also very relevant to GP management of patients with IHD. The optimistic tone of the book encourages a more positive attitude towards helping these patients live with their heart disease, vigorously rejecting old ideas of encouraging patients to give up work and lead unnecessarily restricted lives. Through risk factor intervention and individually designed exercise programmes the patient is encouraged to achieve improved fitness and quality of life whilst delaying (even reversing?) the underlying coronary artery disease. There are short sections on the pathology and the epidemiology of IHD and brief outlines of hospital-based investigation techniques which I found helpful. There are separate sections on each of the known risk factors. The contributions of drugs and surgery is acknowledged and discussed, but I sensed the author feels that disproportionate attention is paid to these aspects of care compared to the need to encourage the patients to take steps to regain fitness through lifestyle changes. The message seems to be that even at the stage of symptomatic CAD it is not too late and the author succeeds in conveying this belief that such lifestyle changes really matter. I think the book would make a valuable addition to both hospital and GP practice libraries.

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