

## Book Reviews

**Cardiopulmonary Cerebral Resuscitation.** Third edition, P. Safar and N.G. Bircher. Pp. xvii + 464, illustrated. Baillière Tindall (W.B. Saunders Co. Ltd) London, Philadelphia, Toronto, Sydney, Tokyo, 1987. £11.50.

This is a rather dry book, though it does draw together within its 464 pages details of most if not all the techniques required for cardiopulmonary and cerebral resuscitation. There is, however, a great deal of repetition which in the main makes it rather heavy going. Fortunately, the authors have included blue coloured pages after each descriptive section on which they have described each technique as a sequence of clinical actions. The management of the patient for tracheal intubation is a good example: this is covered over seven pages which includes photographs of the glottic region, diagrams of the position of the head and of the various equipment needed including the laryngoscope. However, following this, on the blue pages, the technique of oral tracheal intubation is described in a sequential manner, suitable for the beginner. I was surprised that the part dedicated to the rapid sequence intubation, useful and so beloved of examiners, misses out a mention of the lateral head-down position while recommending the value of the supine head-down position as a method of preventing aspiration. There are many comments made within this book with which I do not agree. However, on a subject such as this, it is sometimes hard to separate fact from opinion, and an advantage of this book is that it sets out a basis of practice from which one may choose to deviate. A wide range of treatment is covered extending from airway control, control of ventilation and circulation, details of the various drugs required, the teaching of first aid and, of course, the special conditions for which resuscitation is required. These include electric shock, drowning, poisoning and severe burns.

There is a significant difference in English usage and therefore it is obvious that the authors have not combined in the detailed writing. For those who wish to engage in rather more profound reading, there are 1000 references provided.

In spite of my comments, it will be a useful book for the practitioner and for the teacher, and selected parts, in particular those which describe specific techniques, for the inexperienced clinician.

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**Colour Atlas of Gastrointestinal Pathology,** B.C. Morson. Pp. 296, illustrated. Harvey Miller Publishers, Oxford University Press, Oxford, 1988. £75.

This handsomely produced book is a testament to the industry and experience of its author. Whatever one's

view of atlases, this particular volume is outstanding. The clarity and brilliance of the macroscopic illustrations are a pleasure and with one or two exceptions the photomicrographs are equally good. The illustrations have been carefully chosen to illustrate the most important points in gastrointestinal pathology and the text, although not referenced, is concise and informative. There are one or two minor criticisms. I was sorry to see the entity 'pseudolymphoma' included and illustrated by an undoubted malignant lymphoma. For some reason, although published in the United Kingdom, American spelling has been adopted throughout which, I feel, is an unnecessary concession. These minor points notwithstanding, Dr Morson is to be congratulated for producing such a fine book. It belongs in the library of every histopathology department and no clinical gastroenterologist should be without it.

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**Communication Assessment and Intervention for Adults with Mental Retardation,** edited by S.N. Calculator and J.L. Bedrosian. Pp. xiv + 359. Taylor & Francis, London and New York, Philadelphia, 1988. £20 (softback).

The two themes of this book are stated clearly from the outset: in the introductory chapter the editors remind the reader that the adult with mental handicap is not the same as the child with handicap as regards communication skills and needs. Such adults need a different approach to language and communication assessment and intervention, taking into consideration age appropriateness and other aspects of normalization. Secondly the emphasis needs to be on the pragmatic/functional dimension of language, *viz.* on communication goals as opposed to language goals. This chapter concludes with a helpful guide to the eleven chapters that follow. Each of these has different authorship and they are grouped into four parts. The first part provides an overview of mental retardation and includes an interesting account of service provision from 500 BC to the present day. Part two looks at the characteristics of adults with mental retardation and reinforces the need to look at the abilities of mentally handicapped adults to meet current and projected communicative demands across listeners and settings rather than drawing conclusions from the abilities of non-handicapped children. The language experience and communication needs of these children, it is argued, bear little or no relation to those of adults with mental handicap.

Parts three and four consider communication assessment and intervention issues and strategies. While a developmental perspective is taken in the assessment of