

Book Reviews

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Case Presentations in Accident and Emergency Medicine

F Morris, F Moore
1993, Butterworth-Heinemann Ltd,
220 pages, \$9.95

Case Presentations in Accident and Emergency Medicine is a compilation of 61 case studies derived from the authors' experience in accident and emergency wards in England. Each case study consists of a patient presentation, appropriate history, and relevant physical examination findings. Each case is followed by questions requiring the reader to develop a differential diagnosis and outline immediate management concerns. A relevant discussion and information about the patient's outcome are provided.

The intent of the book is not to "trick" the reader. In nearly every case presentation, the correct diagnosis should be fairly obvious to the emergency physician at the level of senior resident or above. This does not detract from the book's value for medical students and junior residents. One of the most persistently difficult tasks faced by emergency medicine faculty is teaching residents and students to consider the most immediately life-threatening diagnoses as a possible explanation for each patient's presentation. The authors, using actual cases, do an admirable job of often demonstrating and consistently reminding the readers that seemingly innocuous

and nondramatic presentations can be the harbingers of potentially disabling or even lethal conditions.

Another major strength of the book lies in the fact that the "answer" (post-case discussion) section conveys a fair amount of fundamental information on the approach to various emergencies. Students and rotating residents exposed to a limited rotation in the emergency department would not be expected to read even an abridged or condensed textbook of emergency medicine cover to cover. A text such as this is more likely to hold the attention of the student because of its concise and easily readable case studies format. Several cases can be read at one sitting, and the take-home messages are clear and to the point.

The major weakness of the text for the American reader lies in the discussions of emergency management or treatment based on British practice patterns. Several references are made to medications not yet approved for use, known by other names, or already out of favor in the United States. Unfortunately, from the perspective of an American academic emergency physician, the book reflects an apparent British practice of greater reliance on consultants, especially in decisions of intervention and in the performance of invasive procedures. Faculty teaching in US EDs who are considering use of this otherwise recommendable book will presumably discuss the vagaries of patient management based on local practice

patterns with their students and residents.

Of cultural note, as an emergency physician practicing in an urban setting, I was immediately struck after reading this collection by the lack of inclusion of a case presentation of gunshot wound, a not uncommon problem in the United States. Finally of note is the book's price. In an era in which physicians and medical libraries are confronted with spiraling costs for medical publications, it is refreshing to find a reasonably priced text to recommend to students and residents.

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Radiology of Trauma

SJA Sclafani
1991, JB Lippincott Co, 163 pages,
\$59.95

Radiology serves a vital role in the evaluation of emergency patients, and the use of radiographs in the trauma patient is the rule. The reading of radiographs can be frustrating in any patient. Findings need not be subtle, but often shadows and shades must be converted into consequential information. With *Radiology of Trauma*, the reader anticipates a book that will help clarify the frequently murky world of

trauma radiology and bring direction to it. Unfortunately, *Radiology of Trauma* adds little in that direction.

The major division in this book is between skeletal and nonskeletal trauma; there is further division into anatomic sections. This theme continues in each chapter with divisions by anatomy. Only the pelvic fracture chapter is divided by type of fracture.

The book begins with skeletal trauma, and the first chapter on skeletal trauma presents a survey of the radiological examination of the trauma patient. The limited narrative falls short of giving any real insight about how radiology is used in the trauma patient in a systematic manner. The author makes an attempt to discuss the classification of fractures, but the haphazard presentation prevents the uninitiated from using the scheme in any meaningful way.

The book then opens with a section on facial trauma, which has always provided a challenge in radiology, a challenge that is not met here. The problems with reproducing radiographs in a book are legion, and this book is a testament to that problem throughout. Images are often blurred, and the fracture is frequently difficult to delineate. Often the area shown is so small that the fracture cannot be viewed in context. The computed tomography (CT) scans found later in the nonskeletal sections are of equally poor quality. Arrows and markers help in some radiographs, but they are noticeably absent in many.

The section on face and skull trauma continues and is notable for the glaring omission of CT imaging. CT scanning in the presence of documented or suspected head injury has become de rigeur. The author concedes that "CT is the preferred modality for initial examination of a patient with head trauma" (p 2.19). It is difficult then to understand his decision to exclude CT from his book. Furthermore, the exclusion of other imaging modalities is noteworthy. The use of ultrasound and magnetic resonance imaging, both of

which are proving to be valuable in trauma evaluation, is not addressed.

The section on spinal trauma begins with a short section on the method of examination of the cervical spine. After this discussion, an inclusion of radiographs showing normal alignment or depiction of normal studies next to the abnormal studies would have been helpful. This method of presentation could be useful in many areas of the book. Diagrams in the section on spinal column trauma as well as those in the section on pelvic trauma do serve to clarify the fracture. Not surprisingly, the pelvic trauma chapter is one of the best in the book. Other skeletal trauma sections are faulted for missing common fractures. One example is Boxer's fracture in the upper extremity chapter.

The second half of the book discusses nonskeletal trauma and is divided into sections on head and neck injuries, chest injuries, abdominal and gastrointestinal tract injuries, injuries of the retroperitoneum and urinary tract, and vascular trauma. Each appears to be a somewhat random collection of abnormal films that has been gathered over the years, such as the misplaced feeding tube (p 8.2), whose relationship to trauma is not entirely clear.

A significant problem with this book is deciding where it would be used. It certainly cannot be used as a reference book due to its glaring omissions and poor reproductions. Despite the occasional clinical pearl, it cannot be used as a manual for the use of radiology in trauma due to its limited text. The text is too incomplete to give the inexperienced any guidance or the experienced any insight. For assistance with radiology in the emergency department for the trauma patient or other emergency patients, the reader is referred to *Levy's Radiology in Emergency Medicine*, which discusses normal images and findings as well as indications for imaging or to the more exhaustive Harris' *The Radiology of Emergency Medicine*, which is still probably considered the classic text. In these books, the reader will find

useful guides and help in turning the shadows into meaningful data, but in Sclafani's *Radiology of Trauma*, that which begins in a haze ends in a fog.

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Clinical Procedures in Emergency Medicine, ed 2

JR Roberts, JR Hedges
1991, WB Saunders Co,
1,166 pages, \$150

Drs Roberts and Hedges have successfully retooled their venture into "how-to" books in emergency medicine. This second effort does such an excellent job that it far surpasses the scope of the very good first edition. The improvement is such that the first edition should now be relegated to a place amongst trephines and fleams.

This text is superb. It covers just about every procedure likely to be seen, done, referred, or followed up by the emergency physician. More than a cookbook on clinical procedures, it gives the clinician insight into the history, physical examination, diagnosis, treatment, and interventional modalities for virtually any disease process requiring technical intervention in the emergency department. It is appropriate as an instructional guide for procedures used by not only practicing emergency physicians, but physicians in every area of medicine: those who refer patients to the ED for procedures to be done, as well as those who receive referrals from the ED.

The format of the text is readable and user friendly. The reader is presented with an applicable historical context for each procedure as an introductory perspective and often a pertinent discussion about how it was done during the legendary "when I was an intern" period. Dr Osler, an author of some reknown, would approve of such a approach,

as it gives the physician a sense of appreciation for our colleagues who preceded us and faced similar diseases with but a fraction of today's medical armamentarium.

Each author discusses appropriate technical approaches to specific problems and presents the pros and cons of each technique. More than one approach to a procedure is often presented. What helps make this edition very worthwhile, however, is the interjected "tricks of the trade" that many authors share with the reader. Such insight lends the ambience of a discussion between the seasoned teacher of emergency medicine and the house officer in the busy arena of the ED. Many authors also suggest an approach when the "uh oh!" factor comes into play. For instance, if an urethral catheter has already been passed in the patient with a pelvic fracture, how is an urethrogram done to determine the integrity of the urethra (answer: buy the book).

The illustrations are very understandable and not reminiscent of Rube Goldberg. The editors should consider marketing their editorial skills to publishers of electronic equipment instructional manuals. I can easily understand the intricacies of the technique of insertion of a chest tube or doing a cutdown at the greater saphenous vein as depicted in this text, but the 88:88 continues to flash on my VCR.

There are few technical corrigenda evident in the second edition. In the text describing the technique of digital intubation, the reader is instructed to insert the left index and ring finger into the mouth. The drawing, however, appropriately depicts the use of the index and long fingers. Although some illustrations describing wound care were a little sticky in illustrating the proximity of the tip of the suture needle and fingers while retracting or everting skin edges, munificent reminders of wearing gloves and universal precautions are interspersed throughout the illustrations and text.

Occasionally, cross referencing would be helpful. For example, while the chapter covering traumatic