

The remainder of the chapters are presented in alphabetical order with 36 pages devoted to "Dermatologic Emergencies" (only 19 pages were reserved for "Resuscitation"), and I find it hard to believe that male pattern baldness was even mentioned. Most of the chapters on standard medical and surgical chapters are adequate for the amount of information presented, but little omissions occur frequently. For example, the section on tick paralysis fails to tell the reader to search the head and neck carefully for a tick and that the paralysis improves rapidly with tick removal. The section on treatment of methanol or ethylene glycol ingestion discusses the use of IV ethanol without stating how to prepare the solution, only to keep the serum level between 100 to 150 mg/dL. Lastly, the section on snakebite management states "commercially available snake antivenin is reconstituted with horse serum"; it is made from horse serum and reconstituted with normal saline.

Sections of the book are well done. The chapter on gastrointestinal emergencies is nicely presented for those unfamiliar with this topic, as is the discussion of gynecologic emergencies. A short chapter entitled "Genetic Emergencies" is a very helpful addition and presents possible emergency conditions that may occur in patients with a known genetic abnormality. I wish this chapter were more detailed, rather than four pages of tables. The chapter on ingestions is made very useful by presenting a list of nontoxic products and house plants, thus saving a busy physician a lot of time in such cases. The chapter on "Sedation and Analgesia" is also quite useful, especially with its two-page table for rapid review and comparison of different agents. In addition, the chapter "Wound Care and Minor Trauma" is enhanced with very useful illustrations.

In summary, the level of discussion of topics is appropriate for medical students or interns, but the many little omissions are apt to cause problems for the reader.

Accordingly, I would not strongly recommend its purchase by students or interns, even though I know they like books that fit in their pockets. The Harriet Lane handbook, although not an emergency manual, has a lot of information in a small space and is surprisingly useful for one to have in the pocket while involved in pediatrics. Having standard emergency pediatrics books readily available for reference in the emergency department would be a better resource for your students and interns than relying on this book.

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## Civilian Vascular Trauma

D Flanigan (ed); JJ Schuler, P Meyer (associate eds)  
1992, Lea & Febiger, 490 pages

*Civilian Vascular Trauma* is a new, multi-authored volume devoted primarily to the diagnosis and management of vascular trauma likely to be seen in the civilian setting. Approximately one third of its 490 pages are devoted to what first comes to mind when the term *vascular trauma* is mentioned, namely, acute, traumatic arterial injuries resulting from violent forces, intentional or unintentional. One third is devoted to related topics, such as diagnostic techniques, pre- and post-operative evaluations, and complications. The final third is given to odd topics and "special considerations," including iatrogenic injuries and vascular problems related to IV drug abuse. The book focuses primarily on preoperative diagnosis, operative management, and hospital in-patient care.

The book has many strengths but also obvious weaknesses. With regard to strengths, many of its chapters, particularly those dealing with specific injuries, such as extremity, thoracic, or abdominal vascular injury, are authoritative, well written, and well illustrated.

These may serve both as good instruction for physicians and surgeons at all levels of training as well as reference standards for trauma surgeons or other physicians managing trauma. In an effort to be comprehensive, however, many other chapters have been included on related topics such as vibratory white finger syndrome, burns, replantation, transfusion therapy, and prehospital care and resuscitation, to name only a few. The inclusion of some of these seems contrived and quite possibly unnecessary, particularly because the authors have made little if any attempt to relate the content of their chapters to vascular injury. The material in the chapter on initial management and field triage, for example, which recapitulates general information found widely and in more detail elsewhere, may be pertinent to a general trauma text but contributes little to a text devoted specifically to vascular problems. Likewise, the chapters on replantation and transfusions do the same.

I compared the material in this book with what is available in recent editions of standard textbooks of vascular surgery, such as Rutherford's *Vascular Surgery* and Ernst and Stanley's *Current Therapy in Vascular Surgery*. Overall, this book compares favorably. There is considerable overlap in topics and, in some cases, in authors among the three texts. For example, the chapter on fasciotomy in *Current Therapy* is virtually identical to the same chapter in *Civilian Vascular Trauma*. *Civilian Vascular Trauma*, however, devotes more pages, provides more detailed descriptions, and gives more graphic illustrations of the diagnosis and management of vascular injuries that are likely to be seen in civilian practice.

The book could be improved in a number of ways. The editing and organization are poor. I found the intermixing of acute and chronic injuries and blunt and penetrating mechanisms within individual chapters confusing. The arrangement and sequence of many chapters seems illogical; for example, compartment

syndromes are described in a chapter quite distant and in a different section of the book from the chapter on fasciotomy. The chapter on missed vascular injuries is in a section separate from the one covering management of those injuries. Discussion of results of treatment is found many sections later. Some topics, such as missile emboli and lead poisoning from retained bullet fragments, are given entire chapters when the amount of actual information is small and could easily have been incorporated into one or more existing chapters.

There is no overall structure to the chapters. Each author presents his views in his own way. This variation makes the reading of the book more interesting but use as a reference work more difficult.

The book is well constructed and attractive in appearance. On leafing through it, one is struck by its many good-quality illustrations and photographs. The criticisms above notwithstanding, *Civilian Vascular Trauma* will be a useful book for physicians who treat injured patients to read and to have as a reference.

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## Radiology of Skeletal Trauma (ed 2)

LF Rodgers  
1992, Churchill Livingstone,  
1,521 pages, \$375

Roentgen's discovery that x-rays can image the inside of the human body was made in November 1895, reported on December 28, 1895, and published the first week of 1896. In the rest of 1896 alone, 1,044 scientific books and articles were published dealing with the new discovery. The pace of publications has not slowed since then, and this book is on a par with the best of them.