great interest in them: up till his death he was making observations on the territorial life of robins in his garden.

In 1970 his vision began to fail, he had to give up driving and gradually became unable to play golf. Despite the handicaps of increasing age his intelligence survived unimpaired and he was able to journey constantly to London to visit his club and to attend and maintain contact with his colleagues.

His last illness was short and he died in the small hospital in Northwood where he had been a number of times, the hospital which he loved as much as its nursing staff loved caring for him.

The packed chapel at the funeral service at Ruislip bore eloquent testimony to the respect and admiration of those who were privileged to know him. He was a great man who will be sadly missed by all his friends in the Army as well as in the worlds of Tropical Medicine and Pathology.

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**BOOK REVIEWS**


This is the first textbook on any aspect of military surgery to have been written in Britain since the end of World War II. From the wealth of his own experience in the Spanish Civil War Trueta wrote a text on the Principles and Practice of War Surgery which greatly influenced the management of British casualties at the outbreak of World War II. In 1942 Hamilton Bailey, supreme producer of surgical textbooks, edited a two volume Surgery of Modern Warfare assisted by 71 contributors who, he claimed, represented British surgery. Neither of these two textbooks has been of much interest or help to the many RAMC surgeons who have served with Field Surgical Teams all over the world since 1943 and very few of their contributors were involved in the production of the official Field Surgery Pocket Book which was published in 1962 and is due to be issued in a new version this year. Having read and re-read the Field Surgical Pocket Book before operation, between cases, and in the anxious hours waiting for casualties to arrive, I used it as the first test by which to assess the value of this new text to the young Field Surgeon. As a practical guide, it is not as valuable.

For a surgeon not experienced in neurosurgery the detailed advice given in the pocket book enables him to explore head wounds with confidence and important small steps in technique are emphasised for the tyro. In this new book basic surgical technique is assumed but there is a good account of standard operative procedures. In the very first case of high velocity penetrating missile injury of the liver I saw, I found the Field Surgical Pocket Book most helpful and reassuring. Col Owen-Smith's advice on the management of liver injuries is very detailed and owes a lot to the advances that have recently been described in the surgical management of closed injury to blunt trauma.

Although the severe injury that he describes may well be seen as a result of terrorist rifle or bomb attack, my own experience and the recorded experience of other military surgeons, suggests that such patients will seldom be seen in Field Hospitals. Whether all wounds of the liver due to penetrating missiles need to be resected is an important question and has been continuously debated since World War II. Col Owen-Smith's account is a guide to what is possible, but only experience will show how often it is necessary.

The section on penetrating chest injuries is a good account of current military practice. I would have been interested in a discussion of the X-ray changes to be seen in chest X-rays after surgery for penetrating chest injury.

The initial treatment of vascular injuries is well described but the question of fasciotomy is barely alluded to. For the experienced surgeon who has just completed possibly his first arterial repair for gunshot wounds, the when and the where to do fasciotomy can be a difficult decision.

Decompression of the four osseofacial compartments of the leg is advised for the
severe trauma of the penetrating high velocity missile wound. This has not been my practice and I would have welcomed an analysis of the experience which led to its recommendation.

Col Owen-Smith's extensive experience with experimental gas gangrene makes this one of the best chapters in the book. The review of experimental work of wound ballistics is also very good and as complete an account as the average surgeon would wish for.

This book will give the FRCS candidate a good introduction to the problems of military surgery. It sits easily in the hand, is easy to read, is a sound basic introduction to military surgery and deserves to be widely available. It will not replace the Field Surgical Pocket Book but it is a welcome companion volume. The experienced military surgeon would have welcomed a fuller treatment of some of the contentious issues in War Surgery but perhaps the subject is not regarded as sufficiently important in this country to justify a large multi-author textbook. In the meantime Col Owen-Smith's book can be recommended to all who are interested in the subject.

R SCOTT


This monograph offers a comprehensive introduction to a subject which has developed rapidly in recent years. Measurement and interpretation of the complex electrical changes in the retina, optic pathways and visual cortex are of diagnostic value in cases where clinical examination of the retina is obscured by opacities in the refractive media or where retinal changes are difficult to interpret ophthalmoscopically. Patients with amblyopia, or optic atrophy of unknown cause, abnormally pigmented fundi, potential drug toxicity may be usefully referred.

The author gives valuable advice to the postgraduate student and to the ophthalmologist or physicist involved in organising an ophthalmic electrodiagnostic clinic.

K P MILNE


This is a record of the second meeting of the Obstetric Anaesthetic Association to be devoted entirely to the subject of Epidural Analgesia. It was held in Coventry in 1979. Eight years after the first.

An impressive list of contributors from the United Kingdom, several Continental countries and the United States give an enthusiastic review of current epidural practice.

An early contributor suggests that a viable 24-hour service is only possible in those units where the delivery rate is between 3,000 and 5,000 per annum. This excludes as he points out, the majority of units in this country. He advocates radical "Regroupment" of our facilities which in the current financial climate is difficult to envisage.

As an obstetrician who does, when needed, his own epidurals, I was somewhat disappointed to see only passing reference to this facility. Perhaps the lines of demarcation are elsewhere more firmly drawn.

I was impressed, however, by the stress laid in several sections on the necessary and essential part that midwife participation makes.

This is not a beginner's guide to epidural anaesthesia, but provides an invaluable source of material essential for the setting up and maintenance of a safe epidural service.

P T GARDNER


One way for the interested general medical reader to keep abreast of advances in medicine is to collect articles appearing in the Br Med J and Lancet. Some 15 years ago almost every issue of these general medical journals carried a paper on some aspect of some transplant surgery and its associated immunology. For anyone not directly associated with one of the transplant programmes the amount and range of information was quite bewildering. The Editor of this small volume has covered more territory than any participant in transplant surgery and all the contributions are most attractively written. There are six chapters on immunosuppressive agents and four chapters on clinical immunosuppression. The chapter on the effects of whole body and regional irradiation should be of interest to anyone involved in the management of patients undergoing radiotherapy and also to any Service medical officer seeking to learn something about experimental work on ionizing irradiation. The last chapter on immunosuppressive drugs in medical diseases is replete with phrases such as "the long term benefit appears to be negligible or marginal". However, the highly effective
use of immunosuppressive therapy in Wegener's Granulomatosis is fully documented.

At almost £17 for this slim volume it is not likely that many Army medical officers will wish to possess it, however it should be available in all hospital libraries that cater for the needs of doctors in higher professional training programmes.

R SCOTT


The publication of a new textbook of neurology is not a common event. This one, from Brisbane, Australia, meets a definite need since there are so few concise but wide-ranging texts on this subject. It is a quality paper-back of medium size which makes no pretence at comprehensiveness and therefore will be of no interest to anyone seeking a reference textbook for the library shelf.

It contains no detailed anatomy and does not describe the techniques of neurological examination. It does, however, cover the whole range of neurological disease, classified in a conventional way, with a pleasing clinical bias. There is a refreshing economy of words and the text is liberally scattered with very useful lists and tables, making it ideal, for example for someone studying for the MRCP examination.

The element of "clinical wisdom" is represented, intriguingly, by a series of interspersed "Diagnostic Hints" which will reward close attention and help in difficult clinical situations. Additionally, there are short lists of references for further reading at the end of each chapter.

All texts of limited ambition present the problem of what to include and what to leave out. The author has confronted this boldly and maintained his resolve to present the common conditions in more depth than the rarities. In all this is a well-conceived, well-organised and very useful book, ideal for house officers confronted with clinical problems, for those studying for higher diplomas and, indeed, for anyone needing a refresher course in neurology.

D M ROBERTS


What attracts me about this little book is the way the authors tackle an important subject (Prescribing) in the first chapter without preliminaries. This is typical of a book which takes many of the 'core' problems met by the new general practitioner, whether in Scotland or England, and discusses them in a pragmatic and no-nonsense way. The writing is clear and lucid and this is helped by the sensible-sized print and the setting out of the pages.

I am not sure that all doctors would like to perpetuate the idea that (in sitting the MRCGP examination) "The trainee is also insuring against the possibility that some future date the qualification may become compulsory before becoming a Principal ..." However, this is a small criticism of an excellent book which ought to have a wide popular appeal for trainees in General Practice.

W G KILPATRICK


Only in the last few years has clinical pharmacology been accorded equal status with medicine, surgery and pathology in our medical curricula and examinations. No-one can deny the importance which clinical pharmacology has assumed: and yet, when one considers the plethora of textbooks on the subject — usually weighty and discursive — one wonders whether there has been a degree of "overkill". Yet another new and substantial text, therefore, requires justification.

This one, from Guy's Hospital Medical School, has the merit of being up to date: beyond that it is difficult to discern anything in its lay-out or content which sets it apart from others. The first part of the book deals with general principles — pharmacokinetics, drug metabolism and drug toxicity. The second part considers the systemic application of drug therapy. Throughout the authors have concentrated on the clinical application of drug therapy and the underlying disease processes have been described wherever necessary. Line drawings, graphs and tables are liberally interspersed and there are useful appendices on the legal aspects of prescribing and on sources of information for further reading.

The book contains more than is required by the medical student and is certainly comprehensive enough for those studying for higher qualifications. As a well balanced, well layed-out, modern and comprehensive text it will satisfy most requirements for reference by practising clinicians at all levels.

D M ROBERTS

The 1981 edition of the Field Surgery Pocket Book fits easily into the side pocket of a combat jacket. Being printed on Bible paper it packs as much useful information in its 300 pages as the more bulky edition of 1962. The format of the 1962 edition was designed to allow regular updating of its contents but in fact this updating has not occurred and the new edition of the Pocket Book makes a good case for a complete re-write every few years.

There is an impressive list of contributors, both civil and military, and with Mr Blackburn as co-editor the Director of Army Surgery can be certain that the valuable lessons gained from surgical and anaesthetic experience in conditions of large scale general war are properly integrated with the views of those whose experience has been gained in many smaller campaigns.

The Director of Army Surgery states that the Pocket Book should be regarded as a directive from the consulting surgeon to the Army on “Surgery in the Field” in war. Military doctors must recognise that the optimum treatment of casualties in war demands an approach to selection for treatment and application of techniques and resources that is seldom called for in civilian experience. The introduction spells this out in detail and provides the rationale for a directive in place of a textbook.

Each of the 26 chapters contains sound advice on the management of the injured. Each also contains advice which could be disputed by experts. I understand, for instance, that the role of Ketamine as an anesthetic for the severely injured is not agreed on by all anaesthetists, but for my part I have been most impressed with its value in burned casualties.

The updating of the treatment of burn wounds is most timely because recent military experience suggests that burn casualties in land warfare are likely to increase.

The chapter on infection is not likely to date as rapidly as one might suppose from the deluge of promotional literature for antibiotics. Very few antibiotics have military potential and current experience supports all the recommendations in this book. It is notable that Penicillin is still the single most valuable antibiotic 40 years after its introduction into military surgery in the British Army.

I read the chapter on wounds of the chest with great interest because there have been considerable advances in the management of patients with closed chest injury in the last 20 years. It is with some temerity that I suggest that this chapter does not reflect modern military surgical opinion. Even if one accepts that at present continuous drainage does not have a place forward of the forward surgical centre it must surely be the preferred method of treatment at this point in the evacuation chain. General surgeons are tending to make separate incisions for entry into the chest and entry into the abdomen. Recently reported military experience suggests that this is preferable to the thoraco-abdominal approach.

The chapter on wounds of the abdomen is an excellent summary of modern thinking. In only one respect is it not as helpful as the 1962 edition. On page 202 it is stated “a through and through wound on the right may traverse the pleura, diaphragm and liver and yet cause surprisingly little upset”. In 1962 the Field surgeon was advised simply to excise the entrance and exit wounds and only to explore the abdomen if there was evidence of developing haemoperitoneum or peritonitis. Having had cause to be grateful for this sound advice, I suggest that in the next edition the section on management of wounds of the liver should refer back to the section on right sided thoraco-abdominal wounds.

Missile wounds of large arteries may be dangerous for the patient and trying for the surgeon. Regrettably the forward surgeon requires more detailed advice in their management than is contained in the short chapter on vascular injuries. The control of bleeding due to a penetrating wound of the shoulder and buttock is at least as important as repair of limb arteries. Sir George Makins wrote “Incisions . . . need to be planned upon a much wider scale than is the case with the classical operations so well known to the student of operative surgery”. A few words of practical advice on incisions would, as I know from experience, be welcomed by the young surgeon.

The important chapters on head injuries, eye injuries, and injuries of the ear, nose and throat are written with the general surgeon in mind and he will have cause to be grateful for their detailed didactic advice. In the ENT section it could perhaps be noted that rupture of the tympanic membrane may be the only guide to the later development of blast lung.

Although in the excellent chapter on cold injury it is stated “surgical intervention should in general be avoided”, it is important that surgeons should be aware of this common military injury. Military surgeons must also have more than a passing acquaintance with the diseases of warm climates, particularly those such as malaria which can affect the general condition of the wounded or amoebiasis which can provide problems in diagnosis.
This small book is a great improvement on its predecessors and it deserves a wide circulation among medical officers of the Armed Forces. It should be carried in every surgeon's pocket in time of war.

R SCOTT


This is the best available book on trauma care available in English. As Sir Ian Fraser points out, much of the best writing in this field has come from young surgeons with recent military experience. It is, therefore, not surprising that eleven years of terrorism in Belfast has stimulated an interest in trauma care that extends beyond the needs of the casualty department and the fracture clinic.

The first section on "The Principles of Trauma" brings together information that is not readily available in other textbooks. In it are discussed the epidemiology of trauma the metabolic response of the patient, the organisation of the Accident & Emergency Department and the contributions of radiology, anaesthetics and rehabilitation. The chapter on X-rays is particularly to be recommended because of the advice given to surgeons on how to look at X-rays of the head, chest and abdomen in the severely injured.

Again, it is in the practical advice to the surgeon faced with the patient severely injured in the head, chest and abdomen that the second part of the book on "The Management of Specific Injuries" is so valuable. I was disappointed that Alan Crockard should consider that the neurosurgical techniques for the treatment of bullet injuries of the brain are beyond the scope of this book. There are many parts of the world where neurosurgical facilities are not available and the chapter on head injuries is, in every other respect, so useful as a guide to the management of those with head injuries that I hope in the next edition he will consider adding to this chapter.

The chapters on Respiratory Trauma, on Injuries to Arteries and Veins and on Abdominal Injuries are written by masters of the craft of surgery who have themselves experienced those problems that the trauma surgeon finds so difficult to deal with. The other chapters of the book are well written, the advice is sound and has the merit of being written by specialists for practising general surgeons. It is no disrespect to Mr Gurd to say that the chapters on Bone and Joint Injury do not add much to what is already available in standard texts. I believe that this book could be of great value in under-developed countries, and a word or two of advice on the neglected compound fracture and the old unreduced dislocation would be helpful.

In under-developed countries burn injury is more commonly treated by general surgeons than by specialists. For them the chapter on Burns in this book would be very useful. I would be more positive about the value of silver sulphadiazine cream as a topical antibacterial agent. While I agree that intravenous feeding should be undertaken with great caution and would seldom be necessary, intravenous plasma can occasionally be very valuable in the oedematous patient some weeks after injury.

This book should be in every hospital library and every surgeon who cares for the injured should possess a copy. I will carry the Field Surgery Pocket Book in my pocket but I will take this book in my kit bag.

R SCOTT


This is the first volume in a projected three volume history of the Army Medical Department of the United States.

Dr Gillett writes a scholarly and clear account of the struggles of an embryo nation to create an army medical department. When one considers the state of chaos the country was in the wonder is not that so little was done but that so much was achieved.

As ever with eighteenth century armies disease was the great killer. For one man who died by the bullet nine died from smallpox, dysentery, and etc.

The author gives excellent and copious notes to each chapter and there is a very full bibliography so that readers, wanting to pursue a particular point, are fully alive as to sources to follow. Apart from the text there are excellent campaign maps and plentiful and relevant illustrations.

It is hoped that Dr Gillett will produce the second volume in the series which one assumes will cover the War of Secession — at any rate we will look forward to its appearance with eagerness.

Like all books coming from the Center of Military History it is of excellent production and format. To sum up then. This is a book which can be unreservedly recommended.

A MacLENNAN