BOOK REVIEWS


This latest edition of the BMJ's ABC of Healthy Travel is aimed at General Practitioners and Practice Nurses who have to advise on health issues related to travel. It includes a wallchart containing advice on immunizations, medications required and other risks for all countries likely to be visited. The authors write from the renowned Communicable Diseases Unit (Scotland) at Ruchill Hospital, Glasgow and from the Ayrshire Central Hospital.

The book is designed with a column of easily read concise text parallel to a column of accompanying illustrations which include helpful summary boxes and clinical and pathological illustrations of diseases. The column also includes a range of other photographs, drawings and maps. Presumably these latter are included to emphasize points made in the text or act as aida-memoire, but the inclusion of, for example, a stylized sketch of a first-aid box and an outline map of British Airways' air routes add little other than to contribute to the admittedly visually attractive overall effect of the book.

Most aspects of travellers' health are covered, with immunization and the prevention and treatment of malaria being appropriately emphasised. While it concentrates on infections and their prevention, coverage of other areas is comprehensive, ranging from advice on avoiding STDs in the tropics to precautions in pregnancy and childhood and for travellers with existing health problems. The book contains a helpful discussion of the sources of further advice which are available, including WHO and government resources; specialist advice facilities, and online databases. The wallchart is based on the TRAVAX database and provides an accessible ready reference.

In summary, this is a well-designed, comprehensive package for those advising travellers. Used alongside material available through Service channels it would ease the task of military GPs, GDMOs, and Physicians.

DP WHITEHOUSE


Having started life as a series of articles in the BMJ, ABC of AIDS has been expanded and updated under excellent editorial control. Clear, concise and cohesive text, complemented by tables, sketches and photographs, covers a great deal of contemporary knowledge in the continuously evolving saga of HIV infection.

The need for a compact presentation restricts discussion. Some views of the panel of authors are presented in the following paragraphs. Revised CDC definition of AIDS incorporates various manifestations. Clinical suspicion and willingness to investigate lead to early diagnosis and better management, contributing to better quality of life. Pre-dicted heterosexual HIV epidemic wave is becoming visible as a ripple. HIV positivity does not imply immediate death. All these individual needs help. Care of the sub group of drug users poses many challenges. Counselling in pregnancy and care of HIV infected children present many moral and ethical dilemmas.

Counselling and good communication help in cordial as well as comfortable relationships, contributing to constructive management of HIV related illness. Cooperation and shared care between the specialist and primary health care organisations is increasing and needs elaboration.

Resource of poor countries of the developing world has been devastated by the deleterious effect of the HIV epidemic on their health care programmes as well as on other elements of their economically productive manpower. Enormous difficulties are encountered. To mention a few: minimal testing facility, lack of treatment for opportunistic infections leave alone anti viral therapy, unsafe blood transfusion, non existant Sexually Transmitted Diseases Control Programme, inevitable vertical transmission to the baby paint a depressing picture.

Chapters on the nature of the virus, available tests and the immunology of AIDS lay a solid foundation, which is unshakable despite the attack by the Sunday Times. Brief but succinct presentations on the natural history of the infection, early and late manifestations and their management, cover a lot of ground and are immensely beneficial to the clinician. Easy to follow recommendations and practical guidelines demystify the treatment regimes and clarify many issues dealing with care in the hospital as well as in the community.

The reviewer feels that risktaking lifestyle coupled with travelling opportunities enhance HIV acquisition. Defence personnel are increasingly deployed in various parts of the globe on behalf of the UN or NATO. Exposure to HIV during first aid administration or surgical intervention either as a provider or as a receiver is very much a reality. Preventive measures of all kinds are paramount.

It is recommended that prior study of ABC of STD and ABC of AIDS would enrich the ATD presentation on these topics. This book must be compulsory reading for all the medical and nursing members of the Defence Medical Services and should be brought to the attention of relevant members of the support services as well as policymakers. It should be available in all the hospital libraries, primary health care centres and Field Ambulances.

It is suggested that an annual update as a supplement or a
a part of the BMJ would be beneficial along with a new edition every three to four years. Despite the myriad texts and journals that are already published and continue to be published on this topic, ABC of AIDS is simply indispensable as an introductory as well as a standard text book.

PM Sreenivasa Rao


Procedures in Practice is a book that sets out to explain all those “minor” clinical procedures that most clinicians learn from their peers by the time-served method of “see one, do one, now do the rest”!

The book is divided into three main sections, covering the acutely ill, medical diagnosis and therapy, and minor surgical procedures for hospital and primary care. Under these headings the authors cover everything from putting up a drip to syringing ears, and they have largely succeeded in converting their “hands on” clinical experience into an easy-to-read format.

Each chapter uses a combination of clear text, photographs, clinical diagrams, and summary “boxes”, and all this coming in a handy pocket-sized book.

The only criticism that can be levelled at this work is one of uncertainty as to which group of clinicians it is aimed. Some of the procedures described are more usually performed by specialists not requiring the aid of “Procedures in Practice”, while other procedures described are very much the realm of the most junior doctor, who would welcome the advice and help this book contains.

Overall this is another excellent work from the now famous BMJ Publishing Group, and I would recommend it to all newly qualified doctors and certainly it is a “must” for the ward and clinic bookshelf.

DK Chambers


In just over 300 pages, this excellent book covers virtually the whole of the primary ophthalmic fellowship syllabus. The format is multiple choice questions supported by explanatory text and line drawings. There are some 150 of these drawings, and I found them very helpful both as illustrations and aide memoire.

The supporting text not only explains the answer but goes further in talking around the question in some detail. This format is easy to use and an effective way to revise, having read the standard text books.

This is the sort of book I wish had been around when I was starting out in the specialty. For this particular exam, which is now wholly MCQ, I would say it is invaluable.

MFP Griffiths


This is the second volume in the Principles and Practice Series edited by Dr. Hahn (Oxford) and Professor Adams (Guy’s) who were responsible for the classic “Principles and Practice of Blood - Gas Analysis”. The author was until recently Senior Lecturer in Anaesthetics at Guy’s Hospital.

It aims to give the basic principles and clinical applications of capnography for anaesthetists and intensivists in 108 pages. The book is in three distinct parts. The first part deals with the physiology of carbon dioxide as measured by capnography; the second the technical details of carbon dioxide measurement; and the last looks at the clinical significance of capnograms. The book is well indexed, superbly illustrated, and has useful boxed summaries. The information is well presented and is easily readable. The level of content is appropriate for trainees studying for the FRCA examinations; and an important update for others. I found the chapter on paediatric capnography the most useful clinically. The references are up-to-date; the earliest being 1986 and the latest 1994!!! Standard textbooks or manufacturers’ guides lack the explanation and illustration of the various aspects of capnography that is available in this paperback.

At £16.95 it is excellent value for money. It must be essential reading not only for anaesthetists and intensivists but anybody who has to look after an intubated patient; but get your own copy!!! If you want to understand capnography this is the book of choice.

WF De Mello


This paperback provides an overview of ventilation techniques used in intensive care and non invasive ( domiciliary) ventilation. The contributors are well known and drawn from the disciplines of thoracic medicine, anaesthesia and intensive care in England.

The book is divided into five chapters. The first covers the history and the development of ventilation techniques and equipment. With the aid of superb diagrams it unravels the jargon of the different forms of ventilation by their effect on airway pressure. The indications, limitations and possibilities of mechanical ventilation are discussed in Chapter 2. Hamilton-Farrell and Hansons’ chapter on general care of the ventilated patient in intensive care is a brilliant synopsis of an important subject. Chapter 4 discusses the reasons for difficulties of weaning from mechanical ventilation and offers a clear strategy for ensuring success. The last chapter on non invasive ventilation is a comprehensive view of ventilatory techniques used outside intensive care either on the wards or at home. These techniques are familiar to
Thoracic physicians, but rarely to anaesthetists or intensivists. This handbook must be essential reading for any health care worker involved in looking after patients on assisted ventilation. The content is current and at £12.95 it is excellent value for money. But buy your own - as the library copy will be in great demand!!!

WF De Mello


In this slim monograph Hodgetts and Davies have given a clear account of the development of trauma scoring, summarised various scoring systems together with their limitations and points of contention. They explain how scoring can assist in improving communication along the trauma chain, determining injury severity, triage and the appropriate disposal of trauma victims. They have clarified the statistics involved and show how scoring can help predict outcome, aid audit, facilitate epidemiologic study and evaluate/validate new treatments etc. They have included references from the UK which makes it more relevant to our practice as previously most data was derived from North America. A small laminated card serves as a useful aide memoire to the Triage Revised Trauma Score.

If you want an introduction to Trauma scoring this must be the best source of information around. All those involved in trauma management should study this excellent monograph. It should be essential reading for those preparing for the diploma in Immediate Care.

W F De Mello


Those who are familiar with the original, spiral bound, edition of this title will remember that the only major criticism was that the binding was not equal to the task (though it did make photocopying OHPs for CMT teaching straightforward). This “revised reprint” is presented as a traditional large format text.

“Revised reprint” does not do justice to the amount of revision which has been undertaken as over 350 of the 550 + pages have been revised. This has been necessary to include new guidelines on Basic Life Support, ACLS, Paediatric Life Support and Asthma amongst other subjects.

The text is obviously aimed at the immediate care doctor, and as such must be an essential reference for anyone attempting the Diploma in Immediate Medical Care. The book, however, will be attractive to any medical or paramedical personnel who have the requirement to work outside of the confines of the A&E department. Chapters are self contained under major subject headings, and are presented in an expanded note form which is logical, readable and easily recalled.

The aim is quite obviously to produce a comprehensive text - this is certainly no pocket guide - I have yet to find significant failure in this aim. As an example the chapter on gunshot and blast injury encapsulates all that the PGMO would be expected to remember. Medical subjects are well covered, this is not just an RTA and trauma manual.

The book covers all aspects of emergency care in concise and authoritative style. There is no comparable text covering pre-hospital practice in such detail which is based upon British practice, most available books reflect that of North America.

This book should be of interest to all military medical officers who have any primary care or pre-hospital interest. It would be well used in the library of any training practice (if the MOs can keep it away from the CMTs!) and is a book that all RMOs should be familiar with.

PA Johnsin


The authors present common physical signs in orthopaedics using more than 200 clear black and white photographs arranged in nine easily readable chapters. Each photograph is accompanied by a short history followed by a question, with answers at the end of each chapter. The text is short and stimulates further reading. The authors succeed in familiarising the reader with the common physical signs in Orthopaedics and, above all, encouraging close observation to arrive at the correct diagnosis.

The book is not a replacement for any standard textbook on Clinical Orthopaedics, but is valuable as an adjunct to reinforce knowledge gained from these textbooks, ward rounds and clinics. Though intended primarily for medical students, general practitioners and physiotherapists, it is quite useful for all trainees as a test of their knowledge and clinical ability.

S Chatterjee