BOOK REVIEWS


Formal cardiac rehabilitation should be the natural extension of care for the cardiac patient resulting in the return of that individual to their optimum state. Regrettably the practice of this in the United Kingdom is very variable with some districts having no formal rehabilitation to others providing hospital or community based programmes. This short book comprehensively reviews all aspects of cardiac rehabilitation in chapters written by acknowledged experts and should provide reasons for many of us to rethink our own rehabilitation strategies.

It starts logically with the medical background to cardiac rehabilitation and proceeds through 12 chapters outlining such aspects as goals, exercise training, patient and disease selection and evaluation of programmes and the effect of rehabilitation. Each chapter is followed by an extensive section of references that will allow the reader to delve further into areas of particular interest. The content of each chapter however gives an excellent overview of the subject matter.

Meta-analyses are frequently used to justify cardiac rehabilitation where smaller individual trials have failed. Commendably this book includes an excellent analysis of the various data on this subject, pointing out the potential pitfalls of amalgamating such trials of varying design. This particular section is of great value in putting the results into perspective.

This book is written in a manner that proves to be highly informative and readable. The broad reviews and detailed references make this book relevant to any healthcare worker who is involved in cardiac patient care, whether they are doctors or other professionals based in either hospitals or the community. Its style will also make it enjoyable to read. It is not just a textbook to be confined to the reference shelf, but a comprehensive review of the practical and theoretical aspects of cardiac rehabilitation.

N Ineson


This short textbook is written to appeal to a wide audience of staff involved in echocardiography. There is valuable information contained for individuals from medical students through technical staff, interested doctors and up to the level of the specialist. Junior doctors studying for MRCP part II could profitably spend time with this book and the author has marked with an asterix those echos he considers most likely to appear in the examination – a very helpful timesaver for the junior doctor who has a thousand and one books to read for this exam!

Although there is an introductory chapter the physics and technology are assumed (although listed in a bibliography). Short descriptions of types of imaging are present but for this reason the book could not be described as a basic text for the beginner.

Chapters proceed through the normal heart with both black and white and colour images before reviewing diseases of the heart in logically arranged chapters covering individual valves and conditions. The high quality of the images is notable. Clinical Echocardiography is however not merely an atlas of abnormalities. Indications for assessing each aspect of cardiac function and structure with appropriate abnormalities, causes and their differential diagnosis are included in useful tables for most chapters. Each chapter has a short conclusion and is completed with appropriate references and suggestions for further reading.

Overall this book within its 260 pages covers most aspects of echocardiography in a logical manner with superbly reproduced echocardiograms. It is not just an atlas and with its explanatory and clinical notes it will be useful to more than those recording echocardiograms. This is a book that should be in every echocardiography department and be read by anyone who orders this investigation.

N Ineson


Although aimed primarily at NHS Practice Managers, this excellent and comprehensive little book is of great potential value to Army Practice Managers as well. Indeed, many of the chapters provide advice and guidelines of considerable interest to the average practice Service Medical Officer also. Among the twenty-nine chapters, only two (those on NHS partnerships, and on “Designing a Staff Salary Structure”) transpire to have little or no direct relevance to Service practice. This is largely due to the fact that the book concentrates very much on the management of people, whether they be staff or patients. Indeed, it might have been better titled “Practice Staff Management Handbook”.

There is, for instance, little or no reference to many of the areas into which the managers of the larger NHS practices have moved – negotiations with the FHSA, fund-holding activities, the tax affairs of the Practice, etc – nor to the completion of NHS paperwork or returns. What the book does concentrate on is the provision of logical and structured guidelines on interviewing and recruiting staff, on terms of employment, on staff training and on the management of change. There are chapters that deal with specific staff management problems – sickness
Finally, there are chapters on aspects of practice policy dip into it for advice on specific aspects of the absence, poor performance, practice politics, stressed staff, the problem drinker, and sexual harassment at work. Finally, there are chapters on aspects of practice policy implementation, on practice meetings, effective telephone style, and others.

In summary, every SNCO in charge of a medical centre would benefit from a thorough knowledge of the contents of this excellent book, and every SMO should be able to dip into it for advice on specific aspects of the management of practice and staff.

MD CONROY


In the third edition members of the Resuscitation Council have extensively revised and updated the ABC of Resuscitation to include the latest European Guidelines. The book logically and concisely covers all aspects of resuscitation from the initial basic life support to post resuscitation care. There are three new chapters on cardiac pacing, drug therapy, and the management of peri-arrest arrhythmias, the latter of which I found the most useful. New colour illustrations and useful extensive summaries help make it an easy read.

At £7.95 a copy, this must surely be a bargain. If you want to know the latest thoughts on resuscitation and you are still awaiting an Advanced Life Support course or a refresher then this book is the best synopsis on the subject.

It should be compulsory reading for every health care worker!

WF DE MELLO


The subtitle of this book, The most decorated Doctor of World War 2, may cause some readers to raise their eyebrows. The RAMC produced many highly decorated doctors during the Second World War but many of them they have been too modest to lay claim to the title of the most decorated. That is the claim that Matthew Hall makes of Martin Herford.

At an early age Martin Herford had decided to follow his mother into medicine. Reading the accounts of the slaughter of the First War he had decided that being incapable of killing another human, medicine was the only recourse. With the family unable to afford full university education Herford studied for a BSc at Reading University but did not finish the course. Then with financial help from a relative, he embarked on a medical degree and soon after graduating in 1936 volunteered to serve in one of the Quaker Canteens being set up to aid the civil population in and around Barcelona during the Spanish Civil War. It was here that Herford experienced the first horrors of war but found his time in Spain very frustrating.

A need to gain hospital experience necessitated a return to England. On the outbreak of war his application to join the RAF was thwarted due to the requirement for doctors to treat air raid casualties. Not satisfied with this he joined the Finnish Aid Bureau and saw service in Finland and Russia before eventually achieving his aim of joining the British Armed Forces and the RAMC in January 1941.

Herford’s introduction to the Corps and the war was not long in coming and the next four chapters concentrate on the very active and at some times hair-raising life that Herford had, firstly in the Greek campaign which led to the award of an MBE, followed by service in the desert, then with the invasion force in Sicily and Italy leading to the award of an MC and bar.

1944 was to allow a brief respite including marriage for the now Lt Col Herford, commanding 163 Field Ambulance but June of that year found him embarked for France and the invasion of Europe.

It is the latter part of the book that the reviewer found most interesting, detailing the account of Herford’s mission across the Rhine, carried out under the protection of a Red Cross flag, to take medical supplies to the beleaguered troops holding out in Oosterbeek as part of MARKET GARDEN. Sadly the supplies did not get to the airborne troops but were returned across the Rhine by the Germans along with the other members of the party whilst Herford was taken into captivity. Perhaps this was a blessing in disguise for the airborne forces that were to eventually become prisoners of war after the capitulation of the Oosterbeek pocket some days later. He went on to convince the Germans to allow him to establish a prisoner of war hospital in a disused barracks in Appeldoorn, staffing it under the command of Greame Warrack and using captured members of the Airborne Medical Services which undoubtedly saved many lives which would otherwise have been lost had the wounded had to endure the rigours of the long train journeys into Germany before definitive treatment could be carried out. For this work Herford was awarded the DSO. Once his work was done at Appeldoorn, he like many others of the Airborne Medical Services escaped and crossed the Rhine to freedom. After a brief rest in England it was back to the war which came to an end for him, as a member of the relieving force in Belsen. He eventually retired from the Army in January 1946 and applied the same enthusiasm in serving the public as he had his country.

A man of boundless energy and bravery the final sentence of the book describes him thus . . . “a formidable man and in war and peace served selflessly as a soldier for justice.”

PH STARLING

This is the second in the series "Fundamentals of Anaesthesia and Acute Medicine" which aims to provide up-to-date and authoritative reviews of the principal clinical topics which make up the speciality.

There are 11 chapters. The first covers basic neurophysiology of the central nervous system (CNS). The next chapter is a useful synopsis of how neurological disorders may directly or indirectly be countered on the intensive care. Chapter 3 provides a brilliant overview on the choice of radiological techniques for the study of the CNS; and includes not only indications for plain SXRs but also how to choose between CT and MRI. The pharmacology of anaesthetic agents is briefly discussed in Chapter 4 and it has a useful section on the pro and anticonvulsant properties of these agents.

The remaining 7 chapters are all clinically based. Chapter 5 looks at the controversy (now mainly of historical interest) of fluid management in neurological patients and briefly covers problems like diabetes insipidus, SIADH and haemodilution. The chapter on monitoring offers a brilliant overview of the use of the EEG, evoked responses, ICP measurement, cerebral haemodynamics and cerebral oxygenation and metabolism. Positioning of the neurosurgical patients is covered next with special emphasis on the sitting position and offers sound advice on what to do in case of venous air embolism. Chapter 8 looks at the anaesthetic management of aneurysms and arteriovenous malformations, whilst the next chapter looks at neuroanaesthesia with emphasis on the needs of the paediatric patient and for procedures in the radiological suite. Chapter 10 is for me the most useful. It covers the management of head injuries. It starts at the ATLS based protocols; then looks at the various investigations (giving useful guidelines for SXRs, CT or MRI) and when to refer to neurosurgeons, on how to transfer the patient safely, and what surgical and postoperative interventions may be needed. The last chapter looks at brain protection and brain death. For the former it concentrated on 4 aspects: balancing substrate demand with delivery (no longer regarded as beneficial), mild hypothermia (easy to do and looks promising) hyperglycaemia (control of glucose levels probably only useful in diabetics and neonates) and the concept of excitotoxicity. The section on brain death offers a useful summary of the diagnostic criteria covering neurological examination, investigations and establishing irreversibility.

All chapters are well referenced and include some from 1994. The quality of the illustrations, especially the radiological ones, are superb. A common theme was the relative superiority of a total intravenous technique over a balanced one with nitrous oxide and volatile agent.

This book is a good introduction to clinical neuroanaesthetic practice and a useful update for more senior anaesthetists. Read selectively other health care workers may find it useful too; in particular the chapters on intensive care (Chapter 2) radiology (Chapter 3) and head injuries (Chapter 10). If you prefer a paperback to the relevant section in a comprehensive bulky textbook, then this is probably the best one around!

WF de MELLO


Aimed primarily at casualty senior house officers, the authors' objective is to highlight in a short textbook those abnormalities which are commonly overlooked or misinterpreted by junior staff, rather than providing a comprehensive textbook of trauma radiology. The pocket sized volume is divided into chapters on specific anatomical regions. Each chapter gives essential information on basic radiographic technique and anatomy before progressing to a brief description of the most important injuries occurring in that region. The text is supported by high quality radiographs and correlative line diagrams illustrating the key points which are then listed at the end of each chapter. Whilst concentrating on basic trauma radiology there are additional chapters on the chest, acute abdomen, swallowed foreign bodies and paediatrics, giving a brief synopsis of the more common problems encountered in the accident and emergency setting.

Given the numerous potential diagnostic pitfalls in emergency radiology, this "survival guide" will be a valuable investment for all junior accident and emergency staff. Trainee radiologists and orthopaedic surgeons will also find a worthwhile amount of useful information in this inexpensive and very readable book.

L J KING


This standard American text has been upgraded to a size and weight (4kg) which is incompatible with use in the field; nevertheless its third edition is a veritable encyclopedia (56 chapters) of the principles and practice of managing medical emergencies in remote areas. Underpinning the human physiology and medicine are copious sections on sciences basic to wilderness medicine such as meteorology, zoology, botany and elementary seismology, together with surprisingly informative pieces on search and rescue (both on land and from water), and a useful section on aerovacs and their attendant pitfalls.

A uniformly high standard of line drawings accompanies a clear typescript. The colour illustrations