BOOK REVIEWS


The World Disasters Report has been produced annually in various languages by the International Federation of Red Cross and Red Crescent Societies since 1993. The 1995 and 1996 issues (as well as weekly news bulletins which effectively serve as regular updates) are freely available for downloading over the Internet, while all issues can be ordered in paperback or hardback versions from the Federation (and the 1996 one from OUP). It is the world's only annual report focussing on disasters, whether they be earthquakes, epidemics, conflict or economic crises, occurring anywhere on the globe, and it does not shy away from critical examination of the issues at stake and the lessons being learnt. One must remember that the ongoing experience of the Red Cross in war far outweighs the experience of most military personnel. This Report therefore contains information of direct relevance to the military medical services, whether they be involved in humanitarian operations (such as Rwanda or Zaire), peace keeping or peace enforcement (as in former Yugoslavia), or in conflict. For the same reasons I would also recommend it to candidates preparing for the Society of Apothecaries' Diploma in the Medical Care of Catastrophes. To corroborate this, a glance at some of the topics covered by the 1996 Report should arouse the interest of any member of the Defence Medical Services: "Special Focus on the Rwanda Refugee Crisis", "Former Yugoslavia: Bringing relief to those who must flee", and "Should soldiers get off the humanitarian front line? Disasters, armies and the new world disorder". When one considers these in conjunction with previous Reports, e.g. "Rwanda: Dilemmas of a total disaster", and "Disasters Database: Meeting the need for systematic data, & Early warning systems: A selective guide" in the 1995 Report, one begins to perceive the progress being made by the international community in its attempts to mitigate, and hopefully to prevent, the effects of such disasters. In a world where it is increasingly likely that the British military medical services will be deployed in support of humanitarian or peacekeeping operations, it is no longer acceptable for us to be deployed to the scene of disaster as enthusiastic amateurs. Close study of the "World Disasters Report" and the other Disaster Information available on the International Federation's Internet site will at least ensure that we are not ignorant of the issues at stake.

D J VASSALLO


With editors and authors from the UK, USA and mainland Europe this is truly an international publication. Its origin was a series of seven articles in Thorax, now expanded to thirteen chapters. Pulmonary rehabilitation has taken rather a back seat to cardiac rehabilitation, but the benefits can be just as impressive. This book mainly involves itself with Chronic Obstructive Pulmonary Disease (COPD), by far the commonest cause of respiratory disability, but there is one chapter on other chronic lung disorders.

The best way of assessing this book is to consider various target audiences. All doctors should read the chapter on smoking prevention. Smoking remains the single most preventable cause of death in our society, and in the services in particular far too many men and women continue to smoke. Here the various behavioural strategies are well described, as are smoking cessation policies based on pharmacological intervention with nicotine replacement, which many doctors find confusing. You should all also read the final chapter by the late Trevor Clay, former General Secretary of the Royal College of Nursing, who lived with emphysema for many years. Entitled 'How to keep the customer satisfied' it is a masterly and thought provoking account of how we should (and often do not) manage patients with chronic disease.

For General Practitioners and general hospital physicians the chapters on the roles of drugs and physiotherapy in the management of (COPD) are very useful, and in particular I would recommend the sections on the role of the nebuliser, which clarifies a very controversial topic. Much of the content of these chapters may feature in the about to be published British Thoracic Society guidelines for the management of COPD, which will complement the very successful asthma management guidelines. Finally, and for a more specialist audience, the chapters on long term home oxygen and home mechanical ventilation give an excellent introduction on how to assess patients for and start them on these more complicated treatment options. There is also advice about setting up a pulmonary rehabilitation service. This book contains much valuable and state of the art chest medicine and I strongly recommend it.

NA Hoare


This is the third edition of this book which deals with the principles of management of the spinally injured, from the removal of the casualty from the scene of injury to the later stages of rehabilitation. Chapters are included on radiological investigations, urological management and transfer of care from hospital to community. Although not an exhaustive account of the subject it covers the basics widely and serves as an excellent introduction.

There is interesting historical background included in the subject; the first written reference to the condition being made 2500 BC in Egypt when it was concluded to be, 'an ailment not to be treated'. There is an important
A reminder that until the efforts of people such as Guttman in the UK after the Second World War the outlook for patients with any spinal cord injury was no better than that for the ancient Egyptian. Ninety percent of those suffering such an injury in the First World War died within one year of wounding and only one percent survived more than 20 years. A major cause of death at the time was preventable renal failure as a consequence of inadequate bladder management, ureteric reflux and infection. In 1917 Thomson-Walker said that almost half of all patients died of urinary sepsis within two months, with a total death rate of 80%. Modern management has allowed even high cervical cord injuries a near normal expectation of life. Tables of life expectancy are included at the end of the book.

I have qualms with certain aspects of this and previous editions of this book; in particular its chapter on urological management. There are certain inconsistencies in the text and some of the ideas on bladder management are controversial. The authors advocate the use of intermittent catheterisation after the onset of reflex detrusor activity in those patients they feel will be capable of self catheterisation in the long term but say that the remainder should be taught 'tapping and expression'. This procedure involves tapping the abdominal wall to elicit detrusor muscle contraction with subsequent abdominal compression to ensure the bladder is empty. This risks producing raised intra-vesical pressures and ureteric reflux in the patient without co-ordinated sphincter relaxation. The authors are somewhat dismissive of urinary diversion procedures, rightly so as a first-line option but certainly a possibility for later management. Curiously, they are similarly dismissive (again, rightly so) of indwelling urethral catheterisation as a form of long term bladder management but then advocate its use in high female tetraplegics. Overall there is little emphasis on intermittent clean self catheterisation, which many would consider the method of choice for bladder management of the paraplegic.

The text, as usual with the ABC series, is well illustrated with X-rays, MRI and diagrams to demonstrate the mechanisms and consequences of injury. But one of the weaknesses of the series, which comes of a desire to remain didactic and to simplify the text, is the absence of directly cited references and the provision of only a small suggested reading list. This limits their use as a source of reference for the reader who wishes to delve further into the subject.

This is a very readable book and would certainly be a useful introduction to the subject for anyone about to work on a spinal injury unit. It would be useful for nursing and para-medical specialists in the field but might appeal to a relatively small number of doctors because of the limited number who work in this speciality. Nevertheless, it fills a gap in the market and, with certain reservations, is a book I would recommend.

J Etherington


Biomedical knowledge is growing exponentially each year. With more than an estimated 30,000 biomedical journals and countless other publications worldwide, healthcare workers are bombarded with reading material and face an uphill struggle to keep up to date. Additionally, as not all articles are of equal quality, tools to help readers decide what is worth reading and what is not are always welcome. One such tool is The Pocket Guide to Critical Appraisal from the BMJ stable. The book, true to its name, is a slim booklet which easily fits into the pocket of a coat or jacket. The Pocket Guide is split into two sections: the first introduces critical appraisal of study reports and its rationale, while the second section looks at five quantitative study designs in more detail (surveys, clinical trials, cohort and case-control studies and surveys). For each of these designs Dr Crombie provides a list of crucial appraisal questions which are then summarised at the end of each chapter in the form of a checklist.

The great virtues of this book are brevity and clarity, two essential qualities for any product aimed at busy healthcare workers. My only reservations are related to the relative paucity of examples to explain why, for example, case-control and cohort studies are more prone to bias than a good clinical trial and of a discussion of the possible effects of this bias. The book additionally has no bibliography whatsoever, so that readers will not be able to follow-up current thinking on the topics. However, perhaps this is not so important in a pocketbook which is striving to provide (and achieves) a set of essential scientific assessment tools.

TO JEFFERSON


This book claims to be an authoritative and comprehensive examination of medical syndromes characterised by serious and unpredictable internal overheating of the body. The book is divided into three sections. The first section of the book reviews exertional heatstroke, the middle section malignant hyperpyrexia and the final section other hypermetabolic syndromes. The authors are internationally acknowledged experts including several with strong Army connections.

The section on exertional heatstroke is of most relevance to military doctors. Indeed chapters one, two and four which cover history and epidemiology, predisposing factors, clinical features, treatment, prevention and the use of the human physiology laboratory in the investigation of heatstroke victims were written by British Army doctors. These chapters are a comprehensive review of the current situation regarding heat illness in the British Armed Forces up to about 1992. However I suggest a book such as this should have included more discussion on the civilian situation regarding heat illness in the British Armed Forces up to about 1992. However I suggest a book such as this should have included more discussion on the civilian
The occupational aspects of the prevention of heat illness to be truly comprehensive. The chapters on the investigation of heatstroke victims include the use of the human physiology laboratory, nuclear magnetic resonance spectroscopy and in vitro skeletal muscle testing. Unfortunately all of these chapters report small studies leaving substantial further work before any of these modalities could be considered for routine clinical practice. The final chapter in this section considers areas for further research. It is difficult to see the practical application of the human physiology laboratory, nuclear magnetic resonance spectroscopy or in vitro muscle physiology and biochemistry in routine clinical practice.

The second section is devoted to a review of malignant hyperthermia. This is a condition with an incidence of between 1:10,000 and 1:20,000 which represents 20-30 new cases per year. These chapters are a comprehensive review of the subject written by authors from one of the leading centres in the world. However it is a subject which will probably appeal to a limited audience. The final section covers neuroleptic malignant syndrome, drug induced hypermetabolic syndromes and hypermetabolism in endocrine disorders. These chapters cover a limited aspect of each clinical condition comprehensively but another text would be required to gain a complete understanding of each.

Overall this is a useful source of reference for malignant hyperthermia. However neither exertional heatstroke or hypermetabolic disorders are covered sufficiently well for this to be regarded as a comprehensive review of these subjects. This is a book for a library but certainly it is too expensive to be recommended for a personal bookshelf.

MCM BRICKNELL


There are few books that will have a fundamental influence on daily medical practice. This is one of them.

The editor is a nationally recognised innovator in the field of emergency medicine, and with a team of senior clinicians has designed a series of simple algorithms for the triage of common presenting complaints in Accident and Emergency.

Each algorithm is faced by an explanatory notes page. This will assist those new to the concepts of triage, but the simple design of the algorithms would allow them to stand alone even for an occasional user.

This system is deservedly set to be adopted nationally, and offers objective standardisation to what was previously a gut instinct. Its application is principally intended for a civilian Accident and Emergency department, but it may equally be utilised within the Reception area of a Field Ambulance or Field Hospital.

TJ HODGETTS


This book is a compilation of articles which aim to review the major research themes into the biology and control of trypanosomiasis and leishmaniasis of today. It has no few than 47 contributors - all noted for their work in this area and each article can stand alone as a short review of a specific topic. The emphasis is on the basic biology. The book does not address the clinical aspects of the diseases, although chemotherapy (and particularly drug resistance) are covered, these are not dealt with in a manner which will be readily useful to a jobbing clinician.

So, who would find this book useful? Whilst of little value to the physician in his daily practice it does an admirable job in bringing together the many and varied threads running through research into both diseases - they are put into historical perspective, related to each other, and the fundamental objectives each theme is trying to achieve are generally explained. Any clinician starting to study a disease in depth encounters a knowledge barrier that make the transition from daily clinical practice to a full appreciation of the disease in all its complex glory daunting. At meetings it is often impossible to dissect the basic threads from the background 'noise'. Reading the journals is worse! This book provides a relatively painless introduction to the basic science those who intend to study trypanosomiasis and leishmaniasis in depth. I wish it had been around 7 years ago!

NC HEPBURN


Atrial Fibrillation is the commonest sustained cardiac rhythm disorder and therefore it is hard to imagine many specialties that do not come in to contact with it. This book covers the entire subject from history through to investigation and treatment in 8 chapters illustrated in the now familiar ABC style.

It is very readable and presents the right mix of information and practical advice to maintain the interest of the reader. Each chapter is concluded by a short list of key references for those who wish to increase their depth of reading around any particular aspect.

The chapter on antithrombotic treatment for atrial fibrillation is my personal favourite. It contains a good practical review and the algorithm for risk stratification and selection of prophylaxis in atrial fibrillation is clear and unambiguous. This should help sensible decision making on who should be formally anticoagulated and for whom aspirin is satisfactory.

I would regard this book as essential reading for both the general practitioner and hospital physician and of value to most other doctors as this is such a common rhythm disorder. A must for any MRCP candidate. It represents excellent value. Strongly recommended.

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