

conventional anatomy textbooks, there is no detailed description of the relationships between the different anatomical structures. As such, these two volumes may be useful for surgical residents, but not for medical students or those who have little prior anatomical training.

Prof KDK Luk
Department of Orthopaedic Surgery
The University of Hong Kong
Queen Mary Hospital
Pokfulam
Hong Kong

Emergency medicine: a comprehensive study guide, fifth edition

Ed: Tintinalli JE, Kelen GD, Stapczynski JS
McGraw-Hill Book Company, Suite 2310, One Hung To Road, Kwun Tong, Kowloon, Hong Kong
US\$149.00, pp 2127, ISBN 0 07 065351 8

Emergency Medicine: A Comprehensive Study Guide is a large, single-volume, hardcover reference work, which contains 304 chapters in 26 sections. Now in its fifth edition, this comprehensive study guide presents a thorough overview of issues pertinent to the specialty of emergency medicine, yet its depth is sufficient to inform and educate experienced physicians. Frequent tables, figures, diagrams, and illustrations aid in communicating the information. Each chapter is well referenced, although—as with all large textbooks—some of the most recently published literature has not been cited. There is also some inconsistency in the referencing, because while most chapters are followed by a ‘References’ section, some refer to a ‘Bibliography.’

When compared with the fourth edition, three sections have been removed, including two on acute symptoms and signs in adults and children, and one on common implantable devices. These have been replaced by three sections entitled ‘Shock’, ‘Analgesia, Anesthesia and sedation’, and ‘Special patients’ (such as intravenous drug users and elderly, obese, homeless, and mentally or physically disabled patients).

A large section on ‘Resuscitation problems and techniques’ gives invaluable information on the epidemiology, pathophysiology, prevention, and acute management of cardiopulmonary problems. No mention is made, however, of the advisory statements of the International Liaison Committee on Resuscitation. It may be that chapters were submitted to press before these guidelines were published but, even so, little mention is made of the interesting cross-Atlantic debates that characterised the 1990s.

A state-of-the-art section on ‘Principles of imaging’ includes information on contrast studies, emergency department sonography, computed tomography, and magnetic resonance imaging. It is practical, of appropriate length and depth, and extremely relevant for emergency physicians. Some conflicting views emerge, but these merely reflect reality. No reference is made, however, to the principles of more commonly used radiological techniques—standard plain radiography—and the potential adverse effects of X-rays, especially when used inappropriately. There is also little reference to the application of information technology at the interface between the emergency department and radiology services, the use of digitalised films, and picture archiving and communications systems. The levels of evidence on which expert recommendations are made is not clear, and practical issues and gaps in knowledge requiring further research are frequently not emphasised. A clear definition of the specialty of emergency medicine and how this differs between countries and continents is not described, and the structure and training programmes of the service are not explained.

Emergency Medicine: A Comprehensive Study Guide is otherwise a well-prepared and stimulating reference work, which I would recommend to any colleague within or outside the specialty who wishes to invest in a textbook on emergency medicine.

Dr T Rainer
Accident and Emergency Academic Unit
The Chinese University of Hong Kong
Prince of Wales Hospital
Shatin, Hong Kong