

always sufficiently forceful, sometimes disappointingly meagre. At the end of each chapter there is a wish list of things that should be done, but which would necessitate a more sympathetic popular and governmental approach to the vulnerable as well as those who work as carers.

The difficulty I have with the book lies in its title. The introductory chapter contains some justification for blaming 'the moral state we're in' for the decline in caring, although much of the evidence for an erosion of morality and its consequential neglect of the vulnerable is anecdotal and impressionistic. But much of the content of the main chapters describes examples of bad policy or poor control and supervision of what is happening in homes, hospitals and prisons. The overpopulation of prisons and the presence within them of so many people with mental illness is not a reflection of lost morality; it is simply bad policy. The section on euthanasia and assisted dying describes a very real moral dilemma which has been the focus of countless publications and symposia for 20 years or more. The fact that the topic is so written about and debated suggests a genuine engagement of principle rather than an abandonment of morality. Despite her religious background the author appears to accept that the act of suicide is not sinful when life has become intolerable, yet she denies this relief to those who through frailty or lack of facilities are unable themselves to carry it out.

To me, this is our real moral failure, that we leave so many people to suffer the indignities and distress of a slow lingering death which could be obviated, I am convinced, by a more enlightened approach.

Julia Neuberger's message is that our failure to deal adequately with these serious problems in our society reflects a decline in our moral standards. The problems she discusses are big and their solution requires big ideas and big actions, a diversion of interest away from the self to the welfare of others, as well as the provision of substantial extra money and resources. At the risk of sounding excessively cynical, I don't see this happening. Oscar Wilde said 'I can resist everything except temptation'; the lure of 'the good life' and the encouragement it gets from the media is likely to prove irresistible except to the dedicated few.

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An introduction to clinical emergency medicine: guide for practitioners in the emergency department

By Swaminatha V Mahadevan and Gus M Garmel.

Cambridge University Press, Cambridge 2005. 818pp. £45.

The emergency telephone rings. A&E is notified that the ambulance is conveying a 45-year-old male, unconscious, ETA five minutes. The team assembles, roles are allocated, and a cubicle is made ready. Differential diagnostic possibilities are considered based on the limited information available. The patient arrives and a systematic approach to assessment and management builds on what has been done by the pre-hospital team.

Emergency medicine is a specialty bracketed by time and place. Practitioners are concerned with assessment and initial manage-

ment of people who can and do present with any condition, in any condition, at any time of the day or night. As the above example illustrates, management often begins before a complete 'picture' is available and is modified accordingly as information accumulates.

An introduction to clinical emergency medicine has something for everyone, at all levels, from student to senior. The book is organised primarily according to the complaint the patient presents with, and thereby follows the information-gathering process and decision-making sequence used by clinicians to evaluate and manage patients safely. Clinical medicine is presented as a detective story.

The book is divided into four sections: 'Principles of emergency medicine', 'Primary complaints', 'Unique issues' and the appendices. The last deals with practical procedures and interpretation of relevant laboratory investigations.

The first section deals primarily with the 'ABCs', and reassuringly includes the assessment and management of someone in pain, emphasising its importance and the problems associated with inadequately treated pain. Chapters in the 'Primary complaints' section are arranged with basic questions to clarify the presenting complaint (the what, when and where), examination findings to help distinguish the more likely (or most threatening) cause from the differential possibilities, the role of diagnostics, and safe disposition.

There are 72 contributors, all but one from the United States, and all but two doctors. The 'Unique issues' chapter includes social and environmental emergencies, and medico-legal and ethical aspects of care, much of it in a context specific to the United States.

Point-of-care testing and decision rules are common, and the easier access to and greater reliance on imaging is acknowledged. Drawings and photographs are used to good effect, and there are charts, diagrams and algorithms galore, again reflecting the emphasis on decision-making as information becomes available. Process issues, especially handovers at the end of a shift, are highlighted, and the section on disposition helps decision-making about admission or discharge. Features applicable to children or elderly people are included in most chapters although in other instances specific chapters are devoted to issues related to the extremes of age.

There are idiosyncrasies that some will find problematic. There is no mention of scoring systems for assessing risk in patients with gastrointestinal haemorrhage. Common important conditions like asthma are not easy to follow from diagnosis through treatment to discharge because of the symptoms-based approach; and there are some recommendations that are controversial and/or not supported by evidence, for example the use of 50% dextrose intravenously for hypoglycemia and a mandatory pelvic examination 'in any woman of child-bearing age with abdominal pain'. At the end of each chapter the authors include 'Pearls, pitfalls and myths', potentially a very attractive summary. However, the format is inconsistent and it is not always clear whether the points being made are pearls, pitfalls or myths.

As the title suggests, this is an introductory text and one that will be valuable to those learning the specialty or preparing tutorials for staff in training or students. However, the specialty is covered comprehensively, and the North American bias should not detract from the refreshing approach which sees information conveyed in the way that patient care unfolds in A&E. The principal 'added value' of

the book is the symptoms-based, rather than diagnosis-based, approach. Patients are managed according to the severity of their presentation, often when the clinical 'picture' is incomplete, so the focus is on clinical decision-making.

By the way, there is no mention of emergency care performance targets. That may please some, but will indicate to others how much improvement there has been to the processes of emergency care in England in the last few years.

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