

Table 1 Details of coins

| Coin | Diameter (cm) | Weight (g) |
|-------------------|---------------|------------|
| Twenty pence | 2.0 | 5.0 |
| Ten pence | 2.3 | 6.5 |
| Fifty pence (new) | 2.6 | 8.0 |
| World Cup | 2.6 | 8.1 |

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- 1 Skinner D, Swain A, Robertson C. *Cambridge textbook of accident and emergency medicine*. Cambridge: Cambridge University Press, 1997: 494.
- 2 Mandell GA, Rosenburg HK, Schnauer L. Prolonged retention of foreign bodies in the stomach. *Pediatrics* 1977;60:460-2.
- 3 Cass DT. Gastric retention of a swallowed coin after surgical treatment of pyloric stenosis. *Aust Paediatr J* 1989;25:299-301.

BOOK REVIEWS

Anaesthesia and Analgesia in Emergency Medicine. 2nd Ed. By Karen A Illingworth and Karen H Simpson. Oxford Handbooks in Emergency Medicine. (Pp 397; £45.) Oxford Medical Publications, 1998. ISBN 0-19-262908-5.

Since moving from the UK to work in the southern hemisphere in March 1997, life has taken on a new meaning. Not only do I get non-stop criticism about the state of northern hemisphere rugby (in particular England), but I also find myself regaining control of the airway. Airway management is much more part of the emergency physician's work than in the UK and there is no formal "ownership" of it by anaesthetists. I therefore reviewed the second edition of this paperback with great interest.

The first thing I noticed is that it is lighter and thinner than the first edition by approximately 60 pages. Chapters on pre-hospital care and management of patients with multiple injuries have both gone and there has been some subtle fine tuning in the editing process. Otherwise the book is very similar to the first edition and has the standard format of other books in this series. Personally, I find them easy to read and restful on the retina.

This book makes an excellent introduction to the subject and I enjoyed reading it. It is not, however, a standard reference source or a pocket "bible". For example there is only a superficial mention of topics such as fiberoptic intubation, transtracheal jet insufflation, and no mention of the Combitube or retrograde intubation. Although assessment of potentially difficult airways using the Mallampati criteria is clearly mentioned, as is measurement of the distance between the hyoid bone and the chin, their importance would be emphasised if they were in the same section, rather than approximately 80 pages apart. The

above topics clearly all relate to management of the difficult airway and it would be useful to have an example of a difficult airway algorithm, even if it is actually outside the scope of the book.

There are some minor niggles. The current buzz words "conscious sedation" are not referred to, although sedation is discussed well. My experience in Australasia is that midazolam is often used as an induction agent and I could find no reference to this role. In recent years topical adrenaline and cocaine paste has become popular in the UK for topical anaesthesia (and has been written about in this journal), but I could find no reference to it in the section on topical anaesthesia.

One recommendation slightly surprises me. The authors recommend that a straight bladed laryngoscope can be used up to the age of about 6 months, whereas the Advanced Paediatric Life Support course recommends a straight bladed laryngoscope for at least the first 12 months of life and possibly for the first five years. This reminds me of the old adage that if you were to ask three orthopods how to manage a specific fracture, you'll get five opinions.

Overall, I think this book is an excellent introduction to the subject. Medical students, junior doctors at the start of their training, and nursing staff will all find it extremely useful. The experienced anaesthetist or Australasian nurtured emergency physician will find it an interesting read, but it will not answer all their queries.

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The High Altitude Medicine Handbook. 2nd Ed. By Andrew J Pollard and David R Murdoch. (Pp 165; £17.95.) Radcliffe Medical Press, 1998. ISBN 1-85775-214-7.

Climbing big mountains is a dangerous business. Time was when chain smoking, tweed jackets, and a diet of quails' eggs was regarded as the best prophylaxis for mountain sickness. How medicine has changed.

The second edition of this book is a credit to its authors. They have achieved something that I have often regarded as impossible—writing a text that is as suited to the medical profession as it is to the general public. I have come across their first edition in many strange parts of the world as a lightweight addition to the rucksacks of travellers of all age groups. It is a thoroughly comprehensive review of high altitude medicine, without surplus fact, focusing the reader down to the essentials he or she requires. The book would also be a good companion for those who are travelling to lower levels and to under-developed parts of the world, though I imagine that was not the authors' intention.

How I wish this book had been available when I accompanied an expedition to Everest. I remember frantically searching for a suitable list of items to take. Such lists were few and far between. Yet here, in *The High Altitude Medicine Handbook*, an example of an expedition medical kit is to be found. I would suggest all those providing medical cover for expeditions to remote places seek out this list first before developing their own ideas. Much of the work has already been done for you.

I sense the hand of Pollard—he is a respected paediatrician—in the chapter covering the effects of altitude on children. Thought by some to be an irresponsible act, children nevertheless have increasingly

appeared at high altitude in recent years. The real problem is not that a child is more susceptible to high altitude but that he or she may not be able to express what they are feeling. Death can be very rapid if early symptoms are ignored.

In short, this is an excellent text. Even if the thought of a mountain terrifies you I would read the book nevertheless. The text is ideally sized to fit on a bookshelf, in a briefcase, or even a rucksack pocket. It is just what high altitude needs.

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Books received

Key Topics in Anaesthesia. 2nd Ed. By T M Craft and P M Upton. (Pp 360; £21.95.) Bios Scientific Publishers, 1995. ISBN 1-85996-075-8.

Handbook of Drug Interactions. Edited by Lakshman Karalliedde and John Henry. (Pp 935; £55.00.) Arnold, 1998. ISBN 0-340-66204-2.

Respiratory Measurement. By Göran Hedenstierna. (Pp 184; £19.95.) BMJ Books, 1998. ISBN 0-7279-1207-0.

NOTICES

2nd Trauma Care Conference: Improving Trauma Care

7-9 June 1999, Bournemouth International Centre

Further details: Trauma Care Conference Secretariat, c/o Index Communications Meeting Services, Crown House, 28 Winchester Road, Romsey, Hampshire SO51 8AA (tel: +44 (0) 1794 511331/2, fax: +44 (0) 1794 511455, e-mail: icms@dial.pipex.com).

Car Crashes and Occupant Injuries: A Team Approach to Accident Investigation

11-12 June 1999, University of Birmingham
Further details: Jane Loney, Motor Accident Solicitors Society, Bridge House, 48-52 Baldwin Street, Bristol BS1 1QD (tel: +44 (0) 117 929 2560, fax: +44 (0) 117 904 6006).

Correction

We regret that an error occurred in the paper by Pappachan *et al*, Analysis of intensive care populations to select possible candidates for high dependency care (*J Accid Emerg Med* 1999;16:13-17). The legends for figures 1 and 2 were transposed: figure 1 should read "Percentage of scored patients in the LRM group" and figure 2 "Percentage of scored patients with a $\leq 10\%$ risk of hospital mortality as assessed by the APACHE III predictive algorithm".