Was it something I said?

ALLAN LETTIN

EXTENT P/H	212 pages, Hardback
PRICE/ISBN	£17.50, 1841041017
PUBLISHER	Memoir Club (Weardale), 2005
REVIEWER	Jerry Kirk
STAR RATING	***

As I read the writings of the late Malcolm Muggeridge, I could hear him enunciating the words exceptionally clearly, as though he were speaking to someone who has limited comprehension. As I read this book, I can also hear Alan speaking – positive, cheeky, assertive and occasionally querulous in a natural, usually optimistic manner.

The autobiography is laid out in an episodic, sequential manner starting with a fascinating account of his family background, parents' Leytonstone shop, school, the second world war, education and training in surgery. His career clocked up consultant appointments at St Bartholomew's and the Royal National Orthopaedic Hospitals. He proudly devotes a chapter each to the Barbers' Company, British Orthopaedic Association and The Royal College of Surgeons of England, with all of whom he had a distinguished association.

This is, though, not just a book that says 'look at me and what I achieved' although he is rightly proud of his achievements, especially as a surgeon and a trainer of his successors. Its great virtue is the style of a man who has firm views, is not reticent in expressing them and recognises that his assertiveness may ruffle the feathers of others. His friends like me will enjoy his descriptions of our contemporaries – the index also contains good lists of people.

Emergency Ultrasound Made Easy

JUSTIN BOWRA, RUSSELL E MCLAUGHLIN

EXTENT P/H	164 pages, Paperback
PRICE/ISBN	£ 19.99, 0443101507
PUBLISHER	Churchill Livingstone (London), 2006
REVIEWER	Patrick Strong
STAR RATING	**

I was sceptical when I saw the title of this book, edited by consultants in emergency medicine from Sydney and Belfast. I asked our F2 SHO if she thought that ultrasound was easy. She said 'no' and looked at me as if I was stupid. She was then asked for her opinion about the claim in the book that 'Studies have shown that it can be quickly taught and that as few as ten scans may suffice for an operator to obtain scans for a given indication'. We are both unconvinced and believe that these 'studies' should have been referenced.

After reading further through the book, I forgave them the title. I believe it is part of a *Made Easy* series. It emphasises that reading this book will not enable someone to perform emergency ultrasound. It also emphasises limitations of ultrasound and stresses that it should not replace clinical judgement.

After an introduction and a brief, but adequate, chapter on physics, there are chapters by a mixture of emergency physicians, radiologists, a gynaecologist and a nephrologist on clinical scenarios, followed by chapters on 'Getting trained and staying trained' and 'Setting up an emergency ultrasound service'. These chapters are good brief introductions to the various techniques and are well illustrated with important points being well highlighted. There are useful chapters that cover the abdominal aorta, the abdomen after trauma, radiolucent foreign bodies, central venous access and I can even see the value in being able to ultrasound kidneys to determine to whom the patient in renal failure needs referring.

I do have some misgivings about the other chapters. One of the many good pieces of advice in the introduction is that 'there is little point performing examinations that are better performed by others unless there is a clear benefit to the patient or the department'. However, they do not seem to have adhered to this.

I am unsure that with 4-h targets, UK accident and emergency departments want to take on scanning for gall bladder disease, deep vein thrombosis (DVT) or hip effusions. Should pleural effusions and ascites be drained in the emergency department unless they are so large that imaging is unnecessary? Does the cardiac arrest team really want somebody ultrasounding the heart while they are performing cardiopulmonary resuscitation?

While I have misgivings about these chapters, there is one that I am convinced should not be included. The consultants in emergency medicine in my Trust agreed with me that there is no place for ultrasound for problems in early pregnancy in the emergency department. These scans should only be performed by someone who can proceed to transvaginal scanning if necessary. Of course, these misgivings are all based on experience of UK hospitals. Four of the 14 authors work in Australia and it may well be appropriate for a fellow of the Australian College of Rural and Remote Medicine to look for gallstones, DVT, *etc.* in their emergency department.

I feel that properly trained staff in the emergency department should be performing ultrasound on appropriate cases and this book does have a role in bringing that about. It should be carried in the pocket of anyone undergoing training in emergency ultrasound for rapid reference during supervised scanning; it covers the basics well. The editors claim that 'it is designed to be accessible and easy to use in an urgent situation'. This is not its role: if you need to refer to the basic information in this book you do not have the experience to be scanning unsupervised.