

Acute Care Casebook

Edited by Bret P Nelson
Oxford University Press 2019
Price £41.99. Pp 384
ISBN 978 0 19 086541 2

Acute Care Casebook sets out to provide 'a case-based approach to the broad practice of acute care medicine' including presentations from prehospital environments (including battlefields), emergency departments and wards.

Broad is the correct word. This book contains 73 case reports of various clinical presentations, with concise but comprehensive discussions as well as the subsequent outcome which is usually one of the most serious, but often not easy to spot in the text itself. It was unclear to me if they were real cases, anonymised or theoretical as I could not see a mention of this, and if real, whether consent was gained.

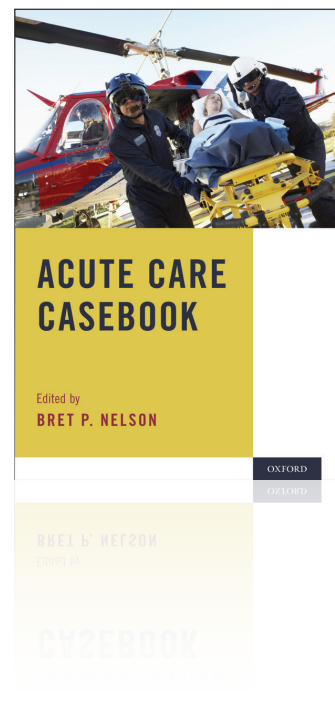
The cases are well laid out including the setting (from the top of a mountain to

in hospital), the chief complaint, history, examination, differential diagnoses, tests, clinical course and management steps. This is followed by a debrief and suggested further reading including free open access medical education resources. The black and white images are informative, and the editor clearly has an affinity for ultrasound.

The authors are from notable establishments across North America; as such some units of measurement may be unfamiliar to an international audience. There is also some blood result inconsistency and occasional errors.

I enjoyed reading the book, but wonder if its breadth, which is a major selling point, may also lead to its downfall as the target audience is large, but also potentially niche. It would make a useful reference book, especially for a good samaritan in the wilderness.

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Dementia in Clinical Practice: A Neurological Perspective (3rd edn)

AJ Larner
Springer 2018
Price £114.00. Pp 335
ISBN 978 3 319 75258 7

A major difficulty faced by those who work in the field of dementia is avoiding the hype. Professionals are exposed to an array of novel screening instruments, investigations and potentially 'gamechanging' treatments, all of which 'may' make it easier to diagnose and treat diseases that cause dementia. However, the clinical approach tends to be based largely on personal preference and rarely alters after completion of specialist training. Very few clinicians rigorously interrogate their own methods, even less so on an ongoing basis.

In the third edition of *Dementia in Clinical Practice: A Neurological Perspective*, Dr AJ Larner details exactly such a systematic evaluation over almost two decades. By going through the 'rich mulch' of his experience, he analyses every aspect of the clinical process, from the sources and numbers of his referrals to the effects of national guidelines on his practice.

His book contains no brightly-coloured diagrams. Instead, it takes what might seem a rather dry approach – methodically scrutinizing every aspect of the clinical process, incorporating the latest advances when experience is available, and making statistical comparisons wherever possible. However, because this is all drawn from real-life clinical work and draws on a wealth of literature including personal observations and reports, the book is thought-provoking and readable. It is an interesting and honest examination of everyday practice, lightened by the author's wit and built on meticulous clinical scholarship.

Paresh Malhotra, Imperial College London, London

Cardiac Intensive Care (3rd edn)

David L Brown
Elsevier 2019
Price £161.99. Pp 607
ISBN 9780323529938

This is quite simply one of the most interesting books about medicine that I have ever read. Although called *Cardiac Intensive Care* it covers a wide-ranging curriculum, from the fundamentals of

cardiorespiratory physiology to clinical examination, and pericardiocentesis to palliative care. The book is really accessible, well written, interesting and informative.

Almost every page contains fascinating nuggets of medical knowledge, along with helpful tables and diagrams, many of which I had never seen before. The book does not pull any punches; critical of the 'isolationist decision making' that can occur when multiple specialties are involved in a single patient's care, the difficulties in training trainees and their lack of confidence in the cardiac intensive care unit, and the danger of focusing on minor favourable trends in patients' physiology when the overall prognosis remains poor (hence the importance of the end of the bed test).

I read the book from cover to cover and only found a couple of chapters a little dry; the chapter on cardiac poisons is particularly interesting. This is far from an academic tome but a useful manual for everyday practice. I wholeheartedly recommend this book for cardiologists, cardiac anaesthetists and intensivists – every coronary care unit and cardiac intensive care unit should have a copy.
David Warriner, Leeds Teaching Hospitals NHS Foundation Trust, Leeds