



ABC of Spinal Cord Injury

3rd ed. David Grundy and Andrew Swain. 64 pp. Illust. BMJ Publishing Group, London. 1996. Distributed in Canada by the Canadian Medical Association, Ottawa. \$36.95 (\$30.95 CMA members). ISBN 0-7279-1049-3

Overall rating:	Good
Strengths:	Easy to read and well illustrated; tackles long-term management issues not usually addressed
Weaknesses:	British references to support services
Audience:	Emergency and family physicians involved in caring for patients with spinal cord injury

ABC of Spinal Cord Injury reviews and summarizes the assessment and management of patients with cord injuries, from the accident scene to long-term care. It is directed toward generalists involved in the care of these patients.

The primary authors are consultants in accident and emergency medicine and in spinal injuries. They have called upon health care personnel with other areas of expertise (urology, nursing, physiotherapy, occupational therapy and social work) to provide a comprehensive picture of the problems these patients experience and the ways of dealing with them. The text is well written, with approximately half of the pages devoted to high-quality photos, illustrations, radiographs and tables.

Whereas most books cover only the initial care of such patients, this one deals succinctly with aspects of their continuing management. Issues addressed include urologic problems, respiratory support and care, transfers and seating, living arrangements, and family and sexual life. Long-term problems with pain management and surgical interventions to improve lifestyle are discussed.

The material is up to date. Variations in management — for example, in the use of high doses of steroids to treat patients with spinal cord injury

— are addressed. The many references to sources of financial and other support services are of value to a British reader, but are lost on a North American one. However, the references still serve to indicate what types of supports are needed and where they can be sought.

The book is a source of much useful information for physicians involved in the initial and continuing care of patients with spinal cord injuries. The easy-to-read format and ample illustrations add to its value.

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Geriatric Medicine: A Case-Based Manual

Edited by Jeanne Y. Wei and Myles N. Sheehan. 194 pp. Oxford University Press, Oxford, England; Oxford University Press Canada, Don Mills, Ont. 1997. \$68.95. ISBN 0-19-262576-4

Overall rating:	Excellent
Strengths:	Teaches how to assess and treat elderly patients who present with a combination of physical and social problems
Weaknesses:	Failure to report laboratory results in Système international (SI) units
Audience:	Medical students and physicians who treat elderly patients but have never had formal training in geriatrics

The goal of this book is to provide an introduction to geriatrics through a case-based approach. There are 20 authors, all well-known geriatricians on the teaching staff of leading medical schools in the US and UK. They provide a focused and clinically relevant presentation of common medical problems encountered by physicians who provide care for elderly patients. There are 18

chapters, each dealing with a different clinical problem, such as pneumonia, dementia, incontinence, falls and the impaired renal function that occurs with aging. There are also chapters on ethical considerations, disease prevention and health promotion.

Each chapter is introduced by a case history as well as background information about the training and attitude of the physician who deals with the patient described. This approach is unique; it succeeds in promoting a real-life feeling about the patient, which physicians can relate to their own practice. One of the reasons the book meets its goal is that it describes the progress of the patient through the stages of his or her illness and how the physician deals with new problems as they arise.

The authors of the 18 chapters have a remarkably consistent writing style, which makes for easy reading from cover to cover. The style does not detract from the vast amount of clinical information recorded. The book can be used as a reference source to help physicians with their own difficult cases.

When I read through this book, I visualized the authors as brilliant clinicians who have enormous skills in bedside teaching and who do not have to rely on a slide presentation to get their message across. These clinicians have an awareness of the usual changes in organ function with aging as well as a concerned and humane attitude toward their elderly patients — attributes that all of us should emulate. The book has many pointers on how we can develop this type of attitude.

The only weakness in the book, and perhaps it is minor, is that the few laboratory results recorded in the case presentations are not given in Système international (SI) units, but in a system that was discarded by Ontario's medical schools, hospitals and private laboratories approximately 10