



the book advises the use of legal consultation. Thus, armed with the background knowledge the book provides, the physician can quickly understand what he or she needs and can explain this to a lawyer.

The book serves as a good reference, since it also answers questions affecting daily practice, when physicians cannot consult a lawyer immediately. It addresses such questions as, How and when can one legally fire one's secretary? Can a physician inform the spouse of a patient who is infected with HIV? What is the hospital administrator's duty to the physician in questions concerning hospital privileges? Who bears the liability for errors in hospital practice? When does one call the coroner?

The manual gives a list of up-to-date references at the end of each chapter and also lists supporting documents and reference material available from professional associations such as the CMA and the Canadian Medical Protective Association.

Although some of the points in the manual require further explanation, this guide is indispensable to practising physicians in Canada.

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### The Canadian Family Guide to Stroke: Prevention, Treatment and Recovery

Heart and Stroke Foundation of Canada. 302 pp. Illust. Random House of Canada Ltd., Toronto. 1996. \$22. ISBN 0-394-22480-9. Also available through the Heart and Stroke Foundation of Canada.

**Overall rating:** Excellent  
**Strengths:** Illustrations, case examples and simple terms  
**Weaknesses:** Photos of patients in real sit-

uations would have strengthened the book  
**Audience:** Patients who have had a stroke and their families

The editors should be congratulated on bringing out a concise but informative book on stroke. This is an important guide for all patients who have had a stroke and their families, since it touches on all aspects of stroke, including its complications.

The first chapter, on warning signs, gives a brief introduction to the central nervous system in a palatable way, without many technical terms. The terms used in discussing stroke are clearly explained, and brief illustrations are provided. Preventive aspects are also discussed very clearly, with practical suggestions.

In the next chapter, the risk factors are listed, with examples and suggestions for mitigating risk. This chapter would be very useful for patients who have experienced stroke for the first time. As well, the families of patients with stroke often wonder about the type and variety of investigations conducted in the hospital. In the third chapter, these are explained, with particular discussion of the invasive and noninvasive investigations. I liked the fact that the book mentioned the complications of these procedures, such as warning family members about what to expect when a patient undergoes a cerebral angiogram.

The next chapter deals with treatment, including the medical and surgical aspects as well as new therapies for stroke. The usual complications of stroke are listed, with some preventive suggestions.

The best part of the book is the chapter on rehabilitation. It touches on the role of individuals, including the family and the rehabilitation team. The rehabilitation goal is explained methodically, with illustrations and case examples. The discussion of coping with stroke after leaving the hospital in the sixth chap-

ter is excellent. The book gives examples of many special tools available for patients' daily use. This chapter also touches on the emotional aspects of stroke.

The eighth chapter deals mainly with lifestyle and stroke prevention. These topics are also emphasized in the appendix, which includes several tables such as a food guide. At the end are the addresses of various support groups, which add to the usefulness of this book.

This book is an excellent aid in coping with a disease that is often devastating to patients and traumatic for their families.

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### Neuromuscular Transmission

Edited by Leo H.D.J. Booij. *Fundamentals of Anaesthesia and Acute Medicine series*. Series editors Ronald M. Jones, Alan R. Aitkenhead and Pierre Foëx. 196 pp. Illust. BMJ Publishing Group, London. 1996. Distributed in Canada by the Canadian Medical Association, Ottawa. \$80.95 (\$67.95 CMA members). ISBN 0-7279-0929-0

**Overall rating:** Excellent  
**Strengths:** Readable, concise, provides an excellent review of neuromuscular physiology and up-to-date references  
**Weaknesses:** Not encyclopedic, especially in coverage of clinical use of neuromuscular blocking agents  
**Audience:** Anesthetists, residents, intensive care physicians and pharmacologists

This book, the first in the series *Fundamentals of Anaesthesia and Acute Medicine*, boasts an impressive



international authorship. All of the authors are acknowledged experts in this area, including 2 distinguished researchers in Canada, David R. Bevan and François Donati. The subject matter is specifically neuromuscular physiology and pharmacology, which likely limits its readership to anesthetists, residents, intensive care physicians and pharmacologists.

The editor notes in the Preface that the intent of the book is "to update readers with respect to recent developments" in the areas of neuromuscular transmission and the "clinical use of neuromuscular blocking agents." To a large degree, the authors of the 8 chapters have succeeded.

The first 3 chapters focus on the physiology of neuromuscular transmission, presenting a detailed review of the "prejunctional" (neuronal) and "postjunctional" aspects. The third chapter may be unique, as it deals with the central control of neuromuscular transmission. I know of no other publication that focuses on this topic.

In the fourth chapter, the authors call on their pharmacokinetic background to help the reader understand many (although not an exhaustive list) of the drug interactions affecting the neuromuscular junction. Drs. Bevan and Donati review the changing role of succinylcholine in clinical practice in chapter 5. They detail a myriad of potential complications. Unfortunately, they do not provide a summary of their important work in elucidating the complete pharmacologic spectrum of this drug, which would have been welcome.

The last 3 chapters deal specifically with nondepolarizing neuromuscular blocking agents, their use in various diseases and their antagonism with anticholinesterase agents. The quality of these chapters is above average, but, given the size of the book, their treatment of the topic is not exhaustive. In fact, there are a few errors, such as the statement that, while

using the priming technique, "one third of the calculated dose of relaxant is administered 3–5 min before induction of anaesthesia." The accepted practice is one-tenth; if one-third of the dose were given in this manner, there would be serious consequences. In spite of these errors, I learned a few things while reading this book.

Overall, this book presents the material in a concise, readable fashion. Its strength lies in its review of neuromuscular physiology, whereas the pharmacologic aspects of drugs used to induce paralysis are reviewed more extensively in standard anesthesia textbooks. This is a book only for those with a specific interest and some background knowledge in this field.

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### Primary Care Orthopaedics

Victoria R. Masear. 367 pp. Illust. W.B. Saunders Company/Harcourt Brace and Company, Philadelphia; W.B. Saunders Canada, Toronto. 1996. \$79.95. ISBN 0-7216-5436-3

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|------------------------|--|
| <b>Overall rating:</b> | Fair to good   |
| <b>Strengths:</b>      | Up-to-date summary of standard orthopedic practice   |
| <b>Weaknesses:</b>     | Too much detail about surgical techniques, no distinction between common and rare conditions, poor reproduction of radiographs |
| <b>Audience:</b>       | Senior medical students and primary care physicians  |

This book is intended to provide family practitioners with an overview of common orthopedic conditions that they may encounter. There are 22 contributors, almost all from the University of Alabama at Birmingham.

The book starts with a chapter (the best in the book) on orthopedic evaluation, including the history, physical examination and an explanation of orthopedic terminology. This chapter is followed by ones on orthopedic emergencies and infections, fractures and dislocations, injuries to peripheral nerves and the spinal cord, overuse syndromes, bite injuries, chronic pain syndromes, tumours, developmental and congenital deformities, arthritis and casting techniques. Each chapter is up to date.

The illustrations include a large number of good line drawings. However, the reproductions of radiographs are generally poor. In many, the lesion depicted is almost impossible to see. There are some omissions; for example, the chapter on ligamentous ankle injuries would have benefited from a description of the Ottawa ankle rules. Photographs showing the characteristic deformity of femoral neck fracture, anterior shoulder dislocation and Colles fracture would have been useful. (Fig. 14-2 purports to show the "silver fork" deformity of a Colles fracture. However, it includes photographs of a Colles fracture only from the front and back; the deformity can only be seen from the side.)

In the preface, the editor states, "In this age of managed care, primary care practitioners are asked to treat a large variety of orthopaedic conditions. The goal of this textbook is to familiarize medical students and primary care practitioners with the most common orthopaedic conditions and injuries."

Does the book succeed in this aim? Yes, but with considerable overkill and imbalance. There is far too much detail about surgical techniques. There is no way the reader can tell which of the many conditions discussed are common and which are rare. For example, the chapter on tumours of the musculoskeletal system is 25 pages long and includes conditions that even a bone oncologist would rarely see. How many liga-