its value in a variety of applications not confined to occupational medicine.

The structure of the book with its general and specific elements makes it difficult to classify it in terms of readership. Although particularly important for any doctor with an interest in occupation health, there is something both of interest and importance for every clinician. With increasing popular interest in the causes of disease it behoves all doctors to be adequately acquainted with the scientific basis behind fears relating to work and the environment. This is a highly readable and worthwhile addition to the literature.

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ABC of resuscitation. Edited by M C Colquhoun, A J Handley and T R Evans. BMJ Publishing Group, London, 1995. 88pp. £12.95.

This book, written by members of the Resuscitation Council (UK) is the current 'gold standard' guide to life support. All aspects of life support from the roadside through intensive care to post resuscitation care are discussed. Resuscitation at birth, in infants, children and pregnancy is included as well as chapters on training and ethical issues. The text is admirably clear and simple to the uninitiated. It is an invaluable text for doctors, nurses, paramedics, ambulance staff and all those wanting to learn first aid.

The first chapter deals with 'basic life support' on resuscitation at the roadside. It describes clearly how to recognise cardiac arrest and to maintain breathing and circulation. It also deals with the management of choking and is a useful chapter for the layman.

The following chapters discuss the management of the three main types of arrest: ventricular, fibrillation, asystole and electromechanical dissociation. The current European guidelines are included in the easily remembered algorithm format. The text describes the physiological reasons for the treatment sequences. The chapters are well illustrated with ECGs and photographs of defibrillating equipment.

The chapter on resuscitation of infants and children is particularly valuable. Although most hospitals now provide regular training in resuscitation to medical staff, the sessions often concentrate on adult resuscitation and infants and children are included only for completion. This is not unreasonable considering most cardiac arrests are in adults. This chapter is essential reading for junior doctors who are part of an arrest team. As most hospitals do not have a dedicated paediatric arrest team, (although a paediatrician will be called) often the doctors practising adult medicine arrive first. This chapter describes how to gain systemic access for drugs and helpfully includes charts on drugs doses. Other special circumstances, eg resuscitation in pregnancy and at birth, are dealt with in less detail.

Chapters on resuscitation in hospital and in the ambulance service give an account of how the organisation of training in these areas has developed over the years, including the advent of resuscitation committees and resuscitation training officers. Lives are saved as the result of the training of the ambulance/paramedic service in defibrillation technique, rhythm recognition and treatment (20–100 successful resuscitations each year for populations of 350,000). A chapter devoted to the general practitioners advises on training and equipment.

The section on training demonstrates the re-organisation since the acceptance of the influential College report [1]. Training programmes for all medical, paramedical and hospital staff, the public and school children are covered. The development of the advanced life support course by the Resuscitation Council (UK) and the promotion of the Heartstart UK Initiative For All by the British Heart Foundation is included. There is a discrepancy between the perception of the skill and its actual possession due to the 'confidence factor'; the importance of regular re-training to retrain skills is not forgotten and all types of training manikins are well illustrated.

The chapter on the ethics of resuscitation is excellent. There is discussion on the ethics of do not resuscitate (DNR) orders as well as infection hazards during resuscitation and during training on cadavers. My only criticism is that this important chapter should have appeared at the beginning and not near the end of the text. Guidelines on DNR policies have been published by many influential bodies, (Royal College of Physicians, British Medical Association, Royal College of Nursing and British Geriatric Society). They all advise that patients and, when necessary, relatives are to be involved in discussions. Many doctors feel uncomfortable discussing such subjects with patients [2]; however, to my surprise I found that elderly patients welcome discussion [3], and this has been confirmed by others in a younger population [4]. Introducing the discussion on DNR should of course, be done sensitively at an appropriate moment and should be held in private.

Good communication skills are essential for a caring, compassionate doctor. It would obviously be inappropriate to discuss resuscitation with a patient who had just been admitted with severe left ventricular failure but interviewing relatives with the patient's permission may help an initial decision until the time is right to involve the patient. The implementation of DNR policies is another question. Most agree that the decision should be made by a senior doctor after consultation with junior doctors, patient, relatives, nurses and paramedical staff as necessary but communication of the decision

between all is essential. Continued refinement is necessary and will come with local audit and discussion.

This book is essential reading for all who are to be involved in direct patient care. They should read it as soon as possible.

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Respiratory support. By Keith Sykes. BMJ Publishing Group, London, 1995. 254pp. £24.95.

This volume is a contribution to the Principles and Practice series published by the *British Medical Journal*. The author is Emeritus Professor in the Department of Anaesthetics, University of Oxford; he has recently retired from active clinical practice, but I am delighted that he yielded to pressure from his colleagues to write this elegant and lucid account of a lifetime's experience in and out of intensive care units. It will give pleasure to a lot of readers, but I particularly recommend it to anyone who is about to take up an appointment as a junior doctor in an intensive care ward, whether they intend to become intensivists, anaesthetists, physicians or surgeons.

The book starts with a historical account of the development of the techniques of respiratory support which explains what is being attempted. There follows a description of the physiological background to mechanical ventilation, a chapter that has to be read in detail because of the light it sheds on the complex interactions between the circulation and the respiratory system. Subsequent chapters deal with ventilatory technology, concentrating on the principles. The descriptions of a few widely used ventilators serve to explain how contemporary equipment works. The chapter on the causes of respiratory failure and conservative management in the medical ward ends with an account of how to identify when ventilatory support is required. The essay on the selection and care of artificial airways is particularly clear.

The account of the care of patients during respiratory support is excellent as far as it goes. Professor Sykes explains the reasons for choosing different analgesics, sedatives and muscle relaxants, and briefly mentions the importance of nutrition and the prevention of complications. There is a short section on monitoring; in a future edition this chapter could usefully be expanded to give a systematic account of how to conduct a routine ward round in the intensive care unit. The beginner needs to be taught how to examine the patient, to look at the chest x-ray and the nursing charts and to collate the metabolic, cardiovascular and respiratory observations.

The book ends with a brief account of non-invasive techniques of respiratory support, an approach that has become increasingly feasible with the development of well-fitting face masks.

The references are selective; they reflect the author's interest in the interface between respiratory medicine, respiratory physiology and ventilatory support, as well as providing key sources in the anaesthetic and intensive care literature. The illustrations are bold and clearly printed, and enhance the text. The tables are illuminating. The index does not come up to the standard of the rest of the book but as it is not really a reference work this does not confer any great disadvantage.

I can warmly recommend this book as an introductory text to be read from beginning to end (some judicious skipping will do no harm). It is elegantly written and clearly laid out. If you hope to keep your copy, chain it to your desk.

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ABC of sports medicine. Edited by Greg McLatchie, Mark Harries, John King and Clyde Williams. BMJ Publishing Group, London, 1995. 109pp. £14.95

The burgeoning importance of sports injuries in hospital and general practice is something of a paradox. From childhood to old age, we are rightly urged for the sake of our health to take more exercise. Yet such a book tells us all about worrisome injuries in those who do take part in sport. Of course, vigorous walking or bicycling, which are enough to help ward off some of the ravages of heart disease, are almost entirely risk free. Professor Peter Fenton rightly extols the benefits of exercise to redress the otherwise more alarming chapters in this book, such as the chapter about serious and avoidable head injuries. Professors McLatchie and Jennett comment on head injuries in riding, rugby and boxing. They mention some evidence that protective headgear may reduce the seriousness of head injuries in boxing but with two fatalities in the British professional ring in the last two years, it seems likely that the BMA's view that boxing is beyond the sporting pale will eventually prevail. One study has shown impaired intellectual function even in amateur boxers and has correlated this with the number of bouts fought and the number of serious blows to the head. Undoubtedly the rules in profes-