Trauma.


The sixth edition of the reference text Trauma by Feliciano, Mattox and Moore is an outstanding publication that fulfils its role admirably. Based on its established track record and multiple previous editions, it has improved by iteration, emphasising the areas that draw most attention and adding further information on new areas that are gaining in importance, such as disaster management and “weapons of mass destruction”.

The book discusses all important aspects of trauma care in detail, with a vast array of useful diagrams, diagnostic and therapeutic algorithms, schematic representations and photographs. It is divided into sections, from overviews of trauma and trauma systems to general principles of care of the traumatised patient, and from the management of specific injury to that of special problems and complications after trauma.

As a practitioner in a referral centre for spinal injury, I was particularly interested in the chapters on managing injuries to the neck, and to the vertebrae and spinal column. I found both chapters to be of the highest quality, with excellent summaries and illustrations, as well as adequate depth of discussion of various areas of controversy. I also reviewed in detail the chapter on acute kidney failure. Once again, I found the quality of the material very high, even though (as one might reasonably expect) the focus was on standard teaching and concepts, with limited reference to recent controversies about septic acute renal failure.

The book is North American in concept and presentation. With more than 98% of the authors from the United States, it reflects the dominant philosophy of care and models of trauma care delivery in that country. There is almost nothing on trauma systems or experiences and approaches from Europe or Australia and New Zealand. It is well known that the US experiences much more trauma than other Western countries. Further, with the war in Iraq, US practitioners have accumulated unique knowledge and experience in the management of war trauma. However, I believe this book would have benefited from more input from other systems of care, and also from a chapter dedicated to trauma care in developing countries with a large trauma burden (South Africa comes to mind).

Beyond these relatively minor issues, this is an outstanding reference book and should be in the trauma ward or near the emergency department of every trauma centre. It should also be fundamental reading for any surgical trainee with an interest in trauma care.

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Resuscitation greats

Reviewed by Ronald V Trubuhovich


This very desirable book comes in a splendid, well illustrated production. To my knowledge, it is unique for its subject; and for those interested in the history of medicine, it will be a “must-have” — and especially for those who work in intensive care. Those with only a minor interest will find its great readability rewarding.

The book is a compilation edited by UK brothers Peter and Thomas Baskett, anaesthetist and obstetrician, respectively, of a biographical series published in the journal Resuscitation. Peter Baskett is continuing editor-in-chief of the journal. The book’s forward is by William Montgomery, Jerry Nolan and Petter Steen.

The series, brainchild of Peter Baskett, commenced in Resuscitation March 2000, followed by 81 other articles, almost monthly, in succeeding issues. The yardstick for selection was “those who had made significant contributions to the art and science of resuscitation over the centuries since early biblical times. If possible the story should involve the subjects’ personality and quirks as well as their contribution to resuscitation”. In this objective, the book has succeeded admirably — it is knowledgeable, informative, detailed, interesting and entertaining.

The profiles have now been arranged in the subjects’ chronological order (although the placement of Joseph O’Dwyer before earlier proponents of arm/chest artificial ventilatory manoeuvres baffles me). The list is extremely thorough with virtually (in José Saramago’s phrase) “all the names” that matter. There is proper recognition for those of “the early years” (Galen, Paracelsus, Paré, Harvey, Hooke and Mayow); then sections for those of the 1700s, 1800s, and 1900s. With George Fell excepted (or from Australasia, perhaps Matthew Spence), one is hard put to suggest who should be added for any future edition. The subjects derive from the United Kingdom, continental Europe, the Americas and the Middle East. Some from Europe (eg, Janos Balassa, Jaromir von Mundy — neither of whom are mentioned in Garrison’s or Castiglioni’s histories of medicine — Franz Koenig and Fritz Ahnfeld) were largely unknown to me, as I expect they might be for most Australasian readers. It is appropriate and welcome that such non-English-writing pioneers gain the English-language recognition they deserve. The book gives many Scandinavians their proper due, and several worthy Britshers are rescued from obscurity.

We are told that the individual authors comprise 56 from 16 countries. Tom Baskett has 17 biographies all his own, and shares authorship of eight others. His brother Peter has five major contributions, plus three co-authored, and is the associate for around nine others. The American writing colleagues, J Varon, GL Sternbach, RE Froman, et al are strong contributors of over half a dozen. There are elegant contributions from David Wilkinson and Douglas Chamberlain. Many well known others contribute, such as Mickey Eisenberg and Peter Safar.

While the table of contents provides some useful information, searching for authors and topics could have been made easier by better use of indexing or words. I also noted some minor inaccuracies. For example, Captain Cook mapped the east coast of Australia but he did not discover (page 28) the continent. Secundus spelt his name Monro, not Munro (pages 28, 34 and 353), which name spelling is also misquoted from William Cullen’s Letter to Lord Cathcart (not Cathcard) (pages 34 and 353), as, within the original letter, the spelling is Monro consistently throughout; and although the reference quotes 1776 for that letter’s public printing, it was posted up in 1774. Joseph Priestley spelt his name on his 1772 paper as Priestly (page 33). My copy of Herholdt and Rafn’s booklet is dated 1796, not 1794 (pages 35–6 and 353). Peter Bishop should be PJ not RJ (page 35, reference 5; page 358, reference 14). William Macewen (page 100) did report himself intubating for diphtheria (BMI 1881; 2: 153). Charles Leale’s own account (available on-line) states “after the completion of my daily hospital duties, I told my ward master that I would be absent for [a] short time”, as he had an “intense desire” to behold Lincoln’s face again, and not because (page 117) “he had been specifically assigned to the theatre”.

Another reservation I have concerns the way the prophet Elisha is referred to on several occasions, as if it is accepted — because biblical midwives certainly appear to have applied mouth-to-mouth resuscitation — that the modern interpretation of Elisha putting his mouth upon the Shunammite child’s mouth is that it was for resuscitation, not for another biblical “miracle”. I cannot imagine mouth-to-mouth breathing being successful if at the same time, for the literalists, “his hands were upon his hands”. (Try it!). Douglas Chamberlain wisely says no more than “Biblical references apart” (page 351); and David Wilkinson’s mild scepticism comes through with “Modern interpretation of anecdotal records suggests successes for Elisha” (page 37).

This is a great book. The editors and contributors are certainly owed our real gratitude. My only advice is “Get it”. You will not be disappointed (and at this cost it is great value for money).

Stop press: Sadly, news that Peter Baskett had passed away, April 18, arrived after this review was written. A great loss (see Malcolm Fisher’s obituary page 169).

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