ROSEN AND BARKIN’S FIVE-MINUTE EMERGENCY MEDICINE CONSULT

Edited by Jeffrey J. Schaider, Roger M. Barkin, Stephen R. Hayden, Richard E. Wolfe, Adam Z. Barkin, Philip Shayne, and Peter Rosen
4th ed, 1237 pp, $99
Philadelphia, PA, Wolters Kluwer/Lippincott Williams & Wilkins, 2011

The system of emergency care in the United States continues to edge toward its breaking point. The Institute of Medicine has reported that the volume of patients presenting to US emergency departments continues to steadily increase every year and increased from 90 million in 1993 to more than 113 million per year in 2003. During this same period, more than 700 hospitals closed and 425 emergency departments shuttered their doors.1 As this trend continues, emergency physicians are increasingly under demand to see more patients in less time, with limited resources. They must master an increasingly large and complex body of knowledge as research and technology continue to evolve, while increasing efficiency to address increasing patient volume and demands on clinical time. To this end, the physician must use ancillary resources that provide the maximum amount of useful information while minimizing the time required to locate the relevant data. The fourth edition of Rosen and Barkin’s Five-Minute Emergency Medicine Consult fits this need well.

This reference book was written for the busy emergency medicine clinician who requires rapid access to critical information about a multitude of emergency clinical conditions. The diagnosis and management of more than 600 topics are presented in a concise, practical, and easily readable format that allows for rapid location of a topic of interest. Topics are listed alphabetically with colored tabs running along the book margin, allowing for quick identification. Two tables of contents list topics both alphabetically and subcategorized by organ system.

Individual topics are presented in a 2-page outline format that will be familiar to readers of the previous editions. Within each topic, high-yield facts are categorized using a logical approach, beginning with basics and diagnostics and moving into treatment, procedures, and useful medications, including dosing. Each topic concludes with follow-up recommendations, including key criteria for admission or discharge. Expanded and improved sections for the fourth edition include “Issues for Referral,” “Pearls and Pitfalls,” and expanded high-yield references. One of the most useful features is an “Alert” box highlighting critical actions for each topic. This system of organization allows for rapid scanning of each clinical entity and provides the clinician with a easy method of finding the most appropriate section relevant to their clinical query.

The inside front and back covers include tables of the most crucial information that must be available to the emergency medicine practitioner at a moment’s notice. Tables include the most up-to-date rapid-sequence intubation guidelines, pediatric vital sign reference, weight and temperature conversions, and a list of the most commonly used medications in the emergency department, with specified indications and dosages.

However, the book is not meant to be an all-inclusive, in-depth reference text. Rather, it is designed to provide rapid access to critical information and is specifically written by experts in the field for use by clinicians. While the Internet provides easy access to reference tools, few sources provide clinicians with a categorized reference with which to approach diagnosis and treatment of such a multitude of topics germane to emergency medicine.

Emergency medicine relies on the ability of clinicians to rapidly assimilate a wide variety of subjective and objective information to formulate a definitive, accurate, and appropriate diagnostic and treatment plan. Rosen and Barkin’s Five-Minute Emergency Medicine Consult is a tool to facilitate that process and should be part of the reference library of every emergency department. Its organization, wealth of high-yield information presented in a concise and easily accessible format, and universal application make it appropriate for medical students rotating through the emergency department and residents at any stage of training, as well as seasoned clinicians. In an environment in which many books are conceding their usefulness to their Internet-based counterparts, this text is certainly worthy of its place on the shelf and is certain to get a lot of use in any emergency department. I fully recommend it to any physician practicing clinical emergency medicine.

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THE COUNTRY DOCTOR REVISITED: A TWENTY-FIRST CENTURY READER

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191 pp, $32
Kent, OH, Kent State University Press, 2010

Rural medicine is quite unlike that depicted in the painting hanging on the wall of the South Dakota community hospital where I practice. In that painting, a country doctor’s horse and buggy stand outside a warmly lit farmhouse. Next to the house is an idyllic pond, with a formation of wild geese framing the sunset, and the
viewer can easily imagine that the physician is inside delivering the perfect baby.

This false picture of rural medicine is rubbed out as the reader progresses through the diverse museum of short stories, essays, and poems captured within the pages of *The Country Doctor Revisited: A Twenty-First Century Reader*. Like a fine-arts master, editor Therese Zink brings experiences and viewpoints from the folks living, surviving, and providing health care in less populated areas of this country. Forty years ago, my teachers at the University of South Dakota School of Medicine promoted a humble rural point of view: to learn the art of medicine in this rural state, one must understand how to provide the highest-level, most complex and technical modern health care as well as minimalist medicine when resources are scarce. But this *Twenty-First Century Reader* shows that there is something more about practicing the art of medicine in rural America.

That “something more” is sculpted by Kullnat in the first essay, “Boundaries”. Writing after her rural rotation in Oregon, she describes the inescapable dual relationships that occur for physicians from small towns as they provide health care to their friends and neighbors. Kullnat relates that “[d]uring my rural rotation, I witnessed physicians who hunt and fish with their patients. . . .” She summarizes, “[s]uch relationships may challenge the sterile guidelines made by medical associations but are nonetheless fruitful. So fruitful in fact, that patients praise their physicians with a loyalty that has become rare in medicine.”

That something more is painted in a poem by rural Massachusetts psychiatrist Berlin:

... Right now I’m a hundred and fifty miles from the waste of your broad muddy fields, the end of a day with dementia and AIDS, head home to redefine the objects in my world—raw knuckles of red rhubarb breaking the earth’s clay crust, sawed-off apple limbs expecting fire, sticky-swollen horse chestnut buds, tips sharpened to stingers aimed at the sky, all around, the grass a rumor of green.

That something more is chiseled by Bibby (pseudonym of a family physician from rural North Carolina) when he writes, “You don’t have to ask the family history if you were there.”

That something more is feeling connected to the cows on Beaver Simmons’ farm, writes Loxterkamp, a family physician from rural Maine. To his question, “What are cows for?” he replies, “cows can bring us joy and beauty, provide companionship, inspire the next generation of farmers. . . .” Loxterkamp thus speaks to the value of practicing rural medicine and realizing the deeper meaning that comes with connectedness.

That something more is drawn on the rural New Hampshire experience of family physician Kollisch, as he describes the dying of his elderly farmer patient: “(Elwin) pictured himself on the John Deere, cutting wide swaths in a dense hayfield, the fallen grass lying thick and green and pungent behind him. And when the last grain (of the hourglass) ran through, he closed his eyes, the tractor stopped, and he slept.”

A few authors, such as Abraham Verghese, David Loxterkamp, Richard Berlin, and William Orem, are well known. But most who contributed to this compilation are practicing physicians, students, and clinicians given the joyful opportunity for the creative and expressive process. Not all parts of this collage are of the same quality, yet that is a token price to pay for this museum tour of eclectic points of view in rural medicine which, while not always complimentary, are always intriguing.

*The Country Doctor Revisited* enlightens like a museum of artwork from myriad perspectives, colors, and textures. Then the observer may have a truer picture of what it is like to impart health care in rural America. To know rural medicine is to understand the highest-level, most complex and technical of modern health care, as well as minimalist medicine. And that is something more.

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