

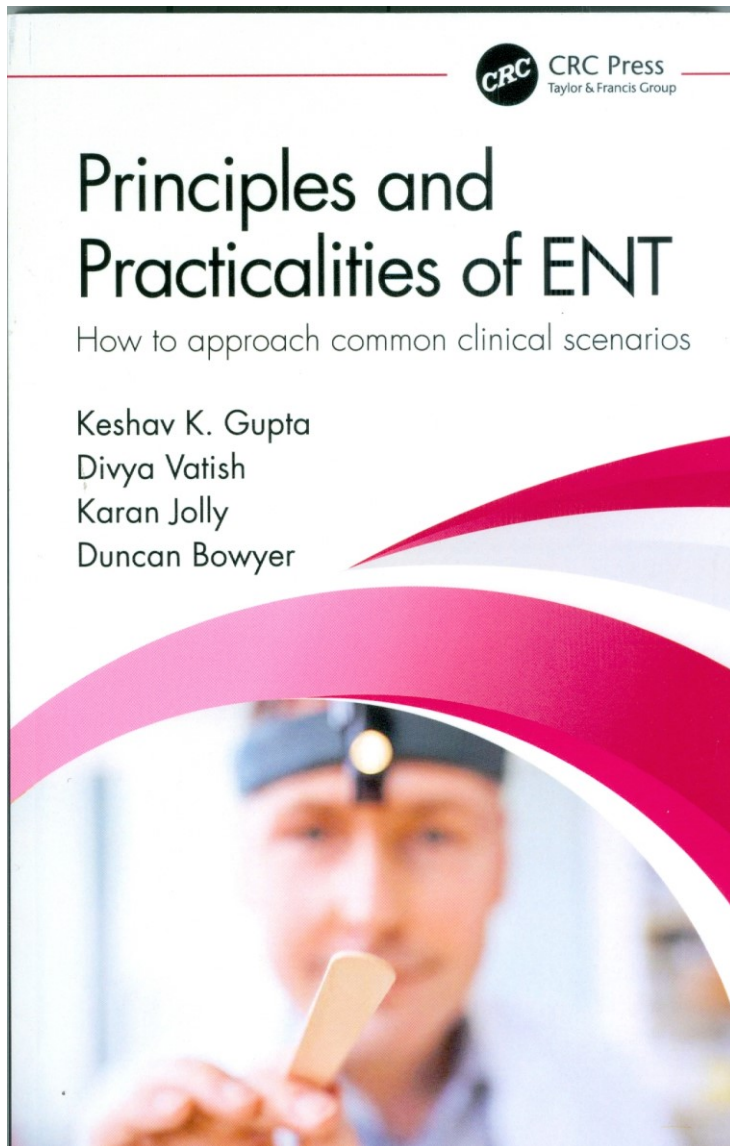
**Principles and Practicalities of ENT**  
**How to approach common clinical scenarios**

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Those of my generation who started on an ENT ward with only a radio pager as an “advanced” aid to communication, when the mobile phone, let alone the Internet, was a dream, often relied on a little notebook handed down from one’s predecessor. Scribbled therein was some remedy for our non attendance at ENT teaching as undergraduates. As the education offered has only lessened with time, it is no surprise that many a “pocket

book” has been published to compensate. Most will tackle this with practical advice in dealing with common emergencies and elective presentations and this is the approach here. The difficulty is to produce something novel that can withstand the competition.

The authors are a trainee in ENT, a practicing GP and two consultants with their biographies in the early pages, reproduced in full on the back cover. There is a very brief Preface suggesting that this is a useful aid for primary care physicians, medical students, candidates for MRCS (ENT) and even higher surgical exams, a range of needs which is quite a challenge for any small book. It works best for early stage experience I feel, but at times gets into quite advanced territory e.g. Chandler’s classification of orbital sepsis, types of Tympanogram and “Thy” classification of thyroid nodules. Three pages of abbreviations did help with terms such as “CCRCT” which I will not attempt to type in full.

Management of emergencies (Section I) was well done and I have rarely read a better description of lateral canthotomy, as something that brooks no delay. If only the contralateral eye had not been blanked out, as the image is already well anonymised. That is common practice in publishing now of course and is even less helpful in a view of a facial paralysis later on. Black and white reproduction of imaging is well reproduced, but some illustrations do seem of limited value, notably a sagittal MRI of a neck stab wound, showing a minor soft tissue defect and nothing more. Clinical photos, here again in black and white, are of less value and some are very dark indeed. The occasional typo errors e.g. “Rural enhancement” or an otoscopic image described as a CT scan are minor and unimportant.

I do wonder, however, if clinicians need to be reminded to bring an otoscope to a case of mastoiditis, then later of necrotising otitis externa and finally sudden deafness and I would have liked the last to specify “unilateral”. There is, in truth some advanced information here, as in management of epistaxis or adult, and then paediatric, airway obstruction, both superbly covered. Many chapters conclude with a brief “When to Refer from Primary Care”, with an obvious appeal to general practitioners. This is an easy “dipping in” exercise rather than something to read cover to cover and, for the newly arrived junior ward doctor that is ideal. It is inexpensive and a good introduction to our speciality, but has to survive amongst so many similar textbooks, to prove a commercial success.

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