I like puzzles, and I like people, which is probably partly why I chose Emergency Medicine as my specialty and why I enjoyed the book *Clinical Emergency Medicine Casebook*. Emergency Medicine has evolved from a place in the hospital covered by part-time specialists from other fields and moonlighting residents to one of the most popular and sought-after residency programs in medicine. Patients arrive with a myriad of symptoms, day or night, seven days a week, and emergency physicians must sort through the problems and piece together a diagnosis in time to prevent permanent damage in evolving heart attacks or strokes, irreversible shock in certain infections, or life-threatening blood loss in trauma patients. The *Clinical Emergency Medicine Casebook* attempts to replicate the experience of caring for a real patient by providing presenting signs and symptoms, vital signs, physical examination findings, and pertinent initial laboratory electrocardiogram (EKG) or radiologic studies. After this, the reader is asked for a diagnosis and must turn the page of the book to find the answer.

The answer describes the diagnosis and an explanation of the clinical problem as well as further radiologic studies and reviews the literature about the disease and its treatment. Following this explanation are key teaching points that distill the discussion down to an essential four or five sentences with references for a student who might like to go into further depth.

The book contains 111 cases and each case is about three pages in length.

I enjoyed the fast-paced, case-based approach because it tracked with how I like to think about and to solve problems. Like many emergency physicians, I often have a short attention span and limited time, and I could cover the three pages per case in five to ten minutes, which never allowed me to get bored or to have my mind wander.

The book breaks down the cases into traditional core content areas, which is probably helpful for students or residents, but I found a bit too much of a clue if you truly wanted the case to be a diagnostic challenge. However, some of the cases were actually also management questions and the grouping may be helpful for students who wish to concentrate on treatment and management.

For future editions of this book, I might suggest more atypical presentations of commonly occurring emergencies, and even some atypical presentations of uncommon problems. Even experienced clinicians may not have extensive experience with atypical presentations, and failure to recognize them can lead to serious medical errors. This book mostly focuses on more typical presentations, which is helpful for beginning students and residents, but less challenging for more experienced clinicians. The discussions of the cases however always provide good, up-to-date and helpful information for physicians and students at all levels.

This book will be an excellent adjunct for medical students on an emergency medicine rotation, and a great review for residents and practicing clinicians. It will also be interesting to physicians in other specialties who would like to experience the analysis and treatment of acute presentations and management, which they may not see commonly in their practices except as consultants.

The radiographs, photographs, and EKGs are all of excellent quality, and add depth and detail to the cases. Both authors are teaching faculty at the Stanford/Kaiser Emergency Medicine Residency Program and work clinically at Kaiser Permanente Santa Clara Medical Center. Their cases have been previously presented to the residents and faculty at their program. Their love of teaching and their enthusiasm for using cases to illustrate important educational points permeates all of the cases in this charming book, and I am glad they decided to share these cases and their teaching approach with the broad emergency medicine student and clinician community.