

would not provoke immediate isolation. Interestingly while poikilothermia is used by both a physician and a nurse author, only the nurse fully explains its meaning.

The greatest value of this book lies in reading the chapters outside your own area of expertise. I recommend this book to all clinicians involved in the management of patients with spinal cord injuries. Most particularly, we should all jump out of our little boxes of specialisation and read the chapters by the paramedical specialists and about the care of patients with spinal injuries in the developing world. While the book will not cover every question that the experienced clinician needs to ask it will raise awareness that management of patients with spinal cord injury is like life itself and is best approached with a broad mind.

P J Hormbrey

Fundamentals of anaesthesia, 2nd edn

C Pinnock, T Lia, T Smith, editors. (Pp 963; price not stated). Greenwich Medical Media, London, 2003. ISBN 1-900151-618

This book is intended for anaesthetists in training. The editors set out to generate a text book encompassing the primary FRCA syllabus with their first edition and have now come up with a new and improved version. If you are sitting the primary FRCA exam, then this book has a lot to offer: there are four sections and 963 pages in all, and it measures up to the competition. The first section is all about clinical anaesthesia, and is the most relevant to emergency department doctors. The second and third sections cover physiology and pharmacology, while the final section deals with physics and clinical measurement. Much of the later sections are not really necessary for us in the emergency department, and to tell the truth I expect our somewhat short attention spans will not extend to details of light transmission and absorbance. If this is your thing, though, you will not be disappointed.

The editors have taken a lot of trouble to ensure there is consistency of style, which makes reading it easier, and the layout is reader friendly. Tables and figures are monochrome or highlighted with shades of pea-green though, which becomes a little dull after a while. If I were using this book to work for an examination, more colours would help make it all seem worthwhile.

I suspect most emergency department doctors own or intend to own a reference book on anaesthesia. The choice depends on what you do in your department: if RSI is *de rigueur*, then a book like *Fundamentals* would be a good back up to the *Manual of Emergency Airway Management*. If you devolve this responsibility to the anaesthetist on call, then a smaller book would be more appropriate, and you would cross your fingers that the anaesthetist has read and understood a book like *Fundamentals of Anaesthesia*.

A Fletcher

Clinical research

G A O Smith, J E Smith, editors. (Pp 206; price not stated.) The Key Topics Series of Books. BJOs Scientific Publishers, Oxford, 2003. ISBN 1-85996-028-6

Until recently books and articles on how to research have been scarce. Those available have been challenged to bridge the gap between the obvious expertise of the authors and the novice reader. The result has been a tendency to turgid texts with confusing examples, requiring an exceptional tenacity of the reader.

The authors of this comparatively small book are from an anaesthesia/intensive care background and are used to teaching specialist registrars on research issues. Their stated objectives are to provide comprehensive, concise, and easily accessible information on all aspects of audit and research for the busy trainee preparing for specialty examinations. Emergency medicine is not represented in the 23 contributors therefore rendering the book of generic research interest rather than specific to emergency medicine. With the possible exception of the final chapter on Intensive Care National Audit and Research Centre (ICNARC) the book remains highly relevant to the emergency medicine trainee.

The authors have achieved their objectives. There are 41 short easy to read chapters through 206 pages covering the inspiration (research ideas) to publication (peer review) of research issues. There are some chapters offering overviews (medical research as part of postgraduate training, and research process). There are 16 chapters on statistics. There are examples and diagrams as appropriate. In all the style is neat, trim, and lean as each chapter tightly divides into headings, subheadings, and bullet points. Despite being concise the material is intellectually accessible and does not leave the reader lost somewhere along the explanation of concepts. In achieving this, the authors demonstrated their teaching experience and it is this accessibility that I liked most about the book.

Though appropriately targeted at the specialist registrar, I would also recommend other staff to look through to lighten up those dark areas of their knowledge or just where the memory has dimmed. Each chapter has suggested further reading.

For as broad a title as *Clinical Research*, one might anticipate a section on how to evaluate clinical research, but this is not included. How to go about and how to evaluate research are in a sense sides of the same coin and there are ample texts on evaluation elsewhere. A short chapter though offering a generic approach or approaches to research interpretation might be seen by specialist registrars to have pulled many issues together, helping their knowledge and exam prospects, and above all their future clinical practice.

This book however is still an excellent one. I can envisage it becoming essential reading for specialist registrars in emergency medicine and other specialties, who, like the rest of us, have to learn quickly and move on. Others wanting to understand research issues will find the contents demystifying whether new to clinical practice or well established. It would be an excellent book for medical libraries. I am very grateful for the editors of this journal for bringing it to my attention. Now, how does that logistic regression thing work again? Oh yes, here is the chapter, in three pages.

A Good

ABC of clinical electrocardiography

F Morris, J Edhouse, W J Brady, J Camm, editors. (Pp 79; £16.95). BMJ Books, London, 2003. ISBN 0-7279-1536-3

I thought that the ABC of Clinical Electrocardiography was excellent when published as a series of articles in the *British Medical Journal*. Collecting these articles together has created a book that is a pleasure to read. It is pitched at exactly the right level for the emergency medicine practitioner—comprehensive, but without getting distracted into the esoteric.

The format of the book is easily readable, with every page having many examples of ECGs, or diagrams, to illuminate the text. Key points are collected together with the liberal use of headings to break down a complex subject into digestible pieces. This format means that the book might also appeal to the interested undergraduate who wanted to go beyond the basics of ECG interpretation. The structured and visual format will make this book a useful quick reference in the clinical setting.

The book does exactly what it says on the cover. There is no information about the management of the underlying clinical conditions, which has enabled the ABC of Clinical Electrocardiography to remain concise and to the point.

The first chapter contains a revision of the basic physiology, illustrated by well coloured diagrams. The rest of the first half of the book deals with common arrhythmias and myocardial infarction. Coverage of these subjects in some detail seems to be very appropriate. I liked the fact that a chapter on exercise testing was included, as this investigation is likely to be moving much closer to the emergency department in the future, and may well come under the remit of the emergency physician in a clinical decision unit. Subsequent chapters are about conditions affecting the right and left heart, and conditions causing ECG abnormalities from a non-cardiac causes. The paediatric chapter contains more information than most of us will need, but may be useful for those working emergency department near paediatric cardiac centres.

In the introduction Francis Morris suggests that ECG interpretation is all about pattern recognition. This book certainly improved my pattern recognition skills.

T J Coats

CORRECTION

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An authors' error occurred in this paper by Dr Gunnell and others (2004;21:35–8). Incorrect totals for the number of suicides in England 1997–1999 were given. The figures wrongly included deaths coded E988.8 (accelerated death registration, most usually homicides). The correct figures (excluding those coded E988.8) are 4889 in 1999 (not 5292 in 2000 as stated in the text: see lines 6–7, para 1 introduction). Paragraph 1, lines 11–15 of the Results section should read: "Over the same period there were 14419 suicides, including 4033 overdose suicides in England. The 1149 in-hospital deaths therefore account for 28% of all overdose suicides and 8% of all suicides." These corrected figures of 28% and 8% should also have appeared in the abstract (results line 2) and the Discussion, paragraph 1 lines 3 and 4.