

data are applicable to most areas of a mixed geography and are comparable with other studies of road traffic accident casualties.

The case for the abandonment of BST has come in the main from Scotland and from the farming and construction industries. Apart from the obvious inconvenience and higher costs involved with darker mornings, one of the main arguments has been that there is a detrimental effect on road traffic accident numbers. It can be seen from this study that this anticipated rise in accidents with the change to BST is not seen. The overall effect of BST is shown to be beneficial on road traffic accident statistics.

I therefore conclude that the introduction of year long BST would result in an overall benefit in reducing the numbers of road traffic accidents in the peak morning and evening periods.

I thank Mr John Moss, chief road safety officer for Cheshire, for his considerable assistance in the preparation of this paper.

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CONCLUSION

With more widespread knowledge of the first aid measures for combating epistaxis the morbidity of this very common problem could be reduced. Provision of such advice, however, is only as effective as the patient's ability to recall it. We feel that supplying patients with information sheets as outlined above improves the rate of recall. Indeed, a strong case could be made for making such leaflets widely available in GP surgeries. The number of out

of hours calls for both general practitioners, A&E doctors, and junior ENT staff could in this simple way be reduced without compromising patient care.

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The Faculty of Accident and Emergency Medicine

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Fractures and dislocations may require a prolonged period of treatment, can cause morbidity in children due to growth plate involvement, and result in loss of school time for educational, recreational, and sporting activities.

Measures are required to prevent or substantially reduce these serious school injuries. A target reduction of 10–20% of these fractures/dislocations might be achieved at individual school level by closely monitoring the causes of these injuries and increasing awareness. By involving everyone, including the children, sensible preventive measures could be formulated, without the need for extra resources.

Practical preventive measures may include targeting specific age and sex groups (older girls), when, during school hours, the majority

of accidents happen (during lessons, break-time, and so on), geographical areas of school frequently involved in accidents (gym, playground), surface (for example, wood, concrete), and specific activities (for example, football, netball).

We thank Mr M Choyce for helpful suggestions and Miss C Richards for typing the manuscript.

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9th Annual Trauma Anaesthesia and Critical Care Symposium, May 16–17, 1996

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For further information contact: Ms Sally Jenner, Association
of Anaesthetists of Great Britain and Ireland, 9 Bedford
Square, London WC1B 3RA. (Tel 0171 631 1650.)

Although the preface states that the book is aimed at emergency physicians at any level, in this country it will be most of value to senior house officers and middle grade trainees. In this respect the absence of references and suggestions for further reading is regrettable and the didactic style of authorship fails to acknowledge and debate areas where there are genuine differences in opinion. However, the depth of coverage offered will make this a valuable book to have in the desk drawer if not the coat pocket.

The main authors are two American emergency physicians and a professor of cardiology. As a result of North American authorship, there are differences from standard UK practice. The American Heart Association algorithms are used in the chapter on cardiac arrest and there is the inevitable need to substitute adrenaline for epinephrine and lignocaine for lidocaine. There is also relatively superficial coverage of trauma in comparison with medical and surgical emergencies, which reflects the workload in many American emergency departments. These are, however, minor points that do not detract from the overall quality of the text.

In summary, this book is well written and affordable. The format is ideal for those looking for a book which can offer them accurate and accessible information

to use in clinical work. Those requiring more definitive referenced work would be better purchasing one of the major textbooks of Emergency Medicine.

GRAHAM JOHNSON
Plymouth

Accident and Emergency - Data and Drug Guide. By F Morris, N Kidner and C Kelly. (Pp 119; £11.99.) Oxford: Butterworth-Heinemann, 1995. ISBN 0 7506 2035 8.

As specialisation proceeds apace, there is a tendency towards the production of larger and larger medical textbooks on smaller and smaller topics. This refreshingly short and concise book does not follow this trend. In a few clear and well presented pages it collects together all currently agreed guidelines and many of the normal values and drug doses relevant to A&E.

Partly because of its nature, there is really very little to criticise within the text. The most glaring deficiency of a book presumably directed at doctors throughout the United Kingdom is the failure to

mention the different legal system in Scotland. A certain amount of northern wrath could have been easily avoided if differences in the Mental Health Act and the reporting of deaths to the Procurator Fiscal had at least been acknowledged. Apart from this, there are only one or two obvious omissions. The nomogram for estimating carboxyhaemoglobin concentrations at the time of exposure could usefully have been added, as could details and doses of anaesthetic drugs (which are mysteriously missing from the pharmacopoeia).

The authors justify their book by claiming that "the overstretched doctor cannot be expected to retain and recall all this information". However, as far as many of the guidelines are concerned (for example, cardiac arrest, peri-arrest arrhythmias, status epilepticus, pneumothorax), our patients would surely expect a little more! Prospective candidates for higher examinations in A&E should be warned that examiners will certainly expect this knowledge to be thoroughly ingrained. Indeed, for this very reason alone, this book can be recommended as an essential purchase to all such candidates.

JONATHAN WYATT
Edinburgh

Institution of Engineers of Ireland

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Further details from: Dr Christine Somers, Director of Education, Institution of Engineers of Ireland, 22 Clyde Road, Ballsbridge, Dublin 4, Ireland.
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