treatment. There were, however, anecdotal reports from A&E team leaders of some clinicians from the intensive care unit (often juniors) attempting to use a low initial admission GCS as a way of triaging patients away from receiving ICU care. As Dr Cameron points out, such an occurrence would obviously be a powerful confounding factor to our study. In reality joint discussion between A&E, ICU, and senior medical staff in such situations usually resulted in the patient being transferred to the most appropriate facility.

However, we would accept that a possible hidden confounder is that in such patients being admitted to an ICU, clinicians may decide that aggressive therapy might be inappropriate, as outcome is perceived to be poor. As suggested, it is important therefore to develop joint guidelines with the ICU to minimise the potential for disagreement in early postresuscitation care in order that all patients are given the best possible opportunity for survival.

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BOOK REVIEW

Self-assessment in Accident and Emergency Medicine. By Derek Burke, Ian Greaves, Philip Hormbrey. (Pp 220; £15.99.) Oxford: Butterworth Heinemann, 1996. ISBN 0 7506 2215 6

There is no doubt that within the very near future, increasing numbers of hopeful junior doctors in the United Kingdom will be taking exams in A&E. Mindful of this, the authors of this paperback have produced 200 pages to help cater for their needs. The book is very good. It is perhaps a tribute to its content that the greatest criticism relates to its presentation. Throughout, the text is unjustified, which makes it slightly unsettling to read and creates an unnecessarily scruffy appearance.

The first half of the book is devoted to multiple choice questions (MCQs) with accompanying discussion. A wide range of topics is covered in the questions, which are followed by relevant and informative explanation. It is

no surprise that some of the answers are controversial. Collect together several experts (or junior doctors with large textbooks, which amounts to the same thing), present them with a few MCQs and there will be predictable argument about which are the correct answers. This applies to even the most supposedly carefully worked out questions, as generations of frustrated physicians studying the MRCP part 1 past papers will testify. Criticism of the content of this book on these grounds is therefore perhaps a little unfair. However, it seems rather a shame that within the first question at least one answer is controversial and appears to be at odds with its associated discussion.

The remainder of the book comprises questions on case histories, data interpretation, clinical pictures, and x rays. Once again, a variety of subjects is addressed in a lively and stimulating fashion, thus maximising the chance of maintaining the interest of overworked A&E trainees. Indeed, the whole book is written in such a way that it can be usefully picked up for a few minutes at a time. It can be strongly recommended as a study aid for postgraduate A&E exams.

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