
Evidence-based magic sponge? Think again. This book is a winner for anyone undertaking a postgraduate exam in sports medicine. If you are wondering what you may be asked in a viva exam in sports medicine, this is a good place to start. As well as that, it will provide anyone with an interest in sports medicine with a useful summary of the evidence behind much of what we do for our active patients. It will be of particular interest for those involved in the primary care or rehabilitation of sports and training injuries.

The book begins by giving a useful summary of different research methodologies that may be encountered, and gives an explanation of how and where to look for evidence. It goes on to provide a series of chapters that ask a common clinical question, followed by a summary of the available evidence, including sections on acute injuries, chronic conditions, upper limb and lower limb injuries. Particularly good were the chapters on the role of ice in acute injuries, whether stretching helps prevent injuries, the treatment of chronic back pain, and the evidence behind clinical examination of the knee. Woolly areas made clear. Having said that, some of the chapters look suspiciously like pieces already published, notably in the BMJ, but this book does put all the answers in one convenient place. For a free sample chapter visit http://www.evidbasedsportsmedicine.com/.


This recent BMA report addresses some of the issues surrounding the use and abuse of drugs in sport. It contains information on the effects of different drugs on the athlete’s health and discusses specific issues, such as the use of anabolic agents in body builders and doping among elite athletes. There is also a discussion about the various anti-doping policies and procedures and a short chapter on the role of the doctor. Useful appendices include a description of the UK Sport Anti-Doping procedures for specimen collection and laboratory testing, and contact details for the UK national governing bodies of each sport.

The report’s authors have made a reasonable attempt at explaining and debating the many difficult issues that surround doping in sport. A number of ethical dilemmas facing the clinician are discussed, but one senses that the authors may have had little practical experience of caring for the serious athlete. Indeed, some of the advice offered seems to have come from somewhere quite distant from the field of play. NSAIDS, for example, should be “avoided in athletes” (a truly unrealistic suggestion), due to risk of photosensitivity, although no mention is made of the potential aggravation of asthma (a potentially significant side effect in the aerobic athlete). Other sections are more informative, such as that on the adoption of a “harm reduction policy” and the BMA’s recommendations on education, policy, research and changes to the pharmaceutical industry. Although highly laudable, one wonders which authority is likely to take on this work. Should the responsibility and the ‘duty of care’ for the health of all athletes lie with the sporting or the medical community? Undoubtedly, it should be with both, but by raising the level of awareness of doping in sport among clinicians, this report does at least help clinicians to play their part.

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How to Survive in Anaesthesia as a book is aimed at newly appointed Senior House Officers. The title pictures up a battle of survival for the anaesthetic trainee against the elements of not only a new department but a totally new sphere of medicine. Unfortunately this is often how newly appointed Senior House Officers in Anaesthetics feel, learning new techniques, the actions of new drugs and the ‘foibles’ of senior staff while trying not to ‘knock off’ any patients along the way. As I am at the end of my training I asked one of the newly appointed senior house officers for his comments on the book ...

“... The book is well written, well organised and delivers what the title states. The book is divided into three sections, ten chapters in each. The first section takes us through the basic anaesthetic skills, the second concentrates on complications of
anaesthesia and emergencies and the third section gives further detail on specific situations and surgical specialities.

Each short concise chapter is backed up with simple diagrams, bullet points and summary boxes. The authors’ style is humorous and easy to read for the comparatively inexperienced trainee…”

This book is not designed as an exam text book, it should be considered as a guide to the practical and theoretical knowledge that a beginner to anaesthesia should know within the first few months of starting anaesthesia. I cannot recommend this book highly enough to the newly appointed trainees. Once armed with this book any new Senior House Officer would hopefully turn the process of survival into a rewarding experience.

Maj D Parkhouse RAMC
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This is a welcome second edition of the popular clinical haematology primer from the BMJ’s ABC series. As is usual with this series the layout is uncluttered, the figures and tables are of good quality and the dialogue boxes summarise all the essential information for rapid digestion if required.

Despite a major revision of the text the editor has managed to retain all the main chapter headings without increasing the number of pages. The 15 chapters cover all the major clinical areas including haematological emergencies. Each chapter is written by one or more experts who succeed in providing a clear, concise and up to date overview of their subject, and includes the advances made in diagnosis and treatment since the last edition. Key reading lists are now provided at the end of each chapter for those wishing to read about the topics in greater detail.

Advances in the speciality continue at a rapid pace fuelled by a greater understanding of the molecular biology of the individual diseases. This new edition is, therefore, timely. It is a good basic introduction to clinical haematology and will appeal to general practitioners and non-specialist staff including nurses and biomedical scientists.

Col RM Jones L/RAMC
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Clinical trials are an essential part of modern medicine and results of individual trials can affect the practice of many branches of the profession. Clinical Trials and Other Research is a user-friendly handbook that will provide a valuable source of reference for those involved in clinical trials during the course of their practice. It contains information on a wide variety of topics related to the design, conduct and analysis of clinical trials. The entries are concise and clearly written making the text a helpful revision aid for post-graduate exams in pharmaceutical and general medicine. A strong point is its cross-referencing system, which would make the electronic version of the book particularly easy to use.

This book is not intended to replace a standard treatise on Clinical Pharmacology for the study of the fundamental principles involved in clinical trials, though it would be a useful adjunct to such a text. Neither would it be suitable as a manual for conducting clinical trials, the sections (for example) on the EU Clinical Trials Directive, Good Clinical Practice (GCP) and Ethics Committees being rather thin. Some topics do not appear under the most obvious headings, but can be found with a little searching. Overall this is an interesting book which is best read in small but frequent doses; it should remain a useful reference, especially if regularly updated. The author’s request for feedback and discussion about the book’s content is refreshing and clearly genuine.

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