

acquired infections per 1000 patient-days by over 10%, with an actual cost saving over two years of US\$4.3 million.²

Conclusion

The challenge for hospital and community practitioners today is to prevent hospital-acquired and other healthcare-associated infections in a continually changing medical environment, with increasing numbers of immunocompromised patients, increasingly complex medical procedures and increasing antibiotic-resistant organisms. To meet the challenge, Australia has two major needs: the development of academic infection control departments within Australian hospitals for the study and prevention of hospital-acquired infections, and a national surveillance system for hospital-acquired infection incorporating validated methods.

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book review

Clinical toxicology in your pocket

Churchill's pocketbook of toxicology. Alison L Jones, Paul I Dargan. Edinburgh: Churchill Livingstone, 2001 (xiv + 162 pp, \$61.05). ISBN 0443064768.

THIS BOOK HAS BEEN WRITTEN by two physicians actively involved in managing patients with acute poisoning. Their experience comes from dealing directly with inpatients, and through giving advice to the National Poisons Information Service in London. In their introduction, they recognise that clinical toxicology remains an experience-based speciality, and go on to provide a practical information guide for the non-specialist toxicologist. The book contains easy-to-read, concise information on clinical toxicology.

The book is divided into three major sections. The first outlines the basic approach to the poisoned patient. Next are two sections providing specific details about different poisons: drugs and drugs of abuse in the second, and other toxins in the third. They are easy to read and provide an explanation of the effects, investigations and treatment of each poison. There are warning boxes interspersed through the text which highlight important and helpful information. There are a number of appendices. The first is particularly useful, listing commonly ingested substances of low toxicity.

Because the book has been written for the United Kingdom, some protocols are not appropriate for Australia. It provides little information on bites, stings and envenomation, which would be important in Australia and some other parts of the world. Paediatric toxicology is not dealt with separately from adult toxicology, and so some important differences are not addressed. The approach to common paediatric ingestions, such as paracetamol, essential oils (mainly eucalyptus oil) and rat poisons (coumarins), is not current.

The book does not try to be comprehensive and will not have a place in major emergency departments and poisons information centres, but it will make a useful addition to the libraries of junior doctors and other health professionals. The contact details for poisons information in Australia are incorrect. The Poisons Information Centre in Australia can be contacted 24 hours a day on 13 11 26.

Geoffrey K Isbister

Department of Clinical Toxicology and Pharmacology
Newcastle Mater Hospital, Newcastle, NSW

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