BOOK REVIEWS


Why devote space in the PMJ to this topic? Because, although it is a topic to which most of us have probably given little consideration, it is one on which we are concerned about and, one of the contributors puts it, the system is “broke” and needs fixing. Peer review is a complex system for the appraisal of manuscripts submitted for publication in medical journals, of grant applications for research funding, or of research protocols. It is a supposedly rigorous process that has affected or will affect many of us in clinical practice and all of us in clinical research, basic research, and the development of drugs, gene therapies, and medical devices. It is an undeniably important filter to catch inaccuracies and errors and thus help to achieve the approval of documents of high standard. Attention by the ordinary person points raised in a reviewer’s critique can also significantly enhance the quality of the final document.

However, relatively little attention seems to have been paid to examining peer review itself, to making it more efficient and effective, to eliminating bias, and to educating the reviewers so that they can do a better job.

The editors of Peer Review in Health Sciences have put together a broad ranging set of essays from leading health science editors, evidence based medicine experts, and others involved in medical research and funding. The book provides good coverage of the major topics in peer review, so the editors have done a good job of choosing chapter titles and their authors. The division of the book into part I, “How it is now and what we know,” part II, “How to do it,” and part III, “The future” is helpful.

The chapter by Moher and Jadad on “How to review a manuscript” could be reproduced with great benefit for those who write reviews. The impact of impact factor based publishing is appreciated by several of the authors, and the special challenge of electronically communicated reviews is addressed in stimulating fashion. The book is a valuable addition to the make-up of the small journal editors concerned with this aspect of their work.

The text would also benefit from further editing, with particular reference to the layout and typesetting. Critics?—highlights the problem of reaching the target audience: those who need to read it are not aware that they do! The presumption that the reader has some understanding of basic, paediatric, and advanced life support runs contrary to our documented deficiencies. It follows that this book would benefit from a brief description of the treatment of the protocols, if only to highlight where rules such as “The laryngoscope is an oxygen deprivation device” and useful mnemonics such as “THE CHOP” apply. It would then be a valuable reference in someone’s pocket when they or their patient needs it.


Resuscitation is repeatedly performed badly by everybody (apart perhaps from resuscitation officers) so a book that tries to change this is to be commended. Resuscitation Rules lists some 60 rules supported by references that if applied would improve resuscitation.

Rule 1, “Confidence does not imply competence,” highlights the problem of reaching the target audience: those who need to read it are not aware that they do! The presumption that the reader has some understanding of basic, paediatric, and advanced life support runs contrary to our documented deficiencies. It follows that this book would benefit from a brief description of the treatment of the protocols, if only to highlight where rules such as “The laryngoscope is an oxygen deprivation device” and useful mnemonics such as “THE CHOP” apply. It would then be a valuable reference in someone’s pocket when they or their patient needs it.

Resuscitation Rules reminded me of things I had forgotten, and provided references that support my experience. Some of the rules are instantly memorable (“every curb (a silver lining),” others are less so. I suspect it will benefit from time and from the addition of new snappy rules (which the authors actively encourage), devised in the light of more recent work on the “emergency transportation of a corpse.”

Samuel Shem suggests that “At a cardiac arrest, the first procedure is to take your own pulse”; may I suggest that to have practised resuscitation and to have read this book beforehand would be more useful?

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ABC of Rheumatology was based on the excellent series published in the BMJ. This is the second edition of the book, which continues the successful formula of combining chapters dealing with common rheumatic disorders affecting certain regions of the body—such as the spine, shoulder, and foot—with sections describing individual rheumatic diseases along more traditional lines. However, it takes a practical approach, with a big emphasis on diagnosis and management. This edition has been updated very well and reflects the important developments that have occurred, particularly in treatment. As before, it is a slim volume packed full of very readable material. The presentation is excellent with numerous summary tables that the reader finds particularly helpful, and there are many coloured illustrations of good quality. The book should attract a wide range of health professionals. Its practical approach to common rheumatic complaints should appeal to general practitioners, particularly as some of the useful information in the regional chapters is difficult to come by from other sources. It should also be useful for hospital doctors preparing for the MRCP (part 1) examination. The book should also be recommended for other health professionals who want to develop a musculoskeletal interest. As with the first edition this volume represents very good value for money.

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Magnetic resonance imaging has revolutionised the understanding of the pathological substrates for epilepsies, particularly those that are of partial onset, start early in childhood, and are resistant to medical treatment. Based on a meeting held in the autumn of 1997, the content of this text is reasonably up to date. The main sections are on cortical development, animal models, electrophysiological, and molecular biological approaches.
imaging and neuropathological studies; genetic studies; and surgical approaches. The chapters are logically organised. The written content is easy to follow throughout clinical discussions, animal experiments, and genetic investigations. It is a shame that the illustrations, with the exception of 16 colour plates produced in the contribution on surgical pathology, are of rather poor quality. In many instances it is a struggle to make out the changes described in the pictures of MRIs. Among information of a more general nature there are comments on the importance for surgeons of the demonstration of extensive reorganisation of cortical representation of some sensory modes when cortical dysgenesis has occurred; it is suggested that Taylor-type dysplasias, associated with grey/white matter blurring on MRI, may be associated with abnormal organisation of the intracortical GABAergic system; studies on maturation of cortical physiological properties explain why hypersynchrony is unlikely to occur before three or four months; and tish rats are used to help with understanding of heterotopias. The contributions of homeobox genes are emphasised. Referencing is appropriate and extensive. Epileptologists, particularly those who treat children, could learn much from this text.

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5th Annual Conference on Self Directed Learning in General Practice
24 April 2001: London, UK
Details: Organised by the Open Learning Unit, University College London, and sponsored by the BMJ. The conference will be organised around the themes of:
- revalidation
- web based learning
- resources for self directed learning.

The day will be based around small group workshops, with some offering hands-on training in the use of on-line learning resources. Places will therefore be strictly limited and allocated on a first come, first served basis. For further details please contact Marcia Rigby on m.rigby@ucl.ac.uk (tel: +44 (0)20 7288 3246, fax: +44 (0)20 7281 8004). A website is in preparation.