As name implies, PML is a progressive disorder, the presenting symptoms include altered mental status, speech and visual disturbances, gait difficulty, hemiparesis, and limb incoordination. The clinical condition deteriorates progressively and the patient dies within six months.1 In patients with posterior leukoencephalopathy the symptoms develop rapidly, and after treatment the clinical features and imaging abnormalities resolve completely. The characteristic clinical manifestations of posterior leukoencephalopathy include seizures, headache, vomiting, confusional state, visual abnormalities, and infrequently focal motor and sensory neurological deficits. Dr Banerjee has rightly commented that the seizures are uncommon in patients with PML, while in patients with posterior leukoencephalopathy seizures (especially occipital lobe seizures) are dominant and a universal manifestation. Patients with posterior leukoencephalopathy usually have a predisposing cause, the most common being hyperensive encephalopathy, toxoaemia of pregnancy, renal diseases, and treatment with cytotoxic and immunosuppressive drugs.

In my opinion PML in patients with an acquired immunodeficiency state can reliably be differentiated from posterior leukoencephalopathy on clinical grounds even if bilateral symmetrical demyelinating white matter abnormalities of parieto-occipital regions are present on neuroimaging.


Smoking and diabetes in Chinese men

EDITOR,—I read with interest the report by Ko et al on the association between smoking and diabetes in Chinese men with an odds ratio of 1.7 of smoking on the risk of diabetes.

China is the greatest producer and consumer of cigarettes in the world. The main increase in cigarette consumption in China has taken place only recently: in 1952, 1972, and 1992 the mean consumption among men was 35, 23, and 18 cigarettes per day, respectively.1 In response to comments on their earlier reports on smoking and death in China published in 1998,2 Peto et al reported that there are now 300 million deaths a year in China alone from smoking.3 So on present day smoking patterns Chinese tobacco mortality will increase substantially.

Even more alarming is the prevalence of teenage smoking in China. The World Health Organisation has predicted that by 2025 China will have 300 million smokers.4 This publication saw life initially as a report on continuing professional development (CPD) to the Chief Medical Officer. It gives the background to the nature of CPD, its prevalence, types, aims, the educational approaches, and the factors that influence its provision and the participation in CPD programmes. The next section deals with the methodological issues. These include the design of programmes and the assessment of outcomes. The main part of the report is devoted to a review of the literature up to 1997.

There is recognition of the importance, reflected in its prevalence, of self directed learning and of how individuals will largely initiate, control, and evaluate their own continuous learning. This is a difficulty for professional bodies who award credits for more formal learning experiences. The assessment of outcomes is very difficult and falls far short of being able to measure health care benefits, which is what government wants for its financial investment in CPD. There is also no best learning method. The authors conclude that the effectiveness of CPD is a function of the process and the context in which it occurs. Horses for courses!

The authors do well to avoid the all too frequent opacity of language that makes educational papers so difficult for the general reader.
reader. I recommend this booklet as a useful and authoritative review of CPD for those involved in its provision.

B I HOFFBRAND
Vice President, Fellowship of Postgraduate Medicine, London, UK


This is an up to date and succinct book outlining six important theories of learning and discussing their implications for practice in medical education. The book is clearly set out and clearly written. It goes through the following education theories: adult learning principles, social cognitive theory, reflective practice, transformative learning, self directed learning, and experiential learning. Each of these theories is described clearly and simply with references to the seminal publications in the area.

The implications of the theory for adult learning in medicine are discussed and examples are given. For example, a discussion of andragogy is followed by a set of principles that could be used as tips for practitioners in medical education and then by a description of a learning method currently used in undergraduate medical education which relates to this theory. They have chosen problem based learning to do this in this particular case. A lot of the concepts that are discussed are very complicated and there is the potential to become lost in educational jargon. However the book is clearly thought out so that this problem is minimised.

The price is reasonable and makes the book accessible to all of those interested in medical education.

In summary this is a useful, well written, and clear book and clinical educators would be well advised to spend some time reading it and to try and apply some of these theories to their current teaching practices.

J DACRE
Royal Free and University College Hospital Medical School London, CHIME, London, UK


The need for a source of reliable career advice and counselling for doctors is equalled by our failure until now to meet it. The authors set out with the intention of producing a manual for people involved in career advice to juniors and colleagues, but in the end produced a book aimed at the person seeking the advice as well as the advisor.

The initial section will not prepare you to be a career counsellor but it does raise awareness of the issues within a profession that has not really thought about them. It gives sound advice on thinking about one’s career but it is not a substitute for a good career counsellor or advisor.

The second part of the book is weaker. It comprises a series of some 30 case studies of doctors working within a variety of careers. It is difficult to detect the logic behind the selection. The breadth of case studies suggests that the book is intended to be of general use across all sections of the profession but there are some parts of the book where the authors’ background in primary care results in a distorted emphasis. The advice on career requirements is not always accurate, for example the FRCS is now an exit examination not an entry requirement for accident and emergency medicine.

Despite these drawbacks the book the book is useful and timely but insufficient as the only guide to career planning.

S J LEINSTER
Dean, Medical School, University of East Anglia, Norwich, UK

Direct Access to Medline

Link to Medline from the homepage and get straight into the National Library of Medicine’s premier bibliographic database. Medline allows you to search across 9 million records of bibliographic citations and author abstracts from approximately 3,900 current biomedical journals.

www.postgradmedj.com
Smoking and diabetes in Chinese men

T O CHENG

Postgrad Med J 2001 77: 551
doi: 10.1136/pmj.77.910.551a

Updated information and services can be found at:
http://pmj.bmj.com/content/77/910/551.2

These include:

References
This article cites 7 articles, 4 of which you can access for free at:
http://pmj.bmj.com/content/77/910/551.2#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/