

How to Write a Paper, edited by G.M. Hall. Pp. 117. BMJ, London, 1994. Paperback, £8.95.

This 117-page short book on *How to Write a Paper* is a multi-authored monograph, unlike several other longer books on the subject which are usually written by one or two authors. Thanks to the excellent editing job of Professor Hall, the thoughts flow smoothly from chapter to chapter. The contributors come from a wide variety of medical journals including the editor of *British Medical Journal* and backgrounds including the sales director of BMJ Publishing Group.

The book is particularly useful for researchers, especially those in the early stage of their career and for whom English is not their first language. Incidentally, there is another new but much longer book on *How to Write & Publish a Scientific Paper* by Robert Day, now in its 4th edition, which is equally helpful to aspiring authors of scientific papers.

As Gerard Piel said, 'Without publication science is dead'. As Day said in the preface of his book, 'good scientific writing is not a matter of life and death; it is much more serious than that'. How to write a good scientific paper is something that is often overlooked in the education of medical doctors and scientists. These two books, both published in 1994, serve to fill this void.

Professor T.O. Cheng
The George Washington University,
Washington DC, USA.

Moral Threats and Dangerous Desires – AIDS in the News Media, D. Lupton. Pp. 186. Taylor and Francis, Basingstoke, 1994. Paperback, £12.95.

Accounts of the sociological aspects of HIV and AIDS tend to induce general sociological conclusions from the particular standpoint of HIV/AIDS, and tend to report conclusions, if any, utilizing HIV/AIDS as a metaphor or as an allegory which may cause the general reader to have some unease.

This book reports on AIDS in the news media (largely focusing on the Australian press) but left me unsatisfied because there was no thesis or synthesis, and no overall conclusion or conclusions. In many ways it is news about the news. There is copious documentation and numerous examples of newspaper headlines along with critical analysis, but what I suspect most of the readers of this journal would wish would be for an introduction outlining the various criteria by which the media could be judged, then quantitative 'results' followed by discussion, hopefully answering obvious relevant questions. Has the media been accurate and responsible? Was the gay press any better (and if so on what criteria) than the 'general' press which, it must not be forgotten, must also cater for its gay readers? Was, and is, media categorization into gay and non-gay appropriate or is it stigmatization and, if it is, what criteria should readers use to draw their conclusions?

This book reveals that human interest sells, and 'case reports' of individuals, breakthroughs (which have to be 'dramatic') or controversy are marketable. In their absence, public interest wanes rapidly so media attention

given to a chronic problem such as HIV/AIDS will necessarily be spasmodic, no matter how high a priority anyone thinks it should be.

P.D. Welsby
Infectious Diseases Unit,
City Hospital,
51 Greenbank Road,
Edinburgh EH10 5SB.

A Guide to Symptom Relief in Advanced Cancer, 3rd Edition, C.F.B. Regnard and S. Tempest. Pp. 69. Haigh and Hochland, Manchester, 1992. Paperback, £4.95.

Much has happened since the second edition of this pocket guide appeared in 1986. Accordingly, it has been extensively updated. There is a new section on syringe drivers and a guide to the use of commonly used drugs. The section on bleeding contains information which is not readily available elsewhere.

However, despite the authors' claim that computer technology has permitted more control over design and layout, I still find the guide overcrowded and the print size uncomfortably small. The four densely tabulated pages on 'diagnosing the cause of the pain' will put off all but the most dedicated reader. Jettisoning the WHO analgesic ladder and a very restrictive view of non-steroidal anti-inflammatory drugs is likely to cause confusion.

Several widely used symptom-relief drugs fail to gain a mention (cisapride, dimethicone, misoprostol, non-acetylated salicylates, oxybutinin, selective serotonin reuptake inhibitors, and sodium valproate). The advice concerning dexamethasone in superior vena caval obstruction and spinal cord compression is debatable. Is there evidence that intravenous dexamethasone is better than oral dexamethasone in these circumstances? Further, with a drug with a duration of action of more than 2 days, the advice to continue with '6 mg orally in three divided doses' (does this mean 2 mg t.d.s.?) seems unnecessarily complicated.

The advice concerning dyspnoea and nausea and vomiting – both common and important symptoms – is not well ordered. For example, is nabilone really more important in dyspnoea than opioids? Further, given the claim that 25% of patients develop clinical depression, the space allocated to this is inadequate. Thus, in summary, I can give only a limited welcome to this new edition.

R. Twycross
Sir Michael Sobell House,
Churchill Hospital,
Oxford OX3 7LJ.

Palliative Care Open Learning Guide: Controlling the Pain. Illustrated. St Oswald's Hospice, Newcastle upon Tyne, 1994. Loose-leaf binder, £33.00.

'Open Learning' – presumably yet another piece of pedagogical jargon – appears to mean a well-produced A4 manual with blocks of information divided up with