BOOK REVIEWS

Peer Review in Health Sciences. Edited by Fiona Godlee and Tom Jefferson. (Pp 269; £27.00.) BMJ Publishing Group, 1999. ISBN 0-7279-1181-3.

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 we should be concerned about and, as 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 therapeutics, 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 original author to 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 contents provide 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 internet based publishing is appreciated by several of the authors, and the special challenge of electronically communicated reviews is addressed in stimulating fashion by the communication development manager of *The Medical Journal of Australia* and by the editor of the *BMJ*.

This is not lightweight reading. It is a scholarly work. It is enlivened and enriched by Martyn's chapter reporting the mythical conversation between the editor of a scientific journal and the Athenian philosopher Socrates—a conversation which brings out many of the peculiarities and imperfections of the present system.

The book is likely to be of great value to professional biomedical editors and their staff, and to academics concerned with devising a better process for evaluating papers and proposals. It will also be of considerable help to those editing the "small journals" in setting policy and putting procedures in place for efficient peer review of manuscripts received. Beyond this, I doubt that, in its essay-type format, it will get much attention from ordinary clinicians and researchers. In a way this is a pity, for there is no doubt that peer review could be done better—and this to the advantage of journals, authors, grant awarding bodies, and so on. Perhaps for their next excursion

into this field, Godlee and Jefferson could produce a condensed volume with more attractive contemporary design and layout.

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Ophthalmology—Examination Techniques Questions and Answers. By D C Broadway, A Tufail, and P T Khaw. (Pp 327; £49.50.) Butterworth Heinemann, 1999. ISBN 0-7506-2500-7.

What do examination candidates turn to in the days before their examination? Often to a book of lists. This, however, is a different book of lists. It is divided into three sections, of which the main part takes on an interrogative style. It picks over 100 disease entities or groups—some broad, such as nystagmus or rubeosis, and others more specific, such as pars planitis or Stickler's syndrome. Each area is defined and the clinical features described. There then follows a question and answer section in which the virtual examiner has questions answered by a model candidate. This feature is very much the strength of the book. The questions focus on presentation, pathology, and management of patients. In such a short book it is impossible to get a comprehensive view of all the conditions, but the strength of this section is that it points to the core elements that should be considered in any answer and helps draw together the multiple strands of knowledge already present in the candidate's mind.

The two sections either side of the core of the book are equally useful. The first deals with examination techniques and methods. It has strong sections on anterior and posterior segment examination. Equally useful are the two chapters on ocular movements and strabismus examination, often areas in which candidates feel they lack confidence in performing in front of an examiner.

The last section takes the reader back to a more conventional list format. There is an excellent chapter on genetic disorders and useful ones on the eye and general medical disorders.

In all an excellent book to concentrate the examination candidate's mind in the final preparations for the examination. Criticisms? Although each subject in the centre section is illustrated, the small illustrations are not always of the best quality or show the most relevant feature of the topic under discussion. The text would also benefit from further illustrations in the section discussing fluorescein angiography and in the extended discussion on interpreting electodiagnostic and colour vision tests. However, the final comment on this useful text should go to the examination candidate I enthusiastically offered my review copy to: "I've already got a copy, thanks"—the model candidate's answer.

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ABC of Rheumatology. 2nd Ed. Edited by Michael L Snaith. (Pp 90; £16.95 paperback.) BMJ Publishing Group, 1999. ISBN 0-7279-1385-9.

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 will find 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 can 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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Resuscitation Rules. By Tim Hodgetts and Nick Castle. (Pp 116; £12.95.) BMJ Publishing Group, 1999. ISBN 0-7279-1371-9.

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 the book would benefit from a brief documentation 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 shroud has 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 dead time waiting for 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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Abnormal Cortical Development and Epilepsy: From Basic to Clinical Science. Edited by Roberto Spreafico, Giuliano Avanzini, and Frederick Andermann. (Pp 324; £39.00.) John Libbey, 1999. ISBN 0-86916-579-5.

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; electroclinical,