the whole emphasis in medical education in this country has changed towards providing doctors, during training, with skills to access information and interpret it sensibly, rather than rote learning of information. A key factor in this change in culture has been the evidence-based medicine ‘movement’, and this volume is the latest in a series of books by the BMJ promoting this approach.

What does this book do? It aims to cover both the skills required to conduct Evidence-based Practice (EBP) and the evidence available for some common and important paediatric conditions. Each chapter opens in good EBP tradition with a case scenario and then guides one through the steps to formulating clear answerable questions, finding and appraising the evidence and applying it back to the problem at hand. The chapters in the first section tackle the conceptual framework of EBM and provide an approach to appraising different forms of studies. The next two sections cover some 30 paediatric conditions of relevance in both the primary and secondary care settings. Once again, these are introduced with a scenario and lead one through questions that arise to answers in the form of evidence (or lack of it) identified by the authors.

As a paediatrician who teaches evidence-based paediatrics, the book promises to be of great value. I would readily commend it to those individuals working in primary care who wish to attain the skills necessary to improve their practice in accordance with evidence-based principles. It is a good guide for learning the ‘how to’ of evidence-based practice, and the topics covered will also prove to be of value. The book, however, is expensive and the clinical topics are likely to date rapidly. For the busy practitioner, other secondary sources such as Clinical Evidence are likely to provide more ready access to evidence required in making clinical decisions.

MARY RUDOLF
Consultant community paediatrician who runs Evidence Based Child Health courses at the University of Leeds. Editor of the Psychosocial, Learning Difficulties and Behavioural Review Group of the Cochrane Collaboration


Babies cry, as all parents very well know; from the moment of birth they are making their mark on the world. The interaction with their parents and other carers is complex from the first days. Crying is a response to many different stimuli or needs. Most parents soon become able to recognize the cause of a range of vocalizations that can be classified as crying. Some babies cry excessively, many for good reasons, some for reasons none of us can fathom. Doctors become involved when there is something wrong with the child or the parent that results in crying.

This book, written by two psychologists, one from England and one from the USA, and a paediatric psychiatrist from Canada, carefully looks at all aspects of the study of crying. It examines the history of the academic study of crying, at the many possible reasons and theories about crying and the communication that it represents. They also examine the many theories about infant colic, an important reason for crying that, despite many years of study, still has no clear explanation. They have called upon a wide panel of fellow experts to assist them in their deliberations.

The first four chapters cover the history of previous research, pain and crying, colic and crying as a presentation in the emergency department. The book then looks at crying in children with disabilities, toddlers and their temper tantrums, the acoustic analysis of crying and research in other primates. It finishes with a couple of chapters summarizing things and speculating on the future of research.

The authors explain and discuss all of this in a clear style that is surprisingly readable. They summarize things well, as they say themselves “This volume captures . . . how far ‘cry research’ has come, and indicates at least some of the directions in which it intends to go.” Unfortunately, as one would expect from an expensive academic tome with a very long title, it is really only for those with a special interest. There may be those in family practice who are attracted to the subject, and they might consider buying it. I am sure they will get much from it, but for most of us I think that this book would be better borrowed from a library.

TREFOR ROSCOE
GP Informatics Tutor, North Trent, Institute of General Practice, Sheffield University Medical School


The editors of this book state that it seeks to “bridge the gap between psychological research on the self-care and management of diabetes and the delivery of services provided by the diabetes care team”. In doing so, it brings together contributions from behavioural scientists involved in diabetes care from both North America and Europe. All of the chapters follow a similar format in that the authors provide a review of the evidence available on each topic, before making practical recommendations for those involved in delivery of care and finally highlighting areas where future research is
needed. The first three chapters deal with the particular issues and psychosocial implications of diabetes in various life stages, namely childhood, adolescence and pregnancy. The remainder of the book deals with a number of psychological approaches to diabetes care including the facilitation of self-care through empowerment, change counseling and cognitive–behavioural group training.

The central theme of the book is that from the moment the person with diabetes walks out of the consulting room they are totally responsible for their own care, a fact that is at odds with the traditional medical model. Therefore, in order to maximize the effectiveness of clinic time, health care staff need to change their role, so that they become facilitators of self-care, rather than the traditional care providers.

The contributors offer a very useful overview and starting point for a range of psychosocial models and theories that could be adopted by those involved in diabetes care. Emphasis is given to the implementation of these methods by health care workers other than psychologists, and also to providing an approach that is useful in normal clinic situations. My one criticism is that, in parts, the book does deviate from the stated aim of bridging the gap between research and service delivery, giving some less useful and over-detailed description of the contributors’ own work. I feel that this does distort the balance of the book somewhat. However, other chapters, including those on change counselling and medical office interventions, are extremely useful and offer both a nice overview of the available evidence and a practical introduction to the techniques to use.

HELEN MOORE
Lecturer in Primary Care Development, University of Leeds and State Registered Dietitian


This is described as a bedside or desktop book to support, encourage and advise doctors who find writing hard, written by a journalist whose ‘rampant hypochondrias’ steered him into medical journalism. The 400 entries are a personal choice ordered alphabetically —antipathy, apathy and apostrophes amongst the ‘A’s, deadlines, defamation and double negatives amongst the ‘D’s, headlines, humiliation and homophones amongst the ‘H’s, through to Zzzz for a much needed rest! Whilst I remember (sorry—while), I must avoid ‘amongst’, which Albert finds ‘curiously old fashioned’.

Polyfontophilia and monologophobia turn out, to my relief, to be treatable conditions. So too are hanging participles, dangling modifiers and writer’s block whose anatomical locations seem self-evident. Entries vary in length from three words (Court action—best to avoid) to two pages. Many are informative, some flippant which proved to be infectious.

Adherence to alphabetical order sacrifices coherence and continuity. How, save by trial and error, do you find excellent advice on writing articles, book reviews (um!), conference reports, editorials, news stories, newsletters, obituaries, press releases, reports, scientific papers, theses and travelogues? How much better it would have been to bring different types of writing together so that they could be compared and contrasted. I searched in vain for advice on writing for different readerships, doctors but also other professions, patients and the wider public. I was warned to be clear about my audience, beyond that nothing.

And should advice be followed slavishly to give editors what they want? I for one should be sorry. I checked. It is okay to start a sentence with ‘and’! And exclamation marks can be used to signal weak jokes provided that they are not overdone—the exclamation marks that is.

Not so long ago, your Book Review Editor and I co-tutored courses for doctors on writing for publication. What they had to say was not medical writing, simply writing. The trick was writing simply. That message rings through this book for, despite its title, this is an antidote to ‘medicalese’ as much as journales.

Would I recommend it to students another time? Yes, to help them loosen up, to enliven the workshop and to introduce a breath of fresh air, but making sure that they were also steered towards more systematic texts.

HUGH BARR
Editor-in-Chief, the Journal of Interprofessional Care, Professor Emeritus, University of Westminster, UK


This book provides very positive messages about self health care in old age. It is essentially an extended case study of an innovative and successful project started in 1986 by the Beth Johnson Foundation in Stoke-on-Trent. The core activities of the project were peer health counselling, a telephone link service, health-related activities and courses, and a senior health shop. It offers primary care teams a wealth of examples of good practice, and a powerful argument in favour of working ‘with’ rather than ‘for’ older people.

CHRISTOPHER DOWRICK
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