Essential Evidence-Based Medicine
Dan Mayer
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YET another beginners' guide to evidence-based medicine (EBM) entering an overcrowded market ought to have something exceptional to offer. This book does. I liked Dr Meyer's approach to explaining the concepts and skills that frighten beginners. He uses plain language effectively (most of the time) and backs up the written explanations with helpful pictorial ones, which should appeal to doctors worried by mathematics. This approach marks the book out from many others. However, the style is at times too glib. 'How should guidelines be developed? The process of guideline development should be evidence based' (page 278). Those sentences, giving no surprises and even less insight to the reader, occur too frequently to be overlooked.

The content is fairly comprehensive, including as it does some basic epidemiological tools as well as appraisal. However, the balance could be improved. Few teachers of EBM would consider the lengthy explanation of odds ratios was justified. It was disappointing to find that qualitative research — which is important — had been left out while space was devoted to decision analysis — which is unimportant in real practice, a fact indicated by the author himself. Apart from the last example, a good feature of this book is the amalgamation of EBM principles with recommendations for their use in clinical practice. The rational discussion on prescribing antibiotics for sore throat is a good example of such an amalgamation. In case you are wondering, yes, Dr Meyer does prescribe in some circumstances but more importantly he explains how he reached the decision to do so.

The accompanying CD-ROM has a partially interactive programme containing worked examples of critical appraisal, calculations, and MCQs enabling the reader to practice and learn through correction. The book and CD-ROM combination provides an excellent instructional manual that marks this book out from several books whose accompanying electronic medium adds little value to the text.

However, I feel that the package could be greatly improved by better editing. Apart from the style problem already mentioned, there are lapses where words are used sloppily. For example, the CD-ROM refers in one instance to the point estimate as the 'actual difference'. It defines event rates as 'the number of desired outcomes divided by the total number of all outcomes.' Not if the outcome is death. What is more, the definitions for event rates in the book and CD-ROM are different. Beginners will find this package useful but hopefully the second edition will improve on the style.

Kevork Hopayian

alison woolf

Lousy lament

ONE of the great strengths of medicine as a career choice is its diversity. If so inclined, one can grapple with the complexities of neurosurgery, embroil oneself in the boggling world of genetic research, or just marvel at the humble head louse. Note I said 'marvel' and not 'raise eyebrows skywards and scratch in sympathy', which is the usual GP response to the parental lament of 'Kylie's got nits again, doc!' In fact, only a consultant in communicable disease with a lobotomy could seriously be interested in lice. Or so I thought until a series of fate-related events changed my opinion of these parasitic little *Phthiraptera*.

First, came one of our monthly significant event audit meetings. The highlights of these very worthy gatherings usually consist of seeing who's made it onto the 'obit list' and the long running 'car park saga', or how to stop the punters from blocking staff parking places (options discussed include the use of a barrier, wheel clamps and cattle prod). So when our health visitors distributed copies of '1001 things you didn't know about head lice' our hearts practically sang. It was brilliant! Did you know, for instance, that wet-combing immobilises the lice by breaking their legs, they feed six times a day and enjoy watching *Eastenders*? Visions of obese lice hobbling around on crutches eating McDonald's sent me into paroxysms of laughter, but then it doesn't take much to become unhinged after a frenetic Monday morning surgery.

Fate was definitely trying to tell me something as within a few days of this hilarity, one of 'those' letters came from my 3-year-old daughter's nursery school — you know, the black-edged ones warning in tones worthy of an outbreak of bubonic plague that lice were crawling amok in her class. After a cursory look at the back of her head (3-year-old girls do not appreciate any rooting around in their Princess hair) I announced she was bug free and forgot about it.

Then Princess Hair started scratching. Catapulted into denial, I maintained it was probably the chlorine from the swimming pool, her new shampoo or the 'R' in the month, but Fate, fed up of being subtle, dealt the coup de gras. 'It's the nursery here,' sang my mobile phone, 'please collect your daughter as she's crawling with lice!' Ashamed of my maternal and professional negligence, I scuttled off to the school imagining her in solitary confinement in the broom cupboard with a bell around her neck, chanting 'Unclean!' only to find her enjoying lunch, oblivious to the legion of beasties in her hair. However, I'm sure I could hear the distant whirring of the school printing press spewing out the latest *School News Bulletin*: 'Nursery shock horror: GP's child has NITS!! "She's a louse-y mum," says teacher.'

At home, with doors bolted and curtains closed, I looked at the evidence: several very mature looking lice and loads of old nits — this had been going on for weeks! In fact, these lice were so mature they were sharing a bottle of Chateau Lafitte and discussing the relative merits of permethrin versus malathion for the treatment of young Michelle Fowler's hair (ok, so I haven't watched *Eastenders* for years). In between applications of pungent insecticide, I spent every night like a demented baboon picking through Princess's hair while she was asleep. By now, I could spot even the tiniest of nymphs by torchlight and thanks to the new PRODIGY guidance[1] on the web, I was fast becoming an expert on these little cuties. Hey folks, head lice are fun after all!

But only if they go away. We are now on the third course of antilouse gunge, own at least two detection combs, know all about 'bug busting'[2] and its role in non-chemical treatment and have begun to realise that one learns to live with the inevitability of lice in kids as one does with fleas in cats.

Finally, the award for the most alarming treatment for head lice nearly went to our health visitor who, during a rather misheard conversation on the subject, switched mysteriously to the discovery at home of a carpet beetle ('Isn't a carpet beater rather … er … drastic?'). Instead, it must go to the deranged individual who came up with the idea of using petrol. It's undoubtedly very effective in its own way, but it doesn't take a full set of frontal lobes to work out the side effects. Stops the itching though!

References
1. PRODIGY. PRODIGY Guidance — Head lice. http://www.prodigy.nhs.uk/guidance.asp?gt=Head%20lice (accessed 28 Jun 2004).
2. Community Hygiene Concern. http://www.nits.net (accessed 28 Jun 2004).