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The New England Journal of Medicine is one of the most important general medical journals in the world. Doctors rely on the conclusions it publishes, and most do not have the time to look beyond abstracts to examine methodology or question assumptions. Many of its pronouncements are conveyed by the media to a mass audience, which is likely to take them as authoritative. But is this trust entirely warranted? Theodore Dalrymple, a doctor retired from practice, turned a critical eye upon a full year of the Journal, alert to dubious premises and to what is left unsaid. In False Positive, he demonstrates that many of the papers it publishes reach conclusions that are not only flawed, but obviously flawed. He exposes errors of reasoning and conspicuous omissions apparently undetected by the editors. In some cases, there is reason to suspect actual corruption. When the Journal takes on social questions, its perspective is solidly politically correct. Practically no debate on social issues appears in the printed version, and highly debatable points of view go unchallenged. The Journal reads as if there were only one possible point of view, though the American medical profession (to say nothing of the extensive foreign readership) cannot possibly be in total agreement with the stances taken in its pages. It is thus more megaphone than sounding board. There is indeed much in the New England Journal of Medicine that deserves praise and admiration. But this book should encourage the general reader to take a constructively critical view of medical news and to be wary of the latest medical doctrines.

Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In Finding What Works in Health Care the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. Finding What Works in Health Care also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

Severe asthma is a form of asthma that responds poorly to currently available medication, and its patients represent those with greatest unmet needs. In the last 10 years, substantial progress has been made in terms of understanding some of the mechanisms that drive severe asthma; there have also been concomitant advances in the recognition of specific molecular phenotypes. This ERS Monograph covers all aspects of severe asthma – epidemiology, diagnosis, mechanisms, treatment and management – but has a particular focus on recent understanding of mechanistic heterogeneity based on an analytic approach using various ' omics platforms applied to clinically well-defined asthma cohorts. How these advances have led to improved management targets is also emphasised. This book brings together the clinical and scientific expertise of those from around the world who are collaborating to solve the problem of severe asthma.

An ecopsychology that integrates our totemic selves—our kinship with a more than human world—with our technological selves. We need nature for our physical and psychological well-being. Our actions reflect this when we turn to beloved pets for companionship, vacation in spots of natural splendor, or spend hours working in the garden. Yet we are also a technological species and have been since we fashioned tools out of stone. Thus one of this century's central challenges is to embrace our kinship with a more-than-human world—"our totemic self"—and integrate that kinship with our scientific culture and technological selves. This book takes on that challenge and proposes a reenvisioned ecopsychology. Contributors consider such topics as the innate tendency for people to bond with local place; a meaningful nature language; the epidemiological evidence for the health benefits of nature interaction; the theory and practice of ecotherapy; Gaia theory; ecovillages; the neuroscience of perceiving natural beauty; and sacred geography. Taken together, the essays offer a vision for human flourishing and for a more grounded and realistic environmental psychology.

Acclaimed for its unsurpassed readability and manageable scope, Ashcraft ' s Pediatric Surgery presents authoritative, practical guidance on treating the entire range of general surgical and urological problems in infants, children, and adolescents. State-of-the-art, expert coverage equips you to implement all the latest approaches and achieve optimal outcomes for all of your patients. Consult this title on your favorite e-reader, conduct rapid searches, and adjust font sizes for optimal readability. Make the most effective use of today ' s best open and minimally invasive techniques, including single-site umbilical laparoscopic surgery, with guidance from internationally recognized experts in the field. Focus on evidence-based treatments and outcomes to apply today ' s best practices. Stay current with timely topics thanks to brand-new chapters on Choledochal Cyst and Gallbladder Disease, Tissue Engineering, and Ethics in Pediatric Surgery, plus comprehensive updates throughout. Hone and expand your surgical skills by watching videos of minimally invasive procedures for recto urethral fistula, biliary atresia, laparoscopic splenectomy, uterine horn, and more. Grasp the visual nuances of surgery from over 1,000 images depicting today ' s best surgical practices.

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NEJM books sold exclusively through Marcel Dekker, Inc. This unique collection displays hundreds of visual images that appeared in the highly rewarding Images in Clinical Medicine section of the The New England Journal of Medicine between 1992-1997. It shows a wide variety of images- including photographs, MRIs, CT scans, electrocardiograms, histologic specimens, coronary arteriograms, graphs of fever curves, cell images, and more. Serves as a powerful teaching tool for both common conditions and types of images as well as those rarely seen by the practicing clinician or researcher! Presents more than 200 images covering a multitude of disciplines and conditions such as: allergy/rheumatology/collective tissue diseases - psoriasis, gout, sarcoidosis cardiology - acute myocardial infarction, septal defects, pulsus alternans dermatology - toxic epidermal necrolysis, malignant melanoma, heparin-induced skin necrosis endocrinology/metabolism/nutrition - necrobiosis lipoidica diabetorum, scurvy, cutaneous xanthomas gastroenterology - esophageal varices, gallstone ileus, diverticulitis hematology/oncology - spur cells, sickle cells, superior vena cava syndrome infectious diseases - the tick of lyme disease, Kawasaki's disease, Candida albicans nephrology - polycystic kidney disease, membranous nephropathy, nephrocalcinosis neurology - Alzheimer's disease, osmotic myelinolysis, carotid-artery dissection parasites and insects - Trichinella spiralis, hydatid disease, pinworms pulmonary diseases - histoplasmosis, paradoxa embolus, a ferruginous body surgery - breast reconstruction, abdominal aortic aneurysm, renovascular disease wounds and injuries - lightning strike, boxer's ear, fractured femur Educational...surprising...enlightening...and rewarding, Images in Clinical Medicine evokes all these reactions from physicians who review this assortment of acute and chronic conditions and diseases, injuries, surgical procedures, and congenital problems displayed in this one-of-a-kind resource.

M. WILKINSON Patients with frequent or daily headaches pose a very difficult problem for the physician who has to treat them, particularly as many patients think that there should be a medicine or medicines which give them instant relief. In the search for the compound which would meet this very natural desire, many drugs have been manufactured and the temptation for the physician is either to increase the dose of a drug which seems to be, at any rate, partially effective, or to add one or more drugs to those which the patient is already taking. Although there have been some references to the dangers of overdosage of drugs for migraine in the past, it was not until relatively recently that it was recognized that drugs given for the relief of headache, if taken injudiciously, may themselves cause headache. The first drugs to be implicated in this way were ergotamine and phenazone. In the case of ergotamine tartrate, the dangers of ergotism were well known as this was a disorder which had been known and written about for many years. In the treatment of headache, fully blown ergotism is rare and in recent years has usually been due to self-medication in doses much greater than those prescribed although there are a few recorded cases where toxic amounts have been given.

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