Some Reflections on Book Reviews

Though I have had abundant experience of reading reviews of my own books, and though in preparing this article I looked through 140 reviews which I have written myself, I still do not know the answer to several controversial questions on book reviews.

Who should be asked to review a book? It is the responsibility of the editor of the Journal which will publish the review to make the choice. He may try to avoid choosing someone who he knows is a friend or foe of the author. It is easy to say that the reviewer should be an expert – even though he has never written a book in his life. If a consultant writes a book for family doctors, nurses, lay people, teachers or medical students, it is not obvious whether the reviewer should be chosen from the appropriate group for whom the book is intended. It would be a mistake to assume that medical students or others mentioned would know what is good for them, or what they ought to know or do not need to know; they may lack the experience which would enable them to form a balanced view of the value of a book, or of the accuracy of its contents. One of my books, written for family doctors, was reviewed by a family doctor who wrote, amongst other similar criticisms, that I was wrong to suggest that a sweet or lump of sugar would be useful for a diabetic child developing hypoglycaemic symptoms: he wrote that I should have recommended glucagon. I was pained when he wrote that what I thought was a very necessary section on overprescribing was ‘just tedious’. A nurse reviewed a book written by me for lay people and attacked a statement that vaccination in early pregnancy against smallpox might kill the fetus. Perhaps ideally there should be two reviewers for a book written by a consultant for a group such as those mentioned – a consultant, and someone from the group for whom the book is written; but that would usually be impracticable.

How honest should the reviewer be? If he thinks that the book is thoroughly bad, should he advise the editor that the book is not worth reviewing, or should he write a devastatingly honest review? It is not easy to say. It must be very hurtful to an author, especially if he is young and it is his first book, to see an extremely unfavourable review by a senior person – or for a senior experienced person to read an extremely unfavourable review by a young ‘know-all’ who has not learnt to respect the feelings of others. It may be argued that the reviewer owes responsibility to the readers rather than to the author, and that he should not shirk the responsibility of being highly critical. A reviewer has to guard against creating the impression that he is just looking for points to criticize: he should draw attention to good and bad points. Reviews would be very dull if only good books were reviewed.

Should reviews be signed? There is no simple answer to the question. Perhaps a reviewer should always refuse to write a signed review of a book written by a friend: but in that case he might have to refuse to review a book which he considers to be altogether excellent. If a reviewer thinks that a friend’s book is poor, he has to choose between refusing to review the book, and being honest and losing a friend. I was once asked to write an unsigned review of a book written by a friend, and I declined. Another reviewed it in my place, and wrote a highly critical and unfavourable review. Subsequently my friend asked me whether it was I who had written such an unfavourable review – and I was glad to be able to declare my innocence. I feel that a signed review is less likely to be honest than an unsigned one.

An unfavourable review may reveal much about the reviewer’s personality. It may arouse suspicions that his criticisms arise from jealousy or dislike of the author. On the other hand, a review may be unreasonably favourable because the author is widely respected and liked. Perhaps an unfavourable review should be seen by a referee before it is published – like other articles submitted to the journal. The editor may fail to recognize that a review is unfair. I once wrote a letter to the British Medical Journal to express my opinion that a highly critical review of an American textbook was wrong and unjustified: its subsequent worldwide sales might be thought to have justified my comments.

Reviewers are given little guidance on how to review a book. There should certainly be no delay in completing it: delay is unfair to the author. If the reviewer cannot complete his review in a month, he should let someone else do it. As for the length of the review, it depends on the journal: some journals, such as the Journal of Child Psychology and Psychiatry, the British Journal of Educational
Psychology and the American Journal of Mental Deficiency, publish lengthy and valuable reviews. An author greatly appreciates positive suggestions for improving the book if a new edition is to be published.

Irving Wolman (1962), editor of Clinical Pediatrics, wrote a valuable short article on book reviews. He suggested that the reviewer should say what there is in the book – not just rehash the table of contents or paraphrase the dust jacket: he should describe the central theme of the book; consider its purpose and say whether it is suitable for the intended audience; assess the accuracy, quality and completeness of presentation, the organization of the material, the style in which it is written, the quality of the illustrations and the adequacy of the index. He should decide how the book compares with others on the subject, whether the book is needed, and how well it is written. Wolman added that ‘The reviewer should be thoroughly familiar with the subject being presented, and express his opinions vigorously, straightforwardly and honestly. His style should be polished, lucid and attractive. Active tenses, strong verbs and forceful arrangements of paragraphs are assets. Brief quotations convey the flavor and literary quality better than a dozen descriptive sentences.’ I think that the last point is important: only a bad reviewer makes such vague comments as ‘there are many statements with which one disagrees’, or ‘the style is heavy’. If the reviewer disagrees with what the author has said he should state what he disagrees with and give examples: the reader is likely to assume, often wrongly, that the reviewer is right and the author wrong – while the reverse may be the case. As for style, it is a matter of opinion, as is the appreciation of art. The reviewer should give examples to prove his point.

With regard to the choice of words I particularly liked the wording of a review in the Social Services Research Council News Letter of 20 October 1973. The reviewer concluded his review: ‘In short, it seems that a not inconsiderable and expensive range of studies has served to provide inconclusive confirmation of things we formerly knew inconclusively.’

The bibliography should be inspected. Frequently one can see at a glance that some references are incorrect, or that important references have been omitted, while there is a long and unnecessary complete list of references to the author’s papers. In American books it is usual to find that almost all references are to American work, all or almost all British, Scandinavian and other papers being ignored. It is particularly useful in reviewing a new edition of a book to determine how up-to-date the references are – and incidentally how many of the beliefs of the past, rightly included in an earlier edition, have been unwittingly retained in a new edition long after they have been disproved.

As Wolman wrote, the reviewer should be certain that he knows who the book is intended for, and how adequately it fulfils its purpose. The author should state in the preface the audience for which the book is intended, and the material that he has included or decided to exclude. It is annoying for the author when a reviewer plainly shows that he has failed to understand who the book is intended for, criticizes the omission of material which the author states that he decided, after proper consideration, to exclude; and when the reviewer takes words out of context, misquotes them, puts words into the mouth of the author and then attacks them or otherwise shows that he has not read or understood the book.

When reviewing a textbook, one looks at the balance between common and rare, important and unimportant. It is not fair to judge this entirely by the length of a section, because the length depends not just on the importance of a subject but on its difficulties and controversial nature; and that which is important in one country is unimportant in another.

In reviews that I have written, lack of balance has been by far my most common criticism. One general textbook of paediatrics intended for students described some 450 conditions which I have never yet seen, but made no mention in the index of common conditions such as nappy rash, head banging, failure to thrive, weight loss, pica, hæmatemesis, melaena, wheezing, hypotonia, sleep or appetite problems. Another general textbook of paediatrics for students gave accounts of dozens of conditions not yet seen by me, but no mention of immunization, multiple pregnancy or twins, tongue-tie, vertigo, chest deformities, school phobia, circumcision, pica, unexplained fever or abdominal pain; it devoted three lines to nightmares, two of those lines saying that an EEG should be done to exclude epilepsy. It gave far more space to porphyria and Gaucher's disease than it did to migraine. Nappy rashes were dismissed in three lines and sleep problems in five. A book about the newborn devoted ten pages to syphilis, but made no mention of apnoic attacks, meningitis, subdural effusion, vaginal bleeding or meconium. A book on common paediatric problems included a section on abdominal swelling – describing, before mentioning faces, peritoneal deposits of malignant disease, pancreatic cysts, mucopolysaccharidosis and Gaucher's disease. The causes of a limp were given as Freiberg's disease or Haglund's disease – with no mention of a nail in the shoe or an inflamed inguinal lymph node. Another book on the newborn (presumably, on account of its small size, intended for students or young residents) advises the doctor in his
Cannabis and Health
edited by J D P Graham
pp xvi + 481 illustrated £14.50
London &c.: Academic Press 1976
The subject of what Baroness Wootton in her foreword to this multi-author book calls the ‘intractable problem’ of cannabis smoking continues to attract attention, as witnessed not only by the welcome flood of research but also by the number of books directed to it. This book Professor Graham and twelve contributors present up-to-date reviews of recent research findings arranged under three headings: the nature of cannabis and the cannabinoids; the action of cannabis and its effects on health; cannabis and society. The results of recent investigations are sometimes conflicting, and Baroness Wootton’s foreword points to the discrepancy between studies indicating the possibilities of cell damage from long continued cannabis smoking and the finding that so often chronic smokers on examination appear to be ‘remarkably normal’. Of special interest is the Editor’s concluding chapter: ‘If Cannabis were a New Drug’. There has of course been a longstanding, bitter and emotional controversy as to the harmfulness or otherwise of smoking cannabis. Professor Graham concludes his review by stating that in view of the evidence reviewed in this book, to permit the risks of prolonged heavy smoking to occur widely would be difficult to justify in relation to herbal cannabis or its resin. Alongside other professional workers, doctors, especially psychiatrists, will find this book a stimulating and a clear exposition of the recent research findings in this important field.

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REFERENCE
Wolman I J
(1962) Clinical Pediatrics 1, 29A

Neonatal and Pediatric Cardiopulmonary Care – A Self-Assessment
by Thomas J Williams BS ARRT
pp 225 £5.16
Chicago: Year Book Medical 1976
London: Lloyd-Luke
This book includes 1200 multiple choice questions on subjects ranging from normal anatomy and physiology to the intricacies of mechanical ventilator settings for severe respiratory illnesses. The title is misleading, since virtually none of the questions relate to the heart. In general the questions and answers are useful and informative, though there are misprints; for example, few would agree that the normal diameter of the infant trachea is 3.5–4.0 cm (question 48), and some of the answers are rather controversial. In the section on Intensive Care (Chapter 6) there is a strong bias, as might be expected, towards the use of American equipment, and especially towards that with which the author is most familiar.

Paediatricians, anaesthetists and respiratory technicians would probably find the book useful to have in their departmental libraries.

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Lecture Notes on Clinical Medicine
by David Rubenstein MD MRCP and David Wayne MA BM MRCP
pp x + 275 illustrated £3.80
Oxford &c.: Blackwell Scientific 1976
This book is part of the popular Lecture Notes series, and it attempts to summarize in note form most of clinical medicine. To do this in 275 pages is a difficult job and the authors have had to omit highly specialized aspects of diagnosis and treatment and to concentrate on general principles of diagnosis and the most important features of individual diseases.

The book is divided into two parts. In the first, they have outlined the basic principles of physical examination, and have used their considerable teaching experience to advantage in putting across important features of physical signs and the common errors in eliciting them. This part of the book...