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Medicine  
Journal Of  
New England

Healthcare  
decision makers  
in search of  
reliable  
information  
that compares  
health

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interventions increasingly turn to systematic reviews for the best summary of the evidence.

Systematic reviews identify, select, assess, and synthesize the findings of

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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

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services.

Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-

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informed  
choices about  
their own care,  
for  
professional  
medical  
societies and  
other  
organizations  
that develop  
clinical  
practice  
guidelines. Too

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often

systematic  
reviews are of  
uncertain or  
poor quality.  
There are no  
universally  
accepted  
standards for  
developing  
systematic  
reviews leading  
to variability

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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

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Care the  
Institute of  
Medicine (IOM)  
recommends 21  
standards for  
developing high-  
quality  
systematic  
reviews of  
comparative  
effectiveness  
research. The  
standards



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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

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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

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underpinning  
systematic  
reviews. This  
book will serve  
as a vital  
resource for  
both sponsors  
and producers  
of systematic  
reviews of  
comparative  
effectiveness  
research.

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While Eliyahu  
M. Goldratt's  
Theory of  
Constraints  
(TOC) is a  
proven success  
in the  
manufacturing  
world this  
business novel  
shows you how  
TOC can  
successfully be

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applied to  
healthcare and  
service  
industries.  
A study in the  
collision  
between Western  
medicine and  
the beliefs of  
a traditional  
culture focuses  
on a  
hospitalized

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child of  
Laotian  
immigrants  
whose belief  
that illness is  
a spiritual  
matter comes  
into conflict  
with doctors'  
methods.

For the Use of  
Students with  
Plates

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We All Fall

Down

NEJM Clinical

Problem Solving

Becoming a

Doctor at

Bellevue

An

International

Symposium

New England

Journal of

Medicine and

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Of New England  
Surgery; 6,  
(1817)

**False Positive  
Year of Error,  
Omission, and  
Political  
Correctness in  
the New England  
Journal of Medi-  
cine  
Encounter  
Books**

**Can refocusing  
conversations**



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**between doctors  
and their  
patients lead  
to better  
health? Despite  
modern  
medicine's  
infatuation  
with high-tech  
gadgetry, the  
single most  
powerful  
diagnostic tool**

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**is the doctor-  
patient  
conversation,  
which can  
uncover the  
lion's share of  
illnesses.  
However, what  
patients say  
and what  
doctors hear  
are often two  
vastly**

**different things. Patients, anxious to convey their symptoms, feel an urgency to “make their case” to their doctors. Doctors, under pressure to be efficient,**

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**multitask while  
patients speak  
and often miss  
the key  
elements. Add  
in stereotypes,  
unconscious  
bias,  
conflicting  
agendas, and  
fear of  
lawsuits and  
the risk of**

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**misdiagnosis  
and medical  
errors  
multiplies  
dangerously.  
Though the gulf  
between what  
patients say  
and what  
doctors hear is  
often wide, Dr.  
Danielle Ofri  
proves that it**

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**doesn't have to  
be. Through the  
powerfully  
resonant human  
stories that  
Dr. Ofri's  
writing is  
renowned for,  
she explores  
the high-stakes  
world of doctor-  
patient  
communication**

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**that we all  
must navigate.  
Reporting on  
the latest  
research  
studies and  
interviewing  
scholars,  
doctors, and  
patients, Dr.  
Ofri reveals  
how better  
communication**

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**can lead to  
better health  
for all of us.  
We all know  
that doctors  
accept gifts  
from drug  
companies,  
ranging from  
pens and coffee  
mugs to free  
vacations at  
luxurious**



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**resorts. But as  
the former  
Editor-in-Chief  
of The New  
England Journal  
of Medicine  
reveals in this  
shocking  
expose, these i  
nnocuous-  
seeming gifts  
are just the  
tip of an**

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**iceberg that is  
distorting the  
practice of  
medicine and  
jeopardizing  
the health of  
millions of  
Americans  
today. In On  
the Take, Dr.  
Jerome Kassirer  
offers an  
unsettling look**

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Of New England

**at the  
pervasive  
payoffs that  
physicians take  
from big drug  
companies and  
other medical  
suppliers,  
arguing that  
the billion-  
dollar  
onslaught of  
industry money**

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**has deflected  
many  
physicians'  
moral compasses  
and directly  
impacted the  
everyday care  
we receive from  
the doctors and  
institutions we  
trust most.  
Underscored by  
countless**

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**chilling untold  
stories, the  
book  
illuminates the  
financial  
connections  
between the  
wealthy  
companies that  
make drugs and  
the doctors who  
prescribe them.  
Kassirer**

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**details the  
shocking extent  
of these  
financial  
enticements and  
explains how  
they encourage  
bias, promote  
dangerously  
misleading  
medical  
information,  
raise the cost**

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**of medical  
care, and breed  
distrust. Among  
the  
questionable  
practices he  
describes are:  
the disturbing  
number of  
senior academic  
physicians who  
have financial  
arrangements**

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**with drug  
companies; the  
unregulated  
"front"  
organizations  
that advocate  
certain drugs;  
the creation of  
biased medical  
education  
materials by  
the drug  
companies**



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**themselves; and  
the use of  
financially  
conflicted  
physicians to  
write clinical  
practice  
guidelines or  
to testify  
before the FDA  
in support of a  
particular  
drug. A**

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**brilliant  
diagnosis of an  
epidemic of  
greed, On the  
Take offers  
insight into  
how we can cure  
the medical  
profession and  
restore our  
trust in  
doctors and  
hospitals.**

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**The New England  
Journal of  
Medicine; 184  
N.18**

**Goldratt's  
Theory of  
Constraints for  
Healthcare  
Systems**

**The Rise Of A  
Sovereign  
Profession And  
The Making Of A**

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**Vast Industry  
Measurement in  
Medicine  
The Illusion of  
Evidence-Based  
Medicine  
On the Take**

**This unique and  
engaging open access  
title provides a  
compelling and ground-  
breaking account of  
the patient safety**

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**movement in the  
United States, told  
from the perspective of  
one of its most  
prominent leaders, and  
arguably the  
movement's founder,  
Lucian L. Leape, MD.  
Covering the growth of  
the field from the late  
1980s to 2015, Dr.  
Leape details the  
developments, actors,  
organizations,**

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**research, and policy-making activities that marked the evolution and major advances of patient safety in this time span. In addition, and perhaps most importantly, this book not only comprehensively details how and why human and systems errors too often occur in the process of**

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**providing health care, it also promotes an in-depth understanding of the principles and practices of patient safety, including how they were influenced by today's modern safety sciences and systems theory and design. Indeed, the book emphasizes how the growing awareness of systems-design**

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**thinking and the self-education and commitment to improving patient safety, by not only Dr. Leape but a wide range of other clinicians and health executives from both the private and public sectors, all converged to drive forward the patient safety movement in the US.**



**Making Healthcare Safe is divided into four parts: I. In the Beginning describes the research and theory that defined patient safety and the early initiatives to enhance it. II. Institutional Responses tells the stories of the efforts of the major organizations that began to apply the new**

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**concepts and make patient safety a reality. Most of these stories have not been previously told, so this account becomes their histories as well. III. Getting to Work provides in-depth analyses of four key issues that cut across disciplinary lines impacting patient safety which required**

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**special attention. IV.  
Creating a Culture of  
Safety looks to the  
future, marshalling the  
best thinking about  
what it will take to  
achieve the safe care  
we all deserve.**

**Captivatingly written  
with an “insider’s”  
tone and a major  
contribution to the  
clinical literature, this  
title will be of immense**

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**value to health care professionals, to students in a range of academic disciplines, to medical trainees, to health administrators, to policymakers and even to lay readers with an interest in patient safety and in the critical quest to create safe care.**

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**knowledge alive and  
relevant.**

**Finding What Works  
in Health Care**

**False Positive**

**Selected Articles**

**From: the New**

**England Journal of**

**Medicine, MMWR,**

**and Massachusetts**

**Medicine [1979-1987].**

**Medical Uses of**

**Statistics**

**Exposing the Crisis of**

*Page 50/147*

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Medicine Journal  
Of New England

**Credibility in Clinical  
Research**

**The New England  
Journal of Medicine  
Volume 183 N.10**

**When Professionals  
Weep speaks to the  
humbling and often  
transformational  
moments that  
clinicians  
experience in their  
careers as  
caregivers and**

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**healers—moments when it is often hard to separate the influence of our own emotional responses and worldviews from the patient's or family's. When Professionals Weep addresses these poignant moments—when the professional's**

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Medicine Journal  
Of New England

**personal**

**experiences with  
trauma, illness,  
death, and loss can  
subtly, often  
stealthily, surface  
and affect the  
helping process.**

**This edition, like the  
first, both validates  
clinicians'  
experiences and  
also helps them  
process and**

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**productively  
address  
compassion fatigue,  
burnout, and  
secondary traumatic  
stress. New material  
in the second  
edition includes  
increased emphasis  
on the burgeoning  
fields of hospice  
and palliative care,  
organizational  
countertransference**

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**, mindfulness, and  
compassionate  
practice. It includes  
thought-provoking  
cases, self-  
assessments, and  
exercises that can  
be used on an  
individual, dyadic,  
or group basis. This  
volume is an  
invaluable  
handbook for  
practitioners in the**

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**fields of medicine,  
mental health, social  
work, nursing,  
chaplaincy, the  
allied health  
sciences,  
psychology, and  
psychiatry.**

**An invaluable  
resource for medical  
professionals,  
victims of chronic  
illnesses, and their  
loved ones, this dual**



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**memoir by a doctor and his longtime patient traces the growth of their unique friendship over a span of decades. By exploring the bond between caregiver and sufferer, this sensitive account evokes not only the constant day to day frustrations and**

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**emotional toll  
suffered by the  
chronically ill, but  
also an  
understanding of  
the mental struggles  
and conflicts that a  
conscientious  
doctor must face in  
deciding how best  
to treat a patient  
without  
compromising  
personal freedoms.**

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Medicine Journal  
Of New England

**In alternating chapters, the narrative explores the frustration, joy, despair, grief, and pain on both sides of the doctor-patient relationship.**

**An exposé of the corruption of medicine by the pharmaceutical industry at every level, from**

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**exploiting the  
vulnerable destitute  
for drug testing,  
through  
manipulation of  
research data, to  
disease mongering  
and promoting  
drugs that do more  
harm than good.  
Authors, Professor  
Jon Jureidini and Dr  
Leemon McHenry,  
made critical**

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Medicine Journal  
Of New England

**contributions to  
exposing the  
scientific  
misconduct in two  
infamous trials of  
antidepressants.  
Ghostwritten  
publications of  
these trials were  
highly influential in  
prescriptions of  
paroxetine (Paxil)  
and citalopram  
(Celexa) in**

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Medicine Journal  
Of New England

**paediatric and adolescent depression, yet both trials (Glaxo Smith Kline's paroxetine study 329 and Forest Laboratories' citalopram study CIT-MD-18) seriously misrepresented the efficacy and safety data. The Illusion of Evidence-Based Medicine provides a**

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**detailed account of  
these studies and  
argues that  
medicine  
desperately needs  
to re-evaluate its  
relationship with the  
pharmaceutical  
industry. Without a  
basis for  
independent  
evaluation of the  
results of  
randomised,**

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**placebo-controlled clinical trials, there can be no confidence in evidence-based medicine. Science demands rigorous, critical examination and especially severe testing of hypotheses to function properly, but this is exactly what is lacking in**



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Of New England

**academic medicine.**

**Emotional and  
Countertransference  
Responses in  
Palliative and End-of-  
Life Care**

**The Trouble with  
Medical Journals  
Samuels and**

**Ropper's  
Neurological CPCs  
from the New  
England Journal of  
Medicine**

*Page 65/147*

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Of New England

**How Medicine's  
Complicity with Big  
Business Can  
Endanger Your  
Health**

**1833-1834**

**The New-England  
Journal of Medicine  
and Surgery, and  
Collateral Branches  
of Science, 1817,  
Vol. 6**

**Samuels and  
Ropper's**

*Page 66/147*

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Neurological CPCs  
from the New  
England Journal of  
Medicine is a  
collection of  
clinicopathological  
cases (CPCs)  
authored by two of  
the most frequent  
discussors of the  
storied "Clinical  
Pathologic  
Conference" first

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introduced by  
Richard Cabot in the  
early 1900s and  
published in the  
"New England  
Journal of  
Medicine." In one  
concise volume, the  
authors present 18  
cases, assembled  
chronologically, that  
encompass the  
wider variety of

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neurologic  
conditions  
encountered by  
every resident and  
practicing clinician.  
Each case  
concludes with a  
modern perspective  
to bring the classic  
case in to a modern  
setting. These  
cases exemplify the  
traditional method of

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neurologic diagnosis  
and are the perfect  
catalyst with which  
to stimulate  
discussions with  
students and  
residents as well as  
a supplement to  
standardized course  
material.

Excerpt from The  
New-England  
Journal of Medicine

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Of New England

and Surgery, and  
Collateral Branches  
of Science, 1817,  
Vol. 6: Conducted  
by a Number of  
Physicians

'chemistry, then, is a  
science of  
experiment, and its  
object is to discover  
the elements and  
the relations of  
bodies. When it's

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recollected how many distinguished men are now engaged in these pursuits; with what zeal they advance through new, and hitherto untrodden, paths with what delicacy and precision they operate, and with what discoveries their labours have



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been already  
rewarded, it must be  
acknowledged that,  
although rapidly  
progressive, no  
limits can be  
assigned to this  
scienc'e. In  
proportion as the  
instruments, with  
which they operate,  
are increased in  
power or improved

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in construction; and in proportion as the habits of accurate observation and of cautious reasoning are cultivated, new elements will be discovered, or those, which were once regarded as simple, will. About the Publisher  
Forgotten Books

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of thousands of rare  
and classic books.

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This book is a  
reproduction of an  
important historical  
work. Forgotten  
Books uses state-of-  
the-art technology to  
digitally reconstruct  
the work, preserving

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the original format whilst repairing imperfections present in the aged copy. In rare cases, an imperfection in the original, such as a blemish or missing page, may be replicated in our edition. We do, however, repair the vast majority of

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imperfections  
successfully; any  
imperfections that  
remain are  
intentionally left to  
preserve the state of  
such historical  
works.

Integrative medicine  
strives to  
incorporate the best  
of complementary  
and conventional

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modalities. This book details integrative oncology, a nascent field building a rigorous evidenced-based clinical medicine, research, and educational foundation. It examines five prestigious, comprehensive

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cancer centers  
based in the US,  
covering how these  
centers started their  
programs, what they  
are currently doing,  
and  
recommendations  
for starting  
integrative medicine  
clinics. The book  
also discusses the  
potential harm of

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alternative and  
complementary  
medicine, legal  
issues, and how to  
communicate with  
patients.

Lyme Disease  
The New England  
Journal of Medicine;  
184 N.20

Dancing at the  
River's Edge  
A Life of John Snow



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The New England  
Journal of Medicine  
And Collateral  
Branches of  
Science

**A “finely gifted  
writer” shares  
“fifteen brilliantly  
written episodes  
covering the  
years from  
studenthood to  
the end of**

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Of New England  
**medical**

**residency” (Oliver  
Sacks, MD,  
author of The  
Man Who  
Mistook His Wife  
for a Hat)  
Singular  
Intimacies is the  
story of becoming  
a doctor by  
immersion at  
Bellevue**

**Hospital, the  
oldest public  
hospital in the  
country—and  
perhaps the most  
legendary. It is  
both the classic  
inner-city  
hospital and a  
unique amalgam  
of history,  
insanity, beauty,  
and intellect.**

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**When Danielle  
Ofri enters these  
250-year-old  
doors as a  
tentative medical  
student, she is  
immediately  
plunged into the  
teeming world of  
urban medicine:  
mysterious  
illnesses, life-and-  
death decisions,**

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**patients speaking  
any one of a  
dozen languages,  
and overworked  
interns devising  
creative  
strategies to cope  
with the feverish  
intensity of a big-  
city hospital. Yet  
the emphasis of  
Singular  
Intimacies is not**

**so much on the arduous hours in medical training (which certainly exist here), but on the evolution of an instinct for healing. In a hospital without the luxury of private physicians, where patients lack**

**resources both  
financial and  
societal, where  
poverty and social  
strife are as  
much a part of  
the pathology as  
any microbe, it is  
the medical  
students and  
interns who are  
thrust into the  
searing intimacy**

**that is the doctor-patient relationship. In each memorable chapter, Ofri's progress toward becoming an experienced healer introduces not just a patient in medical crisis, but a human being with an**



**intricate and  
compelling  
history. Ofri  
learns to navigate  
the tangled  
vulnerabilities of  
doctor and  
patient—not to  
simply battle the  
disease.**

**This work  
explains the  
purpose of**

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**statistical  
methods in  
medical studies  
and analyzes the  
statistical  
techniques used  
by clinical  
investigators,  
with special  
emphasis on  
studies published  
in "The New  
England Journal**

*Page 90/147*

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**of Medicine". It clarifies fundamental concepts of statistical design and analysis, and facilitates the understanding of research results. Examines the rise of the doctor's control over the health-care**

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Of New England

**system and  
discusses the  
threat of new  
health-care  
conglomerates to  
the practitioners'  
dominance of the  
system**

**The New England  
Journal of  
Medicine and  
Surgery**

**A Year of Error,**

*Page 92/147*

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Of New England

**Omission, and  
Political  
Correctness in  
the New England  
Journal of  
Medicine  
A Hmong Child,  
Her American  
Doctors, and the  
Collision of Two  
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What Patients  
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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

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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

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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



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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

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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.

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The product of six years of collaborative research, this fine biography offers new interpretations of a pioneering figure in anesthesiology, epidemiology, medical cartography, and public health. It modifies the conventional rags to riches portrait of John Snow by

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synthesizing fresh information about his early life from archival research and recent studies. It explores the intellectual roots of his commitments to vegetarianism, temperance, and pure drinking water, first developed when he was a medical apprentice and

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assistant in the north of England. The authors argue that all of Snow's later contributions are traceable to the medical paradigm he imbibed as a medical student in London and put into practice early in his career as a clinician: that medicine as a science required the

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incorporation of recent developments in its collateral sciences--chiefly anatomy, chemistry, and physiology--in order to understand the causes of disease. Snow's theoretical breakthroughs in anesthesia were extensions of his experimental research in

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respiratory  
physiology and the  
properties of inhaled  
gases. Shortly  
thereafter, his  
understanding of gas  
laws led him to reject  
miasmatic  
explanations for the  
spread of cholera,  
and to develop an  
alternative theory in  
consonance with  
what was then

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known about  
chemistry and the  
physiology of  
digestion. Using all of  
Snow's writings, the  
authors follow him  
when working in his  
home laboratory,  
visiting patients  
throughout London,  
attending medical  
society meetings, and  
conducting studies  
during the cholera



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epidemics of 1849  
and 1854. The result  
is a book that  
demythologizes  
some overly heroic  
views of Snow by  
providing a fairer  
measure of his actual  
contributions. It will  
have an impact not  
only on the  
understanding of the  
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history of

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epidemiology and  
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