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Writing and publishing a useful and interesting Case Report

How many junior doctors have published original laboratory-based research from their student days, an audit or clinical study from their first two years on the ward or have national and international presentations under their belt at the time of application for core training? Whether publication is perceived essential to postgraduate learning, there is no doubt that inclusion of publication experience in a training portfolio is essential for junior doctors applying for jobs. Even with time set aside for research and audit in clinical work and opportunities in academic posts, most doctors applying for jobs seek out opportunities to publish and present nationally or internationally.



questions of a theoretical nature, we must admit that he has produced a monograph of much practical value and an important addition to the literature of gynaecology. The book is well illustrated with coloured plates and microphotographs.

MATERNITY FROM THE WOMAN'S SIDE. *Maternity* is a remarkable book, and one which the profession in general and the obstetricians in particular will do well to read and ponder over. It consists of letters from working women collected by the large and active body known as the Women's Co-operative Guild, and, as Mr. HERBERT SPINER says in the preface, "these letters give an intimate picture of the difficulties, the troubles, often the miseries, sometimes the agonies, that afflict many millions of our people, as a consequence of normal functions of their lives." An unwise reference, continues Mr. SPINER, "has prevented the public mind from realising that maternity among the poorer classes presents a whole series of urgent social problems. These letters give the facts." They do, indeed—a series of 160 Russian documents which, in all truth, throws a pathetic sidelight upon the circumstances, antecedent and sequent, under which childbirth in many homes scarce the mark takes place. One may fastidiously object to the direct and homely phraseology in which the women recount their obstetric experiences, and one may see here and there, perhaps, the inevitable tendency to distribute the blame capriciously, but none of these considerations should for a moment be allowed to divert attention from the main object of the book, and the message which the introduction, who remains anonymous, is scarcely seeing the facts in proper focus when reproaching the medical profession with encouraging the attitude of carelessness towards the pains of motherhood and in summing it up in the saying, "You'll be worse before you're better." Such a reflection can hardly be brought against the profession which in the person of James Simpson gave first ether and then chloroform to the suffering world or women in childbirth and pressed the use of anaesthesia even in normal labour. It may be admitted, however, that possibly medical men have been a little slow to recognize all the unrelieved and often uncontrolled pain and trouble of pregnancy, although it must be said on the other side that some obstetricians have pressed this aspect of the subject upon the profession, and that this demand for the past fifteen years has constantly advocated pre-emptory provision for suffering expectant mothers. It may confidently be said that no one who will read the touching letters published in this book will any longer be blind to the pressing necessity there exists for helping women about to become mothers, and indeed the nation as a whole must set its house in order that there may be in the future strong and healthy men and women to carry on its imperial tasks.

NOTES ON BOOKS.

THE new edition of the *Pharmacopoeia* of University College Hospital, edited by Mr. H. H. HARRISON, contains a full list of the stock prescriptions in use at the hospital, and in addition a large amount of information of service to senior students and house officers. The editor seems to have done his work excellently. Quantities in both metric and the Imperial measures are given side by side where dosage is mentioned. We doubt if many students can be familiar with the subdivision of the inch into "lines" that Fenwick used (p. 68). The book is interesting, and is well printed.

The *Transactions and Annual Report of the London Gynaecological Society* have been published in a small volume which contains the reports and meetings held from October 20th, 1914, to June 15th, 1915, with notes on exhibits and the discussions held.

Maternity Letters from Working Women Collected by the Women's Co-operative Guild, with a Preface by the author, H. SPINER, M.P. London: G. Bell and Sons, Limited, 1915. 3s. 6d. net.

Pharmacopoeia of the University College Hospital, Edited by H. H. HARRISON, B.Sc. Lond., F.R.C. Published by authority of the Medical Council, 1915. London: John Bale, Sons, and Deane, Ltd., 15, N. 1st, St. W. 3s. 6d. net.

ROYAL MEDICAL BENEVOLENT FUND.

(Continued from p. 681)

At the last meeting of the Committee, held on October 12th, twenty-eight cases were considered, and £227 7s. was granted to twenty-seven of the applicants. The following is a summary of the cases relieved:

Wife, aged 35, of M.R.C.S.Eng. who practised in Ireland but took to drink and drugs and then deserted her husband and a baby a few months ago. Applicant, a trained nurse and able to take a light case, but must be somewhere near her baby. Wants a little help towards the support of the child. Voted £9 in twelve instalments and referred to the Guild.

M.D. Glasgow, aged 76, married, and who practised in Harrow Road, has recently had a paralytic seizure and now unable to do any work. Has no means, and his wife only a small income of her own. Has three children, two sons abroad, and a daughter married, none able to help. Voted £12 in twelve instalments and referred to the Guild.

Widow, aged 61, of L.R.C.P. and S. Lond., who practised in the City of London and died in 1903. Applicant a trained midwife, and managed to make a living until severe illness, followed by an operation, prevented her from working. Hopes to be able to work again when she is a little stronger. Friends find a room. Voted £12 in twelve instalments and referred to the Guild.

Daughter, aged 56, of M.R.C.S.Eng. who practised at Newport, Mon. Since death of her father in 1891 has managed to make a living by keeping a small school, but owing to the war has lost most of her pupils. Her health is also bad. Has several children and various debts. Voted £12 in twelve instalments, and referred to the Guild.

Widow, aged 81, of M.R.C.S.Eng. who practised at Leeds. Has one son and a daughter, who receives some help from the Fund and Guild. Joint income not sufficient to keep them and provide the invalid comforts necessary. £12 voted to the Guild to distribute as they consider best.

Widow, aged 49, of M.R.C.S.Eng., L.R.C.P. Lond., who was a naval surgeon, and died in 1904. Help required to assist son, who was educated at home, and has received a scholarship at one of the London hospitals. Voted £5 and referred to the Guild.

Widow, aged 65, of M.R.C.S.Eng. who practised in London. Left quite unprovided for at husband's death in 1887. Suffers from chronic neuritis. Three sons, married, with families, only able to help very slightly. Previous relief ten times, £126. Voted £12 in twelve instalments and referred to the Guild.

Widow, aged 56, of M.R.C.S.Eng. who practised at North Kensington. Until the war managed to make a living by taking in boarders. One son abroad, unable to help. Previous relief twice, £20. Voted £10 in two instalments and referred to the Guild.

Daughter, aged 59, of M.R.C.S.Eng. who practised at Berking and died in 1913. Applicant a trained nurse, but owing to ill health, unable to work. Only income a grant of 5s. per week from another charity. Voted £10 in two instalments and referred to the Guild.

Widow, aged 58, of M.B., B.S. Lond., who practised at Tottenham. Was left with a very small income on the death of her husband in 1911. Has three sons married and only able to help slightly. Relieved once, £12. Voted £5.

Daughter, aged 49, of M.D. Glasg., who practised at Glasgow. Applicant tries to make a living by taking in boarders, but owing to the war has not been able to get sufficient to pay her way. Relieved once, £10. Voted £10.

Daughter, aged 57, of M.R.C.S.Eng. who did not practice on account of ill health. Applicant, who lives in North London, is suffering from cancer, and quite unable to work. Only income £40 per annum. Relieved once, £12. Voted £12 in twelve instalments and referred to the Guild.

Widow, aged 62, of M.D. Glasg. who practised at Acton, and died in 1912. Endeavours to make a little by taking boarders but has not been very successful lately. Son in South Africa used to help a little before the war, and daughter, an actress, has had very little work of late. Relieved three times, £25. Voted £10 in two instalments.

Daughter, aged 53, of M.R.C.S.Eng. who practised at Birmingham. Applicant lives in a cottage at a seaside resort in Wales, and tries to make a living by taking in lodgers, but for the last few years has been very unsuccessful. Earnings very bad. Relieved four times, £44. Voted £12 in twelve instalments and referred to the Guild.

Daughter, aged 57, of M.R.C.S.Eng. who practised at Stratford and died in 1914. Applicant's only certain income £17 per annum. Health very bad and unable to work. Has earned a little by painting but no sale for her work at present. Relieved once, £5. Voted £5.

Daughter, aged 45, of M.D. Glasg., who practised at Notting Hill and died in 1905. Applicant is blind. Only income a pension from a blind society. Relieved three times, £36. Voted £12 in twelve instalments.

Subscriptions may be sent to the honorary treasurer, Dr. Samuel West, II, Chandos Street, Cavendish Square, London, W.

The Royal Medical Benevolent Fund Guild appeals for gifts of second-hand clothing, boots, and shoes in good condition, also household linen. The gifts should be sent to the Secretary, Royal Medical Benevolent Fund Guild, 43, Holbein Street, W.

Table with 2 columns: Identify shared MIE problem, Striving problem in literature. Rows include: What important problem or issue in the practice of mathematics teacher educators does the manuscript describe?; To which existing knowledge base in mathematics teacher education does the manuscript connect?; In which theory and/or on which previously published articles in the manuscript grounded?; Description and argument for innovation (solution intervention tool); What argument does the manuscript make for the innovation that addresses the identified problem?; What details does the manuscript provide to allow for replication or modification of the innovation by subsequent authors?; Details of the research on the innovation (solution intervention tool); What description of how the results of the innovation were studied and documented does the manuscript contain?; What details does the manuscript provide to allow for verification of how the innovation was researched?; Provide evidence for claims (and consider limitations); Beyond simply describing an innovation, what evidence does the manuscript provide of the effectiveness of the innovation?; What warrants does the manuscript provide to that recommendations for policy and practice can be constructed or justified?; New contribution to knowledge and practices of MIEs; What specific new contribution to our knowledge does the manuscript make explicit?

Figure 1. The MTE Template (see Appendix C for Word version)

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In addition, we encourage reports of global health cases and medicine practiced in unusual settings, eg, expedition medicine, humanitarian work, refugee health, conflict, violence, sexual violence, human trafficking, humanitarian aid, telemedicine and e-health and health innovations. Global health case reports should focus on the causes of ill health and access to healthcare services, whether economic, social or political - global health issues as they impact on individual patient's lives. These cases require a comprehensive review of the relevant global health literature and an in-depth understanding of the anthropological background of the case you present. We want to publish cases worthy of discussion, particularly around aspects of differential diagnosis, decision making, management, clinical guidelines and pathology. The advantage is that we learn from real cases. An example of the kind of cases we want to publish can be found in our 10th anniversary special edition booklet. 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