

been more encouraging. Unfortunately, the author only offered a lecture on what psychotherapy is; yet, the examples from the three vignettes indicated nothing but a failure of it.

On the whole, *The Suicidal Mind* is interesting and easy to read. In the context of a retrospective insight into why some people commit suicide, this book is useful for bedtime reading by both clinicians and the general public. However, the contents should not be taken as the whole story about suicide. Despite all the care and precautions taken, suicide occurs occasionally even in the hospital setting. Suicide is indeed one of the most unpredictable clinical problems for practising clinicians. What we, clinicians and family members alike, should do is enhance our awareness and sensitivity, and try to detect the implicit behavioural cues, as illustrated in this book, from suicidal victims before their unfortunate final act.

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References

1. Chen CN, Wong J, Lee N, Chan-Ho MW, Lau JT, Fung M. Shatin Community Mental Health Survey in Hong Kong: II. Major findings. *Arch Gen Psychiatry* 1993;50:125-33.
2. Chen CN, The epidemiology of depression among Chinese. *J Psychosom Res*. In press 1999.
3. Kupfer DJ, Frank E, Perel JM, et al. 5-year outcome for maintenance therapies in recurrent depression. *Arch Gen Psychiatry* 1992;49:769-73.
4. Nibuya M, Nestler EJ, Duman RS. Chronic antidepressant administration increases the expression of cAMP response element-binding protein (CREB) in rat hippocampus. *J Neurosci* 1996;16:2365-72.

A handbook of practical medical terms (English/Chinese), third edition

By: Ng A, Wei WI

Hong Kong University Press, 14/F Hing Wai Industrial Centre, 7 Tin Wan Praya Road, Aberdeen, Hong Kong
HK\$75, pp 168, ISBN 962 209 455 4

This is the third edition of the handbook that was first published 14 years ago. The authors use the different biological systems and human anatomy as a classification for its contents. As the handbook is not meant to be a comprehensive dictionary, the terms contained in it are not exhaustive. However, most of the commonly used terms have been included.

The aim of the handbook is to improve communication skills of doctors; one can broadly distinguish two target groups: (1) doctors interacting with their patients and relatives; and (2) medical professionals who want to improve their use of Chinese as the major medium of communication to other doctors (eg from mainland China or Taiwan). Another aim is to improve communication between doctors and the public in Hong Kong. However, many translations in the book are very technical in Chinese; thus, the public may still have the problem of understanding certain Chinese terms quoted. This problem is more related to the unfamiliarity of the general public in Hong Kong about medical terms in Chinese and, in particular, in Cantonese (the local dialect). Nevertheless, for

the more common diseases encountered in clinical practice, the translations seem to be adequate.

As exchanges between doctors from the Hong Kong Special Administrative Region and mainland China become more frequent, more presentations will be made in Chinese and supplemented by English. The handbook will provide doctors with Chinese medical terms that are accurate and presented in a user-friendly way. As the handbook is easy to carry, it will be a convenient reference source during travel. The various chapters are well classified apart from chapter 5, which combines skin and breast terms together. One subject that is worth considering in the next edition as a single chapter is oncology, as cancer is now one of the leading causes of mortality in Hong Kong. Although many cancers are already listed under individual biological systems, a separate chapter would be helpful to clinical oncologists and radiotherapists.

Each chapter of a particular system or organ usually consists of less than 10 pages and should be quite readable for the doctors interested in that field. There

are some spelling mistakes in various chapters—mainly in English and occasionally in Chinese. These should be minor problems for medical professionals, however. There are five appendices, which add further to some of the subjects not covered in the main chapters. Appendix III, which contains terms of laboratory, radiological, and special investigations, will be particularly useful for doctors in their daily practice. The abbreviations and prefixes/suffixes in Appendix V will be helpful to medical students or other professionals in understanding many of the commonly encountered terms and their origin.

This handbook will be useful to medical practitioners, students, nurses, and paramedical professionals in Hong Kong, where the training medium is basically English.

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***Hong Kong Medical Journal* Editorial Peer Review Audit 1998**

In 1998, 101 manuscripts were received by the editorial office. Of these:

- (1) eight (8%) were rejected without external review (median time taken, 4 calendar days);
- (2) 18 (18%) were rejected after peer review (median, 59 days);
- (3) 71 (70%) have so far been accepted for publication (acceptance rate for unsolicited manuscripts, 64%); and
- (4) 23 (23%) were invited (three editorials, which were not peer reviewed and 20 seminar papers; acceptance rate, 91%).

In the 1998 volume of the *Hong Kong Medical Journal*, there were 69 published manuscripts. Of these:

- (1) most (52; 75%) were reviewed by two referees, 10 (14%) were reviewed by more than two, and two (3%; both were commentaries) were reviewed by one referee;
- (2) five (7%) did not have external review (three editorials and two letters to the Editor); and
- (3) 16 (23%) were accepted after one round of review and required minor revision, 34 (49%) required revision and two rounds of review, and 14 (20%) required more than two rounds of review.

One hundred and seven referees peer reviewed manuscripts for the 1998 volume. The median time taken:

- (1) to acknowledge the receipt of a manuscript was 6 calendar days;
- (2) for the first round of review (which included finding substitute referees) was 34 days, and the mean time taken for each referee to do the initial review was 23 days; and
- (3) from acknowledgement to acceptance (including all revisions and reassessments) was 119 days, and the mean time taken from acceptance to publication was 152 days.

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