

How to manage a genital prolapse



Half of all parous women are estimated to lose pelvic floor support, resulting in some degree of genital prolapse, and 10-20% of these women seek medical care. In the United Kingdom genital prolapse accounts for 20% of women on the waiting list for major gynaecological surgery. In this week's clinical review Thankar and colleagues (p 1258) review the management of genital prolapse in primary care, including pelvic floor exercises and pessaries, and describe the surgical options available.

Peer reviewers are too hard

Peer reviewers often make unfounded statistical criticisms that waste time and sap the morale of researchers, says Bacchetti (p 1271). Why they do this, he says, comes from a pervasive desire to find something to criticise—a concept overvalued in Western society. Additionally, there is the notion that finding

flaws is the key to high quality peer review. Changing the culture of peer review, particularly by allowing fellow reviewers to rate reviews and editors to comment on their helpfulness or authors on their constructiveness, could lead to less pressure to criticise and less statistical dogmatism.

The rise of the child soldier



Child soldiers are increasingly used in armed conflicts around the world. On p 1268, Somasundaram describes the factors that prompt children to join armed groups: witnessing the death of a relative, destruction of homes, displacement, economic difficulties, and political oppression and harassment. Understanding why children choose to join armies is vital, he says, for reducing the phenomena of child soldiers. Many children are left “complete psychological and social wrecks.” Those who recruit, train, and deploy child soldiers, he says, should be charged as war criminals.

Editor's choice

On things not being what they seem

Galen and our Irish columnist, Liam Farrell, have views in common. “You who are reading these writings,” warns Galen, “must not pass judgement on the whole truth of it unless you have first observed for yourself the things that I have described” (p 1262). Liam—tall, bald, cynical, myopic, and blessed with incredible sexual potency—agrees: “If I can't actually put my fingers in the wounds I don't believe”. Living in the land of saints and scholars, he's scornful of faith.

Readers of the *BMJ* are trained to be sceptical, and we regularly confess that all our truths are provisional. That's the nature of science. So what to believe? If you insist on being able to see for yourself and put your fingers in the wound you may restrict badly your knowing. I've never seen Tierra del Fuego, but I believe it to be there. You should certainly, however, be careful with what you believe. This issue of the *BMJ* shows that much of what you might believe should not be believed.

Stress, we all know, gives you heart disease. John Macleod and colleagues are not convinced (p 1247). They confirmed from a large series of men that those with high stress were more likely to have angina and hospital admission for some causes. The men did not, however, have higher scores on more objective indices of heart disease, including mortality. Perhaps, the authors conclude, feeling stressed makes you more likely to report problems. The link between stress and heart disease may be spurious.

Psychologist Brant Wenegrat asks about the difference between the malingering and the patient (p 1282). “It may,” he suggests, “be less a matter of the latter's relative honesty than his relative lack of insight.” Many exotic neuroses (multiple personality disorder, recovered memory syndromes), Wenegrat argues, are forms of acting. And some psychiatrists and physicians “have made their careers directing role re-enactments.” Sean Spence is sympathetic in his review of Wenegrat's book.

Australia is turning reality on its head by using drug company representatives to cut prescribing (p 1234). The manufacturers see themselves cutting inappropriate prescribing. The Australian Consumers Association says: “It's like putting the fox in charge of the chicken shed.” Meanwhile, a pharmacist in the United States has been convicted of diluting 98 000 prescriptions since 1992 (p 1234). His aim was to make money. How would you know if your prescriptions were being diluted? Maybe we'll prompt copycat diluting.

Did you enjoy our cover picture last week of the father and sons with myopia? If you are cleverer than us (not difficult) then you would have spotted immediately that the patients had not myopia but hypermetropia. We are sorry for the error, and thank you to the many smart readers who alerted us.

Finally, the *BMJ* is starting a soap opera, and we want writers (p 1234). This, critics might moan, is the final step in dumbing down. But what was the *Iliad* if not a classy soap opera? We hope that the *BMJ* soap will be a powerful way to educate on doctors' careers.

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