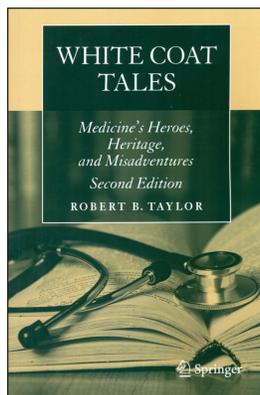


Book Reviews

White Coat Tales: Medicine's heroes, heritage, and misadventures. Second edition. Robert B. Taylor. Springer-Verlag, New York, 2016. 328pp, €39.99. ISBN 978-3-319-29053-9.



It is uncommon for a non-fiction book to be entertaining and informative at the same time. *White coat tales* defies this notion right from the title. It is a book about history, trivia, anecdotes, aphorisms, quotations and much more, all rolled into one fascinating treasure-trove of delight. Be prepared to embark on a voyage of discovery, wonder and introspection.

The first section of the book provides a brief account of the evolution of medical sciences through the ages, from the prehistoric times down to the internet age. Inspiring

details of the fight between man and disease are presented in a chronological manner. Major events and their role in shaping history are described, such as the 'black death' of the middle ages, smallpox vaccination, the prevention of scurvy and John Snow's investigation of the cholera epidemic in London. It helps the reader to appreciate the struggles, trials and tribulations faced by luminaries of medicine *en route* their path-breaking discoveries and inventions. Also covered are drugs and remedies, for example, the first drug to be produced in a tablet form was aspirin. It also helps to revisit the oft-forgotten fact that what might be in vogue at one time might become entirely redundant later and vice versa. The important lesson it serves is that the practitioner of medicine must be humble and, at the same time, be unafraid to question norms. In other words, importance of the scientific spirit is stressed upon. In addition to the heroes, the villains are also discussed, as also are blunders, some not unintentional.

The world of medicine is rife with memorable quotations and phrases which are encountered during study, teaching and by word-of-mouth. It is interesting to know how these different words and sayings came to be ensconced in our daily practice, for example, *primum non nocere*, meaning first do no harm. An entire section of the book is devoted to this issue. It is evident that the author has worked very hard in compiling this extraordinary collection of facts. His passion for discovering the origins of words and terms reflects in this labour of love. He tells how the names of various syndromes came about, how acronyms, eponyms, abbreviations and phrases emerged and how they became part of the medical etymology. Quotations and aphorisms are discussed in particular detail.

The third and final part of the book is, without a doubt, the most interesting. It talks about illnesses of famous personalities such as various US presidents, other politicians and celebrities from all walks of life. There is fascinating trivia, for instance, who would have thought that the Beatles and their record company's financial success contributed to the development of the CT scan. There is an account of several serendipitous discoveries, medical myths,

misconceptions and some epic blunders. The author ends the book with some thoughts of his own and some recommended reading and places of visit for the interested reader.

One of the biggest strengths of this book is its humour. It is no secret that medical specialties poke fun at each other and the book is testament to the fact. Rib-tickling accounts of personal experiences and hilarious quotes are peppered throughout. There are several laugh-out-loud moments. For example, 'In an emergency, first take your own pulse.'

In addition to being entertaining, the book succeeds in delivering an important message, one that is more relevant today than ever before, that the modern-day practitioner is losing the 'human' touch in practice. The art of medicine has perhaps been lost in the smokescreen of innumerable new-fangled investigative modalities and procedures and the emergence of microspecialization. The rise of litigation and the explosion of information on the internet has certainly contributed to this lamentable phenomenon. The doctor is in danger of being no more than a robot programmed to work according to a set protocol, treating patients as cases to be solved rather than persons to be healed and comforted. The author gives poignant examples from his own experience to drive home this point.

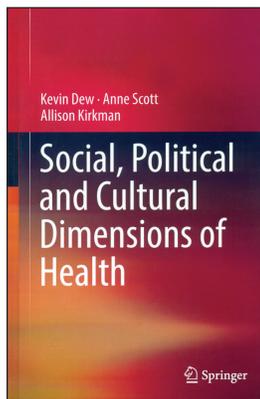
The book is handy and the fonts used and its print are easy on the eye. Divided into three sections and 12 chapters, one can open the book and read from anywhere, and yet find it difficult to put down. There are numerous beautiful photographs and illustrations throughout, adding to the aesthetic appeal and re-readable value.

At the end of navigating this joyous text, it is hard to harbour any grouses. In fact, at 300-odd pages, one daresay that the book is too short and leaves the reader wanting more! To his credit, the author has included a select bibliography for further reading. There is frequently the mention that something will be described later in the book in so-and-so chapter, or has been dealt with earlier in this section or that. This tends to be distracting and unnecessary, because the book is so interesting, the reader will inevitably go through it entirely anyway! These minor hiccups aside, the other issue is the prohibitive price, which puts the book in danger of being accessible only in libraries.

In the dreary landscape of jargon-heavy medical textbooks and journals, this book comes as a gush of fresh air, which will invigorate the work-tired, disillusioned mind and rekindle interest in learning the art of medicine. It provides a great background for those new to the profession, and a fresh perspective to those engaged in practice, be it any field. The experience of reading this treatise about phrases and quotations is, ironically, difficult to put into words. This gem is a must-read. In a tribute to its style, to quote Sir Francis Bacon: 'Some books are to be tasted, others to be swallowed, and some few to be chewed and digested.' *White coat tales* belongs to the third type; an experience not to be missed.

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Social, Political and Cultural Dimensions of Health. Kevin Dew, Anne Scott and Allison Kirkman. Springer, Switzerland, 2016. 247pp, price not mentioned. ISBN 978-3-319-31506-5.



Mainstream public health's engagement with social sciences has been informed by the archaic debate of 'hard' versus 'soft' science. Clinical medicine and epidemiology is seen as objective, technical and solution-oriented while social sciences are subjective and therefore do not offer any lasting technical solutions to health problems. The clinicians who dominate and define the discipline of public health strengthen this false dichotomy. Their understanding and application of social sciences is narrow and selective

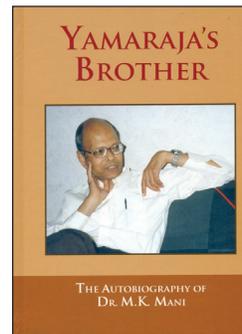
in terms of theory and methodology. The boundaries between clinical medicine, epidemiology and social sciences are sharply drawn in the teaching and research in public health or preventive and social medicine in India. In most schools of public health, it is rare to find a social scientist being 'allowed' to teach epidemiology or areas that are seen to be hard core clinical areas such as nutrition, communicable and non-communicable diseases. On the flip side, clinicians acquire a smattering of social sciences and find it adequate and acceptable to include concepts as mere variables in their research and teaching.

During the past three decades, mainstream social science has engaged with health and there is a fairly mature body of work that is both descriptive and analytical. The emphasis is on understanding social processes that determine health outcomes. There is a body of work that employs structural and interpretative perspectives to provide a framework to analyse the complex interaction between society and health. The book under review is an example of such a project and is therefore an important contribution to social sciences and of public health.

The authors have delineated a range of health-related phenomenon and placed them within a sociological context to explain why things are the way they are. In each of these areas the authors have effectively knitted together theories, concepts and their applications. The strength of their writing is their bringing together of different perspectives, the dialogue and debate that occurs between the varied theoretical positions on specific issues. It questions the sacrosanct position of medicine and technology as being value neutral and objective by effectively combining theories from the disciplines of sociology, political science and anthropology. The book covers a range of issues concerning health and health services that include inequality and health through the lens of marginalized indigenous communities; medicalization and contested illnesses; the political economy of pharmaceuticals; disability; mental health; and technology and health. The chapters are self-contained and are accessible to the reader. One hopes this book serves as a teaching resource for social sciences, schools of public health, departments of preventive and social medicine in medical colleges.

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Yamaraja's Brother: The autobiography of Dr M.K. Mani. Second edition. M.K. Mani. Pragati Offset Pvt Ltd., Chennai, 2016. 193pp, ₹400. ISBN 978-81-8598-4827.



It is a privilege to be asked to review Dr M.K. Mani's autobiography for the *Journal*. Dr Mani is an iconic figure in the fields of nephrology and renal transplantation, medical teaching and ethics. If you wondered what made him tick, you need go no further than read this book. His stated purpose in writing this book was to 'inform aspiring doctors about what they might expect in the pursuit of their profession, and also help the public to understand us (doctors) better'. He has more than succeeded in the first and I am not qualified to comment about the second. A high school student who plans to pursue a career as a doctor and medical students would be well advised to read this book.

This book was begun in 1986 and first published in 1989; this is the second edition, on request by many readers. It is anachronistic especially in money matters: 'Many people have bought (PG) seats in a capitation fee medical college for enormous sums, as much as two lakh of rupees.' However, the book imparts timeless values: integrity, hard work, a 'patient-centric' attitude towards the practice of medicine, a down to earth way of looking at clinical research and, most important, a deep sense of what is ethical for the patient as well as for society at large. Where else will you find gems like:

- '... I have felt that discipline begins with oneself.'
- 'All rules are meant to be obeyed, whether one thinks them reasonable or not.'
- 'Crime does not pay and little crimes do not pay even a little.'
- 'It is very difficult to capture the confidence of the public. I think the only way is to keep doing the right thing; reputation will come gradually ...'

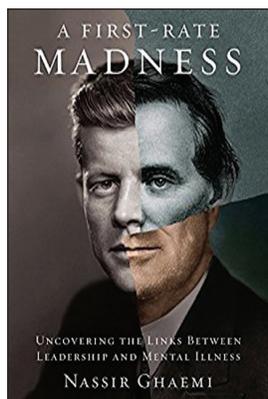
Although the book has been divided into chapters, the reader should start from the beginning as it is a chronological narrative. It is interspersed with Dr Mani's wry humour, and is brutally honest. The author does not spare anyone, including himself. He has not side-stepped contentious issues such as reservation in medical colleges, medical education, corporate medical practice, racketeering in organ transplantation; rather he has taken these issues head on and gives us his perspective.

Four chapters are devoted to the author's treatment of Loknayak Jayaprakash Narayan. We get a first-hand account of this great soul's illness, treatment and eventually his passing away. One comes away from these four chapters with a deep sense of respect for both the patient and the physician.

The title of the book *Yamaraja's brother* is unusual and is from a Sanskrit verse. The hard cover edition priced at ₹400 is worth every rupee.

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A First-Rate Madness: Uncovering the links between leadership and mental illness. Nassir Ghaemi. Penguin Books India, New Delhi, 2011. 340pp, ₹ 699. ISBN 978-0-14-312133.



Nassir Ghaemi, a well-known authority on mood disorders, takes a radically different view of mental normality and abnormality in this book. Usually psychiatric normality is taken as a given in national leaders and any evidence of psychiatric abnormality is viewed as a problem. The author argues that the relationship between leadership and insanity is governed by the ‘Inverse Law of Insanity’—mentally healthy leaders function well during peaceful normal times but during a crisis it is those with evidence of mental

abnormality, especially those with mood disorders, who function well. They are well-equipped to do so because of four key elements in their personalities—realism, resilience, empathy and creativity. Ghaemi illustrates this hypothesis with the life histories of eight leaders who had evidence of mental abnormality though not recognized at the time—Sherman, the confederate general during the American Civil War; Ted Turner, who founded CNN; Winston Churchill, Abraham Lincoln, Martin Luther King Jr, Mahatma Gandhi, F.D. Roosevelt and J.F. Kennedy. As a counterpoint, he presents the histories of ‘normal’ leaders—Richard Nixon, George W. Bush, George McClellan (the confederate general before Sherman), Neville Chamberlain and Tony Blair. He also briefly discusses the psychohistory of Hitler, who was apparently taking intravenous amphetamine almost daily in the later part of his life.

Unlike many earlier psychiatrists and psychoanalysts who tried to apply psychoanalytical concepts to psychohistory, Ghaemi uses the more tangible and verifiable criteria for mental illness—symptoms, heredity, course of illness and treatment response. His coherent arguments are based on references to extensive literature. However, I find two glaring omissions in his hypothesis. First, no women leaders were included in the study. Indira Gandhi, Golda Meir, Margaret Thatcher are some names that come to mind immediately. Second, he examines only two situations in the lives of nations—normal and in a crisis, and the crisis faced by almost all the leaders mentioned by him involved conflict with another nation. The element of luck cannot be ruled out in war although it is said that luck favours the brave. The British decision to leave India is viewed by some as the result of their own economic problems at home rather than Gandhi’s leadership. Then, there were several nations which faced different kinds of crisis—economic as in Narasimha Rao’s India, natural calamity or internal disturbances as in Indira’s India, for example. These nations were not functioning ‘normally’ nor were in a crisis as defined by the author, but took a radically different direction under a new set of leaders. We do not know whether these leaders belonged to one of the above two categories or form a new one with their own characteristic personality features.

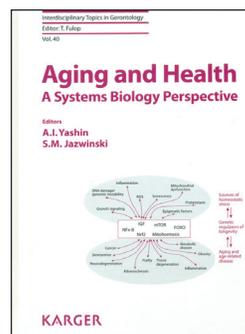
Yet, Ghaemi’s book makes several important points. First of all, normality is often presumed and as a given in leaders, which may not be always true. Second, rigidity of views, certainty of self-righteousness and inability to consider opposing points of view masquerading as normality in leaders may render them unfit

to lead in crisis. Third, stigma is still attached to signs of mental illness and if leaders like Lincoln were to stand for presidency today, they would not have been accepted by the voters and the political parties. Yet, they proved that some amount of mental illness in leaders may not be a hindrance, and may even be good. Finally, as a methodology, psychological study of life histories need not be confined to the rather speculative psychoanalytical methods but can be done by applying other scientifically acceptable criteria. Whether the psychological abnormalities were indeed causative factors in the decisions these leaders took in a crisis (as Churchill’s persistent opposition to Nazis even when others tended to think that Hitler could be changed through negotiations) cannot be proved but these factors help us to understand the meanings they drew from the events—which is what we do when we study the life histories of psychiatric patients too.

The book is largely free of medical jargon and the few which are used are well explained. It may appeal to all health professionals as well as the general public.

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Aging and Health—A systems biology perspective. A.I. Yashin, S.M. Jazwinski (eds), Karger, Basel, 2015. 206pp, price not mentioned. ISBN 978-3-318-02729-7.



This book covers the very relevant and pertinent area of ageing. Ageing is a universal phenomenon and yet has not been an area of focus in most of our core teaching and research. The book contains 36 figures, 8 of which are in colour, and 9 tables. In just over 200 pages, it addresses different aspects of ageing from the systems biology perspective and has 13 succinctly written chapters by different authors.

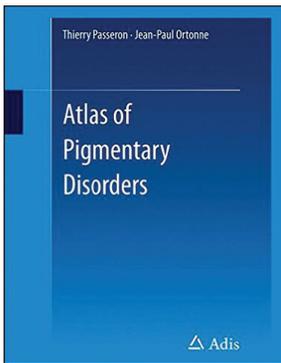
The book covers the subject in such a way as to set off a new and stimulating train of thought in the mind of a basic scientist who is curious. The authors talk about networks involved in ageing, and how disruptions and changes in one or more essential areas affect the life span of an organism. They have reprised the history of the systems biology of ageing and the different methodological approaches it encompasses.

The contributors address the issues of complex and complicated systems, delving into the infinite knowledge of the behaviours of systems and their components, allowing an experimenter to interpret and envision future and intricate models. They have used the non-linear system theory and multifactorial and multifractal analysis to gain an understanding of falls, frailty, and the interactions among geriatric syndromes and diseases. The text intricately amalgamates the reductionist and holistic theories while explaining complex issues in geriatric health, such as robustness, resilience, frailty and evolvability.

The book is a must-read for any researcher who intends to enter the complex arena of ageing, with its myriad interacting components and networks. The authors have achieved their aims of not allowing the reader to feel a sense of satiety and of stimulating new research in the area of ageing.

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Atlas of Pigmentary Disorders. Thierry Passeron, Jean-Paul Ortonne. Springer International Publishing, Switzerland, 2015. 265pp, price not mentioned. ISBN 978-3-319-10897-1.



It is important to recognize that there is a huge diversity in the presentation of pigmentary disorders, which constitute about 5% to 10% of a dermatologist's practice—some pigmentary disorders are hyper, others hypomelanotic, a few both. This is apart from the patients who are not happy with their constitutional colour—the dark want to get fairer while the white-skinned want to acquire a tan (human nature I

guess!). Some conditions have the diagnosis 'writ' on the skin, many are diagnosed with laboratory (Wood's lamp, biopsy and some others) help and some require considerable discussion with peers, posing a diagnostic challenge even to trained dermatologists. And a few are relegated to the class of 'diagnostic dilemma' or GOK (God only knows, sometimes even He doesn't).

The general dermatology books understandably discuss only a few pigmentary disorders. To fill this void, some texts exclusively dedicated to pigmentary disorders have been written—but only a few (very few indeed) contain high-quality images, which are so necessary in a visual subject such as dermatology and this holds especially true for pigmentary disorders. Remember a photograph which has captured the right colour, hue and tone in a pigmentary

disorder is a masterpiece by Leonardo da Vinci. An atlas on pigmentary disorders is definitely needed and so is this book.

The atlas begins well with an introductory section on practical approach to pigmentary disorders, when to suspect a melanic or a non-melanic pigmentary disorder and what to do when, proposing a practical approach to making the most appropriate diagnoses. The section describing the actual tools that can be used for evaluating (read measuring) pigmentary disorders was much needed, since often the clinical and photographic methods are fallacious. In the atlas, using a diagnostic approach, pigmentary disorders are classified into acquired and genetic hyper- and hypomelanosis, drug-induced discolouration, non-melanic pigmentary disorders, and discolourations affecting nails. Most pigmentary disorders, from the most common ones to the rarest are described (albeit briefly), emphasizing their clinical presentations to help the physician reach a diagnosis. Even rarer disorders such as prurigo pigmentosa and Dowling Degos are covered and so are disorders seen in skin of colour. Where needed, authors from Asia have been roped in, giving the atlas an international flavour.

Each disorder is succinctly 'texted' under broad categories of synonyms—epidemiology, pathophysiology, clinical features (cutaneous/extracutaneous), histopathology, differential diagnosis and treatment. Key references are also provided for readers who would like to obtain further information on specific disorders. The textual description is peppered with several pictures. Most are clear—high class indeed, befitting an atlas, though a few could have been better. However, the section on basics of pigmentary disorders is a little too detailed considering it is an 'atlas' on pigmentary disorders.

No book review is complete without 'nitpicking'. The major problem with the book is its voluminous size because of which it may not be used as frequently as it should be, and may just sit on the doc's coffee table. This could easily have been avoided, as most pages have large blank spaces. Some facial pictures, where patients can be identified, could have been eye-barred. Most references are antedated (pre-2011), but this probably is of minimal concern, as the book is a clinical atlas. Some typographical errors could have been easily avoided.

A pictorial collection of pigmentary diseases was much needed and this atlas does fill the void, because it is a wholesome overview of pigmentary disorders including those seen in skin of colour, making it globally relevant. And because it is a clinical atlas, it will remain relevant for several years (even decades!).

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