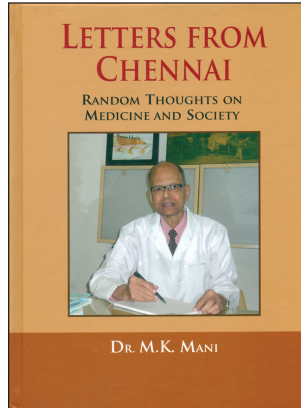


Book Reviews

Letters from Chennai. Random Thoughts on Medicine and Society. M.K. Mani. India, Pragati Offset Pvt Ltd, Chennai, 2016. 288 pp, ₹ 500.



Professor M.K. Mani has a huge fan following among nephrologists due to his professional contributions. He has extended this circle widely by authoring a unique and regular column in *The National Medical Journal of India*, titled 'Letters from Chennai', over the past 25 years. His column, which relates an anecdote, followed by his comments, is immensely popular in my friends' circle. We often find ourselves discussing and debating issues raised by him.

He writes in a lucid and simple manner which always makes for enjoyable reading. This book is a collection of his writings for this column and some additional papers published elsewhere. He now seeks to take his thoughts beyond medical professionals to the lay people.

The book is about the pleasures as well as challenges of practising medicine in Chennai. It could even be Mumbai, Delhi or Kolkata, because I feel the trials and tribulations are similar everywhere. Dr Mani is an astute observer of his environment and has daringly expressed his opinions about issues that others want to sweep under the carpet. And some intriguing titles, such as 'A Faustian bargain', 'Baiting the bulls and Supreme Court', 'Nephrotoxicity of tsunami', 'Marie Antoinette syndrome', 'What price snakes' and 'New broom and dirty linen', keep you guessing about the content.

The book is organized into 25 chapters and each chapter covers his letters (comments) on connected subjects. In the initial chapters, Dr Mani speaks of a few sterling personalities who shaped him into a thinking doctor and his observations about life before he joined a professional college. He also relates anecdotes concerning admission to a medical college and discusses medical education *per se*. Rather than being autobiographical, most of this is in the nature of observations, focusing on the problems he has noticed in these situations. From here, he moves on to the ills one comes across while working in government hospitals/medical colleges and the inept handling of resources by government officials. Doctors working in public sector hospitals will find their voice in Dr Mani's musings. While talking about the government, Dr Mani does not mince words: 'I remember the newspaper accounts of the health secretary whose house was raided by the income tax authorities. They found (in 1996) eighty lakh of rupees. To this day, we, the public, have had no explanation for the presence of all this wealth in the house of a salaried public servant, whose life's wages will not amount to so much.' And soon thereafter: 'Alas *The Hindu* of August 26 raised fresh doubts. It reported no fewer than 73 doctors of Madurai Medical College had been transferred to Tirunelveli Medical College for just two days, the very days on which a team from the Medical Council of India was to inspect that college for the increase in seats which would

accommodate some of the NRIs. The MCI team has access to the daily newspaper too.'

The middle chapters are devoted to Dr Mani's favourite topic of the doctor-patient relationship and the ills of private practice. He does not hesitate in calling himself Yama Raja's brother. 'Hail to thee, O physician, the elder brother of Yama Raja; Yama takes life, but you take life and money too.' Like many people of the older generation, Dr Mani believes that medicine is a vocation. His writings clearly reflect his anguish at seeing medicine turn into a 'healthcare industry'. His scathing words about the business aspect of medical practice, cutbacks in practice, relationship of doctors with the pharmaceutical industry and how ethical principles are being flouted every day open one's eyes. This is the most disturbing part of his disclosures and he has expressed his opinions very explicitly. 'Young doctors want to have their cars, their videos and ACs, their membership of expensive clubs. So many of them have graduated from capitation fee medical colleges, where they have paid two to three lakhs of rupees (in 1991) for a seat. The family which has so much money must be a shrewd, commercial one. This is an investment and they want to see a return for it... The young medico responds in many ways. The first is to do whatever pleases the patient, give an injection or avoid one, do tests or not, give certificates, recommend leave according to the patient's desire, not according to need. The next is to undertake unnecessary investigations because of a quite illegal nexus between the laboratory and the doctor.' This could not be more relevant today.

As in the case of other issues, his comments on violence against doctors and the ethical issues involved in living donor transplantation are as important today as they were when they were written. A new racket is unearthed every now and then, with doctors becoming the target of public ire. It is extremely important for all of us to go through Dr Mani's commentary on these issues. It gives us an insight not only into the complexities of the issues, but also into the thoughts of an honest and down-to-earth doctor. He has also touched on several public health issues, such as water and public transport, basic research and the role of the executive in solving some of these problems. For example, about the constitutional directive about prohibition, he writes, 'Prohibition is a powerful magnet for votes. Almost in a block, women are in favour and that brings in close to half the votes to a party that promises to introduce it... A section of the underworld welcomes prohibition since it opens the door to bootlegging. Members of law enforcement agencies often join hands with them to enrich themselves.'

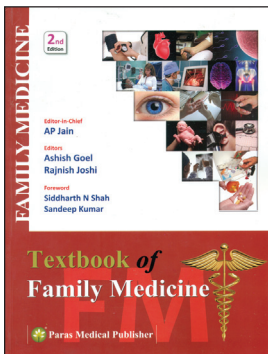
At places, some may find the tone preachy, but personally, I feel that he has written about my own thoughts in a way that is much better than I could have written. The information has been given in small bytes which are easy to read and assimilate. His style is informal and smooth, very suitable for the intended audience. The concepts he has touched upon are well defined, and the language is clear and convincing. The information provided is as accurate as it can be. In accordance with the *Journal's* requirement with respect to the column, Dr Mani has not given many references/footnotes. The book is hardbound and its size is 9.5"x7", which makes it a little cumbersome for leisurely reading in bed, but that is a minor issue.

Dr Mani's humility is evident from the fact that nowhere in the

book does he talk about his monumental professional work. He mentions, only in passing, just a few of the numerous awards that have been bestowed on him. As a candid snapshot of the cultural change witnessed by a sincere physician, the book succeeds in large measure. Dr Mani makes no bones about underlining the facts that are behind the public's growing mistrust of medical professionals. Some may argue that overtly bringing out these issues before the lay public could further tarnish the image of a doctor in the people's eyes. However, the first step in solving a problem is accepting that it does exist.

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Textbook of Family Medicine. A.P. Jain, Ashish Goel, Rajnish Joshi (eds). Paras Medical Publisher, New Delhi, 2016. 541 pp, price not mentioned. ISBN 978-81-8191-453-8.



Family medicine means many things to many people. To those from the older generation, it recalls the trusted friend and philosopher who took care of the health needs of the entire family; to some in the younger generation of physicians, it sounds like a career option that is coming back into vogue; to the lay person tired of running from pillar to post in our ever-expanding healthcare system, it holds out the hope of an integrated solution; and to those who

have opted for a course under the Diplomate of the National Board (DNB) scheme, it is a qualification that will equip them for medical practice in the community.

The meaning of family medicine mentioned last assumes importance in terms of the need that the *Textbook of Family Medicine* seeks to fulfil. The book closely follows the prescribed syllabus for DNB in family medicine. However, this is a hospital-based course and many of the competencies included in it are also hospital-based. Herein lies the problem with pitching the book at those who are involved in community-based family practice. Many of the chapters, like those describing procedures, and especially the one on mechanical ventilators and ventilatory modes, would provide additional information to such readers.

The book has been printed on good-quality paper and has a sober and appealing colour scheme, as well as a comprehensive index. It is of a size that would not be daunting to the reader. The editors are internists from large medical institutions and have been assisted by associate editors from the fields of surgery, orthopaedics and paediatrics. This multi-author text is written by some senior and some mid-level faculty members from well-known academic centres. It is divided into 14 sections—

introductory sections dealing with the role of the family physician, followed by specialty-based sections discussing medical and surgical diseases, and diseases related to gynaecology and obstetrics, paediatrics, ENT, psychiatry, ophthalmology and dermatology. The last section deals with the procedures that the family physician is expected to master.

This book would be a useful companion to other more detailed textbooks. However, to expect students to use this as their sole or even principal textbook for succeeding in the DNB examination would be unrealistic. Does the book succeed as a course book for DNB (family medicine)? To some extent it does. It gives a broad, bird's-eye view of most topics. Some notable exceptions are the sections on gynaecology and obstetrics, ophthalmology and gastroenterology.

The initial sections discuss the unique role of the family physician. The discussion of the problems and opportunities inherent in this field is essential reading for anyone embarking on the difficult but rewarding path of family medicine.

The best section in this book is the one dealing with obstetrics and gynaecology, especially the former. The description of pregnancy and the disorders related to it; the stages of labour; management of labour and the complications; and common gynaecological disorders is good enough to have featured in a stand-alone textbook of gynaecology and obstetrics. A detailed chapter on contraception stands out in this excellently written and extensively illustrated section. The family physician who reads this book would find herself or himself well equipped to handle women's health, if nothing else.

Another chapter that is recommended is the one on seizure disorders. It is simple, yet detailed and full of useful pearls. Many other disorders, such as diabetes mellitus, inflammatory bowel disease, hypertension and ischaemic heart disease, are covered in adequate detail. However, it would have been useful for the family physician if the doses and choices of the appropriate drugs had also been provided. This is especially true of the chapters on hypertension and pneumonia—two areas where pharmacological details are crucial.

A brief list of suggested reading material at the end of each chapter would have been useful. The colour plates provided at the end of each chapter enhance the value of the book. Excellent photographs of the ophthalmic fundus and of skin lesions add to the visual appeal of the book. The section on paediatrics is adequate for a family physician, but immunization does not find a mention. By providing immunization services, the family physician could help prevent several common diseases.

It might have been better if each chapter mentioned the name(s) of the author(s). In the current format, it is impossible to know who has contributed to a specific chapter.

The practitioner of family medicine should be able to diagnose most common ailments in the community and treat those which can be treated in an outpatient setting, without recourse to complex investigations or the support of superspecialists. Most critically, they should recognize when referral to a specialist or a hospital is warranted. A section at the end of each chapter listing the indications for referral of the patient would be an essential addendum. This would also ensure the welfare of the patient and prevent unnecessary litigation against the doctor.

In the section titled 'Approach to common symptoms', algorithms are used to simplify the approach to the complaints with which patients present. However, excessive adherence to algorithms could get in the way of understanding problems and may lead to a mechanistic way of addressing symptoms.

Surprisingly, geriatric medicine, an important area in which the family physician should be well versed, does not find a place in the book. Not only are the presentations of disease very varied in this age group, but serious and life-threatening illnesses are common and require careful handling.

A shortcoming that future editions should rectify is that some of the illustrations have been taken from the internet without any mention of the source or of whether permission was secured for their use.

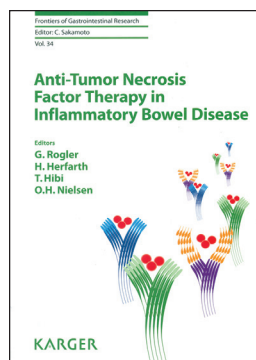
A couple of chapters contain outdated information, which could have been revised in the light of new practice/guidelines. The chapter on tuberculosis continues to mention the three categories of patients and treatment under the Revised National Tuberculosis Control Program (RNTCP), when recent revisions have only two categories. Similarly, cardiopulmonary resuscitation (CPR) is discussed with the airway, breathing, circulation (ABC) algorithm, although for the past few years, the emphasis has shifted to circulation, airway, breathing (CAB) and CPR only with chest compression.

Who should read this book? It would be helpful for a student pursuing DNB in family medicine, provided they also study other textbooks to learn about the pathophysiology of disease and the details of therapeutics. A practitioner of the craft in the community could also make good use of the book to refresh concepts already learnt.

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Anti-Tumor Necrosis Factor Therapy in Inflammatory Bowel Disease. G. Rogler, H. Herfarth, T. Hibi, O.H. Nielsen (eds). Karger, Basel, 2015. 248 pp, price not mentioned. ISBN 978-3-318-05473.



Written by authors experienced in their respective areas, this book has 35 chapters that deal exclusively with anti-tumour necrosis factor (TNF) therapy for inflammatory bowel disease (IBD). The initial sections of the book, which comprehensively review the role of TNF in the pathogenesis of IBD (including the regulatory effect of TNF on epithelial, macrophage, dendritic cell, T-cell and barrier function, innate immune defence mechanisms and adaptive

immune mechanisms), are likely to be the most useful to readers who want an overview of the subject. The next section, which consists of chapters that review the mechanisms by which anti-TNF antibodies act, is likely to be useful to a different audience—one that is primarily interested in fine-tuning the pharmacology of these biologics. The major part of the book deals with the practical aspects of therapy with these agents, including approaches to

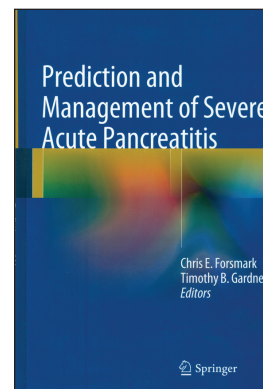
screening patients, optimization of the response to treatment, adverse events connected with these agents, and their use in special situations, such as during breastfeeding and among patients likely to be scheduled for surgery. Overall, the book is a comprehensive source of reference on a limited subject that will be of use to IBD specialists and should find a place in medical libraries. Unfortunately, it tries to address a variety of audiences and, therefore, it seems unlikely that people will flock to purchase the book. The book explores specific topics in a field that is rapidly shifting: a number of anti-TNF antibodies are available, not to mention biologics that target other molecules, and biosimilars that may well revolutionize the field in countries like India. As the book does not deal with these issues, it is highly likely that the information it contains will rapidly become dated.

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Prediction and Management of Severe Acute Pancreatitis.

Chris E. Forsmark, Timothy B. Gardner (eds). Springer, Switzerland, 2015. 236 pp, price not mentioned. ISBN 978-1-4939-0970-4.



Acute pancreatitis (AP) is a common clinical problem and its incidence has been increasing, as reported from many countries. The management of AP, particularly severe AP, may be quite challenging. The dilemma a clinician faces is how to predict severe AP and how best to treat it. This book is timely in view of the evolving concepts regarding the assessment of the severity of the dreaded disease and its management, as well as the complexities associated with it. The book deals with various

aspects of severe AP, including its prediction, the diagnostic criteria and imaging studies to be used, and its management. The latter covers conservative, radiological and interventional treatment strategies. It is a multiauthor book edited by two internationally renowned pancreatologists. All the authors are academicians of repute who have been carefully chosen on the basis of their contribution to the literature on AP. Naturally, the contents of the book are authentic.

The chapters are well arranged in four sections: the assessment of severity, characterization of AP, medical management and interventional management. The chapters are well written and provide a reasonably good review of the existing literature. However, the contents are not comprehensive. This is difficult to achieve in a small book, given the ever-increasing literature. The simple format makes for easy reading and comprehension. There is some overlap, which is inevitable, given the interrelationship of

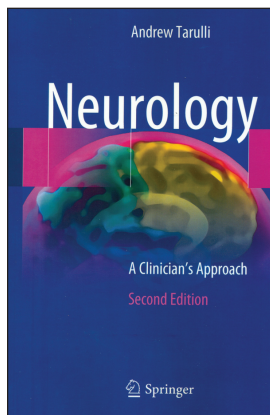
different aspects of the disease, such as the assessment of severity, classification, fluid resuscitation and interventions for fluid collection. Personal opinions are also bound to creep in when a particular aspect is reviewed by an author who has worked on it. However, generally, this does not seem to have influenced the discussion of the overall principles of management. The appearance of the book is pleasing, and it is easy to store and carry. The presentation is good, the fonts are of optimal size and quality, and the photographs are clear.

The book is primarily intended to be an essential resource for practising doctors and trainees caring for patients with AP; it was probably not meant to be exhaustive.

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Neurology: A clinician's approach. Second edition. Andrew Tarulli, Springer, Germany, 2016. 435 pp, price not mentioned. ISBN 978-3-319-29630-2.



In an era when fewer and fewer people are reading textbooks and a plethora of information is available on the internet, the second edition of this textbook of clinical neurology, coming after an interval of 5 years, is welcome. Although the bedside clinical approach remains largely unchanged, the new disease entities, and diagnostic and management techniques are changing rapidly. The book attempts to encompass all these aspects and this was probably what necessitated a second edition.

The book is targeted primarily at trainees in medicine and neurology and, therefore, its size is not formidable. It has been structured on the basis of clinical conditions, and the focus is more on the description of diagnostic entities rather than the art of eliciting the patient's history and methods of and tips for examination. Therefore, if the student wants to learn about these aspects, the book might not provide all the answers. It would be preferable for early trainees to first read a book on clinical methods and then take up this book as the next step.

The book gives a brief description of the approach to common neurological conditions, categorized into 23 chapters. It makes for smooth reading, and the tables and figures are informative. The part on neuroimaging and its description at appropriate places is a good addition. However, some descriptions, for example, that of seizure classification, are still not up-to-date. In an era when clinical neurologists may be experts in some sub-specialties, this drawback is inevitable. This lacking could have been avoided by having experts in various fields contribute to and proofread these chapters. Also, although the author has provided references to important information and studies, there are several that are

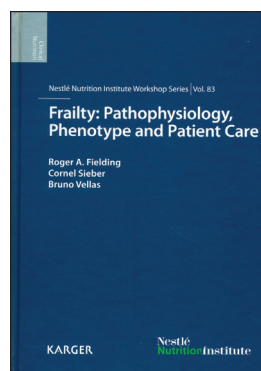
missing. This may also be deliberate, keeping in view the size of the book.

The price might be prohibitive for students of developing countries, especially because other, much cheaper books are available. The book is likely to be a good read for young clinicians in medicine and neurology.

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Frailty: Pathophysiology, phenotype and patient care. Roger A. Fielding, Cornel Sieber, Bruno Vellas (eds). Karger and Nestle Nutrition Institute, Basel. 122 pp, price not mentioned. ISBN 978-3-318-05477-4.



This book, in just over a hundred pages, covers a very relevant and interesting area in the field of geriatric medicine and fills a wide gap in the literature. Frailty is a relatively new concept in medicine, though practitioners of geriatric medicine have known of it since the past couple of decades. A compilation of summaries of the talks presented at a workshop on nutrition organized by Nestle in 2014, this book tries to capture the latest advances with respect to the biological basis and

clinical presentation of frailty, as well as therapeutic interventions.

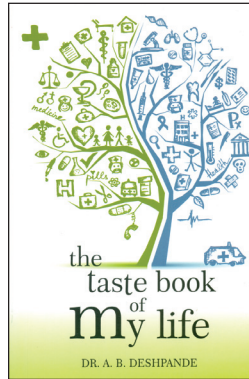
The compilation targets the clinical researchers and practitioners in geriatric medicine who are addressing issues related to old and frail people. It would not appeal to a general medical audience, but may be of interest to a focused group of practitioners and researchers of geriatric medicine. Though the authors have not defined their aims, it appears that the monograph is intended to bridge the gap in this area of rapidly expanding research. The monograph does a decent job of laying the baseline which future researchers and clinicians can easily build upon. The book will have to be constantly updated for it to be able to keep up with the rapid changes in the area, which is fast becoming one of the biggest areas in international geriatric medicine research.

In 12 chapters that are succinctly written, the book covers the subject of frailty thoroughly, and adequately covers the limited body of knowledge available in this area today. The book would be a valuable addition to the library of any researcher or geriatric medicine practitioner who wishes to know of the latest developments in the subject.

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The Taste Book of My Life. A.B. Deshpande, published by Mrs Anita A. Deshpande, 2015, 170 pp 170, ₹ 195.



This book contains the reflections of a retired physician, Dr A.B. Deshpande, who was in government service in Maharashtra. The foreword, written by Dr R.B. Bhagwat, his teacher, states that the book is meant for ‘doctors, patients, common people, as well as health planners, administrators and medical educationists’. I would have added students to the list.

The book takes one through the life of a doctor over the past four decades. It gives one a quick look at the issues that medical practice involves and the

changes that have taken place over the past few years. This includes unfortunate things such as trial by the media, increasing corruption and violence against doctors.

The book is full of anecdotes which illustrate the richness and variety of medical practice. They also show how narrative medicine is a wonderful way to teach some aspects of medicine, such as ethics and humanity. Dr Deshpande comes across as a caring physician. His honesty is reflected by his admission of the errors he has committed. He is also one of those decidedly rare physicians who acknowledge the role played by the lesser mortals in our profession. Witness his statement: ‘My compounder, Ram Landge, also helped me a lot’ (referring to a research project, p. 85). The author comes up with some interesting aphorisms and metaphors, e.g., ‘The Indian health delivery system resembled a metropolitan

street where all types of transport systems are available, such as a Mercedes car, autorickshaw, metro train, scooty, *tanga*, city bus, etc., and the people choosing the transport system suitable and affordable to them.’ (p. 38)

Besides his anecdotes, there are essays and reflections on healthcare and social issues, as well as on some ideal physicians—and one on ‘A true patient’! I was pleased to see this *Journal* quoted in a number of places and in the bibliography. These references include articles by Drs Sunil Pandya, Nagral, Roy, Mani and Mohan.

Yet, I must be honest—after all, that is what a reviewer must do—and admit that the book could have been much better. It is the spellings and grammatical errors which let the book down. Even in the best of books, there are occasional typographical errors, but this book is littered with them. This detracts greatly from the book. Of the far too many examples, a few are: horacious (p. 26) for voracious, necked (p. 26) for naked, Park-Davis (p. 44), Bhor committee (p. 48), subduded (p. 87), Dr Gurusani (p. 26) for Dr Gursahani, Dr Sainai (p.30) for Dr Sainani (though it is spelt correctly on p. 66), and incisioanal hernia (p. 54).

The book appears to have been published privately and there is no ISBN number. Hence, I am not sure how potential readers desirous of learning from Dr Deshpande’s experiences can procure the book.

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