Letter from Mumbai

HUMAN LIBRARY

I have just come across this fascinating concept and practice and hasten to bring them to your notice.

In 2000, a small group of Danish citizens in Copenhagen got together to create a unique non-profit learning platform. As their efforts bore fruit, their reach and spread widened and they are now functioning in 6 continents and more than 80 countries. They are supported by companies such as Daimler, Heineken, Microsoft and Eli Lilly.

Their stated goal is to create a safe zone where individuals can communicate to challenge prejudice, rid discrimination, prevent conflicts and work towards harmony between people of varied social, religious and ethnic divisions. As Ronni Abergel, CEO and head of administration puts it, a cardinal principle is 'unjudge someone—don't judge a book by its cover'.

As the term implies, they started with 'books'. At the non-profit festival, held in Roskilde, Denmark, a broad selection of 'books' was on display for 8 hours a day over 4 days. (The festival, intended to celebrate music, started in 1971 and is one of the largest in Europe. This year the Roskilde Festival is scheduled from Saturday 29 June to Saturday 6 July 2024 with contributions from 200 music performers, artists, authors, performers, speakers, musicians, graffiti artists, architects, etc.)

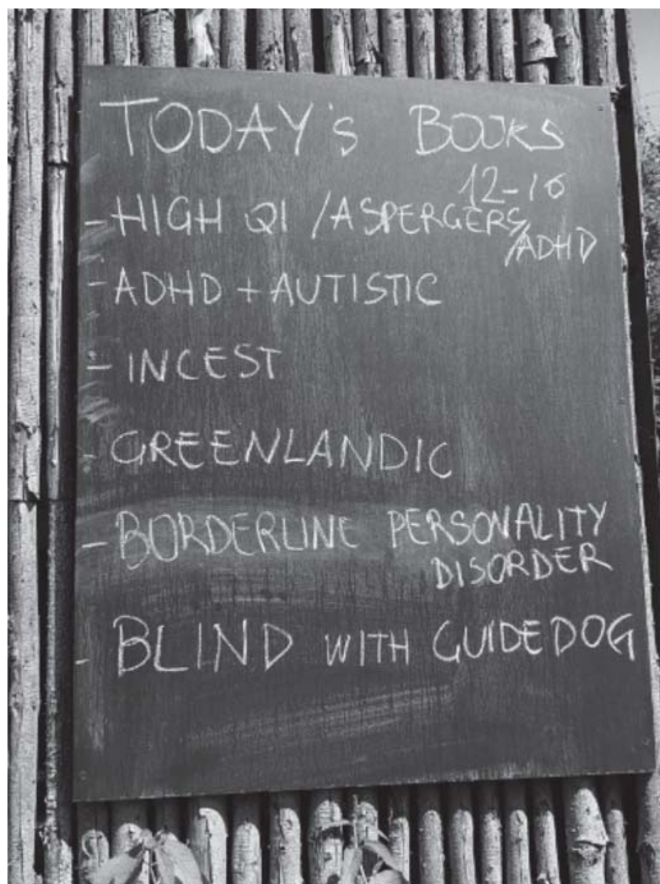

FIG 1. The list of books on offer in the human library

The 'books' were chosen to generate empathy and challenge stereotypes. Over a thousand 'readers' found inspiration there. The difference here is that the 'books' are human beings and individuals are loaned to specific 'readers' for half an hour. The Reading Garden provides cozy spots for an open dialogue on any aspect of the subject.

'Book' loans extend up to 30 minutes, though you're free to return your 'book' sooner if you wish. The list of book categories on offer is displayed as in Fig. 1.

All the 'books' on loan are volunteers from the Human Library´s 'book' depot in Copenhagen. At times, 'books' from Aarhus or from abroad are also featured. 'Readers' have described their experiences as humbling, insightful, a stimulus for greater interaction and, at times, even uncomfortable.

In a recent move, the University of Nebraska-Lincoln (UNL) has announced that it will become the first University in the USA to integrate the Human Library new online service into a course curriculum. The first batch of students will also get a special treat, as the Human Library learning exercise will be introduced live over Zoom by Ronni Abergel, one of the founders of the library.

You can learn more about this library at *https://humanlibrary.org/about/*. The email address of the organization is *info@humanlibrary.org*.

FUTURE LIBRARY

Purely by coincidence, I came across the following information on this unusual library in Norway. A decade ago, Scottish artist Katie Peterson initiated an unusual and thought-provoking project.

In Nordmarka Forest near Oslo, 1000 spruce trees are being planted, with a purpose, over the past 10 years. A small clearing has been marked out in it (Fig. 2).

Each year, an author is invited to contribute the full text of a book that will go unread and unpublished until 2114. These books are being held in trust.

In that year, the trees planted in the *Future Library* forest will be harvested to print an anthology of 100 books. Margaret Atwood was the first author to contribute in 2014, followed

FIG 2. A picture of the clearing in Nordmarka Forest near Oslo.

by David Mitchell in 2015, Sjón in 2016, Elif Shafak in 2017, Han Kang in 2018, Karl Ove Knausgård in 2019, Ocean Vuong in 2020, Tsitsi Dangarembga in 2021, and Judith Schalansky in 2022.

On 26 May 2024, Valeria Luiselli, will walk through the trees to the clearing amidst the thousand 10-year-old spruce saplings and hand over her manuscript.

I recommend a visit to the site *www.futurelibrary.no/* for details, fascinating photographs and a video-recording that takes you to the clearing in the forest on roads flanked by snow, and for an insightful commentary.

It is sobering to learn that neither the authors nor all the volunteers collecting spruce plants, digging holes for them and ensuring that they survive and flourish will see the books that will be printed on the paper produced after the trees are harvested and pulped. These will be gifts to a future generation.

The project has built into it the continuing enrolment of volunteers who, after 10 years, will hand over the project to the next batch. Current volunteers, shown on the video-film, go about their tasks cheerfully, an elderly lady informing us through the camera that she is proud to play a part.

EMERGENCY CALL WHILST YOU ARE ON AN AIRLINE FLIGHT

Most of us have, at some time, heard the announcement, 'If there is a physician on the plane, please press your overhead call button.'

The more nervous among us will wait in the hope that some other physician will announce his presence. When seconds pass without any action, a sense of guilt overrides the feeling of butterflies fluttering within the epigastrium.

On the other hand, there are occasions when a small crowd of physicians rush to the seat of the ill person. The crew, already aware of the symptoms, are quick to choose between them and will prefer a general physician (or internist) to a dermatologist or a plastic surgeon.

The facilities available to the physician may differ on various airlines and whether the flight is of short duration or a long non-stop international journey.

Veteran physicians who notch innumerable frequent flyer miles have provided advice worth considering.

Be particularly gentle with the patient. A person who gets sick on a plane is often old, sometimes alone and always vulnerable. It is frightening and embarrassing to be sick on a plane. Clinical assessment is the bedrock of care. The condition of the patient will demonstrate the urgency of the situation. A fully conscious person able to talk causes less anxiety than does a person who is abnormally drowsy. Likewise, a person able to swallow and retain water offered by the flight attendant generates less concern than one who is vomiting frequently. History-taking must necessarily be succinct and must involve an accompanying relative or friend, if any. Check particularly for such eminently treatable conditions as dehydration and electrolyte imbalance; hypoglycaemia or a diabetic crisis; asthma; systemic arterial hypertension and potentially hazardous angina pectoris.

Examination in the confines of the seat cannot be as thorough as in the clinic and yet must provide an accurate assessment of cerebral function, breathing, pulse and blood pressure. Immediate action such as moving the patient on to the aisle to ensure a horizontal position with the patient turned on to one side to prevent aspiration may be necessary.

Presence of signs of impending disaster (cerebral stroke, myocardial infarction, an 'acute abdomen'...) must be immediately conveyed to the captain of the aircraft through the crew, stressing the urgency of the situation.

Never take anything for granted. As soon as possible, check availability of an oxygen cylinder, the contents of the medical emergency bag available on the flight and of the drugs carried by the patient or accompanying persons.

Most aircraft carry instruments to measure body temperature and blood pressure; the means to give intravenous glucose or normal saline; analgesics in the form or tablets or injections and drugs to control nausea and vomiting. In each case, check dosage and expiry dates.

Not all aircraft have portable devices to record electrocardiogram or defibrillators or facilities for endotracheal intubation, vacuum suction or ventilation with an artificial manual breathing unit (Ambu).

After you have done all you can to help the patient, if possible, record concisely your clinical findings, provisional diagnosis, treatment given on board the aircraft and suggestions for further care. Hand over the sheet to the cabin crew for the information of medical personnel on the ground when the plane lands. At times, the captain may be able to make radio contact with a medical expert on the ground. If so, you may be invited to discuss what you have done and what is needed on landing.

Do not expect any reward for your efforts. Whilst the cabin crew may show their gratitude by providing you extra nutrition, airline managements are not famed for their consideration of your efforts, even though you may have helped prevent an expensive diversion of the flight.

WE LIVE IN AN ERA OF PLENTY AND LOSE SIGHT OF THE WORKS OF ADMIRABLE MASTERS

In an earlier letter I bemoaned the neglect reflected in the bibliographic references to publications sent out by us to journals of classic medical contributions by what the eminent neurosurgeon Dr M. Gazi Yasargil calls 'our teacher generation'.

Please pardon me for turning to a variation on this theme, this time focusing on non-medical books, papers and films available in English.

How many of you, gentle readers, are familiar with the works of Jacob Bronowski (*The ascent of man*, *Science and human values*...); Kenneth Clark (*Leonardo da Vinci—anatomical drawings..., Civilisation—a personal view*, *Animals and men*, *The art of humanism*) and Alistair Cooke (*Mencken*, *Letter from America...*)? They were sought and cherished just a few decades ago. Whilst Dr Bronowski concentrated on science, Lord Clark discussed history and culture. Mr Cooke provided a wealth of information on America—history, mores, culture and politics. Each of them was presented by BBC in a series of illustrated talks which were avidly watched by viewers across the world.

Some of you will recall with joy, books such as *Pale Blue Dot* and films such as *Cosmos* made by Carl Sagan, but I fear that he, too, is a fading light. I am not sure how many of us in the neurosciences have read the essay on which the title of his book *Broca's brain* is based.

Travelling further backwards in time, we encounter Rudyard Kipling (with memorable books based on his experiences in India), George Bernard Shaw, Virginia Woolf, Terence Rattigan, Noel Coward, Wilfred Owen, Siegfried Sassoon, Bertrand Russell and Graham Greene, in Britain.

From the USA, we have Henry David Thoreau, Mark Twain

(Samuel Clemens), Ralph Waldo Emerson, Harriet Beecher Stowe, T.S. Eliot, Walt Whitman, Henry James, William James, Eugene O'Neill, Pearl S. Buck, Sinclair Lewis and Ernest Hemingway.

We also have the anatomist–physician Oliver Wendell Holmes writing exquisite poetry and prose immortalized in his *Breakfast Table* series.

What about our own countrymen who distinguished themselves? Madhusudan Dutt, Toru Dutt, Rabindranath Tagore, R.K. Narayan (and his tales from Malgudi), Sarojini Naidu (dubbed 'nightingale of India' by Mahatma Gandhi), Bankim Chandra Chatterjee, Mulk Raj Anand, Raja Rao and more recently Salman Rushdie, Vikram Seth, Upamanyu Chatterjee, Shashi Deshpande (with many of her works highlighting the plight of women), Shashi Tharoor, Vikram Seth, Amitav Ghosh, Amit Choudhary, Arundhati Roy, Arvind Adiga and others. The name of Khushwant Singh will be familiar to all those among you who were fortunate to read the *Illustrated Weekly of India* (alas, now defunct) and his own irreverent column 'With malice toward one and all' accompanied by Mario Miranda's cartoon. You may also recall his *Train to Pakistan* with its description of the horrors of the partition of our country.

If I were permitted to travel further backwards in time, I would place before you English translations of the works of individuals such as Kalidasa (*Abhigyaan Shankuntala, Raghuvansan*) and Banabhatta (*Kadambari, Harshacharita, Ratnavali*) in India and Homer (*Odyssey*, *The Iliad*), Aristotle (*On the soul*, *On sleep and wakefulness*, *Nicomachean Ethics)*, Plato and his books featuring his teacher Socrates (*The symposium*, *Apology*, *Crito*) as some more examples for your consideration.

If you are conversant with the works of most of the arbitrarily chosen authors above, I salute you! And if you have been fortunate enough to have read the works of our Indian masters in their original languages—Bengali, Sanskrit …—I bow humbly before you as I am woefully ignorant of these rich and rewarding languages.

If, for a variety of reasons, you know little of these authors or their works, I invite you to study them and enter a world of enlightenment, delight and entertainment. You will be inspired by them.

Truly blessed are those who love books. As Dickens said through David Copperfield, 'My father had left a small collection of books in a little room upstairs, to which I had access (for it adjoined my own) and which nobody else in our house ever troubled. From that blessed little room, Roderick Random, Peregrine Pickle, Humphrey Clinker, Tom Jones, The Vicar of Wakefield, Don Quixote, Gil Blas, and Robinson Crusoe, came out, a glorious host, to keep me company. They kept alive my fancy, and my hope of something beyond that place and time.'

DOES ANYONE READ NOTES BY OTHER DOCTORS ON A PATIENT?

I came across an interesting essay on the web-based site for physicians (*www.medscape.com/viewarticle/967765*).

Dr Allan Block, a neurologist in Arizona, successfully treated a woman for dural sinus thrombosis, with warfarin. In his clinical notes handed to the patient, he noted this diagnosis and his prescription of aspirin on discharge from hospital.

A few years later, she tripped over her dog and broke her arm. Dr Block was requested to see her since he had treated her earlier. On studying her case notes, he saw 'past history of subdural haematoma, maintained on daily aspirin'. The patient told him that she had shown his discharge note to the doctor on admission and emphasized that she had dural sinus thrombosis. Dr Block dictated a fresh note, making this point and requested continuation of aspirin. When she was sent home, a copy of her discharge summary was sent to Dr Block. What does he read in it? 'subdural hematoma, maintained on daily aspirin.'

As with many other patients of her age, she was recently admitted again to hospital. 'The hospital's neurologist called and asked me why I was treating a subdural hematoma with aspirin, then said Mrs Smith had told him it was a dural sinus thrombosis. I said she was right, and he said that makes more sense and that he'd put it in his note. He did, but it didn't change anything. The discharge summary still listed *subdural hematoma, maintained on daily aspirin*.'

Dr Block commented that he almost felt that resistance was futile! His analysis suggested laziness in studying the file that the patient presents and in taking a detailed history. However, bearing in mind that some such errors may have catastrophic consequences, he wrote his essay.

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