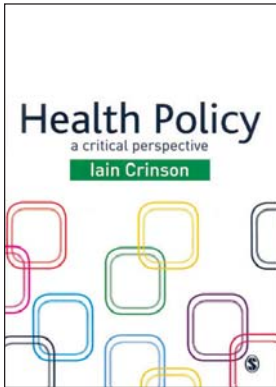


Book Reviews

Health Policy: A critical perspective. Iain Crinson. Sage Publications, New Delhi, 2009. 218 pp, price not mentioned. ISBN 978-1-4129-2287-6.



This work is intended as a textbook for British students of health policy and the layout of the book is well designed to that end. The introduction provides students with a lucid overview—what to expect from each chapter—and is logically set out for ease of use. Crinson's brief 'How to use this book', at the end of the Introduction, is eminently helpful. Iain Crinson tackles the subject from a sociological and political science perspective rather than from a medical or traditional

health viewpoint.

The book comprises 4 logical sections, each of which includes explanatory boxes outlining the key concepts universal to policy studies. The sections are supplemented with activities for the student to complete. However, given the Eurocentric focus of the textbook, the activities will have limited relevance for students outside a British setting. Crinson acknowledges that non-European health systems face very different challenges from those faced in Europe, but chooses within his limited space to focus on Europe and the UK, his intended audience. The chapters begin with an overview and conclude with a summary. Each chapter also includes a brief, but carefully considered, list of further readings, which will provide students with a broader understanding of health policy issues.

The first section of the book explores in depth the nature and context of health policy as a discipline. The task of nailing down a definition of health policy is akin to playing darts using live bees instead of darts! However, Crinson has tackled the topic in a lucid and well-reasoned manner, exploring the nature of policy definitions, both past and present. His approach is universal and useful to all students of health policy. He provides the student with an overview of the theoretical and philosophical approaches to issues of policy and power and the exercise thereof. The language used is straightforward, so that there is no need for a glossary, and he avoids much of the jargon and double-speak one often finds in theoretical works. The section is well-suited to students who need an introduction to the subject. The arguments are shrewdly pitched at students new to the study of policy, and health policy in particular, with little assumed knowledge.

The second part of the book explores the structure, objectives and financing of the British National Health Service (NHS), and compares this against a number of European healthcare systems. The activities in this section are structured around the financing of the NHS and the New Labour reforms. The third section of the book explores governance issues and the provision of healthcare in a European, and especially NHS, setting. These sections display an intimate familiarity with the European health systems, particularly the NHS. Once one moves beyond the European setting, however, these sections of the book lose their relevance and there seems little that is directly transferrable to other, non-

European models of care. For the non-European student, these sections can serve only as interesting points of comparison.

The final section of the book examines the way forward for health policy and health system reform. These chapters examine the more universal issues surrounding the limitations of policy development and health system reform, the role of policy in developing strategies for tackling persistent inequalities in access to healthcare and the social determinants of health. Crinson's analysis of these problems, which are not unique to Britain, is clear and insightful.

Ultimately, Crinson has produced an excellent textbook for British students of health policy. Beyond Britain's shores, however, the work declines in relevance. The opening section that provides an overview of health policy as a discipline and the final section examining future paths of health policy development and the implementation of policy may have the greatest interest for readers beyond Europe.

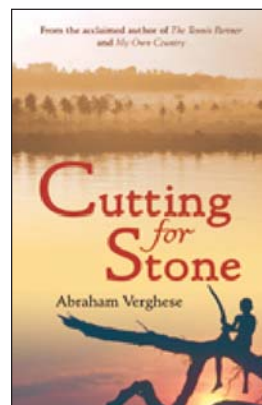
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Cutting for Stone. Abraham Verghese. Random House India, Noida, Uttar Pradesh, 2009. 560 pp, Rs 595. ISBN 978-037-5414-497.



Dr Verghese won international acclaim as an author when he published *My own country*. This book was based on his experiences with patients afflicted with HIV infection that went on to full-blown AIDS. His second book—*The tennis partner*—was also autobiographical. *Cutting for stone* breaks new ground as he ventures into fiction even though parts appear to be based on personal experiences in Ethiopia and in the USA.

The dedication of this book to his parents, George and Mariam Verghese, carries the text: *Scribere jussit amor*. Here, Dr Verghese sets the tone that pervades the volume. He invites the reader to exercise the little grey cells and summon references—classic and otherwise—to statements scattered throughout his text. It took me a while to uncover the reference to the full form in John Lyly's *Endimion* ('**Sir Tophas**: Not yet; for I feel a contention within me whether I shall frame the bodkin beard or the bush [pointed or

bushy]. But take my pike and give me pen: *Dicere quae puduit, scribere jussit amor* [Those things one was ashamed to say, Love has given orders to write].’ To truly get to grips with Dr Verghese’s latest offering, we must follow Sir Tophas’ example: ‘*Scalpellum, calami, atramentum, charta, libelli, sint semper studiis arma parata meis*. [Penknife, ink, quills, paper, booklets are weapons always ready for my studies.]’

At times, as on page 147 and whilst using the term *discalced*, Dr Verghese helps the reader out by providing the explanation.

One further example: The title can be read in at least two ways. In the book, Dr Verghese creates a fictional essay in *The New York Times* that refers to this phrase on the notes in Amharic carried by many wretched women to the Missing Hospital (this, in turn, a corruption of ‘Mission Hospital’) as they seek cure of a terrible medical problem. It can also remind the reader of the Hippocratic injunction ‘...I shall not cut for stone...’ referred to by Dr Verghese in the last paragraph under ‘Acknowledgements’.

Life and death form the major themes in this book, making appropriate the quotation at the start from Tagore’s *Gitanjali*.

Much of the book is based in the ‘magical Christian kingdom (of Ethiopia during and after Emperor Haile Selassie’s reign) surrounded by Muslim lands’. It starts with the protagonist Marion (whose name, itself, leads to a fascinating diversion into the history of medicine) and his twin brother Shiva—to whom he was joined at the head at birth. The reader’s expectations are already stimulated on encountering the statement, ‘... our mother, a nun of the Diocesan Carmelite Order...’ How on earth did such a nun become pregnant? And thereby hangs the tale.

There are several other references to noteworthy events and individuals in the history of medicine. Corrigan and his description of the water hammer pulse (p. 222) and the reference to Osler’s *Aequanimitas* and Osler’s declamation on learning of his son Revere’s death (pp. 446–7) are just two examples.

The book covers ‘forty-six and four years’ of the life of Marion, the narrator. It is told in order to pay the immense debt owed by Marion to Shiva and is an account Marion had to piece together as his mother, Sister Mary Joseph Praise, did not reveal it to him and as his father had run away from most of these events.

Marion traces his mother’s childhood in Cochin (‘a city of five islands set like jewels on a ring, facing the Arabian Sea’); her training to be a nurse in the Government General Hospital, Madras; her initiation into the order of Carmelite nuns and her deputation, at the age of 19, to minister to the sick and poor in Africa. Fate placed a young surgeon (‘a hawk-eyed Englishman who was leaving the Indian Medical Service for better pastures’) on the ship *Calangute* carrying Sister Praise to Aden. Their initial encounter was followed by a crisis. Dr Verghese graphically evokes the development of typhus fever on board the ship. ‘After an unknown period of time that could have been months or even years,’ Sister Praise escapes from Aden to arrive at Missing Hospital in Addis Ababa.

A large part of the book describes the series of events that followed in Missing Hospital—Sister Praise’s development into an operation theatre nurse complementing the expertise of the chief surgeon in the hospital; her sudden collapse and death years after she had started work there; the birth of Marion and Shiva and their maturity into adults and the lives and deeds of Matron; Dr Ghosh (‘the hospital’s internal medicine specialist and jack-of-all-trades’); Dr Kalpana Hemlatha (Hema) and others.

En passant we encounter medical nuggets that remind us of Dr Verghese’s skills as a clinician. Consider the advice given by Marion’s father, renowned surgeon, Dr Stone when the relatively

inexperienced Marion asks him to operate on a patient *in extremis*. ‘Marion, remember the Eleventh Commandment. Thou shalt not operate on the day of a patient’s death.’ On another occasion, Dr Stone reminds him that the operation with the best outcome is the one you decide not to do. Other aphorisms include ‘The big things in surgery depend on the little things.’ ‘If the teeth chatter it is a chill, but if the bed shakes, it is a true rigor.’ ‘Milk the history! Exactly when and how did it start? Onset is everything! In the *anamnesis* is the diagnosis.’ ‘Each generation of physicians imagined that ignorance was the special provenance of their elders.’ ‘The incidence of cancer of the cervix is highest in prostitutes and almost zero in nuns. Why almost zero and not zero? Because nuns are not born nuns! Because not all nuns were chaste before they took their vows! Because not all nuns are celibate!’ Discussing an important cause of surgical catastrophe, Verghese points to the need to make a careful decision whilst dealing with the crisis so as not to blunder again: ‘It was often the *second* mistake that came in the haste to correct the first mistake that did the patient in.’ Dr Verghese also reminds us of that classic amongst modern texts on surgery—*The diagnosis of the acute abdomen in rhyme* by Zachary Cope.

There are several episodes that leave you spellbound and compel you to turn page after page to satisfy your curiosity and assuage the tension created by the narrative. The birth of Marion and Shiva (Chapters 2, 4 and 7) and the operation on Marion (Chapter 52) are the most riveting examples.

The plight of the poor is abundantly and sympathetically illustrated throughout the text. Describing a child in Missing Hospital, Matron said: ‘This one has meningitis and if he lives he might well be deaf or blind. And its mother by staying at Missing night and day is neglecting her three other children. Lord, we’ve had a child back home fall into a well, get gored by a bull and even kidnapped while the mother was here. The humane thing is to tell her to go home, to take the child home...’

Humour abounds. Facilities at Missing Hospital were primitive. Lack of funds was a perennial problem. Staff members had to learn to make do with the bare minimum and soon became adept at performing minor miracles. Dr Ghosh was especially gifted in this. He reassembled a discarded X-ray machine and matched it to a transformer. When he operated it, a spark leaped across two brass conductors producing a thunderclap. The fiery display caused one ‘paralysed’ patient to leap off the stretcher and run for his life. Dr Ghosh termed this the *Sturm und Drang* cure. Ghosh’s rationale for sending the excised *vas deferens* after vasectomy to the pathologist for histology (p. 300) is just one more example.

There is also some ribaldry. Newton’s Fourth Law of Motion on the page introducing Part Two of the book is one example. Ghosh’s distress as he imagined the Brahma bull (p. 115) is another. Ghosh, in fact, has been attributed a heightened sense of colourful language. He described his own experience of passing urine during acute urethritis thus: ‘Like sliding down the edge of a razor blade using my balls as brakes.’

Some themes recur and the reader is kept alert by a fleeting reference to the earlier account. Bernini’s sculpture of St Teresa of Avila is one such example. Encountered first on page 4 (where some scalps may be scratched on encountering the term *prie-dieux*), it reaches its logical and touching conclusion on page 525.

The language is often alluring. Talking of *fetor terribilis*—an odour signifying an obstetric catastrophe, Hema tells Marion, ‘My saliva turned to cement...’. As the Matron massaged Sister Praise’s fingers, she called them ‘instruments of God’—and this is an excellent description for the hands of many nurses and doctors.

I can go on and on extolling the virtues of this book but I must end so that you can savour for yourself this fascinating book. Ere I do, I quote but once more and hope that this sentiment will some day be the guiding principle of our health workers, health ministers and the governments in general. 'How we treat the least of our brethren, how we treat the peasant with volvolus, *that's* the measure of this country. Not our fighter planes or tanks or how big the Emperor's palace happens to be...'

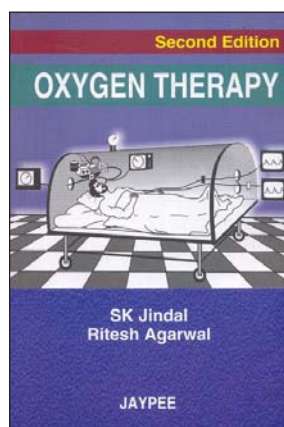
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chapter of the book describes the oxygen storage and supply system in the hospital, which will increase awareness among physicians who work in hospitals equipped with this system and will serve as a guide to those who want to establish this system in their hospitals.

This book will be useful for healthcare workers of all specialties as all aspects of oxygen therapy are covered. It is reasonably priced and handy to carry. The reader will have to pick up chapters of his/her interest to make the best use of the book. It will be most useful for physicians working in the field of Internal Medicine, Anaesthesia, Cardiology, Paediatrics, Pulmonary medicine and Critical care medicine.

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Oxygen Therapy. Second Edition. S. K. Jindal and Ritesh Agarwal. Jaypee Brothers, New Delhi, 2008. 377 pp, Rs 295. ISBN 81-8448-197-7.

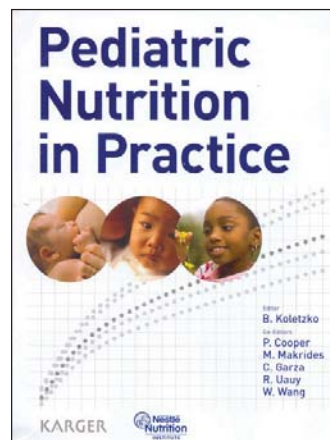


This is a useful book for doctors working in all clinical specialties as this aspect of care in seriously ill patients is usually not discussed in any detail. The book is printed on good quality paper and has a soft cover. It has 23 chapters, which cover almost all aspects of oxygen therapy. In day-to-day practice one often encounters physicians who do not understand the intricacies and finer details of oxygen therapy and the delivery systems. This book elaborates on all aspects of oxygen therapy.

The chapters on 'physiological consideration' are somewhat difficult to comprehend though they are critical for understanding subsequent chapters. The chapter on oxygen therapy in the intensive care unit is particularly useful for physicians involved in the care of the critically ill. Oxygen therapy in children and neonates is covered in separate chapters. The chapters on air travel, high altitude and deep diving contain interesting information. The physiological aspects of altitude medicine and deep sea diving are informative. The indications for oxygen therapy in these situations and oxygen delivery systems are described—an area not familiar to most physicians.

Hyperbaric oxygen therapy is another area which has been written well. The authors have described the conceptual evolution of hyperbaric oxygen from 'domicilium' to modern hyperbaric chambers. The chapter also highlights the rarity of use, and difficulties and complications associated with hyperbaric oxygen. The chapter on complications of oxygen therapy provides an overview of complications, their pathophysiological basis and markers of toxicity in a concise and comprehensible manner. The last section of the book deals with some special issues in oxygen therapy. It describes oxygen carriers and delivery devices and provides useful information to physicians. In the same section, oxygen therapy in neonates and children is informative. The last

Pediatric Nutrition in Practice. B. Koletzko, P. Cooper, M. Makrides, C. Garza, R. Uauy, W. Wang (eds). Karger, Basel, 2008. 305 pp, price not available. ISBN 978-3-8055-8477-7.



This exhaustive book covers almost all aspects of paediatric nutrition in practice. It is relevant not only for practising paediatricians in developed as well as developing countries, but also for nutritionists and biochemists. The book addresses issues pertaining to nutrient and energy requirements in infants and children, both in health as well as during illness. The contributors and editors have put in much effort to make it readable, interesting and

relevant to readers all over the world.

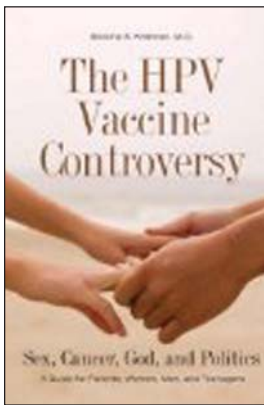
The chapters on 'Enteral nutrition support' and 'Parenteral nutrition support' could have been more elaborate. In each of these chapters, the principles governing enteral and parenteral nutrition could have been discussed under separate headings. Although, the protocol for administration of parenteral nutrition has been described in detail, the chapter on enteral nutrition support has not described the protocol for increasing 'tube' feeding in a phased manner. This is even more relevant for the uninitiated in countries where enteral and parenteral nutrition are not covered in the medical curriculum. A separate subheading in each of these chapters on 'Calculation of energy and nutrient requirements' as applied to enteral and parenteral feeding could have been added and explained by presenting a hypothetical case involving a sick child in hospital in whom enteral and/or parenteral nutritional support was indicated. This would have been useful for practising paediatricians who are unfamiliar with the concept

of enteral and parenteral nutrition support. The techniques and equipment available for enteral and parenteral nutrient delivery could have been discussed in more detail.

On the whole, this book is an excellent piece of work and the commendable efforts of all those who have contributed to this book should be recognized. The quality of paper used for printing is good and the glossy cover is visually appealing.

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The HPV Vaccine Controversy: Sex, cancer, god, and politics.
Shobha S. Krishnan. Praeger Publishing, Santa Barbara, California, 2008. 248 pp, US\$ 39.95. ISBN 978-0-3133-5011-5.



The past few years have witnessed a revolution in the field of cervical neoplasia, with the high risk human papilloma virus (HPV) being nailed as the cause of cervical cancer. In a short span of a little more than a decade, the HPV vaccine was developed, tested and marketed with the hope of preventing this dreaded disease. In the USA, the vaccine was approved in 2006, but controversy arose when in some states the vaccine was made mandatory for girls as young as 9 years of age!

This book by Shobha Krishnan comes at a time when everyone, medical professionals and laymen alike, need to be educated on all aspects of HPV infection so that they have a better understanding of the disease process. The book begins with the 'Controversy' surrounding the HPV vaccine and the author discusses the various hurdles this medical breakthrough has witnessed, including resistance by the public on religious and moral grounds, and obstacles in the way of its implementation. Politicians made the vaccine mandatory in certain states, while parents voiced the concern that mandatory vaccination was morally wrong and against family values. A balance between 'education' and 'mandate' and an adequate understanding of the role of the HPV vaccination by all concerned would ensure proper utilization of this vaccine for the benefit of young girls.

The chapters on the core aspects of HPV—transmission and natural history, risk factors and testing, cancer and warts—are informative and accurate. While dealing with the fundamentals of this 'silent disease', the author draws extensively on the published literature. Details of both the sexual and non-sexual routes of transmission are given. The fact that the disease can spread by the non-sexual route further strengthens the case for vaccinating all girls.

The chapters catch your attention right from the start, each of the titles ending with a tagline. For example, Chapter 5 is titled 'Emotional aspects and prevention of HPV: Shame, blame and absence of cure'. Further, each chapter begins with a 'Myth' and

a 'Reality'. At the end of each chapter is a summary of its contents, in the form of 'Key facts', and one can even begin by browsing through the 'Key facts' and work one's way to the start!

Parents, in particular, need to understand that the vaccine is preventive and should ideally be given before the child's sexual debut. They should be aware that it affords protection not just against sexually transmitted diseases, but cervical cancer as well. The author talks about adolescent sexuality, peer pressure and sexual experiences in the chapter on 'Parent's dilemma to vaccinate: A physician mother's perspective'. The author, herself a gynaecologist, physician and mother, highlights the fact that even though parents think their child is unlikely to engage in sexual activity relatively early, young girls are sometimes victims of sexual assault and also, very few women can be absolutely certain that their partners are sexually naïve.

There are 4 chapters devoted to vaccines—'The new HPV vaccine', 'HPV vaccines for males', 'FAQs on HPV and the vaccines' and 'Vaccines on the global front'. These give the reader a comprehensive account of the various vaccines available. They emphasize that the available vaccines can confer protection against about 70% of the cancers caused by HPV 16 and 18, and that the role of boosters is still unclear. A table compares the two available vaccines, Gardasil™ and Cervarix™, and lists all the relevant information about them, such as the vaccine type, clinical trials, vaccine component, age at which it should be administered, dosage schedule, adverse effects, and cervical screening. The chapter on 'FAQs on HPV and the vaccines' dwells on the lack of understanding of HPV and the vaccine amongst college students and emphasizes the need to raise public awareness. It also stresses that even if one gets vaccinated, it is crucial to take precautions, such as practising safe sex, making healthy lifestyle choices and getting oneself screened. Finally, the chapter on 'Vaccines on the global front' discusses the burden of cervical cancer worldwide. It argues that for the vaccine to be introduced in the developing world, cooperation will be required between various governmental and non-governmental agencies. This, combined with screening at least once in a life-time between the ages of 30 and 50 years, will eventually reduce the mortality from cervical cancer.

The contentious issue of HPV vaccine for males is discussed in the chapter 'HPV vaccines for males: The unsolved half of the equation'. Currently, this vaccine is approved for boys and men in very few countries, and neither the US nor India is one of them. The author states that focusing on women alone does not fully address the issue of HPV-related disease; men should be equal players in reducing the viral load in society.

The book makes for good reading, and is thoroughly researched, handy and lucid in style. It will be useful to all those involved in the field of HPV, including those who make healthcare policies, as well as to parents, students and religious leaders. We congratulate Dr Krishnan for this constructive and valuable contribution to the medical literature.

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