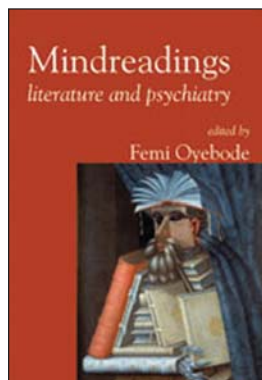


Book Reviews

Mindreadings: Literature and Psychiatry. Femi Oyeboode (ed). Byword Books Private Limited, New Delhi. The South Asian Paperback Edition, 2009. 142 pp, Rs 325. ISBN 978-81-8193-050-7.



The title of this book is appropriate as both in reading a literary work and interviewing a patient with a psychiatric disorder, one attempts to understand the emotions, behaviour, thoughts and motivations of the protagonist. Peppered with excerpts from famous and not-so-famous literary works, this book takes the reader through a journey that enhances our understanding of patients and their conditions.

Dr Oyeboode is Professor and Head of the Department of Psychiatry, University of Birmingham, UK. He has written extensively on the relationship between literature and psychiatry. He has also published 7 volumes of poetry, besides a book on psychopathology. This book has 11 chapters and 7 of the 9 contributors are psychiatrists. Professor Oyeboode has written 4 chapters. The book has redrafted articles originally published in *Advances in Psychiatric Treatment* in 2002-04, in addition to a few new chapters.

The titles of the chapters are self-explanatory and serve the purpose of elucidating the broad range of topics covered in the book. The main idea behind this book is to explore the relationship between literature and health sciences, more specifically psychiatry. The authors bring in medical humanities (including medical ethics, social history of medicine, and application of literature and arts in general to medicine) to explain the nature of this association. Historically, the two fields had a mutually rewarding relationship until the early part of the twentieth century. The relationship weakened as doctors increasingly considered themselves to be scientists and their exposure to the liberal arts diminished. At present, the relationship is conceptualized in two approaches—an additive and an integrative approach. The additive approach envisions that humanities can add on to existing biomedical knowledge, e.g. start from traditional categories of psychiatric disorders and seek literary accounts that illustrate these conditions. The integrative approach attempts to re-focus the whole of medicine to an understanding of what it is to be fully human.

The authors have built up arguments in favour of the study of literature by physicians and contend that the knowledge gained can be applied to the practice of medicine. Literature as a discipline aims to observe and understand the world as it is experienced by an individual in a complex multi-dimensional manner. Unique and shared patterns of reactions to critical circumstances are depicted using different genres, such as autobiography, fiction, poetry and letters. Reading literature helps to see the world from another's viewpoint and thus, can make it easy for doctors to understand the personal world of patients and be empathetic. It may also help doctors and patients to achieve 'contextual understandings of singular human experiences' and 'recognition of multiple contradictory meanings of complex events'. It was

interesting to read about the range of 'medical educational goods' offered by literature, which include the enlargement of vision and improvement in communication skills. Literature also encourages students to identify, explore, develop and sustain their own personal values and an enduring sense of wonder. It helps doctors to consider the totality of the lives of the patients they may meet only for a short time. Because literature is not reductive, it makes us realize that there are different ways of understanding what cannot be tested by multiple choice questions.

The reading of literature is especially important for psychiatrists as the signs and symptoms of psychiatric disorders cannot be separated from day-to-day life. Literary accounts of mental illness and suffering highlight what effect these illnesses have on patients, their relatives and friends and society in general. Conversely, psychiatrists can get an idea as to how their behaviour and words affect patients. Literary texts also give us an insight into our own and society's attitude towards mental illnesses. The book lists well-known authors/books to illustrate that madness and abnormal human experience and behaviour are of great interest to writers. Literary works also help in dealing with stigma and are useful in breaking taboos surrounding mental illnesses.

Autobiographical narratives of mental illnesses enhance the understanding of health beliefs, psychopathology as experienced by patients, the impact of psychiatric illness on the identity and social life of individuals, and the importance of personal relationships with clinicians. Fiona Shaw's *Out of Me*, Kay Jamison's *An Unquiet Mind* and Schreber's *Memoirs* are some of the books which have been drawn upon to illustrate psychopathology (anhedonia, depressive cognitions, delusions, hallucinations, etc.).

The fictional narrative aids in shaping our knowledge, understanding and feelings about madness. The author has chosen a very apt example—that of Rochester's wife, Bertha Mason, in Charlotte Bronte's novel, *Jane Eyre*, as it illustrates how madness is perceived in society. Bertha Mason's fiendish laughter and screaming (less than human) serve the purpose of differentiating her from others. She is locked away and kept as a secret, illustrating the perception that madness is best kept a secret and it is shameful to have madness in the family. The danger she poses to Jane Eyre links madness to violence explicitly. She does not speak but makes incomprehensible sounds, indicating the perception that the gift of speech, a natural attribute of human beings, is denied to the mentally ill.

Poetry is especially suited to expressing and describing sadness, emotional distress and despair. This can be seen in the works of a number of poets, such as Robert Lowell (bipolar disorder), Ivor Gurney (bipolar disorder) and Anne Sexton (recurrent depressive disorder), who have had psychiatric disorders.

In the chapter 'Letters and Psychiatry: The case of Franz Kafka', the author discusses Kafka's Letter to Father to show that letters can add to 'understanding of character, motivation, self-ascription and relationships'. However, it is not clear why psychiatrists and mental health workers should read letters by famous writers.

Literature also deals with death, dying and bereavement, and reading it aids in shaping our thoughts about death and its meaning in different contexts. Besides, literature may help dying patients or bereaved relatives by allowing them to identify with the ideas and emotions expressed. Literature is full of deaths of one sort or another, most of them offering a climax in a plot, a

point of reflection and an opportunity to take stock. The chapter 'Death and dying in literature' is replete with examples of many books—Vladimir Nabokov's *Lolita*, Henry James' *The Portrait of a Lady* and Christopher Logue's *War Music* are some of the few. The grief of Shakespeare's King Lear over the loss of his daughter, Cordelia, aptly expresses the despair felt by a person over the death of a loved one.

Alcohol has often been linked to the creative process. 'Telling tales (most of them tall, many of them self-serving) is one of the few things that booze makes you good at'—this is the everyday experience of psychiatrists, and the psychopathology is labelled as denial, rationalization, etc. The link between alcohol/drugs and writing has been of interest as many famous writers have problems related to alcohol/drugs. The case of the famous writer, F. Scott Fitzgerald, has been highlighted to bring home the point that very little good work appears to have been produced under the direct influence of alcohol/drugs. The authors highlight that an important part of the process of recovery from substance dependence is 'the ability to create or recreate an identity as a non-addict identity'. The narratives of addiction help in rebuilding a non-addict identity: re-interpretation of the addict lifestyle, reconstructing the sense of life and providing explanations for recovery.

Writings on dementia have not only covered the experiential aspects of dementia, but also how we all make sense of the world and what leads to our sense of identity. At the centre of this illness is the problem with memory; the importance of memory to human life is such that loss of memory leads to destruction of the person. Some of the themes in the literary texts dealing with dementia are loss of identity, back to childhood, nursing homes, family stories, the medical profession, moral issues and dignified acceptance of illness. These are well illustrated in *Iris: A Memoir of Iris Murdoch*, written by John Bayley, the husband of the famous post-World War II novelist, *Out of Mind* by J. Bernlef and *Remind Me Who I Am Again* by Linda Grant.

The portrayal of intellectual disability presents challenges as the very nature of such disability makes it difficult or impossible for these people to write about what it is like to live with it. These challenges are overcome by the narrator's empathy for the character or by achieving technical accuracy. This is best exemplified by the character of Benjy Compson in William Faulkner's *The Sound and the Fury*.

The literature on autism allows us a peep into the world of patients with autism. Their inability to infer other people's emotions from their non-verbal communication or the immediate context, lack of self-awareness and oddities in the use of language are highlighted in many works and by characters such as that of Christopher Boon, a teenaged boy with Asperger syndrome in *The Curious Incident of the Dog in the Night-time* by Mark Haddon. These personal and fictional accounts can remind doctors of the more pressing concerns of their patients, e.g. the hitherto less known fact that many people with autism find particular sounds, smells and textures so intense that they are painful or distressing.

At a personal level, this book was a reminder of instances when a particular piece of creative writing has enriched a clinical encounter with a patient in terms of making one more empathetic and insightful, and helping one be non-judgemental and experience the need to help out. Recently, a case of attempted suicide, in which the patient said it was the pointlessness of living that triggered the attempt, reminded me of *The Myth of Sisyphus* by Albert Camus, who raises the question of whether the meaninglessness and absurdity of life necessarily require suicide. I owe my understanding of the stages of dying to *The Death of Ivan Ilyich* by Leo Tolstoy, of mental

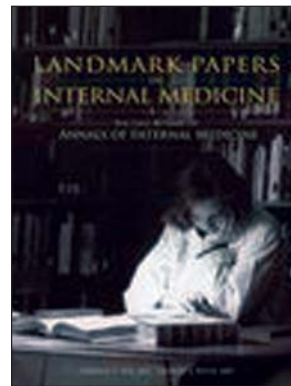
turmoil a few hours before suicide to *Anna Karenina* by Leo Tolstoy, and of the psychological aspects of war to *Farewell to Arms* by Ernest Hemingway—the list is endless.

Over the past few decades, the subjective, felt, perceived, experienced inner world of patients has been overshadowed by the pursuit of objective, uniform, reliable, valid psychiatric diagnoses based on operational criteria. This book stresses the importance of understanding the subjective world of patients and recommends the use of literature to do so. It is a timely book which is not only enjoyable to read, but has also been able to make a case for the educative role of literature in the medical sciences and psychiatry, in particular. It has appeal and holds lessons for the medical fraternity in general, and also for the relatives of patients and anybody who has an interest in reading literature, besides psychiatrists and other mental health workers. This book is, therefore, recommended for inclusion in the 'suggested reading lists' of all doctors, especially during the formative years of their training.

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Landmark Papers in Internal Medicine. Harold C. Sox, Edward J. Huth. American College of Physicians, Philadelphia, USA, 2009. 528 pp, price not mentioned. ISBN 978-1-934465-07-3.



The Annals of Internal Medicine (shortened to *Annals*, for convenience) is rightly considered to be one of the 'big five'—the 5 most important general medical journals in the world (the others being *JAMA*, *N Engl J Med*, *BMJ* and *The Lancet*). Many of the papers that the journal has published in the 80 years since it began publication in 1927 have influenced medical thought and practice. Which are the most important of these papers? Two

editors—the then editor, Harold C. Sox, and the emeritus editor, Edward J. Huth (who has been a member of the editorial board of the *NMJI* for many years), have collated the best papers and reprinted them in this wonderful volume.

The papers include the top 3 papers in the fields of general medicine, health policy, cardiology, endocrinology, gastroenterology, haematology, infectious diseases, nephrology, oncology, pulmonary medicine and rheumatology. The selection has been done according to cumulative citation count and the judgement of experts. At the beginning of each section is a contemporary commentary on each of the papers.

The selection of these 33 papers from an 80-year period not only illustrates how the field of general internal medicine has changed, but also reflects the history of medical journals. George

Thorn *et al.* take all of 44 pages to describe the evaluation of synthetic desoxycorticosterone acetate therapy in 158 patients with Addison disease (*Annals* 1942;**16**:1053–96), while Maud Slye's paper on cancer and heredity (*Annals* 1928;**1**:951–76) is spread over 26 pages! 'The nephrotic syndrome in adults: A common disorder with many causes' (*Annals* 1958;**49**:751–74) carries many full-page black and white photomicrographs of pathological glomeruli. Space constraints would never allow any of this to occur today!

We see no abstracts in the papers from the 1920s to the 1960s. There are conventional, unstructured abstracts in the years after that, and finally, structured abstracts from the 1990s. The papers of the 1950s carry a summary in Spanish at the end of the paper, while those of the last few years carry e-mail addresses for single reprints! While the cancer and heredity paper from 1932 is based on cancer in mice, today the *Annals* rarely, if ever, contains animal studies. I would have liked to read a formal history of the *Annals* in these pages, but there is no such history. To learn in brief about the early years of the journal, one has to read Garfield's article (which is on citation classics in the *Annals*) in *Current Contents* no. 47, pp. 3–13, November 19, 1984, or Huth's article in *Annals* 87:103–10.

And what of the papers themselves? It does not take an impact factor to realize why these papers are considered classics. While I had expected to see only primary research papers, I was a bit surprised, but pleased, to see reviews and other types of papers included as well. Among the former are the paper on hyperaldosteronism by Conn and Louis (*Annals* 1956;**44**:1–15), plasma viral load and CD4 lymphocytes as prognostic markers of HIV-1 infection (*Annals* 1997;**126**:946–54) and one of the papers from the Framingham study (*Annals* 1961;**55**:33–50). (The paper on the disease which came to be labelled Conn syndrome is an unusual case report and is the epitome of how to do research—it traces the metabolic assays of a single patient with a 'new' entity over 227 days!). Papers on two of the spectacular successes in oncology are the ones on Hodgkin disease (*Annals* 1970;**73**:881–95) and testicular cancer (*Annals* 1977;**87**:293–8). I found one paper (*Annals* 1955;**43**:345–60, Serum glutamic oxaloacetic transaminase activity as an index of liver cell injury) particularly fascinating, not just because I am a pathologist, but also because it shows how medical science has grown. In 1955, evaluation of SGOT for liver disease was the latest in medical research. Yet, SGOT (or AST as it is, in its new avatar) had become extremely basic knowledge for even the medical student in the 1960s.

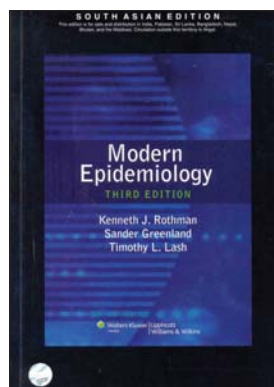
The reviews and other papers include Cynthia Mulrow's paper on the medical review article (*Annals* 1987;**106**:485–8) and the Declaration of Helsinki (*Annals* 1966;**65**:367–8). Anthony Fauci's review paper on vasculitis (*Annals* 1978;**89**:660–76) is a masterpiece. Even if it were read today, a quarter of a century after its publication, the practising physician would learn much about the disease. For instance, we recently published a paper emphasizing that fever of unknown origin is a common manifestation of giant cell arteritis in India (*Natl Med J India* 2010;**23**:18–20). Fauci's article puts fever as the first symptom, both in the text as well as in the table accompanying it. We learn from Harris's commentary that this paper, more than any other, probably influenced many young physicians to pursue a career in rheumatology.

I have always enjoyed reading such books. The best that I have seen of this type is *A Bedside Nature: Genius and eccentricity in science* (*Natl Med J India* 1997;**10**:198), which contained not only path-breaking papers, such as Watson and Crick's letter on the double helix structure of DNA, but also, as the title suggests, hilarious and eccentric musings from the pages of *Nature*. I truly

look forward to the day when I can see such an anthology—either landmark or eccentric—from an Indian journal.

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Modern Epidemiology. K. J. Rothman, S. Greenland, T. L. Lash. Third (South Asian) edition. Wolters Kluwer India, New Delhi, 2009. 758 pp, price not mentioned. ISBN 978–81–8473–11.



Epidemiological studies are an exercise in measurement. The minimizing of error, both random and systematic, is the prime goal of the design and conduct of epidemiological studies. This was amply clear to me when I first read the first edition of the book *Modern Epidemiology* by K.J. Rothman. I found the book so engaging that I read it from cover to cover and read some chapters again and again.

The book has seen expansion and growth with each subsequent edition. The third edition of the book is an expanded and comprehensive version that is truly up to date and encyclopaedic. There are four sections: Basic concepts; Study design and conduct; Data analysis; and Special topics. Each section provides an in-depth discussion on the relevant topics.

The section on Basic concepts starts with a discussion of the sufficient and component cause model and elegantly merges this with the philosophy of scientific inference. It ends with a critical analysis of Bradford Hill's criteria of causation. The chapter on interaction, probably the most elaborate, contains a discussion on the statistical and biological aspects of interaction.

The section on Study design and conduct covers not only the classical study design but also the variants, e.g. case cross-over studies and cumulative case-control studies. I found the chapter on causal diagrams difficult to follow, but to some extent, the diagrams helped to understand the concepts.

Section 3 on Data analysis contains perhaps the most comprehensive discussion on stratified analysis, starting from an introduction to the details of its application. The chapter on Bayesian statistics and bias analysis contains some of the most recent developments in epidemiological data analysis. The chapter on regression analysis has been well illustrated with examples. The use of the example of the orbital path of the earth around the sun to explain the difference between regression model specification and model fitting was very useful in clarifying the concept.

Section 4 contains descriptions of epidemiological issues in the context of special situations, such as genetic and molecular epidemiology; nutrition and environment; social and reproductive

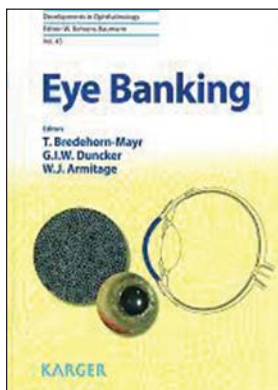
epidemiology; and clinical epidemiology. Each of these topics builds on the general epidemiological concepts and there are descriptions of special issues and study designs applicable to specific situations. I found the chapter on genetic and molecular epidemiology particularly interesting. It is a 'must read' for basic scientists involved in the development and evaluation of biomarkers and genetic susceptibility testing.

While the book has become comprehensive and elaborate, it has also grown complex and, at places, difficult to follow. This is particularly true of the chapter on interactions, bias analysis of polytomous exposure and outcome.

Overall, I will recommend this book not only to all students of Masters of Epidemiology and Public Health, but to all researchers engaged in human research. I am confident the book will serve as a good source of reference at the time of study planning as well as analysis.

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Eye Banking. T. Bredehorn-mayr, G. I. W. Duncker, W. J. Armitage. S. Karger, Basel, 2009. 140 pp, USD 156. ISBN 13: 978-3-8055-9124-9.



This is a delightful little book, and most welcome as it fills a vacuum in the medical literature in this field. The paucity of textbooks on this subject is well illustrated by the fact that I had independently ordered a copy for myself when I came to know that it was available. The text is concise, covers all the important aspects of eye banking, and is supported by suitable references and illustrations.

The major drawback of the book is that it only covers the practices of eye banking followed in Europe and does not give any information on the eye banking practices being followed in America or the rest of the world. Alternative corneal storage media, such as Optisol GS (Bausch and Lomb, USA) and Eusol-C (Alchimia, Italy) for example, are not even mentioned. The book, therefore, would be of limited value for readers in other countries and would be beneficial mainly for medical personnel and technicians practising in Europe. For example, the organ culture technique and methods of corneal assessment outlined in the book cannot be directly applied in other eye banks which do not follow European eye banking practices.

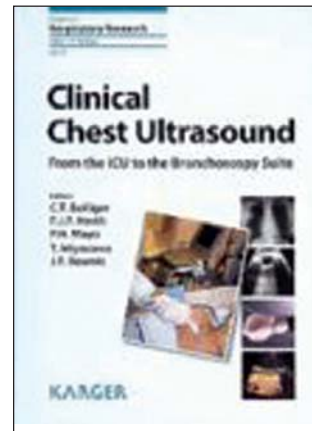
The general chapters on corneal grafting and banking, donor selection and retrieval, cryopreservation, preparation of amniotic membrane and preparation of human sclera for clinical use are of wider interest and would be beneficial to those interested in the field.

Information on quality management in European eye banks, allocation of corneas in Europe, and costs and financing, as well as an update on newer European regulations, provides a useful insight into these important aspects. It would assist in policy management and the planning of regulatory issues on an international platform.

Overall, the book is certainly recommended for European medical libraries but in view of the cost and benefit imbalance, I would not recommend it to a universal audience.

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Clinical Chest Ultrasound. C. T. Bollinger, F. J. F. Herth, P. H. Mayo, T. Miyazawa, J. F. Beamis (eds). Karger, Basel, 2009. 222 pp, € 134.50, US\$ 1880. ISBN 978-3-8055-8642-9.



Clinical Chest Ultrasound is a comprehensive text on the subject, directed primarily towards pulmonologists using ultrasound (US) in an intensive care unit (ICU) or bedside setting. It is fairly extensive and would be useful even to radiologists, as radiology texts do not usually focus on thoracic US. A comprehensive text on this subject is welcome as this topic is generally not discussed; the role of US in evaluating the chest is often underestimated.

Only the large section on endoscopic US would not be relevant to radiologists.

The chapters cover the entire gamut of thoracic US. The content is extensive and up to date. Recent and past literature is included and the book gives a good description of the key sonographic signs. The online videos provided should further aid in the comprehension of the sonographic signs described.

The format of the book is easy to follow, and the font size is good and the illustrations clear. Since the topic is not a rapidly evolving one, the book has a reasonable shelf-life, of 5-6 years.

One limitation of the book is the repetition of matter through the chapters, which increases the amount of time spent on reading it.

Overall, this is a valuable niche text on the subject of thoracic US for all physicians and sonologists in the field and is certainly a worthwhile read.

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