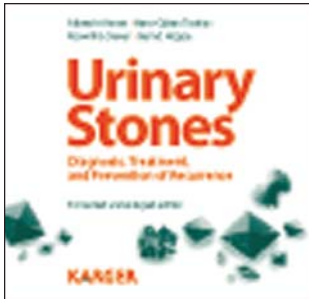


## Book Reviews

**Urinary Stones: Diagnosis, Treatment and Prevention of Recurrence.** Albrecht Hesse, Hans-Goran Tiselius, Roswitha Siener, Bernd Hoppe (eds). Karger AG, Basel, 2009. 232 pp, € 49.50/US\$ 69. ISBN 978-3-8055-9149-2.



The management of urinary stones forms a major part of urological practice in India and around the world. Not only do urinary stones occur reasonably frequently, they are a major source of morbidity and, in developing countries, mortality. Though the condition is benign, a large burden of stones and recurrences have resulted in

frequent presentation with advanced azotaemia, at times resulting in end-stage renal disease.

There have been major advances in the management of urinary calculi. Most of these focus on minimally invasive endourological procedures for stone removal. These include shock wave lithotripsy, retrograde ureteroscopy, antegrade percutaneous renal access and laparoscopy. While these advances have resulted in improved stone removal with minimal morbidity, they do not address the issues of causation of stones and their recurrence. Why did the stone form in the first place? Why only in one kidney and not the other? How do you decrease the recurrence rates of nearly 50%? These are issues that are still poorly understood and have not been adequately addressed.

This is the third edition of the book and has been written by 4 authors from Germany—a urologist, a paediatric urologist, a professor of experimental urology and a person in the field of medical nutrition science. The book is divided into 3 major segments. One is on the general aspects of stones, one discusses specific types of stones, while the third contains details of various laboratory investigations for stones. The top and right hand margins of the book contain tabs to show the title and content of that page, making navigation easy. There is a large number of tables and algorithms, particularly on the right side pages, with descriptions on the left side pages. An initial glance at the book gives you the impression that it will provide a good algorithmic approach to diagnosis, treatment and prevention.

However, the feel-good factor is short-lived. The book is wordy and the language difficult to interpret at a number of places. This may be because the authors are not native speakers of English and find it difficult to communicate clearly. The introduction on the causation of stones is brief and inadequate. The algorithm on stone formation on page 3 mentions 'mentality' as a risk factor for stone formation, which is difficult to understand. Much data are repeated between text and tables and often between different tables. The tables on pages 4 and 5 have almost identical data. The symptoms of renal colic described on page 9 are those of a patient in shock, something which is rarely seen, and a novice reading this would be likely to miss 95% cases of renal colic if he expected to find all these signs. On page 10, the authors state that 'microhaematuria is a general symptom of urinary stone colic, but may infrequently be absent'. Microscopic haematuria is a laboratory finding, not a symptom, and the double negative at the end of the

sentence is confusing. The authors cite no references in the text and only provide a bibliography at the end, so their statements cannot be readily verified.

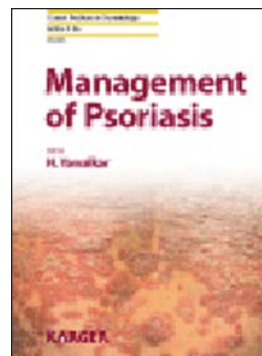
Although the title of the book mentions 'treatment', there is almost no discussion on how to treat stones, apart from a few pages on various surgical options. There is no mention of case selection for various surgical modalities, and the details of the surgical techniques and complications have not been touched upon at all.

What is good about this book is the detailed discussion on the identification of stone types and the prevention of stone recurrence. In fact, that is probably what this book is all about. The bulk of the book is devoted to discussions on dietary and lifestyle modifications to prevent recurrence in patients with various types of stones. Although these discussions presume that the reader already knows what kind of a stone it is, they are helpful because few other books deal with these issues in detail. However, even here, the authors often go overboard in their recommendations and it is difficult to imagine that a gastrostomy tube needs to be placed in children to force-feed them water to prevent the recurrence of stones. A worthwhile feature of the book is the appendix, which describes metabolic tests for stone causation.

Overall, the book has some good points, such as the fact that it covers aspects of disease management which are often overlooked in larger texts. It would have been better if the title had been modified to reflect this and the language and style had been reviewed by editors whose native language is English.

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**Management of Psoriasis.** Nikhil Yawalkar (ed). Karger, Basel, 2009. 195 pp, price not mentioned. ISBN 978-3-8055-9151-5.



I must confess that I took a little while to begin this review because I stumbled on a page acknowledging financial support from Abbott, Essex Chemie and Wyeth, all makers of expensive drugs for psoriasis, and was concerned whether the contents of such a book would be balanced and untainted by commercial considerations. I am happy to report that they are not. Only 2 of the 10 chapters are devoted to the expensive new drugs manufactured by these and other companies, and adequate

coverage is given to the several other older, effective and less expensive modalities available for the treatment of this common disease that afflicts about 2% of people around the world.

Most of the book provides balanced information about the efficacy and toxicity of various treatments available for mild, moderate and severe psoriasis. Methotrexate is acknowledged as an anchor of systemic therapy in fairly straightforward terms: 'It is the treatment that offers the best efficacy/tolerability/convenience/cost ratio for psoriasis.' There is also a refreshing directness about the way in which the authors refer to the excessive stress laid on hepatic fibrosis in early guidelines on the use of this agent: 'The old American guidelines should not be followed...' Many long-term studies have shown that the risk of hepatic fibrosis is extremely low. There is a reference in the text to 2 non-invasive tests that are useful in the detection of hepatic fibrosis, but more details about the performance, availability and cost of these tests would have been useful for practitioners.

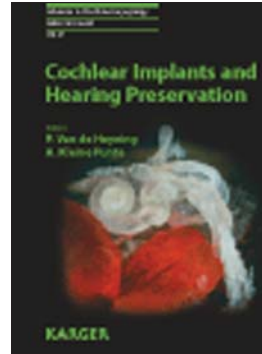
Information about retinoids and cyclosporin is also provided in adequate detail for practical use. The chapter on phototherapy discusses the indications, efficacy, safety and limitations of this modality. Two chapters deal with difficult therapeutic situations in psoriasis rather than with therapeutic agents, an approach that is closer to the clinical setting. However, the important problems of erythroderma and pustular psoriasis are not included. The chapters on biological agents provide helpful, clinically relevant information. However, efalizumab has been withdrawn from the market after it was found to be associated with progressive multifocal leukoencephalopathy. An addendum to the chapter mentions this regulatory action, which, however, has rendered the detailed description of the agent redundant and merely of historical value. Some biases, or more accurately, practice preferences do creep in, e.g. a detailed dosage chart is provided for narrow band UVB therapy, but not for the equally effective but less fashionable PUVA therapy.

Much of what is described in the book, written by authors from the USA and Europe, can be utilized by dermatologists working in other parts of the world, but there are caveats. In places where patients pay for treatment out of their own pockets, dermatologists need to know that the cost of equally effective agents, such as topical steroids, tacrolimus, pimecrolimus and calcipotriol, can vary hugely—by factors of 10 or more. In a chronic disease for which treatment is required for long periods, this difference can be crushing. The abundance of sun in our part of the world can also be used to the benefit of patients. Sunlight may be as effective as phototherapy in a light unit and help the patient avoid the disruption of repeated hospital visits 2–3 times a week. Recently, it was shown that light therapy can be undertaken if the patient wears thin clothes, obviating the need for strict privacy, which can be difficult to secure in our crowded communities.

This is not an encyclopaedic book, but one that provides much information of value for everyday practice. It largely achieves its stated goal of providing information that is useful for trainees and dermatologists managing patients with psoriasis. However, it is difficult to comment on the desirability of purchasing this book without knowing its price. If the book is reasonably priced, it is a good buy; but if it is expensive, then it might be worthwhile to take the trouble to search for this information in newer textbooks of dermatology, supplemented by journal reviews.

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**Cochlear Implants and Hearing Preservation.** P. Van de Heyning, A. Kleine Punte (eds) Karger, Basel, 2010. 156 pp, € 120.50/US\$ 169. ISBN 978–3–8055–9286.



This book is about the relatively new topic of hearing preservation and cochlear implant. The effort is commendable as it fills a void in our knowledge of hearing preservation.

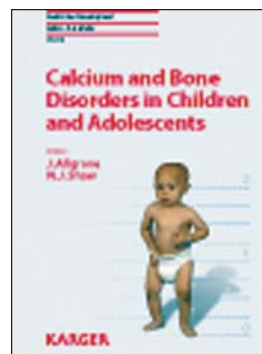
The first half of the book gives one a basic knowledge of electric acoustic stimulation (EAS), the cochlea and investigation of dead cochlear zones. It also discusses various ways to preserve hearing with the use of drugs, as well as modified cochlear implant.

The second half of the book is about ways to minimize intraoperative trauma to the cochlea. It also deals with partial and deep insertion of electrodes.

Overall, the book is readable and easy to understand, and provides a clear understanding of the subject. It is a good reference book for postgraduate students. The otolaryngologist and audiologist/speech therapist involved in a cochlear implant programme will also find it useful.

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**Calcium and Bone Disorders in Children and Adolescents.** J. Allgrove, N. J. Shaw. (eds). S. Karger, Basel, 2009. 300 pp, price not mentioned. ISBN 978–8055–9037–2.



This book is the sixteenth in the Karger series on endocrine development. It has its origins in the annual post-graduate teaching course conducted by the British Paediatric and Adolescent Bone Group. The editors of this volume are co-founders of the group and the course. The contributors include all the founding members of this group, as well as a few other international experts. The origin of the book is reflected in its style and content—it is a book by clinicians for the clinician. Having

said that, the authors have left no stone unturned in their efforts to include the very latest in molecular advances that enhance the clinician's understanding of pathophysiology.

The independent chapters on mineral metabolism, bone-related hormone metabolism and the physiology of bone growth and remodelling provide a good foundation for the clinical chapters which follow. These, along with the chapters on bone biopsy and

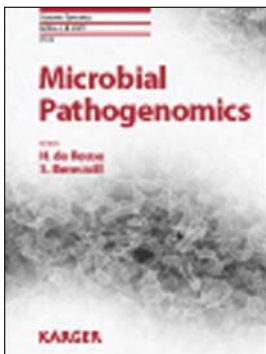
bone densitometry, make this a complete 'package' for the reader who is looking for a concise and readable treatise on this subject. The clinical topics addressed include, among others, disorders of calcium and phosphorus homeostasis, rickets and primary bone fragility conditions, as well as systemic conditions of childhood and adolescence which produce low bone mass. The paediatrician will find the information on glucocorticoid-induced osteoporosis in children in this latter chapter useful. The same goes for the information on the effects on bone of chronic inflammatory diseases, cancer chemotherapy and cerebral palsy, among other things. A unique feature of the book is a description of 36 meticulously documented case histories covering the spectrum of paediatric metabolic bone disease, complete with investigation reports, radiology, treatment and key learning points.

An aspect which could perhaps have been covered in more detail is renal tubular acidosis. The inclusion of paediatric bone density reference tables might also have been useful. All in all, I would highly recommend this book to anyone interested in the subject of paediatric metabolic bone diseases, including paediatricians, endocrinologists and paediatric endocrinologists, clinical geneticists and paediatric orthopaedic surgeons.

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**Microbial Pathogenomics.** H. de Reuse, S. Bereswill (eds). Karger AG, Basel, 2009. 214 pp, € 207/US\$ 290. ISBN 978-3-8055-9193-5.



Bacteria continue to enthrall and challenge us. There was a time when we deluded ourselves into believing that eradication of micro-organisms was the key to freedom from all infectious diseases. However, over time, and many casualties later, we began to understand our folly. Each time we presumed that we knew all that there was to know about micro-organisms, they provided us with not-so-gentle reminders that they are intelligent, evolving life forms, and

that they are grandmasters at the art of survival. As a result, we have had to rethink our strategies of dealing with them.

As with any kind of strategic warfare, it is important to understand the mind of the enemy. It is this particular need that this book attempts to fulfil. This is the sixth volume in a book series titled *Genome dynamics*. It aims to provide an overview of bacterial genome structure and diversity. The book is a collection of reviews by leading researchers in the field. Using individual bacterial pathogens as examples, the authors have dealt with current technology, mechanisms of pathogenesis, evolution of bacterial pathogens and host-pathogen interactions.

The highlight of the book is the description of the spectacular use of the genome information of *Helicobacter pylori* to retrace human population migration. This underlines the eons of shared history of humans and bacterial pathogens and probably indicates that it is not easy, and perhaps not desirable, to completely part ways.

Other chapters deal with the evolution of the pathogenic strategies of bacteria. From the capacity of *Escherichia coli* to adapt to changing environments and the versatility of *Pseudomonas aeruginosa*, which enables it to occupy different environmental niches, to the ability of *Legionella* to subvert host immunity, the genomic signatures responsible for all these mechanisms have been elegantly elaborated using tools of bioinformatics.

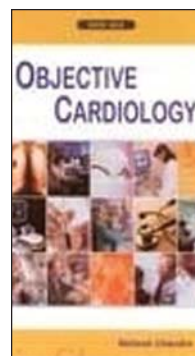
The concept of reverse vaccinology, which is arguably the most revolutionary idea in the prediction of vaccine candidates so far, has been accorded an entire chapter, as has been the description of the approaches used for determining protein-protein interactions in bacterial pathogens. The advantages and pitfalls of both concepts are described in detail. There is also a fascinating attempt to deduce the lifestyle of an extremely host-restricted organism, such as *Bartonella*, using functional genomics.

All told, the book provides an absorbing insight into the past, present and future of our relationships with a variety of micro-organisms, and is well worth owning. However, given the detailed technical descriptions, it may cater only to a niche audience among microbiologists.

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**Objective Cardiology.** Mahesh Chandra. New Age International, New Delhi, 2009. 594 pp, ₹200. ISBN 978-81-224-2615-1.



This book, written by a well-known internist in India, has over 4000 multiple choice questions (MCQs) in the subject of cardiology, which, I am sure, is an unparalleled feat. Many questions in the book are fresh and novel, and the author should be given credit for this. The subtopics are arranged in a manner similar to that in the most widely read textbook of cardiology—*Braunwald's heart disease*. This helps the reader to go about doing the MCQs in a systematic manner.

The author has framed questions on a wide spectrum of topics, i.e. clinical cardiology, electrocardiography, treadmill test, echocardiography, cardiac catheterization, arrhythmias, heart failure, coronary artery disease, and diseases of the heart and pericardium. Unfortunately, the presentation of the questions does not make the reader think. Most of the questions follow a knee-jerk reflex—if you have mugged it up, fine; otherwise you cannot think and answer. The questions are very direct and do not confuse the reader, but the

choices are not very well thought of and, in some cases, are quite unthinkable. The reader either knows or does not know the answer. The questions are important for cracking a DM entrance examination. Though most questions are easy, there are some that will force the reader to think and may take more time to answer.

The author has managed to provide the correct answers, to a large extent. When you are undertaking such a mammoth task, there will be some flaws. A few questions do not have correctly matched answers and several have choices that fall short of the most appropriate answer. Hence, the reader, if convinced about the correctness of his/her answers, would do well to cross-check the answers from a more authenticated manuscript or book.

Who are the potential readers? Students preparing for the DM/DNB entrance examination will be interested in this book. The book serves as a rapid check of their knowledge in a specific area they have recently studied. This pattern of examination, wherein one is assessed by his/her 'knowledge of such facts', is changing gradually in India. The more prestigious academic institutions no longer ask such questions. These kinds of questions are probably still in vogue in the less privileged institutes and in the DNB entrance, for which this book is an ideal companion. The absence of references and illustrations for any of the answers is what I personally consider to be the biggest drawback of the book.

Though this book is intended primarily for the DM/DNB cardiology fellowship aspirants, it will be useful for any physician interested in the field of cardiology and practitioners of cardiology. It should serve to refresh their objective theoretical knowledge. Having said that, it must be noted that this book suffers from the disadvantages common to all MCQ books. A MCQ book assessing objective knowledge cannot replace a textbook. Hence, readers

have to continue to read the best textbooks available and not depend only on this question bank. As a whole, it is worthwhile for all DM cardiology aspirants to keep this book in their personal library.

I am impressed by the vastness of the scope of the questions and the minute details covered. Which ARB does not produce cough? Maximum chronotropic incompetence is seen in? All  $\beta$ -blockers are removed by dialysis except? Which diuretic may cause ototoxicity? Tinnitus occurs with which Ca antagonist? The answers to such questions should be compiled in a database that one can access immediately when a patient is seen. For example, if you want to use an ARB that does not cause cough, you may not remember off-hand and you can quickly refer to this database. I feel it would be extremely useful if we could extract the clinically relevant questions, compile them and make them available on the net, on palmtops/pocket PCs, etc.

The authors have not edited and proofread the book carefully. There are a number of spelling and grammatical mistakes in the questions and choices, to the extent that several of them cannot be interpreted. Despite all the negative points, the author still needs to be congratulated on executing the mammoth task of providing an encyclopaedia of MCQs.

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### *Obituaries*

Many doctors in India practise medicine in difficult areas under trying circumstances and resist the attraction of better prospects in western countries and in the Middle East. They die without their contributions to our country being acknowledged.

*The National Medical Journal of India* wishes to recognize the efforts of these doctors. We invite short accounts of the life and work of a recently deceased colleague by a friend, student or relative. The account in about 500 to 1000 words should describe his or her education and training and highlight the achievements as well as disappointments. A photograph should accompany the obituary.

—Editor