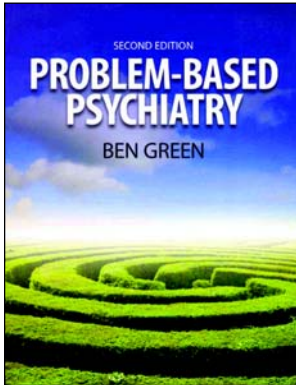


Book Reviews

Problem-Based Psychiatry. Second edition. Ben Green. Byword Books, New Delhi, 2010. 253 pp, ₹550. ISBN 978–81–8193–064–4.



This book reflects the move towards a problem-based approach to teaching in medical schools, wherein self-directed learning on the part of students is encouraged. The book endeavours to address the gap between theoretical aspects and issues related to the day-to-day practice of clinical psychiatry, and manages to strike a balance between imparting information and maintaining curiosity and interest for a beginner in psychiatry.

The book consists of 18 chapters and an index at the end. In addition to chapters on various psychiatric disorders, geriatric and child psychiatry and treatment modalities, it also contains chapters on the history of psychiatry and ethics and law. In keeping with the requirements of problem-based learning, each chapter is anchored by case scenarios followed by detailed discussions related to diagnostic and management issues. The author's proficiency in history, literature and movies helps provide a real-world context to various content areas. Often, important points are summarized under the heading of 'learning points'. Each chapter contains references for further reading, including important research papers, and addresses and links to web pages of relevant resources and support organizations. Further explorations of the topics in the form of short discussions regarding the interrelations with other branches of medicine also help to make the subject engaging. Questions are kept open so that readers continue to feel inquisitive. Each chapter also contains multiple choice questions with answers for self-assessment.

The clinical aspects of psychiatric diagnosis, illustrated through case histories and the discussions that follow, would be informative to anyone with a basic knowledge of medicine. The descriptions of disorders mostly exclude aspects such as aetiology and the history of concepts and concentrate on clinical diagnosis, which is in keeping with the focus and intended readership of the book. However, some pointers to the underlying nosological and conceptual issues (e.g. for dissociative disorder, adjustment disorder, etc.) might have helped to avoid oversimplification and the use of loose diagnostic groupings. More importantly, the guiding principle for selecting areas to present in case histories is not explicit. The chapter on child and adolescent psychiatry contains case histories on substance misuse, anorexia nervosa, school refusal and parental conflict, but not attention deficit hyperactivity disorder or conduct disorder. The chapter on psychotherapy has illustrations of psychodynamic interpretations of dreams and the relation between cognition and emotion, but nothing related to behavioural techniques. Similarly, the chapter on physical treatments does not utilize the opportunity to illustrate the diverse medical or other practical aspects related to the use of psychotropics, confining itself, instead, to 2 case scenarios to highlight the duration of antidepressant treatment and the use of tricyclics in the context of suicidal ideas. Management has been

discussed in detail after each case scenario, with an emphasis on the identification of various issues, but the book does not appear to encourage anything other than referral of patients.

Overall, this book fulfils the role of a stepping stone for undergraduate students, mental health nurses, social workers, occupational therapists, mental health advocates and mental health therapists, who would benefit from understanding and identifying various psychiatric disorders in the clients. In an era in which a community approach to psychiatry is emerging as an answer to many of the challenges in the field in terms of resources, this book has a definitive role in demonstrating a practical approach for training personnel in mental health.

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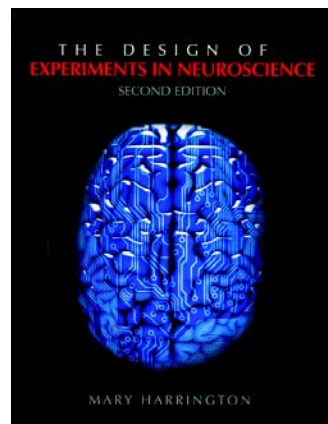
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The Design of Experiments in Neurosciences. Second edition. Mary Harrington. Sage Publications, New Delhi, 2011. 261 pp, US\$ 37.27. ISBN 978–1–4129–7432–5.



The book is targeted mainly at researchers in the neurosciences. This has been attempted by citing examples from neuroscience research, though the main contents of the book are applicable to a wide basic research audience. The book covers topics relevant for a researcher from the point of 'getting started' to 'writing a research paper'. All the important and commonly used research designs, including within

subjects (crossover design), matched samples design, independent samples (group comparison) design, as well as correlational design time series and factorial designs are covered. A notable feature of the book is its emphasis on randomization and blinding. To help researchers in publishing their research, the book also provides useful suggestions on how to write a paper. There is a brief chapter on statistical analysis as well.

The stated aim of the book, which is to help a student of neuroscience become a scientist, has been largely achieved. The organization of the book is a bit confusing, but the reader can get past this problem with some effort and attention. The methodologies described are accurate, precise and suitable for conducting animal

experiments. This is certainly a welcome step which will go a long way to enhance the validity of the conclusions derived from animal studies. The chapter on writing a research paper provides researchers with helpful guidelines on publishing their results. Appendix C provides some hints on how to critically read a paper.

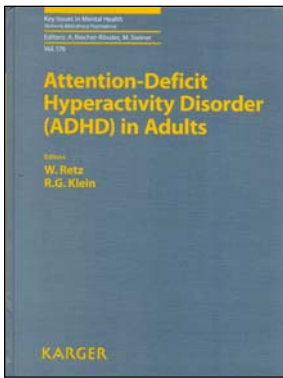
The general appearance of the book is quite good. It is easy to read and uses different typefaces to distinguish the text from examples. However, the authors could have clarified some of the concepts further. Each design could have been developed in one chapter to allow for a clearer understanding of the concepts. The illustrations are clear and useful. Overall, I recommend the book for basic neuroscience researchers, particularly those doing Masters or Doctorates.

The book is affordable for libraries, but a student in India may find it expensive.

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Attention-Deficit Hyperactivity Disorder (ADHD) in Adults.

W. Retz, R. G. Klein Homburg (eds). S. Karger, Basel, 2010. 192 pp, price not mentioned. ISBN 978-3-8055-9237-6.



This book is the 176th volume of a series entitled 'Key Issues in Mental Health'. The series started in 1917 and was then known as *Bibliotheca Psychiatrica*. In the early years, it was not published in the English language. However, in the past 4 decades, the series has been published in English. Though the series focuses on mental health, it has many volumes covering the interface between medicine and psychiatry. For example, the previous volume, entitled 'The

menopausal transition', is on the interface between psychiatry and gynaecology. This volume covers one of the commonest child psychiatric conditions but addresses its persistence into adulthood.

In the past 40 years, longitudinal studies conducted internationally have shown that ADHD persists into adulthood. One of the common concerns in child psychiatry has been the continuity-discontinuity phenomenon. Traditionally, most ADHD works have focused on the child. However, because this is essentially a developmental disorder involving disruption in behavioural regulation, it is critical to examine the continuity phenomenon. This is of interest as many adults with this disorder may present to a medical set-up with conditions such as alcoholic liver disease, accidents, deliberate self-harm or lifestyle diseases, all of which relate to co-morbid ADHD or problems of impulse control. The editors, therefore, emphasize the importance of taking a lifespan perspective of this disorder.

In the first overview chapter, the authors emphasize how ADHD is a common, genetically transmitted neurological disorder, which has its onset in childhood and is probably mediated in part by decreased dopaminergic function. Almost 30%–60% of children diagnosed with ADHD continue to manifest symptoms as adults. Medical professionals could familiarize themselves with the Wender Utah diagnostic criteria to identify the disorders in adults. In addition to non-pharmacological interventions, dopamine agonist stimulant medications have been demonstrated to be effective in the treatment of adults with this disorder.

The next 4 chapters cover the neurobiology (genetics, neurophysiology and imaging studies) of the adult form of this disorder. Of particular importance here is the role of endophenotypes of ADHD as an attractive tool for molecular genetics and pathophysiological studies that will help bridge the gap between genes and diagnosis, as well as allow the development of better individualized treatments.

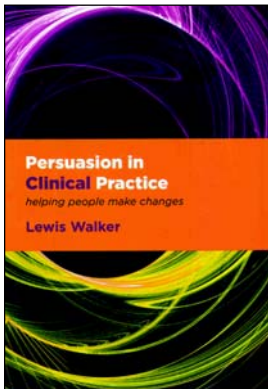
The last 5 chapters cover diagnosis, co-morbid disorders and social impairment, followed by therapeutic and pharmacological treatment options. The clinical assessment of ADHD requires more than merely deciding whether the disorder is present or not. Since treatment decisions and evaluation are usually based not just on diagnosis, individuals need to be assessed in a multimodal way. This issue is further complicated by the fact that ADHD has very extensive co-morbidity, including personality disorders, substance use, mood disorders and anxiety disorders. One of the great challenges in adult ADHD is its association with criminality. The mental health professional is being called upon more and more to work with offenders and the legal system. It has been noted that ADHD plays an important role in sexual offences and reactive violent offences. There is an evidence base for the effectiveness of stimulant medication in adult ADHD. However, as far as non-pharmacological interventions are concerned, many issues remain unresolved.

This book is obviously meant for mental health professionals, especially those in academic research centres. On the positive side, the book has all the latest research data, which have been reviewed and summarized very concisely. It is also useful for neurologists and geneticists. While it is claimed that it will benefit therapists working with adult ADHD patients, this aspect actually forms the substance of only one chapter, which details 'The Freiburg Treatment Program'. Other medical professionals will find the book a bit dense. Some of the inclusions, such as the Wender Utah diagnostic scale and the figure on diagnostic process, are practically very useful. The book would have done well with the addition of another chapter, a concluding one, which presented an overall assessment and interventional planning in a given case so as to encapsulate the spirit of the rest of the book. This would have made the book a more rounded one.

To quote from a case in the book, 'I understand the lack of acceptance of ADHD, a neurological disorder, and the effectiveness of its treatment through a mere drug. Unless someone has gone through the agony of my experiences, it is difficult to accept. I can only hope that critics can suspend judgement about this until more evidence is gathered. I am confident that it will be appreciated in the near future and that the medical profession will finally recognize the validity of the diagnosis and its treatment.'

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Persuasion in Clinical Practice: Helping people make changes. Lewis Walker. Byword Books, New Delhi, 2010. 166 pp, ₹395. ISBN 978-81-8193-077-4.



Dr Lewis Walker works at Aberdeen University in Scotland. His main areas of interest are neuro-linguistic programming (NLP), hypnosis and communication. He has authored 2 books on the use of NLP in general practice.

Written for health professionals, this book aims at familiarizing readers with new skills, approaches, behaviours, knowledge and attitudes and enhancing their understanding of the use of persuasion as a tool in a clinical encounter to help people

make changes. There is a special emphasis on how to skirt the barriers which come in the way of effective communication between health professionals and their clients. The principles of common factors that apply across all change modalities, the model for the stages of change, motivational interviewing and positive psychology form the basis of this book. The book contains 11 chapters, 5 interludes and an appendix. The basics of any change process are discussed in the first 6 chapters and the next 5 chapters take the reader through the stages that people go through while making a change. The 5 interludes focus on how to use specific sets of communication skills.

Dr Walker lists more than 30 situations/conditions in which he has used these sets of skills. These are varied and range from issues such as giving bad news, relationship difficulties and unsafe sex to disorders such as learning disabilities, obsessive compulsive disorder, diabetes and dementia. There is a list of about 30 skills used in persuasion and the reader will learn to use these after finishing the book. Some of these skills are: going where the problem is not, structuring all problems and keys to structuring solutions, and several ways to use 'but', 'and', 'try', persuasive phrases, etc.

The strengths of the book are manifold. The title is concise and conveys what the book is about. The size of the book makes it easy to carry and it can, therefore, be read anywhere. Although the price is a little steep, the language is simple and easy to understand. The titles of the chapters 'Resolving ambivalence' and 'Preparing to make changes' give one a fair idea of the contents of the book. The book is well structured, with a summary at the end of each chapter. It gives useful insights into some of the processes that occur during a clinical situation. For example, regarding the process of change, change is occurring all the time in everyone's life and may be profound or superficial. People may make changes by starting to do new things or by stopping old behaviours. The skills and attributes used by a client in making a successful change in the past can be used in the present situation. Ambivalence, a commonly encountered problem, is a signal of inner conflict and its resolution leads to further progress towards making a change.

A major problem with the book is that it reads like a monologue between the author and the reader. Case examples start appearing only when almost half of the book is over and do not even cover the range of conditions for which the skills are to be used. It is difficult to sustain one's concentration as the book is crammed with information, suggestions, solutions and skills. For example, in Interlude 2, titled 'Changing frames', a frame is defined as the

boundary put around an experience so as to make sense of it. By using various patterns of changing frames, it is possible to 're-frame', 'out-frame' and 'de-frame'. In 'redefining', one or more of the words in the original statement is substituted by others. The new words start the process of modification of the original meaning. The author suggests to the reader that for 'redefining', whenever someone makes a statement, ask yourself: 'What else could this mean...?' The frame 'I can't stop eating when I feel down' can be redefined as 'So you can't stop putting certain things in your mouth when you don't feel so good inside'.

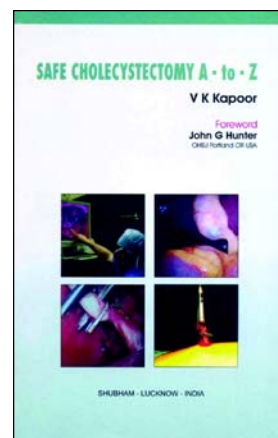
The bibliography comprises books giving information on the theoretical background. Research support for the recommendations is lacking. In the absence of research on feasibility, acceptability and the effect on the outcome of the proposed techniques/tools, the inclusion of the author's own experience with the use of the skills advocated would have enriched the book.

I wonder whether after reading this book the reader will become what the author states in the first paragraph of the Introduction: '...one of a select few who can, time and time again, help people make changes in any clinical encounter!'

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Safe Cholecystectomy A to Z. V. K. Kapoor. Shubham Book Distributors, Lucknow, 2010. 128 pp, price not mentioned. ISBN 978-81-910315-0-8.



Professor Kapoor's book reflects the many years of experience that he has as Head of Surgical Gastroenterology at the Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS), Lucknow, Uttar Pradesh in training young surgeons in the science and art of cholecystectomy. It also reflects the vast experience that his team has gained in the prevention and management of bile duct injury during cholecystectomy. The content is presented in a unique 'A to Z' style, or should I say the VKK style! In his foreword, Professor

Kapoor says that for a general surgeon/gastrointestinal surgeon, cholecystectomy is an operation that is frequently performed. If something has to be done, one might as well do it well.

Borrowing from the foreword, the A to Z style is like a bag of crisps. One can start anywhere and there is no pressure to restart where one left off. Although it initially appears disjointed, there is a particular charm to this approach; the author has used it successfully twice before. There is repetition, but it is sometimes necessary to repeat in order to emphasize a point. All aspects of doing a safe cholecystectomy are covered. The target audience for

the book is diverse: trainee surgeons, practising surgeons and teachers. The book does its job effectively.

This small hard-bound volume has a reader-friendly typeface. Unfortunately, the reproduction of many of the (colour) photographs is less than satisfactory; this takes away much of their impact.

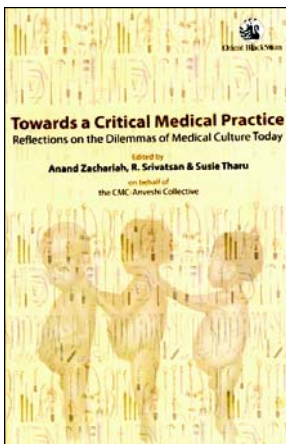
Purists may quarrel with the fact that Calot's triangle has been treated as being synonymous with the cholecystohepatic triangle. We have found the port closure device useful in closing the fascia of 10 mm ports. I am not sure if routine culture of bile from the gallbladder is currently recommended; it is not our practice. I particularly enjoyed reading 'doubt' in which a second opinion from a colleague averted disaster. Professor Kapoor rightly emphasizes diagnostic laparoscopy as the initial step in order to rule out coexistent intra-abdominal pathology. Atypical mycobacterial infection is unfortunately common in India because of inadequate sterilization and this feature has been dealt with in some detail. We recommend prophylactic low-dose heparin therapy for young women on the oral contraceptive pill (OCP) rather than cessation of OCPs.

Finally, the heart-rending story of a young medical student who suffers bile duct injury during laparoscopic cholecystectomy is a must-read for every medical practitioner involved in the care of these patients. This book should be on the shelf of every department of surgery, whether in a teaching or clinical setting.

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Towards a Critical Medical Practice: Reflections on the dilemmas of medical culture today. A. Zachariah, R. Srivatsan, Susie Tharu (eds). Orient BlackSwan, Hyderabad, 2010. 373 pp, ₹495. ISBN 978-81-250-4091-0.



The editors have brought out this volume on behalf of the Christian Medical College, Vellore (CMC) and Anveshi Research Centre for Women's Studies Hyderabad Collective (Anveshi).

In 2004, CMC organized a meeting which lasted 2 days and in which '...more than 50 professionals (primarily doctors) discussed ways of building linkages between medical education and healthcare through faculty training'. The proceedings and outcomes of further discussions between the partici-

pants of this meeting and others, in person and through e-mails, provide the texts offered in this volume. The Collective has focused on 5 issues: Western medical practices being imported and used in India; the immense costs borne by Indian patients for

the treatment of chronic illnesses; irrational escalation of the cost of drugs; public health programmes that are insensitive to the needs of the poor; and the difficulties faced by doctors who are keen on offering appropriate medical care.

Anveshi's interest in the problems faced by Indian women has resulted in the addition of discussions on issues related to gender in the social sciences, the humanities and the culture of medicine in India to this volume.

The book has 19 chapters, grouped under 4 sections—genealogies of medicine in India; primary healthcare, nutrition and population control; tertiary care medicine; and thinking with the patient. The essays are intended to stimulate novel approaches in thought, planning and practices in Indian medicine.

The introduction sets the pace. It presents 2 case histories. Mr B, a 63-year-old retired factory worker in West Bengal, is forced to seek treatment in Vellore, where he succumbs to his illness. Heena Begum is compelled by her circumstances to go to a person who is not formally trained in medicine, but understands and sympathizes with her situation and gives her medicine and glucose infusions on request. These accounts force the reader to dwell on tragically neglected but practically crucial issues. Why should someone with limited means have to travel over 1700 km to eventually die of advanced cancer? Why should Heena Begum, oppressed by grinding poverty, overwork and a multitude of other problems, be deprived of scientific medicine and be forced to rely on a well meaning but unqualified medical attendant? The editors ask an important question: 'Are these failures of medicine due to an inadequately scientific approach or due to faulty implementation or just inefficiency?' Yet another component could be inserted into this query: corruption and greed on the part of all those involved in medical education, diagnosis and treatment.

I recommend a careful study of the introduction in addition to the chapters that interest you. There is ample food for thought in the first 34 pages, which also evoke anguish.

In the historical introduction to the development of our knowledge on kala azar, the tribute to Sir Upendranath Brahmachari (1873–1946) is welcome. The anecdote on the room where he conducted his epochal studies on urea stibamine (p. 47) should be required reading for everyone aspiring to medical research in India. I cannot help wondering whether the Sealdah Medical School (earlier named after Campbell) has retained this room as a memorial to Brahmachari.

The criticism of the slavish adoption of standards set in the West, often at the behest of pharmaceutical companies and other commercially interested organizations, is well substantiated in the chapter entitled *PTSD, DSM and India*. Here is an example: the USA, the UK and other western countries use the term 'post-traumatic stress disorder' with reference to injury in war and during strife. Our experts have used it without modification when discussing the consequences of such disparate tragedies as the Union Carbide disaster in Bhopal in 1984, the Marathwada earthquake in 1993 and the tsunami in south India in 2004. The essay also makes important suggestions on helping traumatized persons.

The section on *Medicine and government* starts off with a personal account by Ms Susie Tharu. Her account contains the following statement: 'Today, as I move into a period of my own life in which I will need medical help more than I ever did earlier, I fear going to a doctor or a hospital. I know there is expensive machinery that has to be paid for; medical units that need experience with complex surgery and new procedures; a dispensation that rapidly translates my discomforts into formats for which these "latest" treatments can be offered. In addition there are drugs that may have

subsidized the doctor's clinic or participation in an international seminar...'. If these are the rational fears of an intellectual, what must be the state of those who are less articulate and fortunate? It is difficult to argue with her claim that modern medicine is not an egalitarian healing science. The failings of governments (politicians and bureaucrats) in caring for the health of the population mirror their failings in ensuring honesty and morality in their own actions. They have dealt with the recommendations of the committee headed by Sir Joseph Bore as they have with the teachings and lifelong practices of Gandhiji: to be referred to when convenient but ignored in practice. There has been no 'development of modern health administration in which the State makes itself responsible for the establishment and maintenance of the different organizations required for providing the community with health protection' as recommended by the Bore Committee. On the contrary, commercial interests have been provided total freedom in all branches of medical education and healthcare, with the consequences as described by Ms Tharu above.

A. P. Ranga Rao's account starts with his experiences as a boy growing up in a village in Andhra Pradesh. A blind midwife had presided over the birth of his mother and her seven sisters. Later, she attended to the birth of Mr Rao and his 10 siblings—all these without any loss of life of mother or child. Home remedies were supplemented by ayurvedic preparations obtained from the local *pujari*. Fifty years later, when asked about healthcare in his village, Mr Rao advised, 'These then are the extremes—don't seek healthcare or be prepared to pay exorbitant amounts.'

Ms Sara Bhattacharji's essay on the primary healthcare ethos—note that she does not use the word 'system'—reminds us that those in this field need to understand inclusive care, with professionals, individuals and communities playing coordinated roles. She refers to the contributions of Drs Maybelle and Rajnikant Arole in Jamkhed, but we see little by way of replication of their example throughout the length and breadth of this country. As in many other areas, governmental control sounds the death knell for honest initiatives and constructive efforts.

Other sections provide additional insights into problems that are specifically Indian and the fallacy of trying to use purely western insights to solve them. Ms Veena Shatrugna demonstrates how the 'intellectual hegemony and persuasive power' of upper class scientists trained in western universities frustrates rural populations in their search for nutrition. Vegetables, fruit, greens,

wild berries, roots, tubers, leaves, mushrooms, eggs, lamb, pork, beef, insects, fish, frog and other traditional foods are replaced by items that have to be purchased. Perennially short of funds and deprived of their natural foods, entire communities have lapsed from health into malnutrition. The effects of the shift from 'family welfare' to 'population control' are similar, the poor and women bearing the brunt of ill-advised measures to reduce numbers in a hurry in camps intended to meet targets using incentives and disincentives.

Section 4 demands special attention for it brings the reader face to face with real-life accounts and problems. Heena Begum's problems are dealt with in detail here, as are those of Hasina, Amina Begum and several others. Each account highlights a specific predicament though most have many features in common. Like me, you will be stunned by a simple statement: 'This is a scenario where death seems more acceptable than illness; what does it mean for our public healthcare if this is the trade-off large sections of India's poor are forced to make?' (p. 243)

I was amused to see that Dr C. P. Thakur is included among the 'non-elite section of Indian society' (p. 37). The little knowledge I have of his life and work suggests elitism on the basis of both power and wealth! From the account on the contemporary context of kala azar, it would appear that Drs Shyam Sundar and C. P. Thakur are the solitary workers in this field. This is far removed from the truth.

The editors deserve kudos for their efforts to highlight the many deficiencies that bedevil healthcare and the medical services in India. Specific suggestions for improvement and tangible goals that must be achieved have been highlighted. It is up to each of us—individuals, collective groups (in the various societies and associations) and the government—to wake up to the realities to which attention has been drawn here and make the changes necessary to help the millions of Mr B.s and Heenas in our country. In doing so, we will bring the science and art of medicine nearer to the ideals advocated by our ancients—freedom from disease in order to enable secular and spiritual pursuits.

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