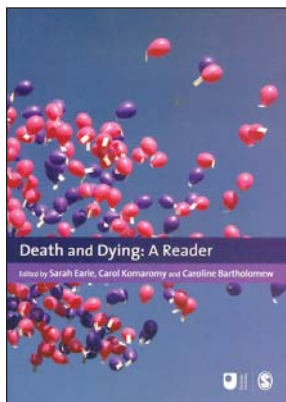


Book Reviews

Death and Dying: A Reader. Sarah Earle, Carol Komaromy, Caroline Bartholomew (eds). Sage Publication, New Delhi, 2009. 276 pp, price not mentioned. ISBN 97-818-478-7510-5.



This book is a collection of classic and contemporary writing in the multidisciplinary field of death and dying. In this review, we will go over each section of the book separately and critically examine the stated aims of its editors. It is organized into 5 discrete sections, but some themes do overlap.

The first section, 'Understanding death', consists of a comprehensive examination of the conceptualization of death in varying disciplines. A few pages are devoted to the psychological,

sociological, spiritual and diverse religious perspectives as well. The section also explores changes in the pattern of death over time from the epidemiological and demographic points of view.

The second section, 'Caring at the end of life', focuses on the roles and needs of individuals, professionals, organizations and health systems, and the relationships between them. It includes essays on the definition of 'end of life' and on how such a diagnosis influences the caregiving mechanisms. The authors argue that dying is more than just a medical event. The section also contains an essay on the exploration of the role of the creative arts in managing emotions.

The third section, 'Moral and ethical dilemmas', begins with an attempt to define ethics and goes on to explore the conflict between respecting someone's autonomy and acting in a person's best interest; the role of the family in caring for the patient, especially when the patient is a child; and debates surrounding euthanasia and withdrawal of treatment in intensive care and in cases of brain death. It also discusses the emergence of new and hitherto unexplored dilemmas that could arise in the future as technology and medicine continue to advance.

The fourth section, 'Grief and rituals after death', seeks to understand these and highlights the importance of understanding how different people handle grief and the diverse practices of different groups of people in disposal of the dead, bereavement and memorialization. Though it explores bereavement in specific subgroups, such as grandparents, children and survivors of genocide, it makes no mention of the grief of those who have lost someone as a result of an accident or disaster, be it natural or man-made.

The fifth and last section, 'Researching death, dying and bereavement', explores issues of research and their relevance in practice. It examines the differing emotional needs of the researcher and the subjects of the research. The section also explores the experiences of different groups who face death in the near future, such as those with HIV.

This book, along with its companion volume, *Making sense of death, dying and bereavement: An anthology*, are a part of the course material for the undergraduate courses in Health Studies, Health and Social Care, at the Open University in the UK. The editors have done a fair job of collecting and compiling excerpts

from various publications and one can safely presume that the needs of the students for whom the book has been published have been met. The book is also intended to be a core text for students in nursing, medicine, social work, counselling, and health and social care, apart from being essential reading for all professionals and caregivers who come in contact with death and bereavement. This would also include those working in hospices and palliative care centres. However, physicians would find that the book deals more with conceptual and theoretical issues, rather than addressing practical dilemmas in real-life situations. Further, the discussions are rather long-winded at places and the reader might find it difficult to sustain his attention or interest.

The price of the book has not been mentioned and thus, one cannot comment on whether Indian readers can afford it. There is nothing to complain about as far as the overall appearance of the book, the presentation of the material and the size of the print are concerned. There are hardly any illustrations and figures, and perhaps the book would have been a little more interesting if there had been some more.

In conclusion, the book, as part of the course curriculum, would serve the university students well, but would not really evoke much interest in members of the medical fraternity, who need some practical guidance on how to deal with the difficult and emotionally demanding area of 'death and dying'.

RAJNI CHATTERJI

UZMA HASHIM

Department of Psychiatry

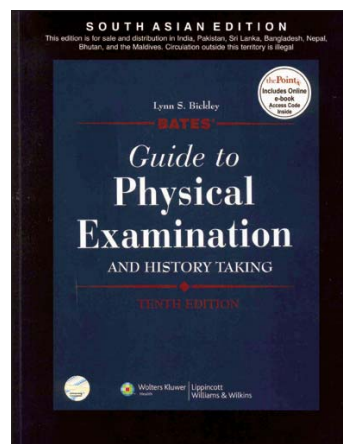
Bhopal Memorial Hospital and Research Centre

Bhopal

Madhya Pradesh

Bates' Guide to Physical Examination and History Taking.

Lynn S. Bickley, Peter G. Szilagy. Wolters Kluwer Health/Lippincott Williams & Wilkins, Philadelphia, 2009. 964 pp, Price not mentioned. First South Asian Edition. ISBN 978-0-7817-8058-2.



During their clinical rotations, medical students often face several barriers to acquiring and honing skills in history-taking and physical examination. Their clinical teaching programmes are not structured or carefully designed. Bedside teaching is frequently dry, pedantic and at times, unexciting. They have difficulty understanding how to elicit a physical sign and there are not enough opportunities or mentors to learn from.

Medical students also complain that their bedside teaching sessions are not set out in a way that addresses their felt needs and unvoiced concerns. Now in its tenth edition, this book provides at least some answers to the problems medical students face at the patient's bedside. Its main objective is to teach them how to collect, analyse, interpret, summarize and present the wealth of information that history-taking and physical examination generate.

This 964-page book is 'designed for students and health professionals who are learning to talk with patients, to perform their physical examinations and to apply clinical reasoning to understanding and assessing patient concerns'. In short, this is a book, as the title suggests, about history and physical examination. The information is grouped under 3 units comprising 20 chapters. Unit 1 is on 'Foundations of health assessment', unit 2 is on 'Regional examination', while unit 3 is on 'Special populations'. Unit 1 focuses on techniques of history-taking and physical examination, and how to evaluate and collate the information given by patients, create a differential diagnosis, record clinical findings, and sum up the findings of the history and examination. In unit 2, spanning chapters 4 through 17, the authors explore the physical examination of specific organ systems, organ by organ. These chapters are well structured and arranged in a head-to-toe sequence, the way patients are normally examined in clinical practice. The chapters review the relevant anatomy and physiology, identify the key questions to be asked while taking the history, provide the recent guidelines for health promotion and counselling, describe techniques of examination and finally, provide organ-specific sample write-ups. In unit 3 (chapters 18 through 20), the authors give guidelines on how to deal with special populations—newborns, children and adolescents, pregnant women and old people.

Each chapter contains tables to help the student make out and compare abnormalities in selected clinical conditions. There are also several illustrations in each chapter to guide the student through the actual physical examination. The book is remarkably clear and succinct, and is easy on the eye. The authors have organized the material so that it reads logically from beginning to end. The book uses a two-column format, with procedures and techniques presented on the left, and physical findings and their interpretation presented on the right. I found the chapter on how to deal with patients with medically unexplained symptoms—a common but neglected problem in the outpatient setting—very useful.

The strength of the book is that almost all the chapters have been revised and brought up to date to maintain its contemporary focus. It cites recent publications that have evaluated the accuracy and reliability of history-taking and physical examination. Indeed, in contrast to several books on physical diagnosis, this book contains a lot of new material on evidence-based diagnosis. We learn that only a third of healthy adults have palpable apex beat and the mid-clavicular line, a wandering landmark, may be an unreliable point to assess the heart's size.

A student's resource CD-ROM accompanies the book. The visual guide, enlightening and entertaining, explains how to interview patients and examine them, head-to-toe. In addition, the book offers free access to additional resources to improve learning and facilitate understanding of the text (*Bates' Visual Guide to Physical Examination* [4th edition], the online resources and Bates' nursing online).

Bernard Lown once said that in an age of high technology, today's healthcare professionals 'seem more interested in laying on tools than laying on hands'. I hope that this book would help

medical students and residents on call understand that the patient's history and physical examination are also powerful diagnostic tools—provided they know how to use and interpret them.

S. P. KALANTRI
 Department of Medicine
 Mahatma Gandhi Institute of Medical Sciences
 Sevagram
 Maharashtra
 sp.kalantri@gmail.com

Pharmacology. Marilyn Herbert-Ashton, Nancy Clarkson. Jones and Bartlett Publishers, New Delhi, 2009. 654 pp, Rs 495. ISBN 978-93-80108-22-3.



Many publishers have recently started releasing Student editions of their successful titles for readers of South Asia. Jones and Bartlett is no exception and *Pharmacology* (Second edition) is the Student edition of *Quick Look Nursing: Pharmacology* (Second edition). For reasons best known to the publisher, the title of the US edition has been trimmed for the South Asian edition and this leaves no indication on the cover who

the book is meant for. However, the Preface clearly mentions the full title; not just once but thrice. We wonder whether this is a deliberate attempt to increase the sale of the book by not printing the full title on the cover of the South Asian edition.

The content of the book is divided into 12 parts based on different organ systems. The section on 'General pharmacology' is conspicuous by its absence. A new student gets introduced, familiarizes with new terms and orients to pharmacology by learning general pharmacology. If this book is intended to serve as a reference guide for practising nurses, then omitting general pharmacology is not a big concern. Since the authors have targeted nursing students as well, a section on 'General pharmacology' should have been included.

Each chapter starts with a 'Quick look ahead' (summary) and key terms to learn. In almost all chapters, only drug names are given under key terms. This can be changed either as key drugs or relevant terms such as diuresis, haematinics and analeptics can be added. In the beginning of every chapter, a table displaying the drug classification along with the prototype drug and related drugs provides the reader a good overview of the drugs discussed in the chapter. The information on each drug/drug group is well organized under headings such as mechanism of action, uses, adverse effects and interactions.

The instructions to be given to the patient (client teaching) appears before describing the mechanism of action and uses. In our opinion, it would be better if client teaching is given along with nursing implications and placed at the end of each chapter.

This section gives a list of relevant advice. The important points in client teaching and nursing implications are well highlighted with the use of small icons and boxes. It would be nice if the rationale for these instructions were also added. For example, instead of 'Take diuretics in the morning', it would be more useful to say 'Take diuretics in the morning as nocturia can disturb sleep'. Understanding the rationale will enhance adherence to advice and nursing students will be able to explain if the patient wishes to know more about the drugs.

The layout of the content is imaginative. The font style is pleasing and the point size is appropriate. All these positive aspects facilitate reading and make it an enjoyable experience (unlike most pharmacology textbooks where the information is cramped in unimaginative ways). A lacuna in the scheme of presentation of the content is the lack of a short introduction on the pathogenesis of diseases. Knowledge on pathogenesis of the disease will certainly lead to a better understanding of its pharmacotherapy.

A list of adverse effects is given system-wise for each drug group. While an exhaustive list of adverse drug reactions helps practising professionals, highlighting the most common and serious adverse effects would put the list in the correct perspective for a nursing student. A useful set of multiple choice questions with explanatory answers is included at the end of each section. These serve as a self-assessment tool/learning check and also help the reader while preparing for examinations.

Unfortunately, many drugs are wrongly spelt in the book. Some are gentamycin (pp. 18 and 19), linezolid (p. 39), oxybutnin (pp. 43 and 44), tolteradine (p. 44), spironalactone (pp. 354, 355 and 359) and bicampicillin (p. 11). Typographical errors in drug names should be particularly avoided as these can be dangerous. Drugs withdrawn from the market (e.g. trovafloxacin, gatifloxacin) also find a place in the book, which could have been avoided. Appendix III gives the categories of drugs used in pregnancy. This is a useful addition to the main text and very thoughtful of the authors to mention the pregnancy category of each drug when discussing their adverse effects.

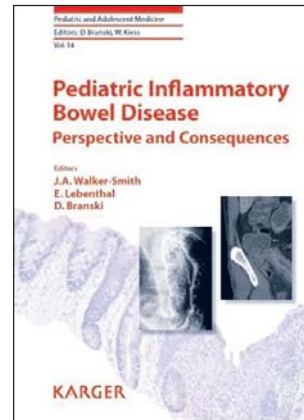
Yet another welcome aspect of the book is the references given at the end of many chapters. These would be really helpful for those who want to read more on the topic. However, the references could have been organized more thoughtfully; for example, under chapter 43, five consecutive pages of a section of a book are listed individually as 5 references.

The cost of the book is nearly one-fourth of the US edition and yet the paper quality and printing look as good as that of the costly American cousin. Undoubtedly, the book is well affordable by the students. Overall, we believe, this book makes the reading of pharmacology easy and enjoyable. It can serve as a quick reference guide in pharmacology for practising nurses. For nursing students, this book can be a good learning material.

S. MANIKANDAN
R. RAVEENDRAN

*Department of Pharmacology
Jawaharlal Institute of Postgraduate Medical
Education and Research
Puducherry*

Pediatric Inflammatory Bowel Disease: Perspective and Consequences. J. A. Walker-Smith, E. Lebenthal, D. Branski (eds). Karger, Basel, 2009. 204 pp, price not mentioned. ISBN 978-3-8055-9134-8, e-ISBN 978-3-8055-9135-5.



Inflammatory bowel disease (IBD) includes Crohn disease, ulcerative colitis and indeterminate colitis. It is a common, chronic inflammatory gastrointestinal disease, affecting both adults and children in the western world, and can involve the entire gut from the mouth to the anal canal. It has recently being recognized that IBD occurs among people of all ages in India, and this book is important for increasing the clinician's awareness of the varied clinical

presentation, diagnosis and management of IBD.

The book is comprehensive and covers almost all aspects of the disease in children. The in-depth discussion of the pathogenesis, especially the role of genetics, the abnormalities of innate and adaptive immunity, and environmental triggers, including intestinal microbiota, helps in understanding the basis for newer therapeutic strategies and research areas. The concept of a 'gene chip', having all known disease-associated polymorphisms, to profile the IBD subjects and determine likelihood of response to available therapeutics and thus individualizing patient treatment, appears promising.

The chapter on early-onset disease, which is a distinct group with different clinical presentations and a strong association with immune deficiency and metabolic conditions is useful for paediatricians and paediatric gastroenterologists managing these uncommon but difficult cases. The liberal use of clear, sharp images (many of them coloured) of endoscopic, radiological and histopathological features adds to the ease of understanding both the diagnostic changes of IBD and its differentiation into Crohn disease or ulcerative colitis. The management of IBD has been discussed extensively, and the aspects of medical, nutritional and surgical treatment are covered. Special problems related to paediatric IBD, such as growth failure and delayed puberty, along with transition of care to adult physicians, have been discussed in detail.

The drawback of the book is that it offers little from the point of view of developing countries such as India, where inflammatory bowel disease has recently emerged as a problem of importance. The complexities of differentiating IBD from other aetiologies, such as tuberculosis and infectious colitis, have not been discussed. In addition, the book has not addressed the clinical features, diagnosis and management of the extra-intestinal manifestations of IBD.

The book is hard-bound, printed on glossy paper and easy to understand. It is full of factual information, and the inclusion of photographs, tables and graphs makes it more readable. The three editors come from the UK, the Middle East and North America. The other contributors represent virtually the entire developed world and thus, it is a truly international compendium of opinion and experience of experts.

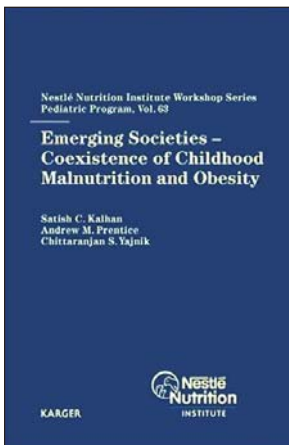
Overall, paediatric gastroenterologists and researchers with a keen interest in IBD will find it useful to have a personal copy of

the book. It will serve as a good reference book not only for physicians, paediatricians, trainee residents and nutrition specialists, but also for families with children suffering from IBD. The citations in each chapter are likely to be useful for physicians looking for additional references.

ANSHU SRIVASTAVA

*Department of Paediatric Gastroenterology
Sanjay Gandhi Postgraduate Institute of Medical Sciences
Lucknow
Uttar Pradesh*

Emerging Societies: Co-existence of Childhood Malnutrition and Obesity. S. C. Kalhan, A. M. Prentice, C. S. Yajnik (eds). Karger, Basel, 2009. 273 pp, price not mentioned. ISBN: 978-3-8055-9009-9.



Anyone older than 30 years can vouchsafe from personal observation that obesity is increasing rapidly, and we still continue to see and hear of the burden of undernutrition. This double whammy is hitting developing countries the hardest—countries that are least able to cope. It, therefore, behoves us to keep in touch with the current evidence and that is where this book comes in. The book, which records the proceedings of a Nestle Nutrition Workshop held in New Delhi in 2008, is very

topical and relevant. Experts in the fields of obesity and undernutrition summarize for us the current data and understanding of the impact of diet and lifestyle on health. The book is well organized into 4 sections. The first deals with the epidemiology of nutrition transition and provides the numbers from 3 large populations—India, China and Africa. Building on this backdrop, the next section explores the mechanisms linking undernutrition with obesity. It explains how the poorly nourished, poorly cared for mother is more likely to have an underweight baby, how this baby is then fed well to encourage growth, and how this catch-up growth leads to the metabolic syndrome in later life. The third section deals with pathogenetic mechanisms, while the last section deals with what can be done to change this dismal scenario over the entire life cycle. It discusses the evidence available on the impact of different interventions to prevent and deal with low birth weight and its consequences. The discussions after each chapter help in putting different perspectives in place. There is just one chapter on epigenetics, which perhaps deserves more space and information, but since the book records the proceedings of a meeting, whose organization in turn would have been even earlier, it cannot be helped.

I found particularly useful Dr Srinath Reddy's summary of the situation in India. He highlights the differences between states and regions, and provides several practical suggestions for reducing

the disease burden. Policy decisions can easily be taken to provide cycle paths, provide clean, safe staircases and exercise areas in large buildings (office or residential), tax unhealthy foods ('sin' taxes, for example, on sugary beverages and potato chips), and ensure healthy food options in schools and work places without spending crores of rupees. Dr Sawaya's account of his experiences at a centre for recovery from malnutrition in the slums of Sao Paulo (CREN) in Brazil makes for fascinating reading. For example, the nutritional education given to the children, such as the advice to eat healthier and cheaper foods, was seen to improve not just the children's but also their families' nutrition.

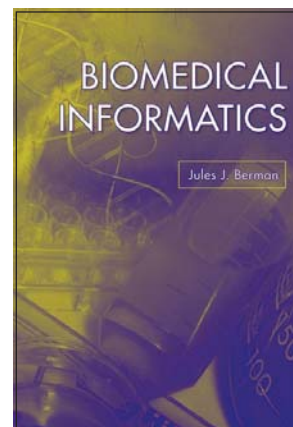
A few minutes' thought about the issues involved would convince us that even the wealthiest country cannot afford to provide tertiary care centres to deal with all the diabetes and coronary heart disease we are seeing, and we in developing countries certainly cannot. Thus, it is best to think in terms of prevention of this metabolic epidemic. Prevention does not mean expensive white elephants; rather, what is crucial is a change in the mindset. This book helps us understand the basic issues underlying any attempts at prevention, and the evidence currently available.

Who should be reading this book? Well, not just a wide spectrum of medical experts, but also policy-makers. The gynaecologist, paediatrician, physician and endocrinologist should read it, but equally so should those dealing with health policy and the environment. Not only is the scientific material accurate and up to date, the book is well edited and well produced. Its price has not been stated, so comments on whether it is worth its price cannot be made. What about its shelf life? Most science, like computers and mobile phones, gets quickly dated and that is likely to be the case with this volume, but it should be good for a few years yet!

ANJU VIRMANI

*C6/6477 Vasant Kunj
New Delhi 110070
virmani.anju@gmail.com*

Biomedical Informatics. Jules J. Berman. Jones and Bartlett, New Delhi, 2010. 460 pp, Rs 395. ISBN 978-93-80108-17-9.



indeed be substantial in some cases!

Initially, I was awe-struck to see on the copyright page of the book that this edition was published in 2010 but received for review in November 2009. Perhaps I am ignorant of the convention followed by the publishing industry. In a book published in the year 2010, a further confounding statement is on page 321 which says that the Framingham Heart Study will be completed in September 2008. The gap between manuscript preparation and publication can

Biomedical informatics is an emerging science with enormous potential. The entire world seems to be archiving data for progeny and biomedical sciences are the front-runners. This reminds one of what the chief economist of Google said: ‘... the ability to understand data, to process it, to extract value from it, to visualize it, to communicate it, is becoming a hugely important skill these days’. I entirely agree with the author’s assertion that biomedical informatics is an incredibly important field. This book is a timely publication and a useful addition to the literature in this field.

There is an ambitious list of anticipated beneficiaries of the book. Besides biomedical informaticians, the list includes, for example, lawyers who handle intellectual property cases related to biomedicine. The contents are a useful resource for people involved in biomedical informatics activities—for others I am not too sure.

The book is divided into 21 chapters. The first 4 chapters provide a new perspective to biomedical data, chapters 5 to 12 are on programming and computational methods applicable to the subject, and chapters 13 to 17 contain valuable medical information for biomedical informaticians. Away from the routine, chapter 18 has annotated references, chapter 19 is an appendix, chapter 20 contains a glossary and chapter 21 has an index of the lists contained in the book.

Whereas biomedical informatics is explained by the book as a combination of biology with computer science, the purpose of the book as stated in the Preface is ‘to provide the reader with tools and strategies for obtaining, organizing and analysing biomedical data’. That is what biostatisticians also claim. But the contents of the book are very different from biostatistics. The author has shown in his distinctive style that computers are dominant tools of informatics. He provides an apt discussion on how computers can help in data mining, relevant extractions, proper organization, exploration, and making sense of data.

The author has made some realistic assessments. First is that the assertion that integration of immense biological and clinical datasets will rapidly accelerate the advance of medical science is unproven. Time will tell once informatics takes root. Second is his

observation on translational research. Indeed, science today has the technical capability to translate basic biomedical discoveries into important medical advances. The emerging evidence suggests that biomedical informatics can contribute significantly to these efforts, and the book has provided some important leads.

The author has been successful in highlighting biomedical informatics as a no-cost tool since already stored data can be used. But the cost involved in human cooperation required for retrieving high quality data can be ‘hideously expensive’. Effective techniques to do so remain a challenge for informaticians. Laboratories in big hospitals churn out millions of records—even in India. What is required is to organize them and exploit their potential. Hospital administrators may have woken up to this potential but the actual medical advances based on routine hospital records are few and far between, if at all.

The book contains many lessons for biomedical informaticians although, to me, coherence needs refinement so that the text weaves into a story. Among the lessons I learnt was that data archives can be useful even after they have been fully exploited for the intended objectives. Only wrong data should be consigned to the bin, lest it reaches unscrupulous hands. I learnt how curating nomenclatures can help the science of biomedical informatics. I also learnt some methods for data scrubbing.

I would have liked such a text to go little deeper into data mining. This is especially relevant for medical records as they sometimes contain enormous amount of ancillary information. Informatics efforts can blur when interjections occur. I would have liked the text to delve on epistemic uncertainty medical data invariably contain. The unknown domain of medical sciences is much larger than the known domain, and this limitation cannot be ignored. Luckily, though, the book discusses human fallibility.

A. INDRAYAN

*Department of Biostatistics and
Medical Informatics
University College of Medical Sciences
Dilshad Garden
Delhi*

FORM IV
(See Rule 8)

1. Place of publication	All India Institute of Medical Sciences, New Delhi 110029
2. Periodicity	Bi-monthly
3. Printer’s name (Whether citizen of India) Address	Dr Peush Sahni Indian citizen All India Institute of Medical Sciences, New Delhi 110029
4. Publisher’s name (Whether citizen of India) Address	Dr Peush Sahni Indian citizen All India Institute of Medical Sciences, New Delhi 110029
5. Editor’s name (Whether citizen of India) Address	Dr Peush Sahni Indian citizen All India Institute of Medical Sciences, New Delhi 110029
6. Names and addresses of individuals who own the newspaper and partners or shareholders holding more than one per cent of the total capital	All India Institute of Medical Sciences, New Delhi 110029

I, Dr PEUSH SAHNI, hereby declare that the particulars given above are true to the best of my knowledge and belief

1 March 2010

Sd-
Signature of publisher
