Book Reviews


Fever and pain are two of the commonest symptoms of illness and the authors have attempted to guide lay persons in interpreting and understanding these as manifestations of disease processes. The book is organized into 17 small chapters and has half a dozen illustrations, which make for easy and simple reading.

The authors briefly cover the common causes of pain and fever, classifying them according to organ systems, and guide the reader through progress of the disease and simple remedies. They also mention investigations and diagnostic procedures that might be recommended by the treating physician.

While the book succeeds in providing basic information, it errs in content on a number of occasions. There are many omissions: the role of cardiograms in the evaluation of any cardiac condition is not even mentioned! The authors also fail to point out the role of antibiotics in cholecystitis and pancreatitis, cystoscopy in chronic urinary tract infections, antiviral agents in encephalitis and even simple things such as increased fluid requirement in fever and worms as a cause of abdominal pain in children.

Apart from these, there are many glaring mistakes in medical content. Glaucoma need not be a surgical emergency, pneumothorax is caused by rupture of lung tissue and not pleura, emetine is no longer recommended for amoebiasis, osteoporosis is not limited to menopausal women, the Widal test is not the diagnostic test for brucellosis, and ibuprofen and diclofenac are not expensive drugs for treating the disease, all efforts must be concentrated on AIDS prevention. The reader is warned against denial and complacency that were widely prevalent in the medical community until the early 1990s. In the early 1970s, a confident world made a prediction that death primarily due to bacterial diseases in persons <75 years of age will be <1%. Then came the medical nemesis in the form of HIV which attacked the immune system of mankind.

There is reference to the views of Peter Deusberg who even today refuses to accept HIV as the aetiology of AIDS. As he is an outstanding scientist, one has to deal with the doubts raised. The authors caution us that one should not waste time re-examining issues that have been established for time is running out in our battle against AIDS.

In the chapter on routes of transmission, the strategies for reducing maternal–infant transmission are well discussed. There is a glimmer of hope in preventing maternal–infant transmission by treating the mother with antiretroviral drugs.

The next few chapters are very important as they deal with the association of sexually transmitted diseases (STDs) and AIDS. As the authors mention, all the five classical venereal diseases are rampant and are eminently treatable. It is estimated that there are 300 million patients afflicted by one STD or the other. As resources shift from STDs to AIDS, the incidence of syphilis has increased even in developed countries. The authors state that lack of data makes it difficult to accept, prevent and treat STDs efficiently. The thrust must be on strategies to avoid STDs.

Chapter 6, to my mind, is the most important as it deals with prevention of AIDS. In the absence of an effective vaccine and inexpensive drugs for treating the disease, all efforts must be concentrated on AIDS prevention. The reader is warned against denial and complacency that were widely prevalent in the medical community until the early 1990s. In the early 1970s, a confident medical world made a prediction that death primarily due to bacterial diseases in persons <75 years of age will be <1%. Then came the medical nemesis in the form of HIV which attacked the immune system of mankind.

The book is packed with information but is somewhat repetitive. The 1456 references running to 44 pages are probably meant for specialists. The only correction required may be for the statement ‘the discovery of the AIDS virus was actually made in the USA’. The credit should go to Professor Luc Montagnier and his team from Pasteur Institute, France.

The language is simple and direct and the print easy to read. There are no typographical errors. The book is elegantly bound but the price is rather stiff.

N. P. S. CHAWLA
East West Medical Centre
New Delhi


The preface by the authors stresses on the preventive aspects of the disease and the challenges which have to be faced in controlling AIDS.

The first chapter deals with the epidemiology of HIV and AIDS and starts with the declaration of the International Conference held in July 2000 in Durban attended by more than 5000 scientists.


This is an excellent book and a must read for public health officials, clinical and social work practitioners wanting to develop skills in reading and interpreting biomedical, healthcare and social care related research. The book is divided into three parts dealing respectively with (i) experimental research, (ii) survey research, and (iii) qualitative research. Each part consists of resource chapters and examples of actual research publications.
The example publications are reprinted first followed by the resource chapters. The editors recommend that the exemplar research publication should be read first and the resource chapters should be used to clarify concepts required to interpret the publications. However, I found a slightly different approach working better for me. I first browsed the exemplar articles. Then took to systematic reading of the resource chapters. I found the resource chapters contained very good and lucid exposition of relevant research methodology. For example, the discussion about sample size and confidence intervals in Chapter 10 is very helpful. Similarly, the summary of different experimental designs in Chapter 5 is brief but complete and accurate. I returned to the exemplar articles after reading the resource chapters of the relevant part.

The book is well written. I noticed in Chapter 7 on page 93 that the authors correctly mention mathematical transformations such as logarithms, square roots, to convert non-normally distributed scores into normally distributed data. However, the example of inverse variance weighted average is not an appropriate illustration of this concept. Weighting parameter estimates by the inverse of the corresponding variance is done to assign differential weights proportional to the evidence value of the estimates. This concept could have been better illustrated by citing the example of a logarithmic transformation.

Some may find the positioning of exemplar articles before the resource chapters not so congenial. Some may miss out the resource chapters altogether, which would be a total loss. The main strength of this book lies in its resource chapters. Reprinting the exemplar articles in the book itself, will, I hope reduce the hassles of locating the articles and improve cross-referencing since they are conveniently placed in the same book.

This is an Open University (UK) book published by Sage. Strangely, Sage has not given a rupee price, even though it has an office in New Delhi. I enjoyed reading this book and its companion and have been inspired by it to think of a course somewhat similar to the one offered by the Open University in UK for which this book is required reading. This is a companion to the book titled Using evidence in health and social care.


This book provides a lucid and comprehensive introduction to research methods in the fields of healthcare and social care. The book, as the editors point out, is for 'people who want to read research and apply it in practice and not for people who want to do research themselves'. I feel this is good reading for researchers as well. In addition to clinical practitioners and social workers, the book is very useful reading for public health officials, health policymakers and healthcare management executives.

The book is organized in two parts. Part 1 covers research methods. Many presentations of research methods skip the epistemology and proceed with the details, taking the underlying theory of knowledge for granted. Clearly any research method seeking to generate knowledge about a chosen phenomenon ought to justify itself under the rubric of a theory of knowledge. The editors have done well to start with a chapter about the process of knowing. Ann Brechin and Moyra Sidell provide a lucid presentation of two main theories of knowledge, namely (i) knowledge based on observation (positivism), and (ii) knowledge based on interpretation. It would have been helpful if the authors had discussed other overlapping terms for these two theories of knowledge. For example, the linkage of what the authors describe as positivist to empiricism, and interpretivism to naturalism.

The next four chapters cover the entire range of research methods used in the biomedical, healthcare and social care fields. These are: (i) surveys (Chapter 2); (ii) experimental methods (Chapter 3); (iii) qualitative methods (Chapter 4); and (iv) action research (Chapter 5). The exposition in each of the chapters is lucid and comprehensive. In Chapter 3, Roger Gomm rightly defines natural experiments as situations amenable to proper statistical analysis of cause and effect but occurring without any intervention by the investigator. The classical example of a natural experiment would be John Snow’s investigation of the cholera epidemic in London. The Heartbeat Wales example chosen by Gomm probably does not help to illustrate the concept of a natural experiment. Elizabeth Hart and Meg Bond provide a good introduction to Chapter 5 to action research. Part 1 of the book ends with the sixth chapter devoted to ethical aspects of research.

Part 2 is about extension, i.e. putting research into practice. In Chapter 7, Gill Needham outlines common barriers to evidence-based practice. Possible extension strategies include passive dissemination, continuing education, marketing, mass media, performance management and incentive schemes. The title of Chapter 8, namely 'Agency information for better practice' by Gomm appears a little confusing to start with. What Gomm means is that the healthcare management information systems of the care-giving institution is crucial information for evidence-based practice. Information about the setting, client character and outcome profile of a practice is the first evidence for evidence-based practice. This is a very important chapter and I was pleased to find that the editors included it. The author shows how routine practice data can be used to analyse programme performance and draw conclusions about the effectiveness of interventions. In the following chapter, Gomm turns to the question of applicability of research findings in practice. The key is to map the contexts of the research and practice set-up and examine the extent to which they overlap. Chapter 10 is about cost-effectiveness analysis and health status measurement. The concept of quality-adjusted life-years for cost-effectiveness analysis has been introduced. However, the related concept of disability-adjusted life-years (DALY), which is being widely adopted by the World Health Organization for health system performance assessment, does not find a mention. The last chapter titled 'Evidence for planning services' takes up a case study involving collection of data and evidence to prepare an application for a programme grant. The example of a Single Regeneration Bid (SRB) is specific to the UK situation. The author does not give enough introduction about the SRB system for readers outside the UK. However, the description of the planning process and data gathering exercise is clear and conveys the key messages of the chapter reasonably well. The appendices provide useful information about various resources for evidence-based practice.

PRASANTA MAHAPATRA
Institute of Health Systems
Hyderabad
Andhra Pradesh

The concept of informed consent is at the core of the doctor–patient relationship. This presupposes a competent adult assenting to a medical intervention. Refusing, withholding and withdrawing treatment especially when it can be considered to be life prolonging requires us to explore the boundaries of informed consent. A patient who is not in a position to decide for her/himself raises a number of ethical and medicolegal issues. Most of us are familiar with the application of brain death guidelines in the framework of an enlightened stewardship partnered between medical professionals and the patient’s family. This partnership breaks down when dealing with patients who fall in the grey zone of clinically defined incompetence. Moderately severe dementia, severely retarded children, the persistent vegetative state are all familiar examples. As a neurologist, I am frequently confronted with one or the other version of this scenario: a 77-year-old patient with severe dementia, largely bedridden and completely dependent for all acts of daily living but hitherto well taken care of by the family, develops aspiration pneumonitis and ‘needs’ care in the intensive care unit, endotracheal intubation and a short period of assisted ventilation. At the end of 3 weeks in hospital, he is ‘well’ enough to go home with a tracheostomy, a feeding gastrostomy, an indwelling urinary catheter and, to take care of all this, a private nurse! How were these decisions to intervene made and who made these decisions? Before his lapse into dementia, did the patient express any preferences and were these taken into account? Can the family now reconsider their position and ask for removal of the feeding tube?

What about the obviously competent adult who voluntarily refuses life-prolonging medical treatment, for example, for acute leukaemia? What about a 16-month-old child with spinal muscular atrophy on artificial ventilation whose parents are ‘unable to bring themselves to face the inevitable future’?

In 1998, the British Medical Association (BMA) carried out a consultation exercise to prepare exhaustive guidelines for clinicians faced with these questions. The legal position in many of these questions was detailed with reference to British case law. The next of kin do not have any legal power to give or withhold consent on behalf of an adult who lacks decision-making capacity. The next of kin do not have any legal power to give or withhold consent on behalf of an adult who lacks decision-making capacity! It is essential to remember, however, that the BMA works in the framework of the National Health Service of the UK. The obvious issue not addressed here is: he who pays the piper calls the tune, whether it be the son of my exemplified patient above or an HMO/TTP in the USA. This is another ethical dimension that clinicians in privately funded systems have to grapple with.

Having said that, intensivists, neurologists, physicians who need to take these decisions can seek guidance on a broad range of related issues from this book.

ROOP GURSAHANI
Neurologist
P.D. Hinduja Hospital
Mumbai
Maharashtra
roop_gursahani@hotmail.com

**Book Reviews**


The practice of medicine has changed with changing times and concepts. Recent developments in genetics have raised exciting possibilities about future treatment of human disease. Dr Artemis Simopoulos, the series editor for *World Review of Nutrition and Dietetics*, reminds us how the wheel has turned full cycle. Hippocrates (fifth century BC) developed the concept of ‘positive health’ which depended on man’s primary constitution, food, exercise, the season of the year and change of the winds, the age of the individual and situation of his home. It is remarkable that this concept summarizes the current thinking in medicine that the health of an individual is the result of gene–environment interaction, from the time of conception running through the entire lifetime. Genes and the environment are equally important; one cannot operate without the other. The fight between geneticists and environmentalists seems so unnecessary. The real dilemma is for practitioners of public health who usually hope to use a uniform intervention to achieve improved health in a population. As Barton Childs remarked, this may prove to be ‘privation for the non-vulnerable and insufficient for the susceptible’. This could explain the non-conclusive findings in many trials of lifestyle intervention in the prevention or treatment of modern day diseases. Future medicine and public health will need to address the question of individuality before we can achieve a state of positive health for every individual.

The Nutrition and Fitness symposium held at the International Olympic Academy in Ancient Olympia, Greece between 25 and 29 May 2000 discussed different aspects of interaction of genes with nutrients and physical activity. The publication is a remarkable collection of papers which introduces the reader to a fascinating new world of individualized medicine and the possibilities of targeted interventions.

The book begins with the Declaration of Olympia on Nutrition and Fitness (1996) and is followed by Dr Simopoulos’s article on the Hippocratic concept of positive health in the fifth century BC and in the new millennium. The first part of the book consists of papers related to nutrition. Murray (‘Genetic variation and dietary response’) highlights the current state of knowledge of the human genome and how it might help in what he calls ‘nutrigenomics’, i.e. genomic basis for individuality in the response to specific nutrients. He stresses that future research will concentrate on ‘quantitative’ traits rather than qualitative ones, mostly involving multiple genes and multiple environmental situations, thus leading to a complex situation needing careful analysis. He discusses the possible role of nutrients in preventing harmful effects of the environment on the genome.

A series of papers then describe specific dietary and genetic situations, including the genetics of LDL cholesterol abnormalities and how it modifies the response to dietary fat restriction (Ronald Krauss). Two related papers of genetic influences on cardiovascular risk describe the variability in the postprandial lipid response with genetic variation in apo CIII, LPL and apo E genes (Talmud et al.) and how genetic variants in LPL interact with obesity and those of the beta-fibrinogen gene with acute inflammatory response or the diabetic milieu to increase cardiovascular risk (Humphries et al.). They make an important point that in future we may be able to exploit the beneficial effects of controlling levels of risk factors in a genotype-specific manner. A chapter describes the role of nutrients as modulators of gene
expression (Caterina et al.) and provides details of regulation of fatty acid synthesis in the liver and adipose tissue as well as the role of fatty acids in controlling endothelial function. It is clear that nutrients can restore or disrupt biological responses to environmental stimuli and thus nutritional interventions can be useful or deleterious, depending on both the genetic factors as well as the environmental challenges. A chapter describes the importance of MTHFR polymorphism in determining the nutritional requirement of folate and its possible effect on foetal growth and teratogenesis; another chapter elaborates the role of vitamin D receptor gene polymorphism in determining bone mineral density in relation to dietary calcium intake. Velazquez summarizes the techniques involved in investigating gene function and highlights the problems and challenges of genomic medicine.

In the second part, there are two very interesting chapters which describe what genes do when we exercise. Chen describes the influence of physical activity on expression of genes involved in carbohydrate and lipid metabolism while Montgomery gives an account of different genes which influence bone structure, inflammatory response and left ventricular mass in response to different types of exercise.

The third part includes chapters which describe the influence of omega-3 and omega-6 fatty acids on somatic growth and brain development, cardiovascular disease and major depression. They summarize the epidemiological and experimental evidence to highlight the beneficial effects of omega-3 fatty acids.

The book is of great interest to nutritionists, physicians and specialists, both in academic and clinical practice. It will also be useful as a reference book for students. The chapters are written by authorities in the field and the information is up-to-date. The cost is affordable for institutes though it may be a bit expensive for individuals.

After reading the book I have been more sympathetic towards patients who have tried but failed to lose weight and improve glucose control by diet and exercise. I also shout less often at nutritionists for failing to achieve the goals in many patients. I realize this may be due to the patient’s genes. We wait eagerly for this research to become everyday practice.

C. S. Yagnik
Department of Medicine
K.E.M. Hospital
Pune
Maharashtra


The third edition of this book has been revised and expanded. In the 6 years that have elapsed since the publication of the second edition, there has been an exponential growth in the field of teratology, both in terms of quantity and quality of knowledge. The efforts of the editor to update the information on teratology are commendable.

This volume has 41 chapters starting from pharmacokinetic changes during pregnancy and their clinical relevance including acute poisoning, chronic adverse drug reactions, regulatory aspects, and so on.

Chapters 2–13 are devoted to the development of risk assessments, outcome following maternal exposure to various drugs and their effect on breastfeeding. Poisoning by various chemicals such as carbon monoxide, direct drug toxicity to the foetus, foetal alcohol syndrome and occupational exposure to chemicals during pregnancy have been very well described in Chapters 14–41. These chapters address several issues which are relevant for those who counsel women and contain accurate, up-to-date estimates of the teratogenic risks of exposure. This information is important for women in making a decision to continue or terminate a pregnancy.

This book describes a teratogen information programme and the process of counselling for teratogenic risks. The authors of various chapters, while revising and updating them, have added several aspects, such as clinical cases at the beginning of most chapters, with answers at the end. I strongly recommend this book to all scientists, researchers and health professionals, including clinicians.

The editor has tried his best to bring new frontiers of medical toxicology to the clinical and scientific communities in a manner that will improve the understanding of the complex relationship between xenobiotics and human health.

This book will be a valuable addition to libraries and to those who are interested in healthcare programmes for pregnant women.

P. K. Gupta
Division of Pharmacology and Toxicology
Indian Veterinary Research Institute
Izatnagar
Uttar Pradesh


Nothing probably scares a medical student or resident more than the task of reading a journal article. I vividly remember, from residency days, the sinking feeling that overcame me each time the consultant physician threw the New England Journal of Medicine at me and said, ‘Read the paper and come and tell us what you thought about it at the next grand rounds’. What about those ‘Journal Clubs’—those that always started with great enthusiasm but never lasted beyond the second month? Critical appraisal of the literature is a grossly neglected aspect of our medical curriculum. We rarely learn it during medical training and, by the time we start practising and realize that we need to read journals to keep up with the latest developments, we find ourselves lacking the skills needed to read them. Given this reality, it does not come as a surprise that clinicians tend to rely more on ‘throw away’ publications and drug company handouts to stay up-to-date. If one finds reading journal articles tricky, how can one practise evidence-based medicine (EBM)? EBM has been defined1 as ‘the process of systematically finding, appraising, and using contemporaneous research findings as the basis for clinical decisions’. The EBM approach is one in which the clinician is aware of the evidence that
has a bearing on his/her clinical practice and the strength of that evidence. 'Evidence' refers to external, scientific evidence, usually derived from well-conducted research studies, that get reported in journals. EBM involves the following sequence:

1. Identifying a clear, focused, answerable clinical question.
2. Undertaking a systematic search of the literature to identify trials and research studies done to answer that question.
3. Assessing the validity of the studies identified by critically appraising them.
4. Applying the evidence to the clinical decision-making process.
5. Evaluating the performance of the above process.

While asking a clear question and searching for relevant papers on that question may be fairly easy, we usually run into rough weather when we need to actually read those papers. Critical appraisal, we soon realize, is not easy. In the absence of training or guidance, it is hard to know what to look for in a paper. It can also be intimidating—those p values, confidence intervals, multivariate models and odds ratios can be as incomprehensible as medieval French!

One of the earliest attempts to seriously address this issue came from the McMaster University in the early 1980s. Clinicians from McMaster decided to educate themselves and their colleagues in the systematic process of literature search and critical appraisal. They created simple easy-to-use checklists and algorithms, which guided clinicians through the complex jungle of the appraisal process. For the busy clinician, these guides made reading a journal time-efficient. What does one look for in a randomized trial of a therapy? What does one look for in a paper that evaluates a new diagnostic test? These were the issues addressed and this series soon became one of the most cited collection of articles in the field of Evidence-Based Medicine Working Group. A new approach to teaching the practice of medicine. JAMA. 1992;268:2420–5.

One limitation of this format is that it does not explicitly address whether the study was ethical. A study may be valid and generalizable but not ethical. In the current milieu, addressing ethical issues explicitly is not a matter of choice—it is imperative. Future revisions of the guides should cover ethical concerns.

The first part of the book is separately published as a pocket-sized book titled Users' guides to the medical literature: Essentials of evidence-based clinical practice. This is a low-priced pocket-book edition (US$ 34.95) and is ideal for students and residents. The second part expands on the basic topics. For example, if one were reading papers on therapy (randomized controlled trials), the first part of the book briefly outlines the importance of intention-to-treat analysis. The second part has an entire chapter on intention-to-treat analysis with actual examples and references to methodological work in this area. I have used examples from the second part of the book and found them to be excellent teaching aids. In addition, there are some new topics such as criticisms of EBM, economic analysis and moving from evidence to action. The second part is intended for advanced EBM practitioners and those who teach EBM.

Some of the impressive features of this book are the accompanying CD-ROM and the interactive website (www.usersguides.org). The entire book's content is on the CD, fully searchable and hyperlinked. Full texts of some of the references are just a click away. Individual chapters can be downloaded as pdf files and printed or e-mailed. I have found these features useful for teaching. Selected chapters can be sent out to students as pdf files in advance and later discussed in greater detail in class. I wish the CD contained the entire chapter on intention-to-treat analysis with actual examples and solutions. It is not surprising because almost all the authors of this book are clinicians who would like to focus more on EBM and less on the nuances involved in critical appraisal. Overall, this long awaited book is probably the best and most comprehensive single resource we have today for critical appraisal, a skill that needs to be taught to every medical student and resident. It is invaluable for those who teach critical appraisal and EBM. I would also strongly recommend it to any clinician who wants to practice rational, scientific medicine, and every healthcare professional who wants to keep up with the latest in his/her field.

REFERENCES

Before I review this book I must declare what is now known as a competing interest. Dr Farokh Udwadia has looked after members of my family for many years and I know him to be a kind, caring and knowledgeable physician who is a master of the art and craft of respiratory medicine and intensive care. On these subjects he has published a large number of important papers and five books, most of which have become standard texts. I could hardly imagine therefore that he would either possess the depth of historical and philosophical knowledge or be able to find the time to write this remarkable book. In the Preface he says that he wrote it because most doctors (this includes the reviewer!) have only a vague idea of medical history, which is generally confined to names like Hippocrates, Galen, Susruta and Fleming. What is more important, he says, is to be aware not only of the spectacular events in medicine’s progress but also of the mistakes that have been made during medicine’s history. We should not view these events only in a narrow ‘medical perspective’ but set them against the background of the social, religious and cultural environments of the time. ‘Man has influenced medicine through the ages as much as medicine has influenced man.’ It is Dr Udwadia’s belief that a doctor who is familiar with the history of man as well as medicine ‘adds wisdom to knowledge, art to science and humility to his prowess’.

He spells out two important lessons; one is that there are limits to medicine and that the expectations of patients are nearly always more than medicine can provide, and the second is that medical truth is relative and what may be true today may be debunked as complete rubbish a few years hence only to be resuscitated as useful even later.

Dr Udwadia guides his readers through prehistory and the ancient civilizations of Mesopotamia, Egypt, Persia, India and China. He then takes us through Classical Greece which under Pericles was probably the golden age of modern civilization with Herodotus, Hippocrates, Sophocles, Socrates, Plato and Aristotle—all alive between 500 BC and 400 BC. At this time were founded the concepts of rational medicine and medical ethics. Next came the Roman empire which absorbed the intellectual achievements of Greece and spread them among its conquered people. After the fall of Rome, the Dark Ages were marked by strife, disorder and barbarity with little medical progress. The Renaissance followed in the fourteenth century when literature and art blossomed again, mainly in Italy with the great names of Leonardo da Vinci, Michelangelo, Vesalius and Ambrose Pare. Doctors were humanists (like the author) and were as learned in literature and the arts as in medicine. Dr Udwadia then takes us through the Baroque period, the Age of Enlightenment up to Modern Medicine with chapters on American Medicine, Specialisation and Alternative Medicine.

The last section of the book I found to be the most fascinating with Dr Udwadia’s rather forthright views on western medicine in India, a description and analysis of contemporary medicine and speculations on the future. In a chapter entitled ‘Thoughts and afterthoughts’ he states that although the West introduced the tenets of universal law and modern medicine into India, colonial rule left a scar on the country’s psyche that made the average Indian feel inferior; a scar that will take generations to efface. He thinks the West gained much more than it gave us—not only through the plunder of our wealth but more by being introduced to the ancient philosophy and culture of the East, the wisdom in the Vedas and the Upanishads and the ancient system of Ayurveda. He is critical of contemporary medicine saying it often causes harm by the side-effects of its potent drugs and complex procedures, by its creation of a society which is hopelessly dependent on the medical system and by the encouragement of a ‘cultural iatrogenesis’ where people cannot cope with suffering in life and the inevitability of death. Finally, he stresses that to improve the health of the poor it is not necessary to adopt expensive western methods of healthcare but to improve education, foster self-reliance and promote honest and efficient governance. The entire text contains evidence of the author’s vast erudition and his easy familiarity with the works of philosophers, authors, historians and painters. The deft interweaving of history, culture and medicine with the author’s explanations of their interrelationships makes the book a truly satisfying read.

The book is beautifully produced and lavishly illustrated with more than 60 plates (from the Wellcome Trust in London) which range from portraits of the great and good in medicine’s history to a chart outlining the future scope of molecular medicine. It has been said of Pather Panchali, Satyajit Ray’s masterpiece that after one has seen it one is forever changed. I think that after reading Man and Medicine one’s attitude to medicine will also be profoundly altered. It is really much more interesting to view and treat a patient according to his social environment than to mechanically and unh thinkingly deal with disease.

I believe this book to be one of the finest literary achievements of an Indian doctor or indeed a doctor anywhere and Dr Udwadia has made me proud to be his professional and national contemporary.

SAMIRAN NANDY
Department of Gastrointestinal Surgery
Sir Ganga Ram Hospital
New Delhi