This manual is different from other manuals of war surgery in that apart from stating the principles of war surgery, it has a thrust on practical management of victims of war from developing countries when afflicted with war with well-organized and affluent nations.

The book has three parts: primary trauma care; surgical and anaesthetic techniques; and miscellaneous topics, viz. logistics, teaching, documentation and research. However, the divisions are not very clear-cut in the text.

The book has six sections. Section 1, ‘Trauma system in war’ (Chapters 1 to 4) deals briefly with the pathophysiology of war injury. After tracing a short history of warfare, mostly in Asian and Middle Eastern countries, it deals with training of villagers in patient care along with lessons learnt from the point of view of less privileged nations. The main thrust of this section is trauma care in war-torn poor countries.

Sections 2 and 3 are invaluable for any surgeon who has to practise war surgery. Section 2, ‘Trauma care in war’ (Chapters 5 to 9) gives a description of different types of weapons and injuries inflicted by them including the recent weapon DIME (dense inert metal explosive). The tissue and general metabolic changes after injuries caused by different agents have been discussed followed by trauma life support, life-saving surgery and triage. ‘Damage-control surgery’ lies in performing simple procedures in unstable (shocked and cold) patients as life-saving measures. The principles of controlling the airway, supporting breathing and supporting circulation as primary life-saving measures have been stressed all through the book (Section 1, Chapter 1; Section 5, Chapter 43; Section 6, Chapter 46). Details of recognizing early failure of the systems to the various practical methods of management along with explanations for the same have been given. Care of burn injuries including triage and fluid replacement have been discussed in a practical manner.

Section 3, ‘Basics of war surgery’ (Chapters 10 to 22) deal with the principles of war surgery, each chapter being devoted to individual structures, with a special chapter (Chapter 19) on injuries to children and old people. Blood transfusion in emergencies and changes in body temperature are discussed later. Diseases interfering with results of surgery have been discussed in the last chapter of this section. Chapter 22 is an additional contribution towards total postoperative patient care, where common ailments in developing countries, especially in the tropics, may delay expected recovery from surgery. The authors have done well to remind us that common conditions such as anaemia, malabsorption and vitamin deficiencies, intestinal helminthiasis and chronic febrile illness are often present in populations, not forgetting HIV-positive cases and AIDS victims. The incidence of falciparum malaria during the postoperative period has been stressed while discussing case reports of war injuries. However, I felt that the authors should have provided a summary (either as a separate paragraph or as ‘points to remember’) that would help the uninitiated to quickly revise before undertaking surgical management of war injuries.

The chapter on weapon technology (Chapter 5) is not seen in standard war surgery manuals. It describes weaponry in some detail and thus imparts additional knowledge to a war surgeon. It is educative, updated and gives the surgeon an insight into possible injuries from the type of explosive used and vice versa.

Section 4 ‘War surgery—specific injuries’ (Chapters 23 to 42) deals with specific injuries, region-wise and to individual abdominal organs. The last chapter in this section is on management of burn injuries. In conjunction with earlier chapters, for which there are extensive references, these chapters are a source of knowledge and practical application, though there may be minor differences of opinion among surgeons about certain procedures.

Postoperative care and complications, infection and antibiotic therapy and postoperative nutrition have been discussed in Section 5 on ‘Treatment after surgery’ (Chapters 53 to 45). Emphasis has been laid on clinical parameters for monitoring progress. Home-made diets have been recommended for nutrition as total parenteral nutrition or enteral nutrition substitutes are not available in the field.

Section 6 on ‘Anaesthesia’ (Chapters 46 to 49) has been written primarily for anaesthetists working in peace-time urban hospitals, who are called upon for help during surgery on war casualties. Ketamine anaesthesia, which has been a standard general anaesthetic in war, has been discussed. This serves as a good guide to those entrusted with responsibilities for administering anaesthesia, and so are the subsequent chapters on local and spinal anaesthesia.

Sections 4, 5 and 6 have useful and detailed discussions about the pathophysiology of injury, decision about time and scope of surgery (damage control or repair), operating techniques, postoperative management and, lastly, the anaesthetic techniques. These valuable sections are obviously the culmination of the knowledge, expertise and experience of the authors over years in treating casualties from war-torn underprivileged nations.

The book has contributions from a dozen experts, who are specialists in their respective fields, from different parts of the world. Often, there are contributions from more than one specialist in the same chapter. To edit these contributions and amalgamate them so as to ensure a free and logical flow of the text is no mean achievement and is indeed commendable.

One interesting feature of the manual is the ‘Points to remember’ at the beginning of each chapter. There are many cross-references in the text emphasizing the importance of the issue under discussion.

‘Basics of war surgery’ dealt with in Section 3 (Chapters 10 to 12) is comprehensive and essential for those who have to deal with war casualties. However, for holistic management of any casualty, these chapters should be read in conjunction with basic trauma care (for example, ABC and transportation), as has been emphasized by the authors all through the text. When confronted
with a specific injury of an organ, viscera or structures, the appropriate chapter in Section 4 would be of great help.

There may be some doubt about inducting untrained personnel for the care of casualties for life-saving procedures (basic life support and later advanced life support) as well as using them for performing or helping in surgical operations, in the absence of an organized system. Training individuals for jobs is a practical solution, as has been borne out from experience in war-torn poor countries. This equates to training of paramedical personnel in advanced countries. Keeping in mind the basic pathophysiology and the principles of surgery, ingenious methods can be devised from available local resources to tide over inadequacies in a war-torn poor nation or community. To that extent, this book provides valuable information and can be used as an important guide.

This book is a welcome addition to other war surgery manuals/textbooks, to be kept on the bookshelf of a surgeon who may be called upon to help in the treatment of war casualties, especially in an underprivileged country.

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AIR VICE MARSHAL (RETD) AMARESH BHASKAR NALLAVANDU
Former Director General, Armed Forces Medical Services
Jalavayu Towers
NGEF, Indira Nagar Post
Bengaluru
Karnataka
avmba@rediffmail.com


Ninety-five-year-old doyen among the obstetricians in Mumbai, Dr C.G. Saraiya, has written the foreword to this book. In it, he rightly bemoans the paucity of autobiographies by medical doctors and predicts that this book will, like the author herself, be unconventional, informative and inspiring.

Born in Vasco da Gama on 12 December 1932 to Hirabai and Janardhan Counto (Khaunte), Dr Naik was named Ratan as she was born ten years after the birth of her elder sister Laxmi. Eventually her parents had six daughters and three sons.

Her parents took great interest in the education of their children and encouraged them to pursue higher studies after finishing school. Her anecdotes about her school teachers—especially ‘Bhembre Sir’ and ‘Shantaram Master’—are especially relevant at the present juncture when teachers are denied respect.

Her father, an eminent mathematician, tutored her in his favourite subject and ensured that she learned German and Portuguese in addition to languages taught in school.

Dr Naik had to travel to Bombay (present Mumbai) in 1949 to appear for the Senior Secondary Certificate examination as there was no comparable examination in Goa then. Her undergraduate education was at Fergusson College in Poona (present Pune), where she excelled in mathematics. She had to switch from wearing dresses, as in Goa, to sarees, as ‘I was warned that the people (in Poona) would hurl tomatoes at girls if they dressed the way I did at my age!’ She entered the ‘B’ group as she wished to become a medical doctor. This choice brought a frown to the forehead of her mathematics professor.

Her admission to the Grant Medical College and subsequent career as a student and resident doctor in obstetrics and gynaecology make inspiring reading. The photographs of the McLennan and Sandhurst medals on the cover page foretell her brilliant career as an undergraduate and postgraduate student. Besides these, she won several scholarships and prizes at the college and from the University of Bombay. Dr Dastoor, Professor of Ophthalmology, held her up as an example to other medical students: ‘Look at her. She has not learnt all this in utero. She has put in a lot of effort.’

Her photographs as a student show an extremely slim student who was the despair of some of her teachers. Dr Khwaja, Professor of Surgery, was, in fact, driven to recommending that she use port wine to improve her appetite. Dr Shirodkar’s comment on her thin stature is also of interest (pp. 46–47). She provides interesting vignettes of Drs Saraiya, Juliet DeSa Souza, Ernest Borges, V.N. Shirodkar and other teachers.

She proceeded to London to obtain her Fellowship of the Royal College of Surgeons. Her account of the loss of her purse in the underground train at Holborn is salutary (p. 49) as is the anecdote of the doctor who passed the primary and final examinations for the FRCS in 6 months but did not know of Piccadilly Circus (p. 53).

By then, Goa had been liberated and was part of India. The first batch of students for the MBBS degree enrolled in the Goa Medical College in 1962. Dr Khaunte (as she was then) was appointed Professor of Obstetrics and Gynaecology to this college and taught students from the first batch onwards. The transition from books and journals in Portuguese to those in English took some effort on the part of teachers and students alike.

She was wedded to advocate Srikrishna Naik in 1969. He succumbed to diabetes, hypertension and myocardial infarction in 1994.

Her account of the development of obstetrics and gynaecology in modern Goa and the role she played in it occupies much of the book from page 59 onwards and makes interesting reading (pp. 89–97 describe her stint as a consultant in Saudi Arabia).

Dr Naik wields a facile pen and possesses the enviable ability of holding the reader’s attention throughout the book.

Tributes by those near and dear to her—including her junior medical colleagues in Goa—bring this fascinating account to a close.

Like Dr Saraiya, I hope this book will stimulate many other doctors of eminence in other parts of India to record their memoirs in print.

SUNIL K. PANDYA
Department of Neurosurgery
Jaslok Hospital
Mumbai
Maharashtra

The term ‘family physician’ brings back memories of a bygone era. In those days, each family had its own doctor—a bespectacled, grey-haired gentleman who carried a black leather bag full of pills and potions. He took care of all the members of the family—from the newly arrived bundle of joy to old grandma with her aching back. He was familiar with each person’s history, and not purely in the medical sense! He managed all ailments and knew when to treat, when to refer and when to let well alone. In the truest sense, he was the family’s friend, philosopher and healer.

Slowly things changed. Specialists, subspecialists and superspecialists mushroomed everywhere. It became fashionable to go and see one of these wise men directly. As commerce trumped care, the family physician receded into the background. His place was taken by those who hardly knew the family. Their focus was more on organ systems rather than the patient as a whole. One remembered the old days fondly especially at times when multiple visits to different specialists compelled one to undergo a battery of tests, with little in the way of relief.

Suddenly it seems there is growing disenchantment with the new order and patients are keen on resurrecting the family physician. The Indian Medical Association College of General Practitioners (IMA CGP) has taken the lead in training today’s physicians for this role. A bible is needed to guide these doctors in their work. With this aim in mind, the College has brought out a new edition of the Textbook of family medicine. The book is billed as ‘a ready reckoner for family practitioners’. How far does it succeed in realizing this goal?

With 1190 pages, this paperback edition is no lightweight. However, comprehensive coverage of all areas of primary care would not be possible in a slim volume. The quality of printing and paper are average, but this is to be expected in a low-cost book.

The book is organized into multiple sections based on subject areas such as paediatrics, surgery, and obstetrics and gynaecology. The editors have gathered an eclectic mix of academic physicians and practitioners from all over India to contribute individual chapters. Each chapter is presented in a uniform format, starting with an introduction, followed by sections on how the disease presents clinically, how the diagnosis is confirmed and finally, how the disease is managed. This format makes for easy reading and enables the reader to refer quickly to a specific part of a chapter.

The information provided is concise, highly practical and useful at the point of care. Unlike standard texts of medicine, this book does not focus on the epidemiology and pathophysiology of disease. Fulfilling its aim of catering to its intended audience, the family physician, the book is a practical manual on how to diagnose a disease and effectively treat the patient.

The choice of topics largely reflects the needs of a family physician. The first section discusses various issues pertinent to family practice, such as record-keeping, communication skills, the use of computers, education of the patient and medicolegal issues. This information would be very handy for a doctor setting up community-based practice for the first time.

The subsequent chapters deal with different medical specialties. Since the family doctor is expected to manage common problems irrespective of the patient’s age or the organ system involved, an attempt has been made to cover a wide range of medical specialties. Whether it is the care of the newborn or of women; diseases of the heart, the brain, the ear, nose and throat, the eyes or the skin; surgical disorders or those of the mind, they all find a place in this comprehensive work. The initial chapters in each section provide a thorough overview of the major symptoms of disease in each system, e.g. cough, dizziness, cyanosis and dyspnoea.

The greatest strength of this book is its practical, hands-on approach. This is well-illustrated in the chapter on the care of the newborn. The chapter explains in detail the basic care of the newborn, including how to keep the baby warm, how to carry out a rapid, thorough assessment, the care of the cord and instructions on breastfeeding.

There are two detailed chapters on immunization. ‘Antenatal care’ includes drug use in pregnancy, eclampsia and diabetes during pregnancy. There is a chapter discussing contraception and one on assisted reproductive techniques. The latter provides an overview of the subject that would allow the family doctor to discuss the available options with an infertile couple.

The section on ear, nose and throat covers most of the common disorders, with a focus on those likely to be encountered by a family doctor. The chapter on epistaxis deals comprehensively with the immediate management of bleeding from the nose. The orthopaedics section contains practical tips on the management of neck and back pain. The chapter on low backache, a common disorder in the community, not only provides details of the distinction between mechanical and inflammatory back pain, but also includes a list of red flag signs that call for urgent referral.

As the family physician is often the first to be sought out in the case of an emergency, the well-written chapter on burns and their management is worth reading many times over. The chapters dealing with surgical disorders are succinct and eminently readable. Common problems such as varicose veins, inguinal hernias and anorectal conditions are adequately dealt with.

Conditions common among children, such as diarrhoea, wheezing, anaemia and failure to thrive, are discussed in adequate detail in the section on paediatric diseases so that the family physician can confidently look after the health of children.

Three chapters stand out. ‘Urological problems’ provides a step-by-step description of male urethral catheterization and its attendant problems. So meticulous is the description that it compares favourably with any provided in a standard urology textbook. Similarly, the chapter on bronchial asthma provides a detailed explanation of the use of inhalers and spacer devices, accompanied by a set of photographs. This aspect is rarely covered in most textbooks. Physicians and patients are often unaware of the correct technique for using these common devices.

Tuberculosis remains a major public health problem in India. A separate chapter describes its clinical presentation, diagnosis and treatment in detail. Here the book scores over western textbooks, which often do not devote sufficient space to tuberculosis.

While giving due importance to chronic diseases, the book does not neglect emergencies. The chapter on ‘Foreign bodies’ presents practical tips on how to handle the ingestion or inhalation of foreign bodies, such as coins and marbles. Cardiac emergencies,
such as acute myocardial infarction and pulmonary embolism, are given adequate coverage.

Most physicians are ill-informed about medicolegal issues that often arise in practice. Two chapters in this book—‘Medicolegal issues in medical profession’ and ‘Medicolegal case’—do full justice to these issues. Topics such as recording a dying declaration, medical negligence and when a medicolegal case should receive special attention are a must-read for all doctors, not just for family physicians.

A few areas of the book could be improved. Copy-editing is one such area. Spelling and grammar need attention. A chapter titled ‘Law backache’ should certainly not appear in the table of contents! The chapter titled ‘Management of diabetes in the surgical patient’ has been written almost entirely in bold face. The affiliations of many of the authors have changed since previous editions and these changes need to be reflected in the present edition.

Certain chapters need to be brought up-to-date. The chapter on nephrotic syndrome fails to mention diabetes and amyloidosis, two of the commonest causes. That on cardiovascular emergencies recommends the use of sublingual nifedipine for the treatment of hypertensive emergencies, a potentially life-threatening practice that has long since been abandoned. The chapter on cardio-pulmonary resuscitation mentions the ABC (airway, breathing and circulation) algorithm, which has been replaced by the initial use of chest compressions during resuscitation. Hormone replacement therapy (HRT) has been recommended for post-menopausal women and its benefits enumerated. However, the results of the Women’s Health Initiative and other large trials have shown that HRT increases the risk of cardiovascular disease and is generally no longer advised.

In ‘Diabetes mellitus’, the author does not discuss the use of HbA1c for the diagnosis of diabetes, though this test has been recommended as the preferred diagnostic test by the American Diabetes Association (ADA) since 2010. Rosiglitazone, a drug banned by the US Food and Drug Administration (FDA), is recommended for treatment, while newer agents such as the gliptins find no mention. The reading list at the end of this chapter cites the ADA’s Clinical Practice Recommendations of 2002, which have been supplanted by newer recommendations.

Although drug dosages are provided in some chapters, they have been omitted from others. With the exception of the chapter on sexually transmitted diseases, drug dosages and schedules are missing from nearly all the chapters in the dermatology section.

For the book to be useful to a family physician, it is essential that drug dosages be provided throughout.

Disorders affecting the elderly, such as falls and osteoarthritis, could have been given more coverage, possibly in a separate section on geriatrics.

A few chapters, such as ‘Postoperative care in practice’, ‘Management of diabetes mellitus in surgical patients’ and ‘Monitoring high-risk foetus’, are more relevant for hospital-based doctors and seem out of place in a book like this. In most chapters, the references in the ‘Reading list’ given at the end are incomplete and not in the Vancouver style. If the family physician wants to read more, it is necessary to provide complete references.

In the field of obstetrics and gynaecology, possibly the role of a family physician would be limited to providing antenatal care and advice on contraceptives, conducting a normal delivery and handling minor problems such as vaginitis. Screening for malignancies, evaluating adnexal masses, managing incontinence and terminating pregnancies would be more in the realm of a qualified gynaecologist. The chapters dealing with these areas could have been omitted from the book.

Finally, we come to the Achilles’ heel of this work. Just as it is important for a family physician to know how to treat common ailments in the community, it is equally, if not more, important for her/him to know when to refer a patient immediately to a higher level of healthcare. For this, she/he needs to be aware of the ‘red flags’, the warning signs that the management of a patient demands referral. Most of the chapters of the book fail to highlight this crucial information. However, some chapters, such as ‘Conditions requiring urgent referral to an ophthalmologist’, do explicitly list such symptoms. Delayed referral or non-referral could be catastrophic both for the patient and the family physician, and hence, information on the red flags would be very useful.

Every diamond has a flaw, and despite its flaws, this book is certainly a diamond. One admires the IMA CGP and the editors for bringing out a comprehensive, practical and user-friendly book for family practitioners. One fondly hopes to see the family doctor of yore, armed with this manual, heralding a revolution in healthcare—back to the future.

VIVEK ARYA
Department of Medicine
Dr Ram Manohar Lohia Hospital
New Delhi
linuxphoenix@gmail.com