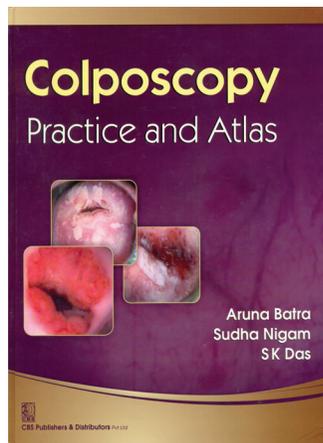


Book Reviews

Colposcopy: Practice and atlas. Aruna Batra, Sudha Nigam, S.K. Das. CBS Publishers and Distributors, New Delhi, 2014. 304 pp, price not mentioned. ISBN 978-81-239-2403-8.



Cervical cancer, the fourth most common cancer among women worldwide but the second most common cancer among women in India, is so due to the lack of prevention efforts. In the past decade, there have been many new developments in this field with the introduction and validation of new tests. The need for implementing prevention programmes is currently at the forefront of policy decisions. Irrespective of the screening strategy used, colposcopy is essential to enable directed

biopsies from abnormal areas and to make an accurate diagnosis of cervical intraepithelial neoplasia (CIN) or cancer. This illustrated textbook and atlas comes as a comprehensive guide to the current understanding of the diagnosis and management of all genital tract precancers and conditions which may mimic them.

The book includes chapters on colposcopic instruments, nomenclature and the histopathological basis of colposcopic findings, which help to lay a foundation of the subject. The authors have clearly shown the importance of knowledge of normal anatomy of the cervix and inflammatory lesions of the cervix by using numerous relevant pictures. We wish the quality and sharpness of the pictures could have been better.

One chapter is dedicated to the recent understanding of the causative role of persistent infection with high-risk types of the human papillomavirus (HPV), which has been found to be the necessary cause of cervical cancer and is also responsible for nearly half the cases of vulval and vaginal cancer. This write-up is educative in terms of the role of HPV DNA testing, the major new addition to the armamentarium in cervical cancer screening, which is depicted well with the use of a simple flowchart.

The latest colposcopic terminology of the International Federation of Cervical Pathology and Colposcopy (IFCPC) and the different scoring systems has been well described in the chapter on cervical intraepithelial lesions. The screening and management of pre-invasive cervical diseases have been written well according to the latest guidelines of the American Society of Colposcopy and Cervical Pathology (ASCCP). Understanding of the treatment strategies could have been better illustrated by using algorithms for various CIN categories. Treatment has been dealt with comprehensively by depicting every modality using sequential images of the cervix during the procedure and post-therapy follow-up, making this a must-read for everyone dealing with such patients.

The highlight of this book is the description of problem-based management of all the common case scenarios which are encountered in day-to-day practice. The authors have also highlighted the limitations of colposcopy by describing it in a separate chapter entitled 'Minimizing colposcopy errors', which will be particularly helpful in gaining expertise quickly. The chapter on cytology

for gynaecologists is of practical help as it emphasises the noteworthy role of gynaecologists in proper sample collection and submission of specimens, which is the key to accurate reporting. It also explains the reporting system along with the interpretation of cytological findings.

Inclusion of all aspects vulvovaginal lesions in detail with equal emphasis on its treatment makes this a complete text. The management of these cases have been explained in a crisp manner with inclusion of depictive pictures.

For the clinician seeking wider horizons, this text is not simply a colposcopic atlas; it is a comprehensive description of the wide range of skills needed to diagnose and manage any or all of the precancerous conditions of the lower genital tract. The book is a storehouse of information that is presented in a clear fashion and touches upon almost every aspect of colposcopy that a reader would want to know about. Excellent efforts have been made by the authors to highlight the usefulness of colposcopy to decrease the burden of cervical cancer, which is the most preventable cancer.

An atlas on colposcopy is not complete without a large number of images to illustrate each clinical condition of the lower genital tract and the authors of this book have achieved this aim very well by incorporating every possible photograph, both for physiological and pathological variants of the disease.

To conclude, this is an affordable, integrated textbook and atlas which provides a modern framework of the subject and would be useful not only to students or beginners in colposcopy but also to those in established practice where regular updating of the subject is a must.

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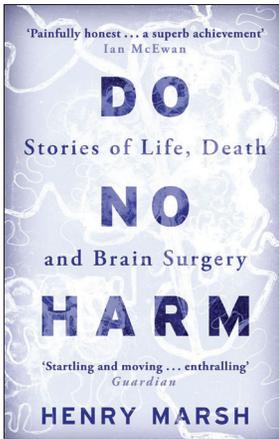
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Do No Harm. Stories of life, death and brain surgery. Marsh Henry. Phoenix Paperback, London, 2014. 278 pp, £ 8.99. ISBN 978-1-7802-2592-0.

Dr Henry Marsh was born in 1950 and studied politics, philosophy and economics at Oxford before entering medicine. He is the senior consultant neurosurgeon at Atkinson Morley Wing of St George's Hospital in London.

His travels to Ukraine from 1992 onwards and his efforts to help patients there and the poorly equipped neurosurgeons in Kiev were documented in 2007 in an excellent documentary film *The English Surgeon* by BBC. This brought him into international prominence. (Chapter 5 entitled 'Tic douloureux' and Chapter 22 entitled 'Astrocytoma' describe patients treated in Kiev.)

In the book under review, Dr Marsh provides the reader



insights into his own mind and work with disarming honesty and without any attempt at downplaying medical errors and the ills suffered by patients under his care.

The page facing the preface carries two quotes that sum up the contents of the book. The first, from Hippocrates, is the credo subscribed to by Dr Marsh: 'First, do no harm...' The following quote is from René Leriche, the famous French surgeon, who had Matisse as one of his patients: 'Every surgeon carries within himself a small

cemetery, where from time to time he goes to pray—a place of bitterness and regret, where he must look for an explanation for his failures.'

Every neurosurgeon will echo these sentiments.

Despite his best intentions and painstaking care, inevitably Dr Marsh makes mistakes and when these occur, at times with catastrophic consequences to the patient, Dr Marsh goes to his internal cemetery. This time, he takes the reader along and we suffer with him even as we feel deep sympathy for his patient.

The development of the Oslerian virtue of *Aequanimitas* by Dr Marsh is accompanied by painful introspection, sleepless nights and considerable anguish. In time, Dr Marsh has been able to 'find a balance between the necessary detachment and compassion ... a balance between hope and realism'.

The table of contents lists a variety of diagnoses ranging from the first chapter headed 'Pineocytoma' ('an uncommon, slow growing tumour of the pineal gland') to the final chapter entitled 'anaesthesia dolorosa' (severe spontaneous pain occurring in an anaesthetic area). In each of these 25 chapters, Dr Marsh describes an individual suffering from the particular ailment and traces the journey from diagnosis to final outcome. In each instance, he takes care to keep the language simple and explains any medical terms used by him. Each of these chapters also embodies a very human narrative with the patient, family, nurses, resident doctors and Dr Marsh as the principal actors.

Chapter 20 is an exception in that the title does not refer to the patient's illness but to a failing that surgeons are prone to: hubris. The patient described here had an extensive tumour (meningioma in the petro-clival region), surrounded by very important nerves and arteries. It had made a nest within the brainstem, excavating it in the process. When a senior and respected neurosurgeon asked the patient to get operated upon by Dr Marsh, there was a sense of satisfaction. As Dr Marsh puts it, he was delighted to have been given what felt like a papal dispensation. After operating on the tumour for 15 hours, Dr Marsh had removed almost all of the tumour. 'I should have stopped at that point and left the last piece of tumour behind but I wanted to be able to say that I had removed all of the tumour.' As he attempted this, a vital artery tore. The bleeding was controlled at the cost of loss of blood supply to vital brain tissue. The patient never woke up and when Dr Marsh saw him many years later, he was still 'curled into a sad ball' in a nursing home. Important lessons were learnt at a tremendous cost to the patient: (i) be especially careful when a more experienced surgeon and one of great repute does not want to do an operation and sends the patient on to you; (ii) at times it is wiser to leave the last piece of tumour in. Almost all neurosurgeons have had similar experiences.

Dr Marsh shows a healthy disrespect for bureaucrats—especially those imposed on hospitals and those working in them by the National Health Service of Great Britain. One such interaction between Dr Marsh and the administrators is to be found in Chapter 13, entitled 'Infarct'. Dr Marsh mistook a cerebral infarct for a neoplasm. The diseased tissue was biopsied. Chagrined at his error in diagnosis, he consoled himself 'it did not seem too terrible a mistake and a stroke seemed better than a malignant tumour'. The patient recovered from the operation and was sent back to his parent hospital, where he died after another stroke. Two years later Dr Marsh received a copy of a complaint by the patient's father accusing him of being responsible for the son's death. The subsequent encounters with the Complaints and Improvements Department of the hospital and the chief executive of the hospital trust must be read in the original to understand the thoughtlessness and idiocy of bureaucracy.

Why has Dr Marsh written this book? The answers are scattered throughout the volume. Here is one from the preface: 'A brain surgeon's life is never boring and can be profoundly rewarding but it comes at a price. You will inevitably make mistakes and you must learn to live with the occasional awful consequences. You must learn to be objective about what you see, and yet not lose your humanity in the process. The stories in this book are about my attempts, and occasional failures...' On pages 154–5, he describes the lecture he delivered to the neurosurgery department of an American Hospital entitled 'All my worst mistakes'. Dr Marsh comments on this lecture: 'Everybody accepts that we all make mistakes, and that we learn from them. The problem is that when doctors such as myself make mistakes the consequences can be catastrophic for our patients. Most surgeons—there are always a few exceptions—feel a deep sense of shame when their patients suffer or die as a result of their efforts, a sense of shame which is made all the worse if litigation follows. Surgeons find it difficult to admit to making mistakes... Yet as I approach the end of my career I feel an increasing obligation to bear witness to past mistakes I have made, in the hope that my trainees will learn how not to make the same mistakes themselves.'

On page 204, we find an important caveat. 'One of the senior neurosurgeons who trained me, and a man I revere, told me a story once of the famous, knighted neurosurgeon with whom he, in his turn, had served as an apprentice. "He used to remove acoustic tumours with a periosteal elevator, an instrument normally used for opening the skull. An operation that would take other surgeons many hours took him thirty or forty minutes. Inevitable this would sometime lead to disaster. I remember one woman with a large acoustic—he caught the vertebral artery with the elevator and there was torrential haemorrhage. The woman was obviously done for. I had to close up and that was that. Nevertheless, I always had to ring him up every evening at seven o'clock on the dot to let him know how all the patients were doing. So I went through the list of all the inpatients. At the end I mentioned the woman with an acoustic. Mrs B she was called, I can still remember the name. Mrs B is slipping away, I said, or words to that effect. "Mrs B?", he said, "Who's that?" He had forgotten her already. I wish I had a memory like that..." Great surgeons tend to have bad memories.' Dr Marsh concludes this account: 'I hope I am a good surgeon, but I am certainly not a great surgeon.'

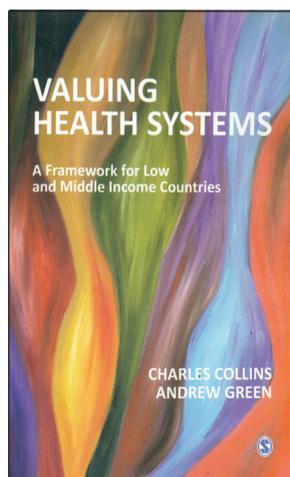
Why should all doctors, especially surgeons, read this book? Dr Marsh is an all-too-human person, witty, humorous and highly competent. At the same time he is sensitive to the effects of the plight of patients and the effect on them of the behaviour of doctors and statements made by them. He worries and even

agonizes when the patient suffers as a result of surgery. In writing this book he has held nothing back from his readers and been honest almost to a fault. In Chapter 17, entitled 'Empyema n. a condition characterized by an accumulation of pus in a body cavity', Dr Marsh describes a patient who was rendered permanently paralysed along one of her body because he missed a collection of pus around the operated part of the brain. The litigation on this patient's tragedy was settled at the cost of two million pounds. It is salutary that at no stage did Dr Marsh minimize the harm done to the patient or attempt to defend the indefensible. On the contrary, 'I told them to sue me. I told them I had made a terrible mistake...'

Such a book is a rarity and serves as an inspiration to all of us. A final quotation may convince you to search for this book: 'Doctors need to be held accountable, since power corrupts. There must be complaints procedures and litigations, commissions of enquiry, punishments and compensation. At the same time if you do not hide or deny any mistakes when things go wrong, and if your patients and their families know that you are distressed by whatever happened, you might, if you are lucky, receive the precious gift of forgiveness...'

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Valuing Health Systems: A framework for low and middle income countries. Charles Collins, Andrew Green (eds). Sage Publications, New Delhi, 2014. 338 pp, ₹895. ISBN 978-81-321-0724-8.



With almost three-quarters (if not more) of a century worth of experience between them, Charles Collins and Andrew Green have observed, participated, and more often than not, guided the growth of health systems in many African and Asian countries. If one was fortunate enough to share a libation with them in a shebeen in South Africa, I suspect the stories would still be flowing till the crack of dawn. As the sun rose up, someone at the table would probably have ruminated wistfully—well, if one were to design an ideal healthcare system,

how would they do it? This book is probably the answer to that question.

Similar to other fields, international health has suffered from its share of panaceas *du jour* in the past few decades. However, a discerning eye will identify that whatever the topical issue was—

from Alma Ata's focus on primary care in the 1980s, the push for market-based solutions in the 1990s, the Millennium Development Goals (MDGs) in the past decade, or today's interest in Universal Health Coverage, health systems have been the quiet handmaiden. In today's parlance, this book is an end-to-end solution for someone who wants to know about health systems *a la* Collins and Green.

What sets this book apart from other texts about health systems? It covers well the well-trodden ground of health systems tomes—the governance, management, financing, policy-making—but the first word of the title says it all. The book is imbued with the values that Collins and Green feel that the health system should embody. Equity, efficiency, participative decision-making and a long-term perspective are the first principles from which the book flows; they are the lenses through which the aforementioned nuts and bolts of a health system are discussed. In today's globalized and connected world, the book rightly addresses intersectoral action for health as a key issue. Nor do the authors shirk from advocating a long perspective.

Who should read this book? Anyone looking for a good read on health systems that covers the past few decades will find their time well spent. The book should be mandatory reading for mandarins in the Ministries of Health in South Sudan and Somalia as they establish their health systems. On the other hand, anyone looking for a 'how to' manual will probably thirst for more—although the authors do take a crack at this in the last chapter. Fair warning—fans of the 'neo-liberal' consensus will not find much favour here.

In conclusion, Collins and Green have spared no effort to distil their observations and learning into this volume, and it shows in this eminently readable book. It is a fascinating coda to their rich and diverse careers, and calls for a final round at the shebeen...

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Palliative Surgery. Matthias W. Wichmann, Guy Maddern (eds). Springer, London, 2014. 304 pp, price not mentioned. ISBN 978-3-642-53708-0.

This is a comprehensive and timely book on an important topic. Globally, cancer is emerging as one of the leading causes of mortality. Despite advances in the field of medicine, a large number of patients with cancer present with advanced disease amenable to only palliative care. Recently, WHO has also declared palliative care as an integral part of the global fight against cancer. During the past two decades the field of palliative medicine has evolved considerably but the field of palliative surgery is lagging behind. Some of the major textbooks of surgery and surgical oncology have minor sections on palliative surgery, which is inadequate to address the issue of palliative surgery in a comprehensive manner. There is a need for a comprehensive book on palliative surgery and this is one of the first surgical



textbooks exclusively addressing this topic.

This book is aimed at helping surgeons in dealing with advanced cancer patients in transition of care from cure to palliation, decision-making related to palliative therapeutic interventions and ethical issues related to end-of-life care.

The book is handy and the overall layout is good. Most of the relevant topics related to palliative surgery have been covered in the book. The first and second parts

of the book deal with general topics related to palliative surgery and part three covers issues related to specific organ-related cancers. This book has the potential to be incorporated in the surgical syllabus of general surgery and surgical oncology training programmes. The language used is straightforward and lucid. Overall, the book is readable and the efforts of the authors must be appreciated in making the chapters interesting and informative. At the end of every chapter there is a conclusion section that summarises the chapter, which I feel would be very useful for the reader.

However, some issues deserve more attention in future editions of the book, especially topics related to team approach in palliative care, transition of care from cure to palliation, defining cure/palliation/success/failure in the surgical field, communication issues, outcome and quality indicators in palliative surgery, taking responsibility of dying patients and, lastly, ethical dilemmas in end-of-life care.

Overall, this is a timely, well-written and comprehensive book on palliative surgery. It has the potential to be used as a benchmark for future books on similar subjects and for incorporating in routine surgical and oncology teaching and training curricula.

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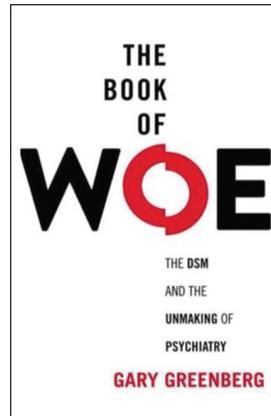
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The Book of Woe: The DSM and unmaking of psychiatry. Gary Greenberg. Blue Rider Press, Penguin Group (USA) Inc., New York, 2013. 403 pp, US\$ 28.95. ISBN 978-0399-1585-3-7.

The first edition of the *Diagnostic and Statistical Manual (DSM)*, published in 1952, consisted of 132 pages and listed 106 disorders. However, with every subsequent revision, the DSM has grown exponentially in size, and so have the number of diagnoses categorized in it. Also, every revision of the DSM has been subjected to intense scrutiny and controversies, but none of it can match the attention garnered by its latest revision, the DSM 5. The DSM 5 has been caught in a quagmire of controversies, intellectual battles and media focus from its very inception, which remains



unmitigated even after its publication in May 2013. The author, in this latest rendering, presents an astute critique of the DSM 5, while providing his readers an insider's view of the premise under which the idea of a new DSM was conceived, the processes that followed in shaping it and the power struggles that ensued between its proponents and its relentless critics.

Dr Gary Greenberg is a practising psychotherapist in Connecticut, USA. He has also authored two more books,

Manufacturing depression: The secret history of a modern disease and *The noble lie: When scientists give the right answers for the wrong reasons*. He is also an active journalist and is a contributing editor for Harper magazine and a contributing writer for Mother Jones. His articles appear regularly in *The New Yorker*, *The New York Times*, *The Nation*, *Rolling Stone*, and other leading magazines. He was also one of the Collaborating Investigators in the *Routine Clinical Practice, DSM V*, field trials.

The author opens with an anecdotal description of an obsolete diagnosis, 'drapetomania', the disease that causes Negroes to run away, attempting to attribute the specious nature of such a diagnosis to psychiatric diagnoses in general. He tries to make his case by providing details about the homosexuality debacle and the Rosenhan experiment, all the while trying to elaborate upon the susceptibility of psychiatry to 'diagnostic exuberance', and the repercussions that follow. Subsequently, he charts a historical account of how the DSM came into being and the revisions that followed, each of which (claims the author), was an attempt to mitigate a major credibility crisis to psychiatry as a branch of medical science. But in spite of the numerous revisions, the author maintains that psychiatric diagnosis fails to live up to its promise—'to carve nature at its joints', an expression he frequently uses throughout the book. He goes on to highlight the rising opposition against the DSM 5, spearheaded by Dr Allen Frances, Chair of the DSM IV task force, who gained prominence as the most ardent critic of the DSM 5. What follows is a detailed description of the turf wars between the American Psychiatric Association (APA), work groups and the opponents who accused them of 'diagnostic imperialism' and pathologizing normal human emotions.

The author tries to chart the fallacies of DSM 5, taking up in detail specific changes; for example, the removal of bereavement exclusion and inclusion of a host of new diagnoses which are yet to be tested and validated. He elaborates in detail on the removal of bereavement exclusion from diagnostic criteria of depression, and expresses concern over the possibility of labelling of normal human emotions and subsequent medicalization. He remains sceptical about the dimensional assessments and cross-cutting measures incorporated in DSM 5. The author also tries to present a picture of the numerous stakeholders in psychiatry, primarily 'the Big Pharma' and the insurance companies, and how their vested interests shape the policies and endeavours of the APA. The author provides a vivid description of the 'childhood bipolar epidemic' in the USA to bring home to the readers the gravity of the situation, and also to reiterate the fact that 'power to give names to our pain is a mighty thing and easy to abuse'.

The latter part of the book describes the field trials and how they were lagging behind the scheduled deadlines. Dr Greenberg

concludes with a justificatory note that although his book takes an anti-DSM stance, it is not anti-psychiatry; deliberating further regarding the future directions and newer horizons beyond the current classificatory system.

This book is more of a journalistic endeavour, targeting the general public. Divided into 20 chapters, it does not follow any specific pattern. It is highly anecdotal, generously replenished with historical excerpts and written in a lucid manner, with an ample amount of witticism to keep the readers engaged. Dr Greenberg indeed has a quirky sense of humour, and his readers will often find an unexpected surge of comic relief even when he is delving into the most sombre details of the DSM's failures.

The reason why this book holds much relevance to mental health professionals as well is that it clearly depicts how psychiatry as a science is susceptible to a myriad of external influences. However, Dr Greenberg, in his withering scepticism of the current classificatory system, fails to highlight the need to classify mental illness, and neither does he provide the answer as to what could be the possible alternative, if the current systems were to be abandoned. Some chapters delve too much into the details of 'who said what', rather than providing the author's own view about the issues. Throughout the book, the author uses verbatim comments of experts in the field to further his claims. However, the description of the evidence, the studies and methodology is only fleetingly mentioned, or omitted altogether, so that readers are presented only with the expert opinion, and hence are unable to exercise their own judgement to assess the evidence.

The book presents some contradictions. While on one hand, the author criticizes the DSM for pathologizing normal behaviour and increasing the number of diagnoses in its compendium with every revision, on the other he also criticizes its efforts to reduce the same. The author repeatedly complains that contemporary

neurobiological research is not robust enough for a 'neuroscience based DSM'. Currently, while it might not be possible to propose a specific biological hypothesis for any mental illness, the established neurobiological abnormalities in patients of mental illnesses does not receive adequate focus. Although the last chapter deals in detail as to why this book is not about 'anti-psychiatry', the author depicts his scepticism as to why should psychiatrists have the dominion over our mental suffering on numerous occasions. However, he does not provide an answer to the question that if not psychiatrists, then who?

Overall, the book is cleverly written and serves as a cautionary tale to those who take the DSM too seriously, or are tempted to do so. Dr Greenberg dished out his offering at a very crucial time, just a few months before the DSM 5 hit the stores. His well-intended purpose has been to make the public aware of the fallacies of psychiatric diagnosis, but in his overzealous efforts, he at times tends to undermine the relevance of psychiatry as a branch of medical science. Selective information, when presented in a highly palatable manner, can sway public opinion when the public is not aware of both sides of the argument. The book is expensive and many readers would not find it worth the investment.

For mental health professionals, this book is a reminder of the inevitable fact that scientific endeavours in psychiatry continue to be manoeuvred by numerous stakeholders and their political and commercial interests, which undermine its progress as a scientific discipline.

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