Child Abuse

JAMES PEINKOFER’S SILENCED ANGELS is the only book in print dealing with every aspect of shaken baby syndrome (SBS). Unfortunately, in an attempt to create a comprehensive resource on the subject, a potpourri of information is presented in a somewhat random format without thought to the needs of the individual reader. For example, in the chapter “Procedures and Tests,” fairly detailed medical information is presented about computed tomography juxtaposed with information more useful to families and patients’ advocates, such as whether parents and siblings are allowed in the room during the procedure.

The book is divided into three parts, namely, medical, legal, and social aspects of SBS. Numerous case examples illustrate the history of the recognition of SBS by medical providers. The author also includes what he considers “missed cases.”

Who is the best audience for this book? Medical professionals experienced in evaluation of child abuse cases will not learn anything new about diagnosis and management of SBS, and, in fact, some of the medical information appears out of date, such as the aging of bruises, based on color, presented on page 24. Less experienced physicians might benefit from the medical information presented. A better reference for medical information is the head injury chapter in Reece and Lude-"wig’s Child Abuse: Medical Diagnosis and Management. All clinicians will likely find fascinating the chapter “History of Abuse and the Role of Shaken Baby Syndrome.” This chapter illustrates clearly how well-intentioned and observant physicians can recognize all the findings of a previously undescribed medical condition without giving it a name or recognizing the cause. Henry Kempe published his landmark article “The Battered-Child Syndrome” in The JOURNAL on July 7, 1962.1 SBS was not fully recognized until the early 1970s.

Social workers, legal professionals, law enforcement officers, and lay people, including family members of SBS victims, will find parts of this book very useful. Several of the medical chapters are almost glossaries of medical terms, such as the signs and symptoms of SBS in chapter 1 and cutaneous manifestations in chapter 3. Some chapters are more like catalogues, for example, lists in chapter 2 of consequences of SBS and of subspecialists who might be involved in the care of SBS patients. These chapters will help nonmedical providers navigate hospitalization and medical records. Caretakers will find helpful the chapter “Survivors,” which deals with survivors’ potential problems and necessary medical therapies and services. All professionals can learn from the chapter “Families of SBS Victims.” Medical providers tend to focus on the patient, and this chapter reminds us of the grieving families and their needs.

On the inside cover of the book jacket, SBS is said to be “100% preventable.” In the last chapters, the author describes government agencies that deal with child abuse and suggests that they could do more, such as improve monitoring of child care facilities. The next chapter is a discussion of prevention strategies. The current status of research evaluating the success of these prevention strategies could be better documented. The last chapter is a list of strategies for prevention and management of SBS. A separation of prevention from management strategies with some prioritization as to importance would have been more helpful for finding agencies and child advocates.

In summary Peinkofer, a clinical social worker, has drawn on his wealth of personal experience with SBS. As expected, much of the material presented is from the social work perspective. The literature review regarding medical diagnosis is comprehensive. Diagnosing and managing SBS requires a multidisciplinary approach. Professionals dealing with SBS will find some sections of the book informative and appropriate to their individual disciplines.

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Surgery, Essays

WITH THE PUBLICATION OF HIS FIRST book, Complications: A Surgeon’s Notes on an Imperfect Science, Atul Gawande takes his place in the front rank of medical science writers. In 14 vignettes allotted to three sections—“Fallibility,” “Mystery,” and “Uncertainty”—Dr Gawande exposes individual clinical problems and dissects deeper issues, such as surgical training and medical errors. His strong, trustworthy voice offers a coherent and persuasive medical world view.

Gawande has the storyteller’s magic: in a few deft strokes, he sketches a patient, doctor, and illness. In “Education of a Knife,” he recalls experiences as a first-year surgical resident; this first glimpse sets the candid tone of the book: The pockets of my short white coat bulged with patient printouts, laminated [instruction] cards, two surgical handbooks, a stethoscope, wound-dressing supplies, meal tickets, a penlight, scissors, and about a buck in loose change. As I headed up the stairs to the patient’s floor, I rattled.

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Under the guidance of a senior resident, he attempts to place his very first central line, without success. The senior resident then gets it in on the first pass. Gawande confesses, “I felt utterly inept.” Eventually he masters central line placement and moves on to more difficult procedures, finding that “I am . . . neither gifted nor maladroit.” The episode sounds like an update of William Nolan’s *The Making of a Surgeon*.

In this essay, as in the others, Gawande proceeds from recounting vignettes to medical reporting at the level of Jerome Groopman or Natalie Angier. In relevant literature on medical learning (sources provided in an appendix), he finds that the key qualities necessary for surgical training are dedication to learning and a capacity for hard work rather than “good hands.” He discusses other surgical secrets, for example, the resident doing the majority of a procedure across the table from the attending. He concludes:

A patient’s right to the best care possible must trump the objective of training novices. We want perfection without practice. Yet everyone is harmed if no one is trained for the future. So learning is hidden, behind drapes and anesthesia and the elisions of language.

“When Doctors Make Mistakes” is the most riveting piece in the book. Gawande is called to the emergency department to treat an obese young woman, unconscious after a car crash. She develops respiratory distress, and the emergency room physician is unable to intubate her.

We stared at the monitor. The numbers weren’t coming up. Her lips were still blue . . . . The realization crept over me: this was a disaster. “Damn it, we’ve lost her airway. . . . Trache kit! Light! Somebody call the emergency team!”

Having recognized the threat to life too late, Gawande attempts his first emergency tracheostomy unsuccessfully, and the patient arrests. “I was stricken, and concentrated on doing chest compressions, not looking at anyone. It was over, I thought.” The attending arrives and cannot establish an airway, but a senior anesthesiologist finally slips in a pediatric endotracheal tube, restoring ventilation. Amazingly, the patient wakes up without deficit. Later, the attending suggests an earlier call for assistance would have been in order. Gawande feels “a sense of shame like a burning ulcer.”

Next he makes a scientific inquiry into medical mistakes. He describes a Harvard study in which 4% of hospital admissions resulted in complications leading to disability or death, two thirds of which were due to errors in care. It’s not just a subset of dangerous doctors at fault: “the fact is that virtually everyone who cares for hospital patients will make serious mistakes, and even commit acts of negligence, every year.”

Gawande notes that research and systems analysis can reduce complications. During the past decade, anesthesiologists have identified and corrected defects in anesthesia machines and introduced pulse oximetry monitoring, with a consequent 20-fold reduction in anesthesia deaths—down to about one in 200,000 anesthetics.

Data show that malpractice litigation does not reduce rates of medical error. The morbidity and mortality conference probably does. Gawande writes, “Its fierce ethic of personal responsibility for errors is a formidable virtue. No matter what measures are taken, doctors will sometimes falter, and it isn’t reasonable to ask that we achieve perfection. What is reasonable is to ask that we never cease to aim for it.”

The publication of these accounts, which first appeared in *The New Yorker*, is an act of candor and courage, by both the author and his chief of surgery. Although the book’s revelations may be disquieting, ultimately the book’s honesty boosts public confidence in medicine.

By pulling back the curtain of secrecy to reveal the doctor as human, not godlike, Gawande offers the patient a full-fledged partnership in healing. In one of the stories, he brings his young son along on a post-op visit to his patient’s heavy equipment garage. Not all patients or doctors will be attracted to this model of the patient-doctor relationship, but for many it is a breath of invigorating air.

Like Lewis Thomas, Atul Gawande in these stories leads us through clinical medicine’s scientific basis and beyond, into its ethical and philosophical origins. He is a practical epistemologist when he writes:

Human beings are somewhere between [an unpredictable] hurricane and [a melting] ice cube: in some respects, permanently mysterious, but in others—with enough science and careful probing—entirely scrutable. It would be as foolish to think we have reached the limits of human knowledge as it is to think we could ever know everything.

Out of his understanding of what is known and what is right, Gawande fashions his philosophy of medicine and surgery:

The possibilities and probabilities are all we have to work with in medicine, though. What we are drawn to in this imperfect science, what we in fact covet in our way, is the alterable moment—the fragile but crystalline opportunity for one’s know-how, ability, or just gut instinct to change the course of another’s life for the better.

Top-flight doctor-writers are uncommon, and fine surgeon-writers rare. No doctor I know of has created a work like *Complications*, with its mixture of hair-raising surgical cases, careful inspection of relevant scientific literature, compassionate partnership with the patient, and exploration of ethical and philosophic considerations. I was entertained, educated, touched, and, in the end, deeply refreshed and even hopeful.

Readers may confidently expect from Dr Gawande a cavalcade of stories on hot topics, ranging from endovascular surgery to tissue engineering. Is it too much to hope that he will also tackle the toughest issues of our day like stem cell transplantation and a national health plan?

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relationships to the human body, ill-fits the criterion for the selection of editorial board. The publisher "DeWitt Stetten, Jr, an intern and residence. One of the contributors, the late big-city, uniquely American experience. became a metaphor for the varieties of unification. The criterion for the selection of materials, namely that they "touch upon relationships to the human body, illness, health, and healing." BLR chief editor Danielle Ofri, who interned at Bellevue Hospital and is now an attending physician, reminds us that this institution has witnessed two and a half centuries of human drama. Bellevue has become a metaphor for the varieties of big-city, uniquely American experience. One of the contributors, the late DeWitt Stetten, Jr, an intern and resident at Bellevue from 1934–1937, notes, "No one could be denied admission." Doctors, patients, nurses, personnel, and visitors still jostle each other in the corridors and wards of Bellevue, creating an intense emotional and intellectual environment.

By far the majority of texts chosen for the first volume are by professional writers. Several present a distinctly postmodern face, that is, they are subjective and inconclusive. Many stand out for their good writing and depth of insight. For example, in Emmy Award Winner Steve Fayer’s "Parricide," the narrator decides that his father shall not die alone. He asks himself if his father would like to know he was dying, decides not to tell his father that he is dying, and accompanies him to the nursing home. Nevertheless, despite the son’s attentions, the father dies alone while the son sleeps with the clean-smelling special duty nurse. Itzhak Kronzon’s extraordinary essay "A Doctor in the Court of the King of Nepal" stands out for its point of view, that of an immigrant medical doctor who journeys from Israel to the Bronx to Nepal and experiences the unsettling effect of unfamiliar cultures. Leslie Roberts, a student at University of Iowa’s nonfiction program, presents the viewpoint of a teenaged girl immobilized in a cast after an automobile accident. She goes to the prom and even dances. She undergoes a transformation away from her bruised body to a mental state that allows her to visualize glories in the air. Anne K. Spollen uses hospital food, usually denigrated and considered inedible, as a metaphor for closeness between parents and children. Poet Virginia Chase Sutton employs negativetty, and plain words to take her reader into the minds of a mother and her daughter who likes to cut herself. Finally, Marpessa Dawn Outlaw, now a New York City resident, imagines the life of a New York woman, a breast cancer patient, who believes her illness is retribution for her own act of jealousy that caused her lover’s death. These selections and others are of the highest quality.

This new journal differs from Literature and Medicine, published by Johns Hopkins University Press, which is a journal of scholarly investigations into primary texts in the medical humanities. BLR offers only primary sources. It is a kaleidoscope of creativity contained within a theme that concerns the general reader but which also informs the minds of patients and healers. These poems, essays, and stories are suitable for study by individuals in group therapy and by medical professionals. The selections are unsentimental and sometimes unpredictable. A subscription to BLR will enrich every medical school library. This recent work of art from the New York University School of Medicine proves the value of realistic and nonnormative writing in teaching us a better understanding of humanity.

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Imagine that you are asked to assemble a collection of short stories, essays, and poems that explore, illuminate, and even define the relationship between doctors and patients. Which ones would you choose? Picture a publisher requesting your opinion as to which works of literature provide a map that can guide medical students along the path to becoming virtuous physicians. What authors, voices, and perspectives might you include? Equally important, who and what could you afford to leave out?

The editors of A Life in Medicine were no doubt faced with just such an exhilarating and daunting task. The result of their labor is an admirable anthology containing 53 selections and an introduction by Robert Coles. Each selection is introduced by a brief description and accompanied by information about its author. The stories, poems, and essays are organized into four sections representing attributes of physicians deemed essential by the Association of American Medical Colleges: altruism, knowledge, skill, and duty.

Some of the authors included in the anthology are familiar names like Albert Schweitzer, Walt Whitman, and Raymond Carver. Physician-writers are well represented, with contributions by Anton Chekhov, William Carlos Williams, Lewis Thomas, and Mikhail Bulgakov. Exceptional essays about the concepts of hope, virtue, and responsibility, written by David Hilfiker and David Lottercamp, impart a quiet strength to the collection.

It is startling, however, to consider what is left out of this anthology. You
will not find “The Use of Force” by William Carlos Williams, even though it is perhaps the most notable of all “doctor stories.” Nor will you see any essays by Sherwin Nuland or stories by Richard Selzer. There is no trace of the wit or dilemma of George Bernard Shaw, nor any evidence of Arthur Conan Doyle. Ivan Ilych does not die in this anthology because he's nowhere to be found. Oliver Sacks, Dannie Abse, James Dickey, and Ernest Hemingway all fail to make the cut. Understandably, the decision as to what material is included in an anthology like this one goes beyond merely what is worthy of inclusion. The costs of permissions to reprint selections, the length of certain literary works, and editors' personal taste in literature must all factor into the final product.

One of the most annoying tactics of some anthologies is what I call the “teaser.” A story, play, or novel is so severely excerpted that only a few pages or a single scene is reprinted. Such is the case in this book with “People Like That Are the Only People Here: Canonical Babbling in Peed Onk,” by Lorrie Moore. The actual story is 39 pages long, but only two paragraphs are reprinted in this book. What a shame, since it is a contemporary masterpiece, chronicling a mother’s experience with the diagnosis and treatment of her infant’s cancer.


Who is the likely audience for _A Life in Medicine_? Why, all of us, of course. Although the book’s organization suggests it is earmarked primarily for medical students and physicians in training, there is value and instruction for readers of all backgrounds and tastes. Doctors by their very nature must be interpreters of stories. Preceding every diagnosis and subsequent treatment is a tale to be told and heard and recorded. Who can argue that the most engaging descriptions of doctor-patient encounters continue to be a vibrant body of work, written and rewritten every day by authors who aspire not to be great writers but rather virtuous physicians. All doctors must be relentless readers and writers.

Powerful literature is a lot like strong medicine. Both will usually elicit a dramatic response even in situations in which neither can produce a satisfying result. By themselves, medicine and literature are each capable of connecting us to others. But together, these two disciplines allow us to more deeply understand one another. Along the way, anthologies like _A Life in Medicine_ serve as a reminder of how literature and medicine nourish each doctor and patient.

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**History**


**Immunology**

Immunology for Medical Students, by Rodenick Narm and Matthew Heibert, 326 pp, with illus, paper, $39.95, ISBN 0-7234-3190-6, St Louis, Mo, Mosby, 2002.

**Infectious Disease**


**Ophthalmology**


Orthopedics


**Pathology**


**Pediatrics**


**Perinatology**


Pharmacology-Therapeutics


**Antiviral Agents: Advances and Problems, edited by Ernst Jucker, 258 pp, with illus, paper, $74.95, ISBN 3-7643-6547-1, Boston, Mass, Birkhauser Verlag, 2001.**


**What Forever Means After the Death of a Child: Transcending the Trauma, Living With the Loss, by Kay Talbot (The Series in Trauma and Loss), 261 pp, paper, $29.95, ISBN 1-58391-080-8, New York, NY, Brunner-Routledge, 2002.**

**Public Health**


**Public Health Management and Policy, by the MPH students at Case Western Reserve University and Duncan Neufhauser, 3rd ed, free on-line textbook, Cleveland, Ohio, Case Western Reserve University, http://www.cwru.edu/med/epidbio/mphp439/index.html, 2002.**

**Pulmonology—Respirology**