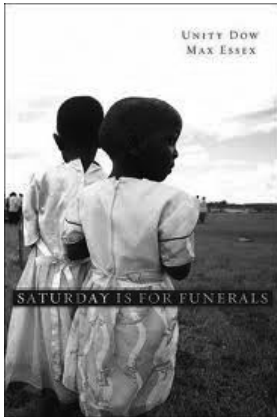


BOOK AND MEDIA REVIEWS

Saturday Is for Funerals

Unity Dow, Max Essex

Cambridge, MA, Harvard University Press, 2011, 218 pp, \$14.95, paperback.



This is a unique book about AIDS in Africa, co-written by two authors, one a Botswanan novelist and high court judge (Dow), and the other an American AIDS researcher who has worked in Botswana for 15 years (Essex). Their different experiences and backgrounds,

they say, can be “complementary, perhaps even synergistic” as they relate how “the conduct of prevention, treatment, and research began to interfere with issues of confidentiality, distributive justice, and human rights” as the AIDS epidemic grew in southern Africa. I, an American family physician who has lived for 25 years in Africa and have written on AIDS, was naturally drawn to this book.

The structure of the book is clear and consistent. In each chapter, Dow begins with a true story about people she has known as they confront AIDS and then Essex reflects on this story from his research and medical experience. The chapters are topical, many covering the standard issues—testing, mother to child transmission, transmission from blood transfusions, AIDS and TB, drug treatment, drug toxicities, and vaccine research. Other chapters deal with complex and thorny issues such as discordant couples, AIDS in children, evil spirits, adolescent sexuality, circumcision, AIDS orphans, and stigma.

The audience for this book could be very broad. Dow explores the cultural background of African AIDS, writing in ways that introduce the African context to those unfamiliar with it, yet still being nuanced enough to be of interest to veterans. Essex writes mostly in non-technical language, yet I still found some

of the chapters—especially on the molecular basis of AIDS infection (Chapter 12) and vaccine research (Chapter 11)—to be informative and interesting. In this sense, then, each author tells intelligent and readable stories.

But the claim of the authors is that these stories are “complementary, perhaps even synergistic.” Are they? Does this approach work? For some readers, it may. For North American and European readers who assume a Western scientific world view, Dow introduces them to the “on the ground” realities in Africa and then Essex reflects on these realities from the readers’ same scientific perspective. Dow informs without commenting on science; Essex assumes the value of medical progress and educates readers on how that progress does and could fit into the world that Dow describes.

However, these are two very different narratives and not just in content. Dow, the African judge concerned with human rights, writes as a novelist. She tells stories, exposing and entering contradictions without trying to solve them. Essex, the American scientist, writes as a teacher, explaining and celebrating the merits of medical progress. Dow’s story is raw and sometimes troubling; Essex’s is didactic, and sometimes triumphalist. Though there are places where their narratives complement each other, sometimes they just pass like ships in the night.

For example, in Chapter 9, Dow tells the story of an extended medical misadventure in 1988, ending with an offer of a blood transfusion that the patient vigorously refuses because she knows the risk of AIDS-contaminated blood. Essex essentially ignores the misadventure and describes how much safer blood transfusion is today. In other stories, while Dow speaks more of people dying from AIDS, Essex keeps emphasizing the miracle of antiretroviral treatment. “Mma Monica,” he writes at the end of Chapter 5, “died a gruesome death just a few years before she might have been saved with HAART,” neglecting to mention that even if Mma Monica had HAART, she would still likely die early, and it would still be a gruesome death from AIDS.

In family medicine, we are familiar with multiple narratives, often the same two as this book exposes. We are trained from medical school in the scientific medical progress narrative (which the majority of our fellow students follow), but then—especially from our patients and in our residencies—we must confront messy human problems that are more easily approached with a social science narrative. This book clearly understands the importance of both narratives and is a bold attempt to bring them together.

For me, it didn't quite work. Dow, the African, is the first author and probably gave us the title, but the complexities of the cultural world she inhabits seem to remain obscure to Essex and go uncommented upon. Essex, the American, ends up setting the tone by what he does choose to comment on and therefore seems to have the last word. But for those who occupy both narratives, Dow's is the unchallenged one, and she has the last word.

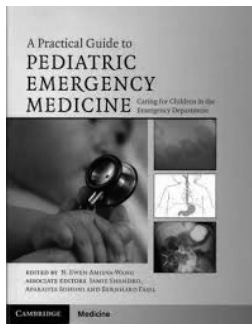
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A Practical Guide to Pediatric Emergency Medicine

N. Ewen Amieva-Wang, ed.

New York, Cambridge University Press, 2011, 847 pp., \$99, hardcover.



This book review is written from the unique perspectives of a family physician with 27 years of practice experience and an emergency medicine physician with 12 years of practice experience, who both agree that children are not small adults.

This book provides the practical expertise needed for caring for the pediatric patient by providing a pediatric-specific approach to numerous medical conditions with age-based differential diagnosis. It contains useful tutorials, reference tables, and a dermatology section that stands out as a useful review and serves as a reference for the bedside teaching of students and residents.

The aim of this book is to summarize the common diseases and conditions affecting

children while combining easy-to-read tables with illustrations to provide practical advice in the management of children in the emergency department. The book is organized into 29 well-illustrated sections based on anatomy and body system, each encompassing a specific topic or emergency. The chapters within each section provide specific information on a medical diagnosis or topic. Overall, there are 171 chapters providing pertinent, concise information in diagnosing and treating common and uncommon pediatric disorders. Included are discussions on the differences in adult and pediatric diagnosis and management for emergencies in various body systems. The dermatology and infectious disease chapters, with their graphic and visual comparisons of common pediatric rashes, are exceptional and provide an additional dimension to the text and act as an additional reference source. The resuscitation section provides a concise review of neonatal and pediatric resuscitation, shock, airway, and cardiac management with supplemental tutorials on specific airway techniques, fluid access, and mechanical ventilation.

The text and its content are well organized and are written in a concise way, making this text a manageable reference or review of the material. Each chapter provides a practical approach to common emergencies by body system, providing expert clinical experience and noting the differences in adult and pediatric disease process and management. Boxes and tables are systematically distributed throughout the chapters, providing important clinical algorithms, protocols, and guidelines.

Other beneficial features are the key facts, special considerations, and pearls and pitfalls highlighted in the chapter, providing rapid access to vital knowledge in emergency situations. There are tutorials that acknowledge the skills physicians must develop and cover examples such as pediatric imaging, pediatric EKG interpretation, procedural sedation, and procedures that make this text a beneficial reference to the self-learner. Written by pediatric and emergency medicine specialists and subspecialty experts, expert viewpoints and clinical approaches are presented. All of this information augments the text.

The book covers a wide range of pediatric emergency topics, providing a practical guide on significant information needed to diagnose and treat a wide variety of pediatric disorders. Through the emphasis on the age-based differential diagnosis, the physician caring for the pediatric patient is less likely to miss the

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