
Field: Infectious diseases.
Format: Hardcover.
Audience: Researchers, clinicians, virologists, and epidemiologists.
Purpose: To present research and empirical evidence on the epidemic of severe acute respiratory syndrome (SARS), the responsible infectious agent, and human infections with Coronaviridae.
Content: The book consists of eleven chapters written by 36 contributors from Canada, Germany, China, USA, and UK. Chapters 1 and 2 cover Coronaviridae and coronavirus infections in veterinary medicine. Chapters 3 and 4 present clinical features as well as the pathology and pathogenesis of SARS. Diagnostics and structural aspects of SARS viruses are presented in chapters 5, 6, and 7, whereas different aspects of treatment including possible targets for antiviral therapy and global management strategies are detailed in the remaining four chapters.
Highlights and limitations: As the modern world is being globally confronted with emerging infectious diseases with pandemic tendencies, this book comes at the right time to teach skills for recognizing symptoms of new infectious diseases, ways of identifying possible sources and unusual routes of infection, and possible preventive measures best taken to contain such infections and prevent the pandemic spread. Definitive treatments of the disease and public health management strategies are also presented. The limitations are only set by the emerging diseases, which do not necessarily have to follow in the footsteps of SARS, either by the routes of spread, pathogenicity, or therapeutic approach.
Related reading: An exhaustive list of literature sources at the end of every chapter refers the reader to related reading, depending on their topic of interest. As this book accentuates the evidence-based approach to SARS and Coronaviridae, and new findings on both topics are published daily, one can simply use Web resources and specialized journals for up-to-date information. There are several books in print or fresh from the press covering other aspects of the SARS pandemic – the economic, political, and social aspects which are also relevant for medical personnel.

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Here am I sitting in the library in a hospital, surrounded by big, heavy medical books, and watching students coping with wide knowledge in medicine as I was some years ago. I imagine they would agree with me that all medical students and young doctors at the beginning of their medical era could use some kind of a quick helping tool to learn all the symptoms, causes, or treatments of different diseases. Imagine you had a booklet offering an easy way to memorize all the causes of syncope while doing your internship or residency in the emergency room! Well, the help is here now! The palm-size A.C.E. (Alleviate Cerebral Exertion) Medical Mnemonics Flashcards offer just that. Physicians A. Mathews and D. Mulla-Ali made a collection of 76 mnemonics about various conditions in medicine. Since the authors were well aware that a good mnemonic can be of great help, whereas a bad and complicated one can create big confusion, they included in their collection only those that they found helpful during their student days. Their collection is not a classical pocket-size book, but a pile of 95 flashcards on a keychain. Mnemonics are divided into chapters covering 5 fields of medicine: cardiology, neurology, pulmonology, gastroenterology, and nephrology. Each chapter offers over 15 flashcards with mnemonics in English and 3 empty ones, leaving the space for your own mnemonics. On the front side of each card, there is a question about particular condition, while the back side contains the answer in the form of an acronym. The authors believe this approach offers a more efficient way to learn and test one’s knowledge. To show you the humor and ease of presenting of some medical conditions, I will offer a few examples for each chapter.

**Cardiology**

General approach to chronic heart failure? – DAVID Bowie (Diuretics, ACE inhibitors, Vasodilators, Inotropes [eg,Digoxin], Beta-blockers).


Causes of syncope? – HEAD (Hypoglycemia/hypoxia, Epilepsy, Anxiety, Dysfunction of the brainstem [eg, TIA]; HEART (Heart attack, Embolism of the pulmonary artery, Aortic obstruction, Rhythm disturbance, Tachycardia); VESSELS (Vasovagal, Ectopic [hemorrhage], Situational [eg, micturation, defecation], Subclavian steal, Low systemic vascular resistance [anaphylaxis], Sensitive carotid sinus).

Causes of pericarditis? – DRUMSTICX (Dresslers syndrome, Rheumatic fever/Rheumatoid arthritis, Uremia, Myocardial infarction, Systemic lupus erythematosus, Trauma, Idiopathic, Coxsackie, X-ray [ionizing radiation]).

**Neurology**


List some causes of polyneuropathy. – VITAMINS (Vitamin deficiency [B1, B6, and B12], Infection [eg, tuberculosis...], Toxins, Amyloid, Metabolic, [eg, diabetes...], Idiopathic, Neoplasm, Systemic lupus erythematosus).
List some side effects of antiepileptic medication. - ABCDEFGH (Ataxia/Anorexia, Blood dyscrasia, Cleft lip, Dupuytren’s contracture/deficiency, Erythema and Stevens-Johnson Syndrome, Fits, GI upset/Gum hypertrophy, Hepatitis/Hirsutism).

Respiratory
List some common causes of a transudative effusion - CHARM (Carditis/Cardiac failure, Hypothyroidism, Albuminemia [hypo], Renal failure, Meige’s syndrome/Malabsorption).

What are some causes of chronic cough in a nonsmoker with a normal chest x-ray? - HARD (Heart failure [mitral stenosis], Asthma, Reflux [gastroesophageal], Drugs [eg, beta-blockers]).

List some causes of a middle mediastinal mass - HABITS (Hematoma, Aneurysm, Bronchogenic cyst, Inflammation [eg, sarcoidosis ...], T5-Tumors [lung, lymphoma, leukemia, leiomyoma, lymph node, hyperplasia].

Gastroenterology
Causes of hepatic encephalopathy. - HEPATICUS (Hemorrhage, Electrolyte imbalance, Protein excess, Alcohol/Analgesics, Trauma, Infection, Constipation, Uremia, Surgery [portosystemic shunt]).


List some associations with gastric malignancy. – 5 A’s (Anemia, Anorexia, Aesthethia, Acanthosis nigricans, A-type blood group).

Nephrology
What are some causes of unilateral palpable kidney? – Wilm’s HARP (Wilm’s tumor, Hydronephrosis, Acute renal ven thrombosis/Acute pyelonephritis, Renal carcinoma, Polycystic kidneys/Pyonephrosis).

What are some causes of normal anion gap acidosis? – HARD UP (Hyperalimentation/Hyperventilation, Acetazolamide, Renal tubular acidosis, Diarrhea, Ureteral diversion, Pancreatic fistula).

List some common causes of ketaacidosis. – SAD (Starvation, Alcohol, Diabetes mellitus).

Although this collection represents a temptation to learn the medicine in an easy way, I agree with the authors that these cards should not be used as a replacement for good, old-fashioned heavy medical textbooks.

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Field: Medical humanities.
Format: Paperback.
Audience: General practitioners, specialists, medical historians, ethicists, and medical students.

Purpose: The book offers a series of portraits of medical doctors in novels and plays from various time periods.

Content: The book is an indexed anthology of descriptions of doctor-patient relationship in various literary works. It mirrors the image of physicians in different times and settings and thus might be seen as an overview of physician’s profile from
past to present. The book is divided into 11 chapters. The first chapter deals with the ancient problem of the physician’s fee; the second focuses on time, especially the lack of time dedicated to the patient, as a permanent source of friction between doctors and patients; the third is about bedside manners; whereas the fourth and fifth build up on physical examination as perceived by patients. The sixth chapter is about medical treatment, illustrating how the prescription, for a long time an essential part of cure, was seen almost as a ritual act equivalent or even superior to receiving communion in the church. It shows how many works of fiction referred to the doctor’s one-track-mind syndrome and its causes. The emotional barrier of doctor-patient relationship is discussed in the seventh chapter, while the eighth lists some fictional characters who perceive entire medical practice as nothing else but a particular form of torture. The ninth chapter focuses attention on the ward rounds perceived unfavorably, and the tenth chapter links the quality of doctor-patient relationship to the social status of patients. The last chapter discusses malpractice. Every chapter is provided with a summary and reference list. In conclusion, the author points out the continuity of the doctor-patient relationship in fiction across geographic and historical boundaries and the fact that patient’s complaints of two thousand years ago seem almost identical to those of today, which may be perceived as the principal message. An extensive primary and secondary source list is given, as well as a valuable name and subject index at the end.

**Highlights:**
To identify recurring themes in the portrayal of physicians and provide the wide range of different sources of doctor-patient relationship descriptions, excerpts from approximately 600 works of literature were brought together. This compilation brings up the question of double standards and shows the degree of the doctors’ emotional involvement in their work throughout the history. The book is not only a source of absorbing intellectual enjoyment, but also a good starting point for rethinking our professional and personal profile.

**Limitations:** The list of sources following each chapter makes this book burdened with references and disturbs the flow of the text. Perhaps all references could have been organized at the end of the book.

**Related reading:** The readers who find this book interesting might also enjoy “Medicine and Quotations” by E. Huth and J. Murray or “The Literary Companion to Medicine,” edited by R. Gordon.

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