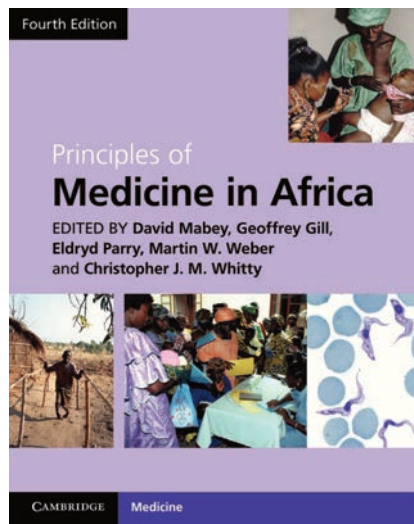


BOOK REVIEWS

Principles of Medicine in Africa

Ed. by David Mabey, Geoffrey Gill, Eldryd Parry, Martin W Weber and Christopher JM Whitty. 4th ed. Cambridge: Cambridge University Press, 2013. ISBN 978-1-107-00251-7



This is the 4th edition of this important book, which was first published in 1976, and a far thicker tome than the original. As implied by the title, the scope of the publication is huge – medicine in Africa, arguably one of the more interesting continents in terms of pathology. And that pathology is not always driven by disease-causing organisms, as the opening section of the book reminds us, covering people and the environment, food and nutrition, refugees and disasters, and how to manage a health service.

Mother and child health has a complete section, mirroring the concerns of the Millennium Development Goals – sadly missed in most African countries for myriad reasons, poor health systems being one of the most pertinent. Infections come next, with the major infections such as HIV and tuberculosis singled out from the sections on viral, bacterial, protozoal, helminth and fungal infections.

Non-communicable diseases are of course becoming all too common, even in the developing world, and are covered in detail, along with the diseases of the body systems,

cancer and palliative care (the latter poorly provided in most parts of the continent), and venoms and poisons.

Like all Cambridge University Press publications the book is laid out well, with easy-to-read text, plus text boxes, illustrations, tables and graphs where these add to the text. Colour photographs are used to aid understanding and diagnosis, and are of high quality.

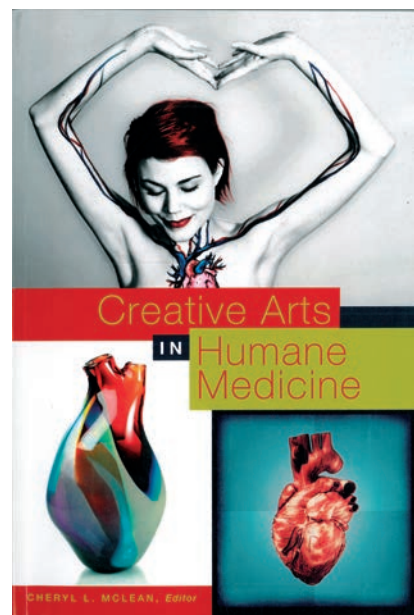
My only criticism is the make-up of contributors to the book. Africa is poorly represented. The sections on HIV and tuberculosis, for example, are provided predominantly by authors from the UK and Europe. This is strange when there is such expertise in these common infections right here in Africa. I would urge the publishers to look more broadly for authors when putting together the next edition of this excellent textbook.

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Creative Arts in Humane Medicine

Ed. by Cheryl McLean. Alberta: Brush Education Inc., 2014. ISBN 978-155059454-6



tool for three-dimensional problems.
(Louise Younie, p. 166)

Certain tenets of traditional medical education and practice are under review. Best practice tended to focus on scientific fact alone, discarding the complex story and emotional detail of a patient's circumstances as either falling outside the domain of medicine or being irrelevant to care. The relationship between patient and medical practitioner was left unexamined, except by a few pioneers like Balint.

Recent developments in transdisciplinary fields such as medical humanities bring creative practice, emotional life and narratives of illness back into the argument for improved care for both patients and health professionals.

Creative Arts in Humane Medicine is a reference book for medical educators. The editor has grouped the chapters in a useful way:

1. Using the arts to teach and stimulate empathy. Contributors argue for training in empathy in medical schools as an essential tool in patient care. The book contains many interesting ideas for those who wish to both enliven and deepen their teaching of undergraduates.

2. The use of artistic practice in practitioner self-care. The multiple stressors encountered in most medical fields can lead to depression, addiction and burnout. Incorporating the arts

into the medical curriculum emphasises the value of play and creativity as means to manage stress, ambiguity and uncertainty. Artistic practice assists medics to reflect, debrief, and form a community with their peers.

3. How the experience of illness, disability or accident affects the shape of a person's life, and how they can communicate that experience to others through artistic projects to improve understanding and empathy.

4. The creative arts in action for change in medical education – assessing how arts-based inquiry can be incorporated into the curriculum. '... all illness narratives speak of an interrupted life ... Constructing an illness narrative is an attempt to "discover, or create, a meaning that can bind it together again"' (J K Schwind, p. 125).

'Engaging with patient suffering takes us beyond the physical, into the social, emotional and existential realms, beyond the biomedical, into the biographical ...' (Louise Younie, p. 166). The book makes a strong case for broadening the base from which we as medical professionals live and work.

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'... the medical toolkit offers not the way of engaging with or alleviating patient suffering, but one way, a one-dimensional