

rience to figure out where to find information, though the authors have been thoughtful to include four separate indexes: by topic (nicely formatted into the inside front cover for quick access), region of the body, morphology of lesion, and subject. Simply stated, there is a learning curve to using the text, one that is completely appropriate given its length and breadth.

The book would have benefited from tighter editing. There are more typos and errors in spelling and English language use than there should have been. I have no doubt, however, that the *Atlas* will continue to improve in subsequent issues. I look forward to it being incorporated into a CD in the future. One delightful feature of the text is its price. If you've purchased atlases before, you know they tend to be exorbitantly expensive. The authors and publishers of *The Color Atlas of Family Medicine* have committed to making the book affordable, and it sells for \$79.96.

Buy this book. You will use it in your office, your precepting room, your residency library, and your medical student resource room. As Ralph Waldo Emerson reminds us in the opening chapter, "People only see what they are prepared to see." *The Color Atlas of Family Medicine* will help you, your colleagues, your residents, and your students be better prepared to see what there is to be seen.

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Family Medicine Obstetrics, Third Edition, Stephen D. Ratcliffe, Elizabeth G. Baxley, Matthew Cline, Ellen L. Sakornbut, eds, Philadelphia, Mosby Elsevier, 2008, 707 pp., \$84.95, paperback.

The textbook *Family Medicine Obstetrics, Third Edition*, should form the core of a library on maternity care for any family physician who provides prenatal care or delivers

babies. The book, written by a team of four family physician authors and 65 contributors, provides a broad overview of pregnancy and delivery care. First published in 1996, it has undergone continued revision to stay up to date with the evolving evidence in maternity care, and this newest edition is very welcome.

The book is true to the philosophy of family medicine, viewing pregnancy within the context of a woman's life and family situation. Chapters on pre-conception care (including the importance of smoking cessation for the male partner), bonding and family adaptation, and a family-centered approach to birth crisis make this book particularly appropriate for our field. Common topics are addressed, but the book also includes less commonly discussed areas, such as the predictive value of screening tests and management of the perineum during labor.

The information in this textbook is organized into concise topic summaries with evidence-based recommendations, making it easy to use as a reference. Tables and illustrations are common, allowing information to be found quickly. I was particularly impressed by two tables: safety of common herbal remedies in pregnancy, and drugs for common conditions in pregnancy. These tables provide quick answers to frequent questions in our busy residency practice, and I'm sure we will use them often.

This book is an appropriate tool for medical students and residents as well as practicing physicians. Although the level of detail would make it difficult to read from cover to cover, core chapters on prenatal care and delivery are excellent background reading, and the breadth of information makes this book an easy reference for less-routine situations. I highly recommend that family physicians add this book to their reference shelf.

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The Last Half Hour of the Day—An Anthology of Stories and Essays That Have Inspired Physicians, Michael A. LaCombe and Christine Laine, eds, Philadelphia, American College of Physicians Press, 2008, 290 pp., \$34.95 hardback, \$26.56 paperback.

The opening page of this book notes its aspiration to be "for physicians who aspire to a lifelong habit of a half hour's reading before turning out the light." This sound advice is credited to Sir William Osler who encouraged his students and residents to do the same before retiring each evening. I believe the editors have achieved this goal via this unique collection of 37 essays and short stories compiled from literary submissions by physicians throughout the world.

One of the editors of *The Last Half Hour of the Day*, Michael Lacombe, MD, will be familiar to physician readers who have seen his writings for many years in the *Annals of Internal Medicine*. An early column (and my favorite) that appeared for several years in the *Annals* was titled "Reading for Survival." Dr Lacombe has joined forces with Christine Laine, MD, MPH, who currently edits the "On Being a Doctor" section of the *Annals* to assemble this unique compilation of scholarly narratives. The collection includes a diverse array of authors, including physician writers Anton Chekhov, William Osler, Oliver Sacks, Lewis Thomas, and Abraham Verghese. Nonphysician authors span many centuries and styles to include Plato, Victor Hugo, Thomas Jefferson, Mark Twain, Ernest Hemingway, Alexander Solzhenitsyn, and Alice Walker. In all, the reader can delight in the literary expressions of more than 30 writers.

The first section, "Achievements," could be described as the most scholarly. It includes the writings of Sir Thomas More and Pablo Neruda. Also included is a section from a classic piece by William

Osler (*The Evolution of Modern Medicine*) as well as a short snippet from the classic tale by Sinclair Lewis, *Arrowsmith*, for which he won a Pulitzer Prize in 1925.

Section two, “Discoveries,” thematically deals with physician-patient emotions. The stories in this section tend to be both depressing and painful. Included is *Brute* by the surgeon-writer Richard Selzer. The author describes a chaotic scene in the emergency department as he attempts to suture an unruly patient’s scalp who happens to be in police custody. Selzer regretfully recalls the episode many years later, saddened by the anger and profanity he visited upon his patient. Also included in this section is a story of natural mortality by Lewis Thomas, *Death in the Open*, and Chekhov’s renowned short story, *A Doctor’s Visit*.

Section three, “Calamities,” espouses the theme that illnesses often teach us who we are. My favorites were Raymond Carver’s *A Small, Good Thing* and Lori Moore’s *People Like That Are the Only People Here*. Both stories deal with critical illnesses in children, and in particular, Moore’s story is a humorous, yet maddening account of a mother’s encounters with a well-intended but convoluted

medical system following her infant sons’ diagnosis with a Wilms’ tumor. This section ends with a short excerpt, *Bathtime*, from Jean-Dominique Bauby’s memoir, *The Diving Bell and the Butterfly*, evoking the trauma of a major stroke at the young age of 42.

The fourth part of the book, “Victories,” is where you may want to start if you are in academic medicine and uncertain of your current calling. Two stories in particular, *The Good Doctor* and Abigail Zuger’s *Defining a Doctor, With a Tear, a Shrug, and a Schedule*, involve the role of physician as teacher and the generational changes we see in our students and residents. For those who encounter international medical graduates in their training programs, Abraham Verghese’s *Cowpath to America* is enlightening. After reading this nonfictional tale you feel relieved that competition for postgraduate training slots in the United States does not mirror that of India.

The final segment of the book is “Pure Fancy.” It begins with a quote by Abraham Lincoln: “People who like this sort of thing will find this is the sort of thing they like” and consists of only three pieces. One is by Nathaniel Hawthorne and another by Edgar Allen Poe – ironically, the

latter was known to be critical of the former’s themes and style. The book ends with a disturbing tale of the scapegoat myth and false happiness by the science fiction writer Ursula Le Guin.

Drs LaCombe and Laine complete their book by including a brief biographical sketch of the authors. Finally, to keep with the intent of inspiring readers to go further, the editors suggest further selections from the contributing authors.

This collection of writings expresses intimately much of what we encounter in our everyday professional lives—life, death, illness, uncertainty, mistrusting patients—but often lack the time for reflection or discussion. Allowing 30 minutes each evening to discuss such matters with our residents and colleagues appears to be impossible. However, giving *The Last Half Hour of the Day* to medical students or residents may serve them better than a copy of the *Washington Manual*. Perhaps they might read it before dozing off post-call and, perhaps, it may inspire that all important reflection.

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