

Community Mental Health

The Sanity of Survival: Reflections on Community Mental Health and Wellness, by Carl C. Bell, 534 pp, paper, \$27.95, ISBN 0-88378-231-8, Chicago, Ill, Third World Press, 2004.

IN HIS NEW BOOK, *THE SANITY OF SURVIVAL: Reflections on Community Mental Health and Wellness*, Dr Carl C. Bell, one of the nation's preeminent community psychiatrists, provides a compilation of some of his professional publications and an overview of his professional development. His meritorious work has focused primarily on community mental health among urban African Americans, especially through his work at the Community Mental Health Council, Inc, on the South Side of Chicago. Bell is a true leader, particularly in the areas of violence, racism, "survival fatigue" among inner-city African Americans, and advancement of African American mental health professionals.

The book is divided into six sections based on Bell's main professional interests during the past 25 years: public health and community psychiatry, intervention research and advocacy, violence and victimization, states of consciousness, cultural sensitivity and racism, and health and well-being. Each section consists of a series of his reprinted articles relating to the section theme accompanied by commentaries that place each article in the context of the author's administrative, clinical, policy, advocacy, and scientific growth. The book illuminates his strivings to address the particular health and social needs of his South Side community. The reader learns how his advocacy and published works have had impact on the community mental health approach for African Americans and their health professionals and caregivers across the country.

In many ways, the introduction and the reflective commentaries are as intriguing, if not more so, than the specific articles because they illuminate

Bell's impassioned and impressive professional development and the impact he has made in community mental health, especially that of the African American community. Bell's interests are diverse and somewhat eclectic, though each is clearly driven by a passion for promotion of community health. (He considers health from a broad perspective to include biological, psychological, social, and spiritual well-being.) Bell teaches that a community psychiatrist combines treating individual patients, maintaining a focus on prevention and health promotion, formulating relevant programs following the principle of community development, involvement in both community groups and the state legislature, and, to put it colloquially, thinking outside the box and being willing to live on the fringe. In his afterword, he describes psychiatry as being "too focused on what we were trained to do . . . stuck in a box that only recognizes diagnosis and treatment." In the end he testifies that "being on the fringe of the fringe has been a curse but also a huge blessing."

With the book's laudable purpose and valuable contribution in mind, two criticisms are worth mentioning. Some of the older reprinted material is somewhat dated. Bell does, however, convincingly remind us that "most of the observations I made twenty-five years ago still hold true today and are very germane when considering African Americans' health care and mental health care" (such as black-on-black homicide and other forms of violence in the African American community, and the overt and covert forms of racism still rampant in American society). *The Sanity of Survival* is also somewhat repetitive at times, owing to descriptions of past findings in successive reprinted articles, and the flow of the book is constrained by its grouped-article structure and content. Both these limitations, however, are related to the aim of com-

piling the author's publications and are thus to be expected.

The main beneficiaries of *The Sanity of Survival* may be early-career community-oriented psychiatrists and other mental health professionals. Such readers would benefit from observing the trajectory of one man's leadership in community mental health, how problems are addressed at the local level, how momentum builds as programs are developed and new problems are identified, and the larger-scale impact of a career of dedication. Additionally, Bell's contemporaries will be glad to have a compilation of his enormous professional contributions in a single convenient resource.

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Memoir

Incidental Findings: Lessons From My Patients in the Art of Medicine, by Danielle Ofri, 175 pp, \$23.95, ISBN 0-8070-7266-4, Boston, Mass, Beacon Press, 2005.

THIS IS DANIELLE OFRI'S SECOND BOOK of short autobiographical stories. Following *Singular Intimacies*, which recounted her medical training as a student and resident, this new volume draws on her experiences as a practicing physician. Similarly, it consists of a series of fairly self-contained chapters, although later chapters make occasional reference to people or events from previous chapters, providing some continuity through the book.

The first few chapters describe some of her encounters just after residency while doing locum tenens work in Florida, New England, and New Mexico. The remainder of the episodes take place at Bellevue Hospital, in New York City, where Ofri now

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works as an attending physician in general internal medicine. She is also founder and editor-in-chief of the *Bellevue Literary Review*.

As the subtitle suggests, Ofri learns much from her patients as she attempts to help them. Many have significant medical illnesses, and depression is a common comorbid condition. Ofri explores her patients' feelings and strives to understand each as a person. She also opens up with her own doubts and questions. For instance, she describes her feelings as she sees a frequent patient who has endless complaints:

The feeling begins: a dull cringing in my stomach that gradually creeps outward, until my entire body is sapped by foreboding and dread. I feel myself slipping into her morass, and the smothering sensation overcomes me. If she doesn't stop, I will drown in her complaints.

Another author once coined the term "heart sink" for feelings evoked by such patients. But a sudden insight into her patient's social situation provides Ofri with renewed energy to take a new approach and contract a therapeutic plan of action.

In several stories Ofri recounts her own experiences as a patient. She is surprised at how different things are on the other end of the doctor-patient relationship. The book begins as she and her husband wander lost, struggling to find the office of the obstetrician who will perform her amniocentesis. Ofri discovers firsthand how poorly doctors prepare their patients for procedures and explain findings that may be ordinary in medicine but are frightening to patients. In another chapter, she struggles with how much of herself to reveal to a patient, including her own abortion experience.

As an academic clinician in a busy urban teaching hospital, Ofri's rotations covering the inpatient wards are overloaded. She rounds on a patient in denial of his diabetes who has painful neuropathy. She ends the visit with a promise to talk more with him the next day, but he is discharged too soon. In another case, Ofri's resident prepares to discharge a patient with renal fail-

ure to hospice care, when the patient voices a desire to discontinue dialysis. In talking with the patient, Ofri determines that she is depressed and chronically ill, but not terminally ill. She convinces the patient that she should resume dialysis and reflects that she has saved a life but that the resident had missed an important lesson. In another story, Ofri laments the change to casual dress by house staff on non-call days, when a patient complains about the unprofessional appearance of residents.

I found the stories in this second book more disturbing than those in the first. Is it because the author is now an attending physician like me, and her challenges and difficulties are so similar to mine? The writing is engaging, and I highly recommend *Incidental Findings* to anyone who wants to read a short, well-written, and thought-provoking book.

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Sepsis

Fatal Sequence: The Killer Within, by Kevin J. Tracey, 224 pp, \$23.95, ISBN 1-932594-06-X, Washington, DC, Dana Press, Chicago, Ill, University of Chicago Press, 2005.

I ENJOYED READING *FATAL SEQUENCE* very much; indeed, I had great difficulty putting it down.

Neurosurgeon and immunologist Kevin Tracey, MD, tells the poignant story of his patient, 11-month-old infant Janice, who, after a 75% scald burn, develops septic shock and eventually dies of severe sepsis. After Janice's death in 1985, the author had a "magnificent obsession" to learn as much as possible about the problems of sepsis and possible treatments. As he points out, severe sepsis is a leading cause of death, responsible for 215 000 deaths annually in the United States.

Tracey is among the giants in sepsis research. As one of the discoverers of tumor necrosis factor, he was involved in exploring cytokines and their

roles in sepsis and multiple other medical problems.

Tracey's review of historical and contemporary research on severe sepsis and septic shock is extremely interesting. Historical vignettes on infections and sepsis, such as an account of the plague beginning in Sicily in 1347, lend additional interest.

The author compellingly describes the work of nurses and other personnel in the burn intensive care unit and their devotion to their patients. He points out the great difficulty of such work and notes that many nurses can work in a burn unit only about 2 years.

Tracey persuasively distinguishes between severe sepsis and septic shock. He has found that only a small fraction of patients with severe sepsis develop acute septic shock. If adequate compensatory fluids are not given, however, many patients with severe sepsis will develop septic shock quickly.

In the final third of the book, Tracey describes his and others' efforts to unravel the mysteries of severe sepsis and septic shock. The discovery of high mobility group B1 protein (HMGB₁), the molecule known as alpha-7, and their role in sepsis and other diseases is fascinating. Also interesting is recent work on brain control of cytokine release via the vagus nerve. Tracey points out that brain dysfunction may play an important role in all critical illness. The possible roles of measures such as controlled breathing exercises, hypnosis, meditation, and prayer for improving the effect of the brain on the immune system are also fascinating reading.

A little-mentioned observation is that survivors of sepsis have a higher death rate than others for up to 5 years after discharge. References for the outstanding advances that the author mentions would have been beneficial.

I recommend *Fatal Sequence* to all involved in the care of patients with sepsis and to patients' families.

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