Out of Hours Books

ADDRESS FOR CORRESPONDENCE

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more anxiety-provoking assessments, but less confidence-building experience than they used to. A recent paper suggests that anxiety impairs empathy and perspective taking.⁷ We also need to think critically about how much choice and information patients want and need because too much can worsen parents' anxiety and undermine confidence. It would be possible to design a study to measure whether parents given assurance and confidence by GPs, reconsult less frequently than those receiving 'usual care'. This may appeal to policy makers and busy GPs, but I don't think we should wait for this quantitative evidence, but act now on what we know parents want and need.

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Reasons to Stay Alive

Matt Haig

*Canongate Books, 2015, PB, 272pp, £7.99,
978-1782115083*

HELPING THE SAD

If reading could be prescribed as therapy, this book would earn its place in any literary formulary. *Reasons to Stay Alive* is the true story of its author, Matt Haig, aged 24 when he developed severe depression and anxiety. His remarkable story takes us on his journey from a vulnerable young man on the verge of suicide, to his tenacious efforts not to succumb to his illness, and his final self-affirming list of forty pieces of advice that show him 'How to live'.

Although it's a given that this book will benefit sufferers of depression, it is equally as beneficial to the wider public as it will help with demystifying mental illness. But the book's real strength lies in its ability to enable physicians to better understand depression: the pages are a canvas of honesty, raw emotions and, at times, chaotic and disorganised thoughts, beautifully demonstrating the endless ruminations often experienced by individuals with depression. We gain an invaluable insight into the mind of a patient with depression, a luxury which a 10 minute consultation will never afford. From the outset, Haig tells us why he wrote a book about depression:

'To lessen that stigma, and ... to try and actually convince people that the bottom of the valley never provides the clearest view.'

Time will tell whether he has achieved the former — although as GPs we ourselves can help to remove the stigma from mental illness by educating patients and their families — but he excels at the latter; his story is inspiring and an almost certain source of encouragement to anyone unfortunate enough to find themselves in despair.

To quote Haig's optimism:

'... there's a two-for-one offer on clouds and silver linings. Words, just sometimes, can set you free.'

Yes, they can.

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How Do You Feel? An Interoceptive Moment with Your Neurobiological Self AD (Bud) Craig

*Princeton University Press, 2014, HB,
368pp, £19.57, 978-0691156767*

NEUROLOGY JUST GOT MORE INTERESTING ...

As a medical student in the 1970s I learned that there were two pathways from the body to the brain; one entered the spinal cord and ascended to the brain on the ipsilateral side, carrying discriminatory and pressure touch, and proprioception; the other immediately crossed and ascended on the contralateral side, carrying pain, temperature and something that was (very) vaguely described as 'fine' touch. Both these pathways ascended to the midbrain (thalamus) then projected to the somatosensory cortex. End of story.

Enter Bud Craig, a mathematician who strayed into a neuroscience class where they were doing single cell analysis of thalamic neurons, got hooked and changed to neurology. Struck by a number of anomalies in the explanation of these two sensory pathways from the body to the brain, he determined to work out their neuroanatomy. Fast forward 25 years and his extensive catalogue of

new discoveries have revolutionised our understanding of emotion and sensation. We learn that pain, and all the sensations ascending in the contralateral pathway, target the emotional brain, not the sensory cortex, so representing emotions rather than sensations; indeed inflammation (interleukines, cytokines), and hypoxia, itch metabolites, plus many others, similarly feed into the emotional brain. We learn that these bodily emotions, positive (that is, affiliative touch — see below) and negative (that is, pain) feed into 2 opposite emotional cortical areas, the left and right insulae respectively, one in each hemisphere, which perform a power calculation by opposing (inhibiting) each other; the negative inhibits the positive and vice versa; ultimately this summated (positive minus negative) power decides if we approach or withdraw from our environment.

This opposition explains how happiness and touch can reduce inflammation and pain, and how pain and inflammation can cause depression. We learn that the 'fine' touch fibres ascending in the contralateral pathway actually represent a newly-isolated affiliative social bonding system centred on the hairy parts of the body, upper arms, shoulder and back, it has as many nerve endings as the classical somatosensory cortical system of touch, but again this system heads for the emotional areas. This boosts the positive emotional power in the touched and inhibits pain. When we see another person in distress our natural emotional response will be to touch these areas; for a baby with colic we will stroke the back, in a distressed patient recalling trauma, we touch the upper arm.

This is just a flavour of the many new biological concepts Craig has researched and elucidated that, in my opinion, all doctors should understand, as they provide powerful new insights into mood disorders. Craig is the man who discovered how it all fits together, this is the new face of neurobiology. The book provides a fascinating and compelling account and will change your perception of the relationship between mind and body, and of yourself as a human being.

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Doctors Dissected

Jane Haynes and Martin Scurr

Quartet Books Ltd, 2015, HB, 392pp, £20.00, 978-0704373754

A BLUNT DISSECTION

I was really looking forward to reading this book; with its attractive Mondrian-inspired cover, the Hilary Mantel recommendation, and the promise of analysis and insight into what makes doctors tick by an experienced clinician and psychotherapist author team. Unfortunately the book doesn't quite live up to the billing. At best it's an engaging read about the personal stories of individuals as they struggle with relationships with their parents, partners, and at work. There are global themes about ambition, sexuality, personal tragedy, and love, but in many cases the fact that the protagonists are doctors feels peripheral to the narratives.

I initially felt rather cheated as the book consists primarily of the edited transcripts of interviews with a series of doctors, mostly GPs, by the psychotherapist author. I longed for some robust analysis (and even a description of method — how were these doctors selected?) It is perhaps revealing that a footnote explaining the Milwaukee Brace references Wikipedia.

I felt rather uncomfortable with some passing comments, such as the mention by one doctor of '... the ambitious Jewish boys', and the prescribing by an author for a family member with a genetic kidney condition to avoid a 'time wasting' visit to the GP. Priests are described as '... the most anxious, the most hysterical and the hardest to control [as patients]', and nuns don't fare much better: '... very spiteful, competitive and hysterical'. But I suppose the book allows us to access these doctors' perceptions and opinions unfiltered by the usual degree of self-moderation, with many describing historical practices and behaviours.

Indeed, recalling her own GP when her children were young, one author describes, 'Dr Smith, who spent his days in pinstripes, wafted Eau Sauvage and stole wet-lipped

kisses from some of his lady patients'.

And there are some particularly vivid recollections from a bygone era, such as the description of a pathologist producing a dead baby from his brown leather briefcase and proceeding to dissect it in front of his stunned audience of juniors.

There are questionable statements too by the authors: I'm not sure many GPs would agree (as they squeeze in a forth or fifth home visit between surgeries) that '... it is becoming rare for doctors ever to enter their patients' homes', or that GPs '... immediately make referrals when it is something that is not routine'. Others might take issue with how the authors appear to present private general practice as the only feasible way to provide truly patient-centred care.

So why does this book fall short? In addition to the lack of scholarship, probably because it seeks to do too much, and appears to have prejudged some of the questions it sets out to answer. Where it succeeds most is in painting a vibrant picture of the challenges, failures, and development of a number of professionals as they make their way in life, set against the ever-changing backdrop of medicine.

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