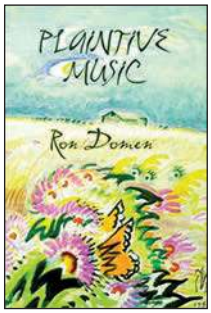
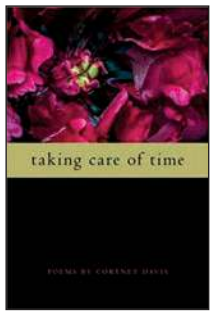
Book Reviews

David A. Bennahum, MD, and Jack Coulehan, MD, Book Review Editors

Listening for the music of medicine in poetry: A review of three poetry collections





Percussive

Chuck Joy, MD (ΑΩΑ, University of Pittsburgh, 1978)
Turning Point, November 9, 2017, 50 pages.

Plaintive Music

Ron Domen, MD
Dos Madres Press, October 8, 2017, 84 pages.

Taking care of time

Cortney Davis
Wheelbarrow Books, March 1, 2018, 70 pages.

Reviewed by Maria Basile, MD, MBA

There are often moments of loss and unutterable longing in the medical profession. Sometimes we're able to approach these empty and isolating times with compassion, connection, resilience, and hope. Cortney Davis, Ron Domen, and Chuck Joy, three practitioners who do this well, have written poetry that embraces such moments. Fearlessly, these poets seem just as comfortable describing an encounter at a patient's bedside as they are depicting a scene at the corner pub or a cheap hotel.

Percussive

It is said that in 1761, when Austrian physician Leopold Auenbrugger first described medical percussion as a tool for physical examination, he drew from memories of watching his father tapping wooden kegs and listening to determine levels of fluid in the barrels. The poems in psychiatrist Chuck Joy's latest book, *Percussive*, seem to be tapping us to ascertain what level of attention we hold for the details of life around us.

Joy's lines are short, rarely containing more than two to four words. Some of the poems are short: "Our Love Nest" is only three lines long, and "Ram" consists of two quatrains. Yet, each poem tells a story, and each has a driving beat.

There's music in these pages, whether it's a nod to "old Mr. Soul" in "Rust Never Sleeps" or the allusion to the Beatles' "love is all you need," contrasted with the line "a diagnosis is not music," in "Too Young to Go Steady." Joy gives us evidence that music pervades our lives and our practices.

Whether you're new to poetry or a poetry groupie, you'll enjoy *Percussive*.

Plaintive music

Plaintive Music, by Ron Domen, is visually the most artistic of the three collections. The cover is an image of artist Charles Burchfield's watercolor, *Wind Blown Asters*. The use of the Adobe font Dali on the title page, and for the title of each poem, gives the collection a distinct, handmade and natural feeling.

This physician-poet and the artist who inspires much of his poetry admonish us to attend to the work of representing nature in poetry in an epigram on the opening pages of the book:

> If you would be a poet, express the poetry of nature…
> Most people see nature
> only through the eye of a great poet or artist.
> —Charles Burchfield

Domen gives us the opportunity to see nature through his eyes, from the overgrown landscape of a rural industrial town in Ohio in pieces such as "Wooden Ties," and "Bottomland," to the chickens, blood, muscle, and bone that made up his medical school experience in "Studying Medicine in Guadalajara, Mexico 1971–1975."

But the really *Plaintive Music* is heard in Domen's poems that reveal the natural course of illness and loss through the eyes of a patient. "Leukemia" tells a story of isolation and deep insight from the point of view of a young boy with the disease, while the volume's title piece, "Plaintive Music" helps us witness the suffering of a couple during a miscarriage.

The poems in *Plaintive Music* cause us to pause to absorb the tension between our natural surroundings, our bodies, the things that we create, and the natural decomposition of all.

Taking care of time

Cortney Davis is an accomplished poet who draws inspiration from her career as a nurse practitioner. The

poems tell a story of a woman transformed by her experiences as a student-nurse, a patient, and as a seasoned health professional. It is by no means a linear story, as no transformation is, but a rich, four dimensional one, reflecting back and forth in time, shifting focus among the poet, her patients, and the people around them. Davis offers us moments of learning and compassion that are intimate, relatable, and deeply satisfying.

This brave poet chooses to begin her volume with two poems that feature a range of kisses that clearly become a part of the young student nurse's daily experience. In "Nursing 101," Davis writes "I learned/to kiss death, my lips seeking those slack mouths," during CPR, and hints at the kisses that will come later with her boyfriend waiting outside to walk her home.

The shortest section of the book, *Part II: Becoming the Patient*, is the most difficult to read. For me, the challenge came from having to face the sheer isolation, emptiness, and longing that is a part of all of our patients' experiences, and will be ours when we become hospitalized patients. Each poem (there are 10) in this section is numbered, and starts with the phrase, "In the hospital…." The poems uncover the painful lonely course of a 26 day hospital stay. In the poem numbered nine we are confronted by the most powerful teacher, suffering:

> In the hospital I learned
> who I really am
> in the midst of suffering I saw

Part III celebrates the synthesis of what this practitioner learned as a patient with what she learned in early career. There are moments of confident diagnosis, careful treatment, and continued expressions of gratitude. It is clear that the poet has become comfortable in her own skin, and that her "foray into healing" from earlier in the book has prepared her to take care of patients, as she writes in "Follow Up: Women's Clinic," and as families as in, "Hospice."

Taking Care of Time shows us deep meaning and purpose to the many moments of connection we develop throughout our careers. These moments can teach us as much about ourselves and our roles in life as they do about medicine and healing. But these poems do come with an admonition: these lessons take time, time passes, and may pass before we learn who we are or what we want. Thus, we should take care of time, as dearly as we care for a patient, or a father, and, as in her title poem, "cherish every moment under the leaden sky."

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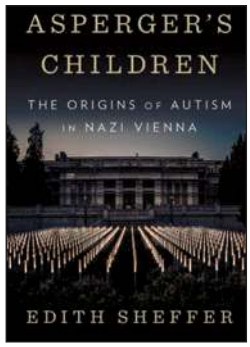

Asperger's Children: The Origins of Autism in Nazi Vienna

Edith Sheffer
W. W. Norton & Company; May 1, 2018; 320 pages

Reviewed by Jack Coulehan, MD (ΑΩΑ, University of Pittsburgh, 1969)

Autism first entered the medical vernacular in the United States with the publication of psychiatrist Leo Kanner's *Autistic Disturbances of Affective Contact* in 1943. However, in that same year the Viennese psychiatrist Hans Asperger summarized his experience with a group of children he called "autistic psychopaths" in his doctoral dissertation, later published in 1944.

As recounted in *NeuroTribes*, Steve Silberman's masterful history of autistic spectrum disorders, it was well into the postwar period before the syndromes described by Asperger and Kanner were recognized as different parts of a broad spectrum of autistic symptomatology. From their published work, it appeared that Asperger's children suffered from mild to moderate symptoms, while Kanner's patients had much more severe disabilities.

Silberman sketches Asperger as a compassionate and progressive child psychiatrist whose commitment to children with odd behavior led him to co-found, and ultimately direct, the Vienna Society for Curative Education. "Curative education" meant providing intensive holistic intervention to help "abnormal" children integrate into society, especially those who suffered from "autistic psychopathy." The goal was to produce well-adjusted and productive citizens. As Asperger explained in his first public lecture on autistic psychopathy in 1938, the defining feature of his clinic was provision of effective treatment for children who would otherwise be considered incurable and, consequently, a burden to society.

The idea that health care should contribute to healing society by reducing the burden of non-productive citizens was an aspect of eugenics, a belief system prevalent in Germany, Austria, and the U.S. during the 1920s and 1930s. After Hitler annexed Austria in 1938, this culture took on a

deadly new reality. Its first manifestation was the Law for the Prevention of Genetically Diseased Offspring, which mandated active euthanasia of "inferior" children.

According to Silberman, Asperger was a firm opponent of Nazism and especially of the "monstrous idea of human perfectibility" that led to child killing.[1] Likewise, other scholars have suggested that "Asperger was using the autism diagnosis as a psychiatric Schindler's list."[p16] He protected children from being transferred to Spiegelgrund (Vienna's child killing facility) for "prolonged and stationary observation," the code phrase for euthanasia. Silberman notes that Asperger never joined the Nazi party and claims that he "apparently refused to report his young patients to the Reich Committee, which created…a truly dangerous situation for him."[1] When a colleague was asked if there was any truth to rumors that Asperger was a Nazi, the colleague responded, "Oh dear no! Asperger was a deeply religious man."[1]

In *Asperger's Children*, Sheffer presents a somewhat more complex depiction of Asperger. She conducted a detailed review of medical records from Spiegelgrund, Asperger's clinic, and other sources in Vienna. She points out that Asperger would not have been allowed to retain his position without having signed a loyalty oath to Hitler that was required of all physicians. She also notes that the colleagues with whom he founded the Vienna Society for Curative Education, and continued to work closely with—Franz Hamburger, Erwin Jekelius, and Max Gundel—were the three top perpetrators of child killing in Vienna. Along with them, Asperger did, in fact, prescribe institutionalization and sometimes transfer to Spiegelgrund for children he believed had no "potential for social integration."

The numbers tell the tale. Sheffer found histories for 562 of the 789 children killed at Spiegelgrund. In his role as medical consultant for the Vienna commission that assessed educability of children, Asperger sent 35 of the 210 children he reviewed to that facility, all of whom were ultimately euthanized. In his capacity as a consultant to the Nazi administration of Vienna, he also referred many children to other residential facilities, giving them diagnoses like "inferiority of almost all organs," and "feeble minded and not educable." With such labels, the children were bound to end up as candidates for Spiegelgrund and death.

There were a small number of cases in which Asperger sent his own clinic patients directly to Spiegelgrund, at least two of whom were killed. Sheffer concludes, "One cannot escape the fact that Asperger worked within a system of mass killing as a conscious participant, very much tied to his world and to its horrors."[p237]

Asperger's Children makes compelling, but rather horrific, reading. The Nazis' systematic child euthanasia program was their first foray into mass killing as a means of promoting racial purity, a process at which they would later become very efficient. However, in the case of these children, the "therapy" (i.e., death) was often inefficient, prolonged, and disguised by elaborate subterfuge. Children were usually put on starvation diets and neglected until they developed pneumonia and died. When such measures didn't accomplish the goal within a certain period, drugs were used to kill them. Sheffer describes an institutional culture of heartless cruelty that operated under the euphemism of "prolonged and stationary observation."

Where does Asperger fit in? In contrast to the picture presented in *NeuroTribes*, there is no question that many of his referrals led, directly or indirectly, to children being killed. There is also no question that he subscribed to negative eugenics (i.e., discouraging reproduction of undesirable elements of society). It is likely that he was personally opposed to the extreme measures taken by the Nazis, but he didn't rock the boat or refuse to cooperate. Nonetheless, his careful observation and treatment of children with "autistic psychopathy" probably did save some, or many, from euthanasia.

Asperger's Children is horrifying in its detailed description of the Nazi child euthanasia program. It is not so much an exposé of Asperger's dark side, but rather a complex portrait of a psychiatrist doing morally ambiguous work in a very difficult time and place. In later life, Asperger (died 1980) wrote much about morality, religion, and the spiritual life of children, perhaps themes that reflected feelings of guilt or regret. In any case, Asperger's seminal contributions to child psychiatry cannot be denied.

References

1. Silberman S. NeuroTribes: The Legacy of Autism and the Future of Neurodiversity. New York: Avery. 2015.

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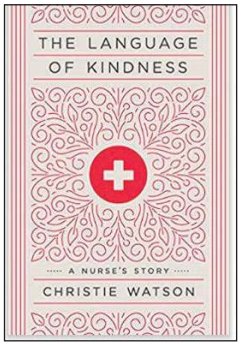

The Language of Kindness: A Nurse's Story

Christie Watson

Tim Duggan Books; 1st edition, May 8, 2018; 336 pages

Reviewed by Muriel Murch, BSN

Where do we find *The Language of Kindness* spoken? Christie Watson's memoir probes deeply into two levels of its social geography. The first is the micro level of clinician-patient interaction in which Watson describes her own education and practice as a nurse in the British National Health Service (NHS). The second level deals with kindness on an institutional scale.

Watson presents the NHS in the context of her practice as it was in the 1990s when she entered nursing school, and traces its changing environment over time. She shares the depth and breadth of the scientific and technical knowledge nurses carry today, precariously balancing their art. She also regrets the losses in personalized nursing care.

Watson's images, as she rushes through hospital corridors and waiting rooms, bring alive my own memories. In the early 1960s, I trained in the same system, and that time is forever in my mind. I can visualize the old buildings and now repurposed rooms.

Watson begins the tale with herself, an unbridled child and teenager, dancing in the winds of youth. It was her mother, working as a caregiver with Down syndrome adults, who first showed her the power and strength of kindness. Once in nursing school, she finds refuge under the wings of staff nurses who help her through the early difficult experiences.

While Watson is learning the *Language of Kindness*, her father's illness and death crystallizes her deep understanding of the power.[p280] If we examine the writings of nurses and doctors, it is the care and loss of a parent that makes an indelible impact on their future relationships with patients. Nurses realize that we speak the language of kindness daily—otherwise we could not bear to be remain in the presence of such suffering.

Watson recounts many simple acts of kindness that characterize good nursing care. Her encounters with Betty, a patient who suffered from Takotsubo cardiomyopathy (broken heart), a syndrome that occurs after a severe personal trauma. In Betty's case, it was the loss of her husband. Watson describes choosing to remain with the patient after the code was called. She describes carefully washing a deceased young girl's hair, preparing her for her family, and, in tandem with a colleague, experiencing the lift of the girl's spirit leaving. These and other cases illustrate Florence Nightingale's dictum that "Suffering, and even the sensation of pain, can be reduced by kindness."[p118]

Watson also leads readers through the crumbling NHS system: "The level of responsibility is overwhelming, and the system is failing."[p34] The stories of nurse-patient interaction take place against the background of a changing NHS, which has evolved from a patient-centered environment to a system constrained by efficiency and budget. What would Aneurin Bevan think of his beloved 70-year-old NHS as it exists today? American physicians and nurses will surely see parallels with the United States' economically driven health care system.

Watson applauds nurses who are able to remain angels of kindness in turbulent times. As a student she clung to these angels, as a colleague she worked alongside them with ease and understanding, and finally as a daughter she became deeply grateful for their care of her family. Throughout her hospital experiences, first focusing on mental health, and then pediatric intensive care, Watson became an efficient nurse and a mentor to others, handing her knowledge on, bedside to bedside, nurse to nurse.

A physician, giving an address to graduating medical students at John's Hopkins University in the 1980s said, "Every time a patient becomes a client, an angel dies." To many, patients have now become clients—or worse, health care consumers. Maybe it is the fear of our angels dying that has led Watson to write this memoir, and as such I commend her. The economic structure of the NHS, along with family, illness, and fatigue, must lead many nurses to leave bedside nursing as Watson has left nursing and become a successful novelist.

The Language of Kindness is fast-paced, like Watson, rushing to complete the workload before her shift was over. Watson says repeatedly, that everyone becomes a nurse sometime. But for me it is Susan Sontag's words that echo in my mind:

> "Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place."[1]

When we recognize that truth we will accept that we must all learn *The Language of Kindness.*

Reference

1. Sontag S. Illness as metaphor. New York Review of Books; January 26, 1978.

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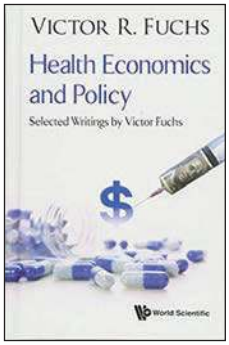

Health Economics and Policy: Selected Writings by Victor Fuchs

Victor R. Fuchs, PhD (ΑΩΑ, 2006, Honorary)
World Scientific Publishing Co Pte Ltd; 1st edition, June 29, 2018; 668 pages

Reviewed by Norman H. Edelman, MD (ΑΩΑ, New York University, 1961)

Victor Fuchs has been called the dean of modern health economics. He has brought economic analyses to the health policy community, and has promoted the importance of studying health care systems to the economics community. In addition, he brings to his work an adroit analytic mind, the commitment to communicating in an accessible fashion, and, sheer staying power as he has been at it for 50 years.

This volume is a sampling of writings from his long career. It is organized in a topical fashion with sections on introduction to economics, the cost of health care, health insurance, demography and aging, and health policy and health care reform. Most of the chapters are directed toward non-economists with interests in health policy, however, a few are written for economists and are identified as such.

There is an interesting underlying tension in Fuchs' work. How does a relatively classical free market economist—he admires Milton Friedman and reveres Adam Smith—reconcile with being a social progressive? This is best brought out in chapter 5.3 (2007), which describes a system for providing universal access to health insurance. He proposes federal vouchers which would allow everyone to acquire basic insurance from the private sector with the ability to buy additional coverage on their own. However, this requires an elaborate system to monitor and enforce the quality and value of coverage.

A further dilemma arises in his method for financing the system. He proposes a value added sales tax although he recognizes that it is a regressive form of taxation. His assumption is that this will be offset by higher wages as employers will pass along the savings from no longer having to buy health insurance. In our current era of stagnant wages despite massive corporate profits we might question whether this is a given. It seems that employers have excelled at optimizing labor supply/demand dynamics in their favor; why should they change?

There is a similar issue in chapter 6.2, (1984). If the elderly would just have the good graces to die outside of hospitals, he opines, we would have substantial additional funds for education and infrastructure. I think that our recent experience suggests that such a windfall would more likely go toward corporate tax cuts and instruments of war. Classical economic models rarely take political dynamics into account.

Fuchs recognized the negative impact on health care costs of personal, economically irrational, decisions well before the popularity of behavioral economics. In addition, he has long been a strong proponent of considering the social determinants of health in developing models of care, something the Center for Medicare and Medicaid Services is still struggling with. Some of his key ideas have been incorporated into the Affordable Care Act. The most important was his early recognition of the necessity of an individual mandate to acquire health insurance in a system with full coverage that relies on the private insurance sector. He also saw the need for a clinical effectiveness review body, and for the promotion of integrated delivery systems.

Fuchs is ambivalent about the medical profession. He cites provider induced demand—we fill our appointment and surgery schedules whether or not patients need all the services—as a major burden on health care costs. This is despite his being aware that it is not the reason for the difference in health care costs between the United States and other wealthy nations. The almost two-fold greater health care costs per capita compared to those other countries is almost entirely due to greater price, not greater volume of services.

In addition, Fuchs believes the system for education of doctors is too lengthy, but fails to show how reducing the duration of preparation will have a favorable economic

impact on the system. However, in his proposal for a system of universal health insurance he insists that physicians must be in charge as only they can be trusted to take into account patient welfare as well as economics.

This is a very personal book. It ends with a statement of Fuchs philosophy of life and testimonials. It has the flavor of a personal festschrift.

This is not a volume that lends itself to reading from beginning to end. However, if you are interested in health policy you will enjoy having it on the corner of your desk so that you can read a chapter or so during breaks in the day.

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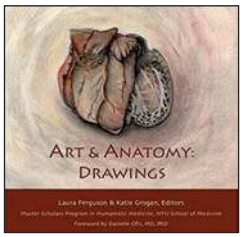

Art & Anatomy: Drawings

Laura Ferguson and Katie Grogan, editors

University of California Medical Humanities Press, January 22, 2019; 144 pages

Reviewed by Richard M. Ratzan, MD

Art & Anatomy: Drawings is the product of artist-educator Laura Ferguson's first eight years as artist-in-residence in the Master Scholars Program in Humanistic Medicine at New York University's (NYU) School of Medicine. The book describes, and showcases, her teaching health care professionals—approaching a total of 500—how to interpret anatomical objects as artists.

Her goal—clearly realized in the 92 drawings and 17 photographs, and frequent brief comments by provider artists—is to infuse humanistic capacity into medical students, professors, microscopists, nurses, and other members of the NYU community. Her hope is that when her students look at a child with Legg-Calvé-Perthes disease, or an adult with aortic stenosis, or, like Ferguson, scoliosis, they will have the gaze of an artist, attuned to sensitivities of color, shade, hope, and the fragile state we call humanity.

The course is given once each semester in the anatomy lab, which is "transformed into an art studio."[1] During eight 90-minute sessions, Ferguson introduces 25 students to art, and the art of anatomy. First, they draw bones, then their own hands. They then proceed to cadavers, live models, anatomical specimens, and finally, the brain. As Ferguson explicates, the focus is on expression, not accuracy. The goal is not to turn out medical illustrators but artists, or, more properly, artistic health care professionals.

Ferguson, a self-described artist in the world of medicine, and Katie Grogan, associate director, Master Scholars Program in Humanistic Medicine, NYU Langone Medical Center, provide much of the accompanying text. Dr. Danielle Ofri, a physician-writer at NYU, provides an overview of anatomy, art, and health care providers as an introduction, incorporating Vesalius and Leonardo into the discussion. A one-page essay by Hannah Bernstein, a 2020 MD/PhD candidate and art and anatomy student, whose art adorns the cover with a color image of the heart, is worth reading.

The drawings, one to two per page, include the name of the artist, title of the art work, interspersed comments about the course; and a description of the art and anatomy program with specific details for anyone interested in creating a similar program. A publication by the same authors in the *Journal of Medical Humanities*,[1] "Cutting Deep: The Transformative Power of Art in the Anatomy Lab," takes an academic approach to art, dissection in medical school, and the effect of the cadaver lab on medical students. It also includes some of the same drawings and references.

The history of the association of art and anatomy goes back to Paleolithic cave-artists' depictions of the anatomy of their quadruped prey. This relationship is ancient and includes such artist-anatomists as Leonardo, Vesalius, and Albinus, whose books were available, along with free paper, pads, and materials for the art and anatomy students.

Some medical school faculty have collaborated with artists, psychologists, and art educators to use art observation as a strategy to teach medical personnel, like medical students[2] and faculty and trainees in radiology,[3] family practice,[4] and ophthalmology,[5] to become more observant physicians. However, Ferguson, appears to be one of the first to incorporate an instructional program for the health care professional qua artist into the medical school environment.

Many of the drawings are of bones, but the artist-students also draw hearts, whole dissected heads, and entire skeletons. The reproduction of the photographs (all in color) and drawings (mostly black and white, but some in color) is excellent. The drawings reflect a wide of variety of skill, technique, and styles. Most are representational—straightforward renditions of a pelvis, rib cage or heart. They vary, however, from attempts at accuracy to the harsh realism of Otto Dix ("Hanging skeleton," p26 "Bisected head," p115) to self-reflexive studies of the artist's

hand cum skeletal insights ("Hand with a scar," p60 "Hand holding skeleton hand," p67 and "Hand with hand skeleton," p71) to imitation ("Skeleton foot with toes (after Albinus/Wandelaar)," p57 to impressionistic views of the thoracic ("Chest cavity," p104) and abdominal ("Abdominal cavity," p105) and cavities to cubism ("Face of cadaver," p108). The creativity and, at times, humor, expressed with lighthearted respect, is refreshing. There is a skeleton's foot gaily decorated with henna, entitled "Has Anybody Seen the Bride's Foot?" p59 And, two skeletal hands holding each other, entitled, "May I have this dance?" p65 All of the drawings are worth repeat viewings.

Ferguson, like Johnny Appleseed, has planted the seeds of artistic pedagogy in many of her disciples who will, when they leave NYU, spread the word and fruit of art and anatomy across the country.

References

1. Grogan K, Ferguson L. Cutting Deep: The Transformative Power of Art in the Anatomy Lab. J Med Humanit. 2018 Aug 8; doi: 10.1007/s10912-018-9532-2.

2. Dolev JC, Friedlaender LK, Braverman IM. Use of fine art to enhance visual diagnostic skills. JAMA. 2001 Sep 5; 286(9): 1020-1.

3. Goodman TR, Kelleher M. Improving Novice Radiology Trainees' Perception Using Fine Art. J Am Coll Radiol. 2017 Oct; 14(10): 1337–40.

4. Reilly JM, Ring J, Duke L. Visual thinking strategies: a new role for art in medical education. Fam Med. 2005 Apr; 37(4): 250-2.

5. Gurwin J, Revere KE, Niepold S, Bassett B, Mitchell R, Davidson S, DeLisser H, Binenbaum G. A Randomized Controlled Study of Art Observation Training to Improve Medical Student Ophthalmology Skills. Ophthalmology. 2018 Jan; 125(1): 8-14.

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A Little Book of Doctor's Rules III…For Oslerian Clinicians: New Revised Edition, by Clifton K. Meador, MD (AΩA, Vanderbilt University, 1954); independently published; September 12, 2018; 88 pages.

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Trumpcare: Lies, Broken Promises, How It Is Failing, and What Should Be Done, by John Geyman, MD (AΩA, University of Washington, 2010); Copernicus Healthcare; August 2018; 316 pages.

Mary Jane Safford, MD: Indomitable Mite, by Elizabeth Coachman, MD (AΩA, Lewis Katz School of Medicine at Temple University, 1976); self-published; April 2017; 216 pages.

Indefinite Postponement: A Case Study of Adolescent Suicidality, by John P. Williams, MD (AΩA, University of Pennsylvania, 2000); Pressed Wafer; February 2018; 87 pages.

Sent to Open Eyes Physical and Spiritual Sight for West China's Blind, by William C. Conrad, MD (AΩA, University of Minnesota, 1961); Life Sentence Publishing; 2014.