

Book reviews



F. David Winter, Jr., MD

***The Bedford Murder:
An Evidence-Based Clinical Mystery*
by Marshall Godwin, MD, and
Geoffrey Hodgetts, MD**

188 pp. Philadelphia: Hanley & Belfus, 2003.

A murder mystery that also teaches evidence-based medicine and even gives continuing medical education (CME) credit? That is the intention of *The Bedford Murder: An Evidence-Based Clinical*

Mystery. Two associate professors from Canada have come up with a novel idea that may appeal to physicians who are mystery fans and want to brush up on the latest in clinical evidence from the scientific literature. This book, which includes clinical pearls and analyses of randomized controlled trials and metaanalyses, has been endorsed by the College of Family Physicians of Canada.

The mystery story, written in the Agatha Christie tradition, features a young female family practitioner as the “clinical sleuth.” Ethical issues abound as her patients entangle her in confidential information related to a murder. There is even the quandary of when and how to tell a prominent member of the community of her own asymptomatic sexually transmitted disease. But ethics are not the focus, and ethical guidance is neglected in favor of clinical dilemmas that are researched and reported from referenced articles.

Twenty-one different clinical questions are presented with 112 references that are summarized and offered as sources to assist the physician in the management of patients. Mimicking the practice of medicine, the answers do not always directly address the clinical question. In the story, the heroine physician is forced to extrapolate the information and use her best judgment to adapt the available evidence toward a decision. As the authors explain in the preface, “Many times the best available evidence [is] of low quality.”

The clinical cases closely resemble those of a primary care practice. The importance of tight glucose control, target blood pressures in high-risk heart patients, the effectiveness of local corticosteroid injections for tendonitis, and the success rate and complications of total hip operations are examples. I liked the way the clinical dilemmas developed, clinical trials were researched, and then conclusions were drawn by the fictitious family practitioner. Indeed, the “best available evidence” did not always give a clear answer and at times was nebulous or missed the mark entirely.

How good is the research quoted in the book? Actually, pretty good. I found only one case where different studies would

have changed the recommendation. Corticosteroids used to treat flare-ups in chronic lung patients, in the authors’ research, “seem to have no significant effect on acute exacerbations of COPD [chronic obstructive pulmonary disease].” Two articles in 1999 (1, 2) and a more recent study from the *New England Journal of Medicine* concluded that “oral corticosteroids decrease the risk of 30-day relapse and improve lung function and dyspnea” (3).

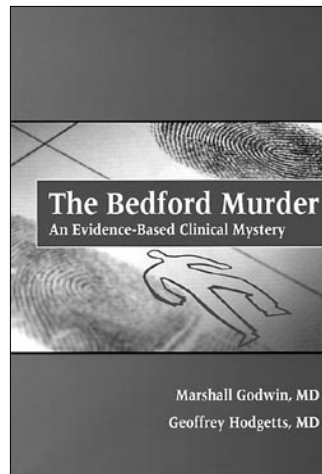
How about the murder mystery? Over 20 characters interact with the physician-detective. At one point, 6 of them are suspects in the murder. Cross-dressing, extramarital affairs, and blackmail spice up the story. The ending is exciting, and all loose ends are neatly tied up.

A worthwhile, subtle message exudes from this book: Answers to many clinical questions are present in the scientific literature, and Internet access puts this at our fingertips. All practicing physicians should be facile at exploring such sources as the Cochrane Library, the American College of Physicians Journal Club, PubMed, and Clinical Evidence.

One annoyance for those of us south of the St. Laurence River relates to the manner in which laboratory results are reported. Most of us are much more comfortable with mg/mL values than with mmol/L. Listing both results would have made for easier reading. And those CME credits? They come from the College of Family Physicians of Canada and are allowed only as informal CME by the Texas State Board of Medical Examiners, but they are accepted toward the Physician’s Recognition Award by the American Medical Association.

All in all, if you like murder mysteries and want to brush up on recent clinical pearls and clinical evidence from the relevant scientific literature, you might enjoy a “who done it” that teaches “how to research it” along the way.

The reviewer, F. David Winter, Jr., MD, MMM, FACP, an internist who practices at Baylor University Medical Center, is president of MedProvider, vice president of HealthTexas Provider Network, and host of the syndicated television news program HealthSource.



1. Davies L, Angus RM, Calverley PM. Oral corticosteroids in patients admitted to hospital with exacerbations of chronic obstructive pulmonary disease: a prospective randomised controlled trial. *Lancet* 1999;354:456–460.
2. Niewoehner DE, Erbland ML, Deupree RH, Collins D, Gross NJ, Light RW, Anderson P, Morgan NA. Effect of systemic glucocorticoids on exacerbations of chronic obstructive pulmonary disease. Department of Veterans Affairs Cooperative Study Group. *N Engl J Med* 1999;340:1941–1947.
3. Aaron SD, Vandemheen KL, Hebert P, Dales R, Stiell IG, Ahuja J, Dickinson G, Brison R, Rowe BH, Dreyer J, Yetisir E, Cass D, Wells G. Outpatient oral prednisone after emergency treatment of chronic obstructive pulmonary disease. *N Engl J Med* 2003;348:2618–2625.

The Cruellest Miles: The Heroic Story of Dogs and Men in a Race Against an Epidemic

by Gay Salisbury and Laney Salisbury

317 pp. New York: WW Norton & Co, 2003.

Even *God takes the last boat out*. With those ominous words, the people of Nome, Alaska, watched the *Alameda* pull away from shore and head south, the last contact with the outside world until the spring thaw. It was late in 1924, and Dr. Curtis Welch watched until the ship was out of sight. Welch was Nome's only physician, and he was worried. Over the past weeks several patients presented with symptoms akin to diphtheria, but he dismissed these largely as tonsillitis or severe sore throats. Welch had only a small supply of diphtheria antitoxin, and that was outdated. He had ordered more from Seattle, but each boat from the outside came and went without the vital cargo. With maritime access to Nome cut off by ice until spring, Welch hoped against the worst. He could not face a diphtheria outbreak in this remote settlement. To his dismay, he would have to try.

The Cruellest Miles is an exceptionally good book by first cousins Gay and Laney Salisbury. An accomplished editor and a journalist, they combine rigorous historical research, fluid writing, and an Alaskan insider's perspective to write this highly readable account of the infamous diphtheria epidemic that befell Nome during the winter of 1924–1925, one of the coldest on record. The book is not an epidemiological study of the outbreak but an account of Dr. Welch, his patients, and the people—and dogs—who braved blizzards, lethal cold, and the vagaries of luck to carry a small box of serum some 674 miles from near Fairbanks to Nome in only 127 hours and 30 minutes—just 5 days.

The authors offer an outstanding perspective on the near-mythical, romantic, and hard-life origins of the American presence in Alaska. Their work is based upon solid historical research that includes primary and secondary sources as well as oral histories. They treat the diphtheria outbreak on an individual level, with the personal stories of each victim recounted as human tragedy or triumph. The Salisburys reveal the intense efforts to use an airplane to fly the serum to Nome in a matter of hours, only to be denied by Alaska's governor who—correctly as it turned out—believed it foolhardy to risk the only serum in the state to a mechanical contraption in weather conditions that would ground even today's modern jetliners. Although using dogsleds was risky, the mushers who would cover each leg of the trip knew the territory down to each tree stump, stream, and weather pattern. Years of delivering the mail, supplies, and passengers along these very routes would pay off for the dogsled teams in ways that technology could not.

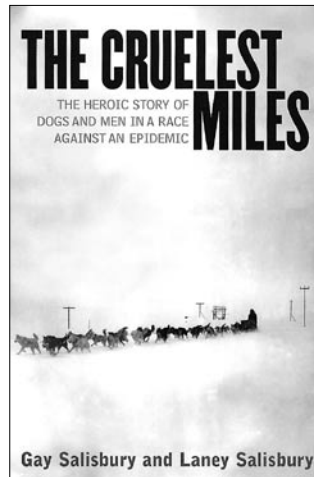
The remainder of the book is as riveting a story as Hollywood could create. Each leg of the race is exciting, suspenseful, and full of heroic accomplishments of man and dog against the worst weather in Alaska over the preceding 20 years. Temperatures dipped to -70°F , winds howled at 90 mph, and snow and ice fog reduced visibility to inches all along the trail. We learn the name

of each musher and his dogs and the adversity they faced. Bill Shannon's face turned black with frostbite as he covered the 52 miles from Nenana to Tolovana. Tommy Patsy, one of the Athabaskan Indians who carried the serum, covered the 36 miles from Nulato to Kaltag with the same grit and determination displayed when, as a rite of passage to manhood, he killed a grizzly bear with only a wooden spear. In the 5 hours it took Edgar Kalland to cover the 31 miles from Tolovana to Manley Hot Springs, his gloved hands froze to the sled and could be removed only with boiling water. Siberian Huskies Jack, Cub, and Jet died from "lung scorching," a colloquialism for pulmonary hemorrhage due to overexertion in -50°F air. Leonhard Seppala and his lead dog, Togo, covered the longest total distance—261 miles, including 84 miles in a single day—and they crossed the perilous ice-covered Norton Sound at night in a gale-force blizzard not once but twice. Gunnar Kaasen and his lead dog, Balto, carried the serum the last 53 miles into Nome after a 70-mph wind gust flipped his sled and dumped the serum into a drift, where it was nearly impossible to find in the darkness and blowing snow.

The relay, which captured the nation's imagination and would play today on 24-hour CNN coverage, was not without controversy, and the authors weigh in clearly with their own opinions. Welch acted prudently, if not conservatively, in his treatment of diphtheria patients at the onset of the outbreak. Critics argue that had he diagnosed the first patients with diphtheria, adequate preparations could have been made to prevent or minimize the epidemic. Without even a microscope, let alone the staff, supplies, and adequate serum available at most hospitals in the lower 48 states, Welch could hardly have been expected to have dealt with the outbreak any better than he did. After 18 years of practicing in Nome, he had not seen a single case of diphtheria. Welch was nonetheless keenly aware of its potential to devastate a population of whites and natives who had only 6 years earlier endured the great influenza pandemic of 1918–1919. He did the best he could under the harsh circumstances, the authors write, and it is to Welch's credit that more people did not die.

The book is also a reminder that the spirit of community and the tools of tradition are sometimes more powerful and capable than any new technology. The willingness of not only the dogsled mushers but of entire villages to support the relay at any cost suggest ways that physicians today might mobilize a neighborhood or community to tackle public health issues. In 1925 Americans were glued to their radios and newspapers to get daily reports of the relay in much the same way that they collectively watched their TV sets in 1970 to see *Apollo 13* return safely home. All over the country school children donated their milk money to pay for more serum to be sent to the "dying children" in Nome. After the relay, Balto and Togo became highly sought after acts that packed Madison Square Garden, and dogsled racing became the vogue from Maine to Washington.

Although airplanes would eventually tame—conquer is too bold a word—Alaska's great expanses, they were still in their infancy in 1924–1925. Few had experience flying in the extreme



cold and disorienting weather so common to the Arctic. The lone airplane in Fairbanks that could fly during the epidemic had only a magnetic compass for navigation, and that was worthless given the extreme convergence of longitude in Alaska. The tiny biplane's top speed was a little over 60 mph, so it would actually go *backward* as it flew into gale-force winds of 70 to 90 mph. The dogs that pulled a sled would just "hunker down" against such winds and push hard against the frozen, snow-covered ground. It was slow going, but they moved ahead nonetheless.

Time and technology would eventually render the dogsled obsolete. By the mid 1950s, few professional mushers were left as private pilots became the taxi drivers of Alaska. In the early 1970s, however, there was a resurgence of interest in dogsled racing, and the Iditarod Race from Anchorage to Nome became big sport and big business. The race covers much of the route Seppala and Kaasen traversed under the same miserable and dangerous conditions. Still, the mushers and their dogs make it through. Times have changed, but the Alaskan wilderness and the people who live there have not.

Today most people visit Alaska aboard a cruise ship, eating gourmet food and watching the killer whales cavort along the Inside Passage. Visitors ride the Alaskan Railroad to Denali State Park and take pictures of Mount McKinley, the tallest peak in North America. They enjoy the 24-hour-a-day sunshine and 80°F warmth of the summer as they cross the Arctic Circle on a day trip and then return to Fairbanks for all-you-can-eat fish and ribs at the Alaska Salmon Bake. At most, they have suffered mosquito bites and indigestion. *The Cruellest Miles* shows another side of Alaska, one where the weather is bitterly cold, it is dark for 6 months, and life hangs in the split-second balance between good and bad luck. Read this book while you relax on your summer cruise to Alaska, then promise yourself you will go back in the cold darkness of March to see the Iditarod and remember that in that long-ago winter of 1925, it was more than a race for a trophy. It was a race to save lives.

The reviewer, Robert S. Hopkins III, PhD, is a former Alaskan resident and pilot who remembers the winter of 1989 as being "pretty cold" at -68°F. He is a senior writer and editor in the Scientific Publications Office at Baylor.

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