Consider the ongoing healthcare crisis, along with consistent poll results showing that registered nurses are most trusted by the public among all professions, and it’s no surprise that there’s a plethora of books being published now featuring nurses’ voices and stories. From new nurses to veteran nurses, from Katrina nurses to ICU nurses, it’s clear that people want to hear what nurses have to say. We have reviewed several in this year’s annual book special, and thrown several other healthcare titles into the mix. And be sure not to miss RN DeAnn McEwen’s review of *A Short History of Nursing*. It’s not a new book, but the seminal 1920 work by RN Lavinia Dock, a nursing education pioneer and suffragist, is well worth reading. After you finish these reviews, we hope your minds and hearts will be lifted, as ours were. Onward and upward.
Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America
By Robert Whitaker; Crown

Growing numbers of authors have criticized the drug industry’s influence on psychiatry, but Robert Whitaker’s *Anatomy of an Epidemic* stands out for its research, historical perspective, and more than anything else, its readability.

Most books in this genre to date have questioned whether anti-depressants and mood stabilizers are effective enough to justify their unpleasant side effects. Whitaker goes one step further by citing studies, unmentioned by the psychiatric industry, that show medications are actually making patients worse in the long term—and costing taxpayers billions of dollars. As Whitaker points out, every day 1,100 new people join the government disability rolls for reasons of mental illness, adding to the more than 4 million already there.

Whitaker makes three convincing arguments: Science has never conclusively proven that mental illness is a symptom of chemical imbalances in the brain; studies show medications actually introduce such imbalances once taken; and long-term studies show patients growing worse, not better, from medication regimens.

Whitaker, a journalist by trade, allows his deep reporting to make the case, but what I found even more fascinating was his ability to thread a narrative around psychiatry’s huge paradigm shift toward pharmaceutical silver bullets. This odyssey begins with science’s accidental discovery of drugs that seemed to ease the symptoms of mental illness, through the psychiatric industry’s internal struggle with the Freudian couch, to the forging of the unholy alliance with the pharmaceutical trade.

As the author points out, however, this approach failed to prove that these imbalances were, in fact, the root causes of mental illness. Respected psychiatrists, for example, have convincingly debunked the theory that high dopamine levels cause schizophrenia.

What has been proven, on the other hand, is that medications irrevocably alter the brain’s chemistry upon their introduction, forcing it to undergo “compensatory adaptations” that steer it in an abnormal manner. “Rather than fix chemical imbalances in the brain, the drugs create them,” Whitaker writes.

The biological compensations often produce positive results—especially in the first six weeks, the standard length of a drug study—but almost inevitably, the responses diminish as the medications make “substantial and long-lasting alterations in neural function.”

Whitaker cites abundant evidence, through studies suppressed by psychiatry or formulated through his own analysis of public health data, that reveals the damaging effects of medications over the long haul, including addiction, brain deterioration, and often, compounded symptoms.

Whitaker also shows that the industry was aware of these long-term effects, but failed to act.

“Could [psychiatry] really now confess to the public, or even admit to itself, that the very class of drugs said to have ‘revolutionized’ the care of the mentally ill was in fact making patients chronically ill?” Whitaker writes.

Hardly.

In fact, as scientists were just beginning to discover some of the downsides to medication, the psychiatric industry was about to launch a new revolution as partners in the burgeoning pharmaceutical trade.

In the late 1960s and early 1970s, psychiatry faced threats on several fronts. Psychiatrists like Thomas Szasz were questioning the medical model on moral grounds. Talk therapy was growing in popularity, stealing patients.

In response, the industry remade itself by, counterintuitively,
explicitly emphasizing its ability to prescribe. “A vigorous effort to remedicalize psychiatry should be strongly supported,” a representative of the American Psychiatric Association said in 1977.

From these efforts came the third edition of the Diagnostic and Statistical Manual, which standardized the diagnosis process and radically expanded the field. A few years later the APA board of directors voted to allow pharmaceutical companies to start sponsoring scientific symposiums at its annual meetings. Whitaker attended one of these conventions in 2008 where he heard the incoming APA president ask the media to “help us inform the public that psychiatric illnesses are real, psychiatric treatments work, and that our data is as solid as in other areas of medicine.”

Rather than submitting to her request, Whitaker does just the opposite in a levelheaded and highly entertaining fashion.—Matt Isaacs

**A Short History of Nursing**
*By Lavinia Dock, RN; G. P. Putnam’s Sons*

Who among us hasn’t heard the curiously uninformed and self-serving pronouncement that it’s unprofessional for nurses to join and form unions? My use of the term self-serving isn’t meant to be cynical; I believe it accurately describes the manipulative intentions of those who seek to restrain, control, and prevent nurses from exercising their legitimate power and right to engage in collective social and political advocacy on behalf of their profession, patients, and the public at large.

In order to cast aside any pretense and set the record straight regarding the role of the professional nurse as an educated and (as circumstances require) militant social activist, it’s instructive to revisit and review nursing history as documented by pioneering nurse historian, Lavinia Dock. Although *A Short History of Nursing* was first written and copyrighted in 1920 by Dock, many used copies of the third and fourth edition, coauthored with Isabel Stewart, are available for sale through popular online booksellers such as Powell’s Books or Amazon.

In *A Short History of Nursing*, Dock and Stewart document a rich history of national and international activism by nurses who understood the importance for the nursing profession to retain the ability to regulate itself in order to control the practice of nursing. The authors show the global development of modern nursing and describe the implications for future nurses.

Dock was a contemporary and colleague of the first nurses, both nationally and internationally, who sought to organize and legitimate the modern profession of nursing. She was also among the first of the so-called radical feminists and joined the Equality League of Self-Supporting Women in 1907 and worked with the New York Women’s Trade Union League. She walked picket lines in defense of workers, and in 1913 urged the American Nurses Association to support the union movement.

Stewart was an educator whose study of history strengthened her belief that women could not rise to the full demands of any vocation or profession without education and knowledge of the social conditions and needs of their day. She also believed the fullest development of professional nurses “was not possible without emancipation from the conditions of subjection under which women and nurses had suffered for so many years.”

In the introductory outline, the authors beckon us to study nursing history by stating, “The nurse who knows only her (sic) own time may be unable to estimate and judge correctly the current events whose tendency is likely to affect her own career.” In particular, Dock believed it is important “to give workers an unfailing inspiration in the consciousness of being one part of a great whole.”

In this book Dock discusses the effect of the expansion of nurse training schools in England, the increasing number of nurses and the inevitable variation of professional standards which lead her to the realization of the need for nurses to become self-organized and self-governed. She advocated for the attainment of professional licensure, through state regulation of basic minimum standards of training as the “one portal” to professional life.

It became clear that the young profession needed leaders who could form a strong association of its members, yet until the year 1887 there was no organization of nurses in any part of the world. Even in Great Britain, nurses had remained more or less dependent on the large hospitals. As schools multiplied and as small or special institutions opened courses, often inadequate for sound training, both economic and educational standards fell.

In addition, the authors describe how numerous commercial middlemen preyed upon nurses and certain hospitals also exploited them in the private duty field. Dock credits some of the “younger” nurses who realized the danger and courageously set to work to organize to improve conditions and standardize educational programs. This was “the second revolution” in nursing, according to the authors, probably equal in its daring to Florence Nightingale’s well-documented reforms in hospital sanitation.

Dock and Stewart report that social conventions remained “stubborn,” and the idea of professional autonomy for nurses was entirely new and objectionable. This was proved true by the immediate hostility of the directors and governors of the large London hospitals. The directors and administrators perceived the economic implications of the nurses’ demands and the impact on their ability to make a profit, should they lose control of their nursing “employees.”

The authors presciently observed that this was to divide the hospital
and nursing world into two opposing bodies. As Dock put it, “many matrons and sisters aligned with the governors were unwilling to stand forth in opposition to their employers.”

It’s been said that history repeats itself. Many nurse organizers will recognize these divisions remain perversely cemented in today’s hospitals and for-profit healthcare industry, but for the social and political vision and collective advocacy efforts of National Nurses United members.

Dock quite rightly concluded that it is impossible to differentiate between social movements and health movements, and that the safeguarding of human life has always gone hand in hand with the battle against adverse social conditions. The authors remind us that nurses were the first large-scale organizers of independent associations of professional women, socially inspired and scientifically educated experts in their own special art. In this book, readers are invited to contemplate the historical perspective of our modern fight for professional autonomy and cautioned not to forget their proud history of social activism.

—DeAnn McEwen, RN

Critical Care: A New Nurse Faces Death, Life, and Everything in Between
By Theresa Brown; HarperOne

I am not a book reviewer. I do, however, love to read and I am a hematology, oncology, transplant nurse, so when I was asked to review this book subtitled “a new nurse faces death, life, and everything in between,” I said, “Sure.” I read the book through in one cross-country flight. I enjoyed it; it was a good, quick read and I’d recommend it. It described much of what we do in clear, detailed terms: easy for a non nurse to understand but not boring for a nurse to read. I only found one technical error and actually wondered if Theresa Brown put it in to test all oncology nurses out here.

In her book, Brown chronicles her first year working as an adult oncology nurse on two different units. She relates stories about caring for patients and their families coping with the catastrophic illness that is cancer. She shares how she struggles to maintain dignity for her patients, such as how to make patients feel (as much as possible) at ease when facing the many consequences and difficulties of cancer treatment. Sometimes the treatment is as bad as the disease. And most of all, Brown discusses the challenge of seeing, in her words, “the frightening truths about just how frail the human body can be.”

I have already been where Brown was many times before. Reading the book was like comparing notes with a fellow RN. This is something we do on the job all the time and one of the reasons I love being a nurse, because on a great unit the nurses all work together and help and support one another. But if someone had not faced all of these issues before, how would the book read, I wondered? The realities of what we nurses do on a daily basis is not entirely understood by the general public so it might take someone else many tears to read this, or they might find it too much information.

My current motto is “None of us get out of here alive.” I’m not sure to whom I should attribute this quote so forgive me, but as an oncology nurse I face this daily, even with our great successes and advances in treating cancer and other chronic diseases of the blood. I try to help new nurses learn this before they fall apart as they experience their first deaths.

I do, of course, recall my first deaths, very, very clearly and I feel lucky that, in our society which denies the reality of death every day, I have been able to experience others’ deaths, understand, reflect, and get to this place. Death is nothing special; it is just a part of living. But most of us in our very antisepic society that prolongs dying as long as possible with every possible technology don’t get to know this first hand. So as a nurse, in a healthcare system that just recently invented the term AND, Allow Natural Death, my first deaths were very difficult. We learn from other more experienced nurses, we learn from patients and their families, and I hope we all feel lucky that we do get this lesson in life, death, and everything in between. Brown captures this very well.—Martha Kuhl, RN

Hungry: A Mother and Daughter Fight Anorexia
By Sheila and Lisa Himmel; Berkeley Books

Hungrily is an apt title for this book about an anorexic daughter and her food-writing mother, but not only for the reasons you think.

Sure, when Sheila and Lisa Himmell titled their book Hungry: A Mother and Daughter Fight Anorexia, they meant the kind of intense starvation anorexia experience. But they also mean our culture’s hunger for perfect female bodies, anorexic or not. And they’re referring to deeper hungers: The hunger to be seen, to be loved, to be able to say no, to fill an emptiness inside whose origins are mysterious. Finally, Hungry refers to one mother’s voracious need for answers to a disease that changes the minute you think you have a handle on it.

The book starts long before Lisa is born, beginning with Sheila Himmell, finicky baby. It leads the reader through the entertaining path of Sheila’s food awakening at the hands of her husband Ned’s culinary adventuring. It takes us through Sheila’s food reviewing with the San Jose Mercury News in California, the birth of their
finicky son and then their culinarily adventurous daughter, Lisa. And then it gets into the confusing world of food addiction: the love of food that turns into binging that turns into restricting and finally to purging, hospitals, and suicide attempts.

Along the way, the story is marked for its candor. In alternating points of view, simply marked “Sheila” or “Lisa,” we learn of Sheila’s body insecurities, Ned’s sister’s food obsession, Lisa’s teenage sex life, and her growing isolation from everyone in her family as her eating disorder takes over. We learn about the doctors and treatments and maddening tenacity of a disease that is all about a person’s mind but starves the body.

Sheila Himmel writes in the introduction that she hopes the book will be a special kind of resource for other families, “a sympathetic, articulate expert or parent who not only had been through this hell but also was insistent about food in our culture.”

She does an excellent job of this. Like a good reporter, she peppers the reader with statistics that remind us that eating disorders are not isolated events. Ten million women and 1 million men have eating disorders like anorexia and bulimia, yes. But also: 89 percent of women want to lose weight and 24 percent women would cut their lives short by three years to lose weight.

She leaves no doubt that food and weight obsession is a national pastime. She explains the cultural basis of food refusal, from kosher and halal designations to food allergies to foodie refusal of anything that isn’t organic or local. It’s not just anorexics who refuse food, she insists. We all do. We’re all obsessed to one degree or another.

But here is where I quibble with the book. In Sheila Himmel’s need to couch her daughter Lisa’s anorexia in our “food negative” culture, she downplays that anorexia is a serious mental illness. It may be part of our culture but it’s not the same feeling as the low self-esteem that many women experience because they can’t lose those last 15 pounds. It’s crushing, not just physically but psychologically, and keeps the sufferer obsessed with food even as she doesn’t eat it.

Full disclosure: I have an eating disorder. It’s the opposite of Lisa’s primary problem. Instead of under-eating, I’ve overeaten past the point of being able to taste food, past the point of even wanting to eat. I relate to Lisa’s description of herself in her binge-eating phase: “I had no idea what hunger felt like, nor could I really recognize being full.” That was me. Yet I still ate.

It’s a compulsion, and it winnows your life down to a jagged point. It’s not the same as someone who eats chocolate to medicate every emotion. Yes, I did that too. But eating disorders are so much more complex.

So I was uncomfortable with the inevitable side effect of the book’s candor: Like it or not, we join Sheila as she asks herself in not so many words if she could have prevented Lisa’s eating disorder. There’s an absurd moment when Sheila struggles with having reading her daughter the Yummers! children’s books, about Emily the pig and her out-of-control appetite. “Emily is certainly a binge eater,” Sheila writes. “We didn’t see it that way at the time, but reading Yummers! and Yummers Too: The Second Course got me worried.”

Lisa’s simple answering entry is, “Emily is a pig! Is she binge eating or just a pig? I think it would be different if the Emily character was a person, but she’s just being a hungry pig. A child wouldn’t read that much into it. I loved this book as a kid.”

But that’s what eating disorders do to the family member of the sick person. Like the families of alcoholics and drug addicts, the disease compels family members to second-guess everything. It becomes its own maddening obsession.

Though I read it identifying with Lisa, most readers will identify with Sheila. Either way, the book offers a look into a disease that’s often misunderstood. It’s the most honest and engaging book I’ve seen on the topic and it is bound to help parents like Sheila, either by alleviating isolation or by giving readers hints for how to help their own children. It leaves the reader rooting for mother and daughter, praying that both get some peace. —Heather Boerner
Polk lost the campaign, and her job, but not before becoming a staff organizer for the local. It was 1975, plants were closing, and blue-collar jobs were on the decline. Meanwhile, the service and clerical sectors were booming, but the mostly female, educated workers who filled those jobs tended not to identify with the labor movement. As one of the first female leaders of America’s most macho union, Polk set out to change that.

In election campaigns at Blue Cross/Blue Shield, the University of Chicago, and other state colleges, Polk used her patience, skill, and similar background as a woman with a college degree to build trust with hospital and clerical workers. The previously complacent workers at the University of Chicago stunned management by voting by 87 percent to authorize a strike, eventually winning dramatic salary increases and reclassifications with pay raises for close to 1,000 secretaries.

At 29, Polk became one of the local’s youngest-ever business agents. She simultaneously fought racism and sexism within her union, authoring and passing a resolution at the 1976 Western Conference of Teamsters that called on the union to launch a national organizing campaign specifically aimed at women workers, combat on-the-job discrimination, and promote women to leadership positions within the union, “as a crucial step in the struggle for a free and egalitarian society.”

One of the more intriguing parts of the book is its discussion of Polk’s sometimes-contradictory lifestyle. Married to a banker that she met in graduate school at the University of Chicago, Polk enjoyed a different standard of living—complete with lavish dinner parties and shopping trips to Elizabeth Arden—than the workers she was helping to organize. She and her husband had struck a deal: He would support her unconditionally in her work, helping out by making phone calls and walking picket lines, if she would keep the union away from his bank.

Despite her bourgeois home life, the Regina Polk the book portrays was a committed organizer who worked long hours and put the movement first, even losing a baby to a miscarriage during a particularly grueling campaign. On one occasion, the book recalls, “Regina chased an eighteen-wheeler truck whose driver had tried unsuccessfully to cross one of her picket lines. With angry Regina in hot pursuit, the driver eventually stopped the truck, got out of the cabin, and ran away from her on foot.” Polk chased the driver into a local bar, talked to him, and convinced him to support the strike.

A speech Polk gave at a 1981 training for union stewards, reprinted in the book in its entirety, gives a flavor not only of her uncompromising attitude, but of the political climate she was living in, one not unfamiliar to today’s. “It is not news to you that there is a tremendous wave of anti-unionism sweeping the country now,” she told the assembled stewards. “You can’t pick up a paper or a journal without reading that labor is too big—corrupt, lazy, unresponsive to its members—and that labor is some pathetic dinosaur whose time has come and gone. We hear one pronouncement after another which happily predicts the decline and collapse of the American labor movement.” Polk urged the stewards to vigilantly defend their contracts against the attacks of union-busters, whom she called “bastards with briefcases.”

The 1980s were also a time of corruption in the Teamsters, both real and rumored. In 1983, Teamsters president Roy L. Williams was convicted of conspiracy and fraud along with four other associates, one who was murdered while the verdicts were being appealed. The Teamster’s decline bothered Polk, the book reveals, and she considered setting up a new independent union or joining with another union that represented service workers.

Just before her death, Polk was working on setting up job-training programs for thousands of people being thrown out of work as factories continued to close throughout the Midwest. She was heading to a meeting to ask for resources for the program when the small commuter jet she was riding in crashed into an Illinois field.

Written in a spare, chronological style, I Am a Teamster is a quick read, and an inspiring tribute not just to this little-known labor leader but to all those who dedicate their lives to helping women find a voice on the job.

The book has two minor weaknesses. First, the author sometimes displays a patronizing attitude towards the workers Polk helped to
organize, comparing her zeal for “nurturing” them to her affection for animals during her childhood on the farm.

And readers will tire of the constant references to Polk’s physical beauty: her “glamor,” “wide smile,” “strawberry-blonde hair,” and Imelda Marcos-esque penchant for shoes and hats.

Then again, as an old boyfriend of mine once let slip in an unguarded moment, “union chicks are hot.” And who, really, can argue with that?

—Felicia Mello

Inside the ICU: A Nursing Perspective
By Melody Stenrose, RN; Seaboard Press

M ANY REGISTERED nurses are very good at what they do. But not as many RNs are very good at explaining what they do. And it’s the rare RN who can reflect and write eloquently about every aspect of what she does—from the clinical care she provides, to the emotional support she gives patients and their family members, to the larger ethical considerations of her profession. Melody Stenrose is one of those nurses.

Stenrose, an intensive care unit registered nurse for nearly 30 years, said she wrote Inside the ICU to demystify the practice area for other nurses as well as for the average person. For years, she had been regaling her husband after every 12-hour shift with life-and-death tales; he suggested to her one day that she write them down as a book. Years later, after much persistence navigating the world of book publishing and even securing her employer hospital’s approval, she finally did.

Through the stories of actual patients she has cared for over the years, Stenrose discusses topics as varied as organ donation; the end of life; obese, paralyzed, and homeless patients; the role of nurses; and being a patient herself. We learn about Jim, a patient in the late stages of Amyotrophic Lateral Sclerosis (ALS) disease, who could barely move any part of his body besides his feet. Stenrose rearranged Jim’s entire ICU room, including moving most of the equipment, so that the call pad could be positioned near his foot. We learn about Ronald, an 87-year-old man who was resuscitated against his wishes because neither he nor his family had told the medical staff early enough. Ronald was finally allowed to die in peace, but not before Stenrose had to go through four different doctors to get the Do Not Resuscitate order written.

In the book, Stenrose often juxtaposes stories from earlier in her nursing career with those that came later, to highlight lessons she has learned and how she has evolved as an RN. One particularly important chapter, titled “Who Calls the Shots?” gives the reader great insight into the incredible autonomy as well as responsibility of the registered nurse’s scope of practice. While it’s true that nurses carry out a doctor’s orders, Stenrose explains how the RN’s own assessments and subsequent suggestions heavily influence those orders. After all, the RN is the one constantly at the patient’s bedside. And when a doctor is not around, RNs must sometimes jump in to save a life and inform a doctor later.

Ultimately, every story is a discussion of what it means and what it takes to be a strong advocate for patients so that they not only receive the best medical treatment possible, but receive it with dignity and compassion.

My only criticism of the book is that Stenrose, a California Nurses Association member, does not mention the role that collective action with coworkers through the union must surely have played at some point in her career in advocating for patients. She also does not critique the overall, profit-driven healthcare system.

Otherwise, Stenrose’s book is quite an accomplishment: informative, thought-provoking, colorful and full of dialogue, and inspiring to read. —Lucia Hwang

Normal At Any Cost: Tall Girls, Short Boys, and the Medical Industry’s Quest to Manipulate Height
By Susan Cohen and Christine Cosgrove; Tuturquoise

M ANY PARENTS claim they will do everything within their power to shape their children in a way that provides them with the greatest opportunities in life. But what happens when that quest for success drives parents to forever alter the physical attributes of their daughters and sons who are predicted to be too tall, or short, to meet societal norms? And what happens when parental fears about their children’s height are encouraged and enabled by medical and pharmaceutical industries that stand to gain prestige and profit from experimental treatments designed to inhibit or enhance physical growth?

In Normal at Any Cost: Tall Girls, Short Boys and the Medical Industry’s Quest to Manipulate Height, Susan Cohen and Christine Cosgrove chronicle decades of medical attempts to alter the height of young girls and boys through the controversial use of hormones. The book raises thought-provoking questions about how society defines what is normal, the intersection between scientific breakthrough and medical ethics, and the ability of the pharmaceutical industry to manufacture and market treatments that are really in search of a disease.

Cohen and Cosgrove open the book with stories of prepubescent girls growing up in the 1960s and 70s whose parents worried that their tall stature would be socially disadvantageous and would prevent them from finding suitors. Seeing media reports of a new
“treatment” called diethylstilbestrol, also known as DES, that could suppress a child’s growth to a more socially acceptable height, many parents flocked to their daughter’s doctors hoping to capitalize on the latest medical breakthrough.

DES, a synthetic estrogen, would stunt the growth of young girls by accelerating puberty, thus allowing their bodies less time to grow. Although DES was not approved by the U.S. Food and Drug Administration for this use, worried parents had no trouble finding doctors, many of them pediatric endocrinologists affiliated with prestigious teaching institutions, who would treat their daughters with the hormone.

While some in the medical community casted doubt on the safety of DES, and raised ethical questions surrounding the notion of treating tallness as a medical condition, thousands of young girls across the globe were prescribed heavy doses of DES. Many of them suffered both short- and long-term side effects from the hormone, and eventually a clear link between DES and cancer emerged. Still, the medical establishment continued to offer DES for tall girls, and, sadly, their parents readily accepted.

Cohen and Cosgrove also chronicle the history of the development and use of human growth hormone to spur growth in short boys. The authors detail the painstaking efforts by physicians and chemists to harvest human growth hormone (hGH) from the pituitary glands of cadavers during the late 1950s and early 60s to treat children with dwarfism. A lack of quality control in the processing of hGH afflicted some treated with the hormone with a dementia-like condition called Creutzfeldt-Jakob disease. Others developed antibodies to the hormone that in some cases decreased growth rates. However, as with DES, these dangerous and deadly side effects did not stop the industry from its quest to find a cure for short stature.

The 1980s gave rise to the development of synthetic hGH, which could be used not only to treat dwarfism, but also to boost the height of healthy children. Pharmaceutical manufacturers of the new “therapy” argued that it was equally as justifiable for parents to want to

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**Celebrating Nurses: A Visual History**

*By Christine Hallett, RN, Ph.D; Barron’s*

At first glance, _Celebrating Nurses_ looks like an oversized coffee table book, filled with beautiful black-and-white and color photos, illustrations, and other images of nurses and their practice. The book holds merit for just the images alone; it’s hard to find in one place so many depictions of nursing spanning so many centuries and countries. These range from photos to oil paintings to commercial advertisements. Our resident designer clapped her hands in glee to find such large reproductions of historical nursing images she had viewed before only as tiny thumbnails on the Internet.

But if you read in between the pictures, you’ll find that British RN Christine Hallett also provides a rich overview of the evolution of nursing from ancient and medieval times, through early modern times, to the 19th and 20th centuries. Nurses in early societies were women healers, then became connected to religious orders, and eventually professionalized through nursing schools and registration (licensing). What’s nice about Hallett’s explanation is that she not only correlates the development of nursing with the rise of modern medicine, industrialization, and various wars, she covers nursing in Europe, the Americas, Australia, and beyond. In every chapter are short profiles of notable nurses. Of course she describes Florence Nightingale and Clara Barton, but Hallett also includes public health nurse Lillian Wald, frontier nurse Mary Breckinridge, and birth control crusader Margaret Sanger.

Predictably, Hallett does not mention the important role of nursing unions such as the California Nurses Association, UNISON in the United Kingdom, or the Canadian Federation of Nurses Unions in the history of the profession but, sadly, it is not that kind of book. —Lucia Hwang
improve the attractiveness and self-esteem of their children as it was to correct physical defects that undermine their looks and social function. Sales skyrocketed as doctors were bestowed with financial incentives to prescribe the drug, and as parents sought to give their boys a chance to become what it is to be “male”—tall and strong.

The book later documents what happened to some of the children treated with DES or hGH, and details the long-term physical and psychosocial effects of their treatments. It also provides insight into the pharmaceutical industry’s ongoing lobby to gain FDA approval to use hormonal treatments to manipulate the height of otherwise healthy children. But, more importantly, by the end of the book, Cohen and Cosgrove have rightly provoked questions about what the future holds as the advancement of medicine generates more scientific breakthroughs and offers greater temptation for us to strive for physical perfection. Will genetic engineering become the DES or hGH of our time? Cohen and Cosgrove provide a historical perspective on the lengths many of us will go in order to fit in, and rightly label their book “a cautionary tale.”

—Kelly Green

**Nursing in the Storm: Voices From Hurricane Katrina**

*By Denise Danna, RN and Sandra Cordray; Springer Publishing*

The authors of *Nursing in the Storm* interviewed dozens of RNs at six New Orleans hospitals to create this compendium of nurses’ stories about working through Hurricane Katrina and the massive flooding of the city, one of the worst disasters to hit a metropolitan area in the history of the United States. Many of the RNs interviewed worked in administration, however, so the book is somewhat heavy with their managerial perspectives. As usual, the voice of sanity comes from staff nurses, as in the example of Rae Ann Deroché, an RN at Chalmette Medical Center who questions her nurse supervisor before the storm hits about why the hospital isn’t being evacuated. “I am thinking, ‘What the hell is wrong with you people?’ I am a staff nurse who is asking, why aren’t these people out yet? What do you have going on? What are the plans?”

But the book still fascinates simply for its raw documentation of the dreadful events and conditions endured by nurses, doctors, and ancillary staff as they struggled to care for critically ill patients without electricity, running water, air conditioning systems, and other resources.

Five years after the levees broke, the horror and chaos of Katrina is still fresh in these accounts. Through the stories, readers are transported into the hospitals as nurses heroically work together to evacuate babies from NICUs and ventilated patients from ICU, try to calm patients, family members, and coworkers, and make do with the equipment and supplies they’ve got. Many of the hospitals lost critical resources because their generators, power systems, and food services were located on flooded basement levels.

Besides chronicling the nurses’ actions, part of the authors’ intention in telling these stories is to remind readers of the suffering and death that ensues when we are not prepared for emergencies and disasters. Danna and Cordray include in their “Lessons Learned” chapter an interesting section on the fragility of the nation’s levees. From an interview with Sandy Rosenthal, founder of a nonprofit educational website, Levees.org, readers learn that 39 of America’s 50 largest cities lie partly on floodplains. Dallas and Sacramento are just two examples.

Anyone unconcerned about the next disaster need only read one or two stories from *Nursing in the Storm* to be quickly scared into action.

—Lucia Hwang

**Reflections on Doctors: Nurses’ Stories About Physicians and Surgeons**

*Edited by Terry Ratner, RN; Kaplan Publishing*

**You might call this book “doctors through the eyes of nurses.” It’s a small book, the core of it being only about 132 pages, and is essentially a collection of short pieces featuring nurses’ reflections on their relationships with physicians.** There are some interesting stories here, and some decent writing. Unfortunately, the book fails to live up to its potential.

As I said, there is some good work here: nurses reflecting on lessons learned, both by themselves and physicians, some accurate accounts of the stresses of nursing that any nurse can relate to, and some hints at how the profession has changed over the years, for better and for worse.

We hear from nurses who work in academic centers about the process by which young doctors learn to respect nurses in that setting. We hear stories of egomaniacal doctors learning lessons in humility. We see a nurse must the courage to refuse a doctor’s order—and how the doctor learns from it and apologizes. We see a neglectful medical director of a skilled nursing facility replaced with an excellent and caring physician. And we are treated to a number of hagiographic descriptions of outstanding physicians doing selfless work in the difficult circumstances of low-income clinics and war-torn countries. Lots of these stories leave you with a nice *Chicken Soup for the Soul* sort of feeling.

Unfortunately, what this soup lacks is the spice of hard reality. Virtually every story, if conflict exists at all, comes to a happy and heartwarming resolution. Nowhere in this book do we find the nurse who stands up to a bullying doctor, is fired for her trouble, and finds...
herself with no recourse. Nor do we find the nurse struggling with knowing a physician is not acting in the interests of the patient and not knowing what to do about it within the confines of a business-oriented system and “at will” employment. Neither are there any instances of nurses standing together as a group and taking concerted action to change doctor behavior in the face of institutional indifference. By and large, the stories in this book seem to take place in isolation—in a world divorced from a larger context of a healthcare system, from the reality of healthcare mergers and for-profit medicine that often rewards the most “productive” physician, while penalizing the most caring and compassionate.

I would love to have read the story of the nurse who lost her job after she reported a physician who made a policy of torturing Medicaid recipients during labor to “teach them a lesson” not to have babies while on public assistance. It would have been interesting to have heard from the nurses who knew their hospital’s respected cardiologist was sending patients with normal hearts to surgery, but were afraid to speak out about it in the context of a corporate system that supported the doctor—right up until he became the subject of a 60 Minutes segment. Those stories are out there. And they should not be that hard to find.

I really don’t want to be too hard on this book. It’s a good-hearted book. Nearly all of it is quality writing from excellent nurses. I enjoyed reading it. But it was the enjoyment of a sweet dessert or a tasty appetizer. I wanted a richer, spicier, and more provocative main dish. —David Welch, RN

When Chicken Soup Isn’t Enough: Stories of Nurses Standing Up for Themselves, Their Patients, and Their Profession
Edited by Suzanne Gordon; Cornell University Press

Noted nursing author Suzanne Gordon edits and writes introductory prefaces for each chapter of When Chicken Soup Isn’t Enough, but the bulk of this book consists of 71 stories about registered nurses written by the nurses themselves. Several stories are written by RNs connected to National Nurses United and CNA, including RN Karen Higgins, an NNU copresident and former president of the Massachusetts Nurses Association and RN Vicki Bermudez, who was a former regulatory policy specialist for CNA.

Nurses are shown advocating for themselves and their patients from daily or—the floor issues to the realm of applied research. Gordon doesn’t present one topic as more important than the other. She covers them all with equal attention. The titles on the different submissions from the nurses are attention grabbing: “An Inconvenient Nurse,” “Gloves Off,” “We Rained On Their Parade,” “One is One Too Many,” and more.

I was intrigued by the stories of nurses asking to share research, confronting doctors, saving patients, and mentoring new nurses. Bermudez’s essay, titled “Taking on the Terminator,” focused on California governor Arnold Schwarzenegger’s failed 2005 challenge to the state’s RN-to-patient ratio law, the first in the country, and on CNA’s role in stopping him. Higgins’ entry described how the dangers of hospital restructuring pushed her to overcome her fear of public speaking and realize that staff nurses are the experts and “the backbone of healthcare.”

What caught my eye the most, however, was the chapter at the end of the book called “We Are Still Fighting.” In this chapter, Gordon and her contributors share some examples where nurses were not successful, and she states why: “Patient advocacy doesn’t only involve taking occasional risks; it means being ready to lose a battle or two along the way but still continue the struggle...Real progress is made only when some people continue to stand up for what’s right, regardless of the odds against them and without any guarantee of success that (much to the surprise of everyone) may be right around the corner.”

Perfect for busy nurses, most of the submissions are two to three pages in length, easy to pick up and read in short bursts. I’m not a nurse but I found that after reading the first several submissions, I was energized and felt more confident. There was something about reading the words of people who dared to take a stand and make a difference that was inspiring. I think you’ll have the same reaction. —Ann Kettering Sincox