

The author's individual touch and wry humor appear everywhere. He defines *cosmetic surgery* as "Plastic surgery designed to sculpt an Adonis or Venus from lumps of mortal clay" and *surgical scrubs* as "the universal uniform of those daring men and women of action, the surgeons." One feature of Ménière's disease, he tells us, is "profound hearing loss in one or more ears."

The dictionary presents succinct surveys of expected topics such as *angiotensin II receptor antagonist*, *cocaine*, *cystic fibrosis*, *deep vein thrombosis*, *hyper eosinophilic syndrome*, *infective endocarditis*, *intussusception*, *necrotizing enterocolitis*, *paroxysmal cold hemoglobinuria*, *pulmonary alveolar proteinosis*, *wart*, and *Wegener's granulomatosis*. Tables enhance the text on some subjects, including *AIDS*, *depression*, *end-of-life care*, *infanticide (diagnosis of)*, *inflammatory bowel disease*, *lasers in medicine*, *post-gastrectomy syndrome*, *serum protein electrophoresis*, *systemic lupus erythematosus*, and *tick*. Many entries are cyclopedic in format, presenting information under several headings.

Others exhibit the terse idiom and frantic tempo of lecture notes or memos scribbled during rounds. These are often sketchy, with erratic punctuation and syntactic license verging on gibberish: "foot . . . The distal part of the lower extremity on which a person stands and uses to walk . . ."; "nightmare . . . often seen in normal childhood unless they interfere with sleep, development or psychosocial development."

It's hard to be too harsh with an author who admits that he failed the International English Language Testing System examination the first time he took it in preparation for employment by the National Health Service after relocation in the United Kingdom, but jumbles like these crop up on virtually every page. This slapdash mode of composition carries over into other phases of the book, which suffers from an abundance of typographic errors, misspellings, cyberhash, and cross-references that lead nowhere.

A few entries appear to have been salvaged from an aging database that hasn't

been properly updated. *Pneumocystis jiroveci* is still called *P carinii*. The entry for erectile dysfunction describes older treatments but doesn't mention phosphodiesterase type 5 inhibitors. West Nile fever is characterized as strictly an Old World disease.

Some of Segen's shorter definitions fall short of the precision and accuracy expected in a technical dictionary. To *mainline* is not simply "to inject a drug," nor is the single word "coitus" an appropriate semantic equivalent for *fornication*. The *PDR (Physicians' Desk Reference)* certainly does not list "all ± 2500 US therapeutics requiring a physician prescription." *Inspissation* means thickening or condensation, not "plugging of a tubular lumen." And one expects a pathologist's dictionary to correctly state that cardiac cirrhosis is a disorder of the liver, not the heart.

The reader learns with alarm that "virtually all notes regarding term usage, preferred names, and source material . . . were obtained via the Internet." Perhaps that inexhaustible wellspring of rubbish inspired the lexicographer to define *Lugol solution* as acetic acid solution, *non-gonococcal urethritis* as "an STD defined as the presence of abundant PMNs in urine," and *parenteral* as "[r]eferring to a non-topical route of administration."

After describing Terminologia Anatomica as the "official body and grand poobah of anatomic nomenclature created by . . . a chucklefest of brainy long-faced coves with serious intent," Segen goes on to observe that "to stubbornly cling to the belief that anatomic terminology can be written in anything but English is to risk being labelled obsolete and irrelevant." Possibly that stance accounts for his deviant Latin, not only in anatomy (*adnexae*, *amygdalus*, *cordae tendinae*) but also in nosology (*lichen sclerosis*, *lymphopathia venereum*, *pyoderma gangrenosa*) and taxonomy (Ginkgo, *N meningococcus*, *Ureaplasma urealytica*).

Nit-picking aside, this work, which is intended to supplement standard medical dictionaries rather than to re-

place them, contains an enormous amount of useful, accurate, and entertaining material. Its unique scope and accessibility make it a valuable addition to any physician's library, and no medical educator, writer, or editor should be without it.

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Scientific Thinking

The Psychology of Science and the Origins of the Scientific Mind, edited by Gregory J. Feist, 316 pp, \$38, ISBN 0-300-11074-X, New Haven, Conn, Yale University Press, 2006.

THIS BOOK DOES TWO THINGS: IT PROVIDES a comprehensive review of the origins and development of scientific thinking, and it argues for a dedicated study of the psychology of science. The former endeavor provides a historical account of the critical issues that have shifted scientific thinking from purely observational to dedicated hypoductive experimentation.

In addition to these two endeavors, the philosophical and sociological background of science is discussed, and the level of analysis and thoughtful examination will provide a good introduction for anyone unfamiliar with these areas. For example, there is a compelling discussion of Popper's insecurities concerning the origin of scientific theories (ie, that we begin with conjecture and speculation, which then are scrutinized using the scientific process), ideas that underpinned a position which later challenged the principles of logical positivism.

For the most part the book is dedicated to providing support for the second endeavor. So, what is the psychology of science, and why might it be necessary to have an established field that studies it? Feist defines the psychology of science through five key influences on thought and behavior: biological, developmental, cognitive, personality, and social. Feist claims that through knowing these aspects of psychology

science can improve, and psychology, a fragmentary discipline, can be unified. The author's proposal is ambitious and, for the most part, convincing; however, there is less persuasive support for the benefits of this pursuit in unifying psychology (although that is not in itself the chief purpose of this book).

Each of the five fields of psychology identified as relevant receives a separate chapter, and each is used to provide a context for understanding what shapes scientific thinking and how it might be fostered. The chapters that present the evidence from studies of psychology cover the key relevant questions and include evidence that is highly topical. Readers should find the chapter on cognitive psychology the most obviously connected to the psychology of science. It includes an entertaining illustration of theory formation, referring to Darwin's reading of works on overpopulation, which was the necessary spark in developing his theory on the organization and evolution of species.

The only criticism of this section is that the reader may find it difficult to relate the details of each chapter back to the broader picture that is being conveyed. For instance, in the chapter "Biological Psychology of Science," many details are provided about the biological and environmental basis of intelligence, brain plasticity, and neuroscience, but there is some wait before these are drawn together and related to the main thesis of the book. Nevertheless, although this section is not designed to give a comprehensive account of psychology and its empirical techniques, it could provide a good starting point in acquainting the uninformed reader with the basics.

Why and how did scientific thinking emerge? These questions are saved for the penultimate chapter, "Origins of the Scientific Thinking," which is both cohesive and compelling. Of particular interest is the proposal that there are four phases of scientific thinking: preverbal, verbal, applied, and pure. These phases capture the kinds of phenomena involved in developing a sense of the regu-

larities in the world (preverbal scientific thinking) through the pinnacle of scientific thinking, ie, the discovery of truth through experimentation (pure scientific thinking). The innovative structuring of this chapter comes from aligning the different phases of scientific thinking with the evolution of the human mind, which makes it informative and interesting. Each phase of scientific thinking is claimed to be composed of five core components: observation, categorization, pattern recognition, hypothesis testing, and causal thinking. The discussion of the five functions of cognitive thinking is oriented around relevant examples that reintroduce concepts discussed in earlier chapters.

Although not as clear or as well-motivated as the chapter that precedes it, the concluding chapter, "Science, Pseudoscience, and Antiscience," gives some critical analysis of different movements that have contributed to understanding science. It also explores what makes science a process of discovery and how science differs from pseudoscience. Essentially, the aim here is to reinstate the principles of scientific thinking and remind the reader of the main endeavor of the book, which is to bring the psychology of science to the fore. Even if readers are not convinced by the author's position concerning the need for a dedicated study of the psychology of science, the book is entertaining and introduces a perspective on understanding science and the scientific mind that should benefit a wide audience.

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Nursing, Poetry

The Poetry of Nursing: Poems and Commentaries of Leading Nurse-Poets, edited by Judy Schaefer (*Literature and Medicine Series*, No. 7), 208 pp, paper, \$29, ISBN 0-87338-848-8, Kent, Ohio, Kent State University Press, 2006.

IN THIS ANTHOLOGY, 15 GIFTED NURSE-poets show their talent for poetry and prose, their love of the nursing profession, and the magic of the written word. The poems are born of nurses' skillful

probing of seemingly ordinary experiences—changing a dressing, admitting a patient, or simply assessing behavior or the body's hums.

From their observations and insights, the writers give structure and meaning to experiences that defy explanation. They help nurses and physicians to relearn what many forget: that patients are our greatest teachers, that there are always lessons to be learned, and that our work matters.

In Courtney Davis's *Heroics*, we are reminded of our youthful earnestness in longing for the sheer adrenalin rush of something—anything—to happen on those long, late-night shifts. Theodore Deppe's poem *Admission, Children's Unit* confronts the horror of child abuse:

The details didn't, of course, come out at first,
but I sensed them. The boy's refusal to take off his shirt.
His letting me, finally, lift it to his shoulders
and examine the six wounds, raised, ashy,
second
or third degree, arranged in a cross.

Jeanne Bryner's *Siderails* reminds us of what our physician colleagues endure in giving bad news to patients—and of the bizarre social strata that exist in hospitals, preventing us from acknowledging the weight of our shared burdens. This is not the trite pathology report telling of anticipated mortality but the heart-wrenching news that the patient can never go home again. Constance Studer tells us of *Rose*, a critically ill child who cannot be saved:

When I try to tell the parents,
my tongue is granite. She has set a seal on
our hearts.
Branded us. *Pull the curtain but I cannot wrap
her tiny body
in coarse white sheets . . .*

Her poem gives us all a way to grieve and expunge the guilt for all the Roses we have lost in our years in nursing and medicine.

Other poems will remind readers of how thoughtless we can become in medicine and nursing. Amy Haddad's *Asking for Direction* puts a health care professional in the position of asking a wife for a do-not-resuscitate order on