

PIH's goal of "accompaniment" to its patients as a means to ensure that medicine is taken and hardships are eased for those in need. The third section focuses on unnatural disasters, such as Hurricane Katrina and the earthquake that struck Haiti in 2010. More somber in tone, these speeches quickly got to Dr. Farmer's point that we, as doctors, scientists, and policymakers, should be making "weapons of mass salvation" instead of weapons of mass destruction. Finally, Dr. Farmer's book closes with a few short discourses concentrating on "Service, Solidarity, and Social Justice." These speeches, which could be considered the weakest in the book, are still encouraging. Perhaps their "weakness" is only because Dr. Farmer attempts to broach very complicated and difficult topics not usually addressed in medicine in only a few pages.

The publication of this book is timely. It would make a perfect gift for a medical or biology graduate, but it would be inspiring to anyone who reads it. His speeches make one feel empowered — to make a difference, to contribute to health policy, to accompany another who is struggling. In the speeches collected in *To Repair the World*, Dr. Farmer teaches us crucial lessons that we must all learn from, as scientists, as doctors, and as human beings. The only thing that would make Dr. Farmer's message more inspiring would be to hear him speak in person, instead of simply reading his words.

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Closing the Cancer Divide: An Equity Imperative. By Felicia Knaul, Julie Gralow, Rifat Atun, and Afsan Bhadelia. North Andover, MA: Harvard University Press; 2012. 353 pp. US \$24.95 (Paperback). ISBN: 978-0982914403.

Cancer has become a ubiquitous struggle with effects that span culture, race, and geographic barriers. While incredible advancements have been achieved in the world

of cancer treatment in First World countries, the authors of *Closing the Cancer Divide: An Equity Imperative* stress that efforts are still needed to improve prevention, diagnosis, and pain management for patients and their families. Furthermore, the authors discuss in depth the disparity that exists in the availability and quality of medical attention in low- and middle-income countries. Materialized with help from a mandate from the Global Task Force on Expanding Access to Cancer Care and Control in Developing Countries, this text seeks to promote cancer awareness in all sectors of society by improving basic medical care, developing multi-sector national policy, and synthesizing international organizations with different cancers. The book embarks on the journey to cancer control and care by presenting a few heartwarming case vignettes of cancer survivors. This gives the reader a moment to connect to the problem at hand on a personal level. Divided into three parts, the text discusses ways in which risk can be assessed and prevention approached with the help of dispelling myths and breaking down political and financial barriers. A key element of the book is the proposed diagonal approach to care and treatment, which argues for "horizontal applications and vertical interventions that spread costs and benefits, and decrease the cost-effectiveness ratio for many services" (p. 87). The authors make a strong argument for this solution-oriented system and cite a plethora of available research in case studies, tables, and graphs on countries such as Jordan, China, India, Peru, Mexico, Rwanda, and the United States, to name a few. The final section of the book emphasizes the necessity for local and global leaders, innovative financing, and synchrony among the research base.

Although at times a repetitious work, *Closing the Cancer Divide: An Equity Imperative* is brimming with shocking and informative information that can appeal to both the beginner and the senior academics but is easy enough to read for those individuals seeking to learn more about the subject in their spare time. The chapters begin with a few key messages that prepare the reader for

the information to come while reviewing what has been covered already so as to nicely integrate the goal of the book in an informative and educational way. Overall, the book effectively presents the scientific literature in combination with real-life stories, leaving the reader eager to integrate this newfound knowledge to better the lives of those suffering from cancer and its related diseases.

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Brain on Fire: My Month of Madness. By Susannah Cahalan. New York: Free Press; 2012. 288 p. US \$25.00 (Hardcover). ISBN: 978-1611749786.

Brain on Fire: My Month of Madness is the story of a woman who went insane, the doctors who misdiagnosed her, the family who supported her, the boyfriend who loved her, and the miraculous recovery she made thanks to one physician-hero.

Susannah Cahalan is our protagonist. She's an attractive 24-year-old reporter for the *New York Post* who develops a rare neurological disorder, in which — for no apparent reason — an assassin group of inflammatory cells infiltrates her brain and liquefies those centers responsible for personality, memory, and cognition. With the executive function areas of her cortex melted, Cahalan comes progressively unhinged, until finally, she is entirely given over to paranoid delusions, hallucinations, and manic hysteria.

In telling this story — of her sickness, deterioration, and eventual recovery — Cahalan faces the significant obstacle that none of her memories of the experience are reliable, since she was, at the time, psychotic. Therefore, she is obliged to piece the narrative together from a hodgepodge of available sources: medical records, surveillance videos, the testimony of friends and family, and the diary she kept during the ordeal. What she presents is a thoroughly researched account, more redolent of investigatory journalism than of memoir. Consequently, the final product reads like an extended newspaper article.

The writing is clean and neat. Sentences are simple, tidy, and polished. To her credit, Cahalan avoids committing the cardinal sin of many pop-science books of this sort, namely drowning the reader in a sea of extraneous-to-the-story, tangentially related medical trivia, which typically distracts focus from the narrative and usually misrepresents the science.

All this is not to say that the account Cahalan presents is superficial, dry, or stilted. Her prose is warm, generally amiable, and even endowed with a fair amount of casual vulgarity. The effect is to lend the text a friendly air of familiarity, similar to the comfort found in a conversation or in girlfriend gab. As a fun, friendly story, Cahalan's book is therefore a success. It's a bizarre story (dotted with a few clichéd jabs at busy doctors) from which the reader can draw his own conclusions. If you want answers, you'll be disappointed. Still, it's entertaining.

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Practical Bioinformatics. By Michael Agostino. New York: Garland Science; 2013. 367 p. US \$70.00 (Paperback). ISBN: 978-081534456-8.

Navigating through online sequencing databases today can be exhausting. When a biologist has a specific DNA, RNA, or protein sequence, how can he or she know which database will be most helpful in answering research questions when there are so many available? Furthermore, with such extensive online resources, how can a scientist use each database to its full potential by optimizing the settings and thoroughly analyzing the results? It is easy for one to use powerful analysis software but have little comprehension of how the program works and how to sufficiently analyze the output, which can lead any researcher to critical errors. *Practical Bioinformatics* was written with these issues and questions in mind, for the biologist with little to no sequence analysis experience.