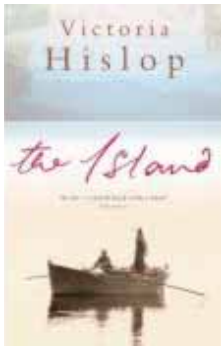


■ In the bookstores ...

Holiday reading for medical writers



Victoria Hislop: The Island. Headline Review, 2006. ISBN 978-0755309511. 7.99 GBP. 496 pages.

Leprosy is caused by a bacillus, *Mycobacterium leprae* and is treated today using a multidrug approach which includes dapsone, rifampin, and clofazimine taken for many months (<http://www.who.int>). However, until the mid 20th

Century there was no cure or treatment. Historically, people were frightened to associate with lepers as the disease was considered extremely contagious and incurable. For this reason, leper colonies were founded and placed in isolated and remote locations.

Spinalonga, a now deserted small island off the island of Crete, and the site of a Greek leper colony from 1903 to 1957, was one of the last leper colonies in Europe. Today it is a tourist attraction and holidaymakers to this part of Greece can take a 10-minute boat trip to visit and explore the abandoned colony.

In this book we are introduced to the Petrakis family who lived in Plaka, a small village opposite Spinalonga, from which the boat serving the leper colony departed. Through the personal tragedy of the Petrakis family and their association with Spinalonga we are given an insight into what it was like to be a leper in Europe in recent times. The extreme measures people took to keep their disease hidden are described, and the consequences if they or a member of their family was identified as having leprosy are explored in the fictional story of the family. The feelings of shame associated with the disease, and as described in the book, are unimaginable today.

Identification of those with leprosy meant the almost immediate isolation of the person from family and friends. A description of a child with leprosy being forcefully removed from family and placed in the care of the Spinalonga leper community, with family contact only allowed by correspondence, is heart wrenching.

The community built their own houses, as well as administering their own infrastructure and shops including a bakery and café. Provision was made to teach children on the island school which the leper community had constructed. The day-to-day lives of people on the island are brought vividly to life by the author, and descriptions of characters conducting life as normal whilst never being allowed to leave the island are emotional.

The Spinalonga community had its own system of government and the struggles they had to undertake to receive adequate food, water, medical attention and financial support from the government are well documented through characters introduced by the author.

Although a work of fiction and a jolly good holiday read, you will learn something new about a disease area that, for many, is unfamiliar. I would recommend that you pack this book for your holidays along with some hankies if you are apt to weep while reading a moving and touching story.

Alison McIntosh

Loughborough, UK
aagmedicalwriting@btinternet.com

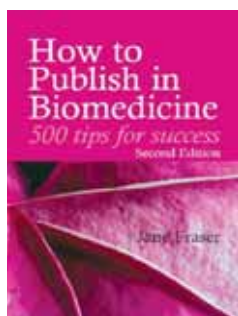
Leprosy today

Leprosy is believed to have originated in India and to have been brought to Europe in the fourth century BC by Greek soldiers returning to Europe from their wars in Asia. The disease persisted in Europe until the fifteenth century and then declined for reasons unknown. The number of cases in the world was subsequently dramatically reduced by the implementation of multiple drug therapy as recommended by the WHO's Action Programme for the Elimination of Leprosy established in 1994.

Although leprosy still exists, its treatment is an example of a drug industry success story in treating a disease that is related to poor socio-economic conditions. This is demonstrated by a leper colony set up in an isolated place in the Egyptian desert in the 1930s, similar to that on the island described in the book reviewed here. That colony, Abu Zaalbal, is now the largest leper colony in Egypt with 5,000 inhabitants. It is a thriving community with a bakery, mosque and even a prison. There is a school but none of the children who attend the school have leprosy, to the credit of the medical control service run by Caritas. In the 1930s people with leprosy were forcibly brought to the colony. But now people who come to the colony as lepers are reluctant to leave once cured not only because of the stigma that is still attached to the disease but also because of the excellent services provided at the colony. These, together with the job prospects in the colony, have attracted healthy individuals to move into the community. People with leprosy can now be treated as outpatients throughout Egypt. Accordingly Abu Zaalbal has been threatened with closure, a proposal that is met with strong resistance from the ex-lepers living in the colony.

Source: Knell Y. Egypt leper colony grows into successful community. Available at http://news.bbc.co.uk/2/hi/middle_east/8521577.stm

500 writing tips from an expert



Jane Fraser: How to Publish in Biomedicine: 500 Tips for Success (2nd edition). Radcliffe Publishing, 2008. ISBN 978-1846192630 (paperback). 20.00 GBP, 25.00 euro, 191 pages.

I bought Jane Fraser's *How to Publish in Biomedicine: 500 Tips for Success* (2nd edition) sight unseen and thought that I was buying another book on preparing scientific manuscripts. And I did but I also got much, much more. Ever wish that you could follow a senior medical writer around for a week to glean jewels of knowledge that only the experienced can impart? If your answer is yes, then this is the book for you.

Jane Fraser is a research scientist who moved out of the lab and into writing when she realised that she enjoyed writing about science more than doing it. She has decades of experience in publishing, and since 1991 has been training other scientists to be better and more effective writers. Reading her book, you feel her mentoring personality reaching out to you: she wants to tell you every titbit. Jane holds nothing back, but I guess that's obvious from the title—after all 500 tips are a lot.

The book itself is a slim 200 pages or so, organised in 33 chapters. It might be more correct to call them topics because each is about five pages with none running longer than eight pages. This system of many short topics makes it easy to find the information you want when you are in a hurry. Each topic includes a brief introduction followed by several bullet points in declarative form that address the reader. For example, a tip on tables: do not leave cells blank. Jane goes on, in three to five sentences, to explain why and tells you what you should do. Short, succinct and effective.

About half of the topics cover research papers, from planning to dealing with reviewers' comments. The book then moves on to other types of writing, including theses, books and informal science writing. Jane's advice that writing for informal newsletters and magazines can be "great fun" inspired me to submit a short piece for an internal company newsletter. It was indeed fun to write, and I never had so many colleagues interested in my work before. The final topics are on clear and correct writing, the mechanics of writing and useful tools for writers. Practical word lists suggest simpler terms for more complicated ones. Jane takes a positive and light-hearted approach to writer's block and time management with her tip on breaking your work down into manageable chunks: an elephant is easier to eat if you slice it first.

Jane Opie
MED-EL GmbH
Innsbruck, Austria
Jane.opie@medel.com

Industry vs patient perspective

Dear TWS

Juliet Roberts' article on patient compliance published in the last issue of *TWS* [1] is very relevant to the world of diabetes as 'compliance' is such a cornerstone of treatment. However, the article is written from an industry perspective. For example the term 'patient compliance' is very much based on the bio-medical model and paints a picture of a passive patient doing as he/she is told. Currently there is movement towards self-care with the patient taking control of his/her treatment. Even the term 'patient' is frowned on in diabetes, it's 'person with diabetes', i.e. the disease does not define the person. Although the article does not focus on this area it would have been good to see an acknowledgment.

Sarah Hills

Executive Director
EURADIA, The Alliance of European Research in Diabetes
sar_hills@hotmail.com

Reference:

1. Roberts J. Patient compliance: New media tools to help patients take their medications. *TWS* 2009;18(4):218-220.

Note from the editor: Big brother pills are on their way. Government requirements that pharma companies prove their medications are effective in practice looks set to push forward technology that ensures compliance. One company, Vitality, has developed a cap for pill bottles that telephones patients who forget to take their pills. Novartis is reported to be negotiating a deal with the start-up Proteus Biomedical to acquire rights to their 'smart-pill' technology. The pill swallowed by the patient contains an edible device which is activated by stomach fluids to send wireless signals to a chip in a patch on the patient's skin or implanted under the skin. This chip in turn sends a message via the Internet to the doctor. The doctor thus receives information as to whether the patient is taking pills as prescribed and if drugs are causing any adverse reactions with other medications taken by the patient. The big brother pill spying on the patient from within might not go down too well with some patients.

Write a book review for *TWS*

If you would like to start writing articles for journals but you do not know how and where to begin, I can recommend getting started with a book review. The first articles I ever wrote were book reviews. *TWS* not only accepts reviews of books relevant to medical writing but, as you will see from one of the excellent reviews in this issue, also books that medical writers might like to read in their leisure time. If you have read a book that you would like to review or you have spotted a new book that *TWS* could obtain for you to review, please contact me, Elise, at editor@emwa.org.