

## The unforgiving tides. The true story of a young doctor's encounters with mud, medicine and magic on a remote South Pacific island

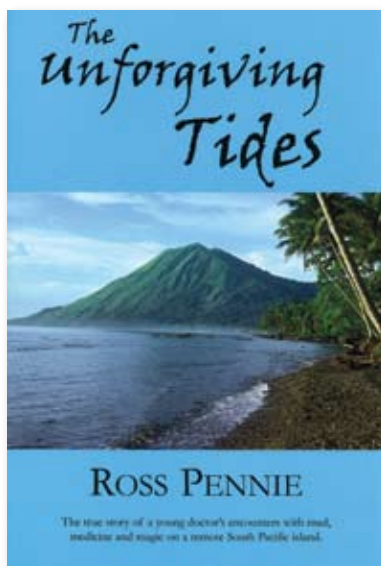
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a bitter dose of reality in this primitive place, he makes do without modern medicine and equipment, gets called out at all hours for all kinds of reasons, and deals with “an endless queue” of patients.

The first time I read this book, I read it right through. I could not put it down. It was like a *National Geographic* extravaganza featuring someone I had met. Pennie's descriptions are vivid, his characters alive. You feel as though you are by his side as he negotiates with the Catholic nursing sisters, comforts mothers camped out with their entire families beneath their children's hospital beds, and wrestles with self-doubt and feel-

ings of hopelessness.

The second time I read the book, I saw more clearly how Papua New Guinea left its footprints permanently on Dr Pennie. His illusions get shattered; his eagerness is tempered; and his high-mindedness to some extent becomes replaced with practicality and humility.

He is horrified to discover that some doctors had let patients die just because it was the weekend or because the dispensing technician was drunk and it was against “hospital policy” for anyone else to unlock the pharmacy. The first time he has to give up the struggle and let a child die, he says, “I had been forced to change my role from eager physician-scientist to modest doctor-healer who knows no higher calling than the relief of suffering.” He invents a special milk formula that has amazing curative effects on children who become malnourished after weaning. He works out a dosing schedule and educates hospital staff and parents in how to administer it. When he goes on holiday, however, the milk formula is discontinued at the hospital, and once children go home, parents do not follow through, and malnutrition sets in again. When he realizes an old woman's bush medicine is the source of typhoid, he resorts to giving her a “magic” stone to hide under her fire and convinces her to boil away the evil spirits.

A warmer, humbler, more compassionate physician emerges from these experiences. Pennie learns to take joy in small things and to accept the fact that “[n]o one appreciated the great legacy I thought I'd be leaving behind.” The mission priest tells him that for every patient for whom he cared, he was “a lantern in a dark land,” and he realizes “there was magic in every moment, even if those moments didn't last.”

**OVERALL RATING** Very good

**STRENGTHS** Gripping stories, real people, and interesting conditions; first-person narrative; coming-of-age of a doctor

**WEAKNESSES** For this type of book, none

**AUDIENCE** Anyone and everyone, but especially physicians who are going through or remember the first terrifying trials of their new medical knowledge and skills

**F**ootprints in the sand. The unforgiving tides come in and wash them away. Not a trace remains. At 25, Dr Ross Pennie, with his newly honed clinical skills and his head full of medical facts and procedures, took a voluntary CUSO (formerly Canadian University Service Overseas) posting at the Vunapope Mission in remote Papua New Guinea. Aiming for CUSO's seemingly impossible goal of fostering lasting change, he wonders whether, like the footprints, he will leave only a soon-forgotten impression.

In medicine, as in all endeavours, despite everyone's best intentions, things sometimes go wrong. These stories of medical successes and failures arise from Pennie's first posting in Papua New Guinea. His tales of performing his first unassisted appendectomy during an earthquake, dealing with myriad hair-raising complications of pregnancy and childbirth, and fighting persistent infections with drugs, good advice, and even magic range from heartbreaking to hilarious. Confronted with

I recommend this book to doctors old and young as a source of colourful stories, humour, wisdom, and nostalgia. They will see themselves at every turn whether their coming-of-age as a doctor took place on an exotic South Sea island or in a gritty downtown clinic. Some footprints go deep.

—Primrose Ketchum, MA

Ms Ketchum is Contributing Editor for Canadian Family Physician.

## Get a healthy weight for your child: a parent's guide to better eating and exercise

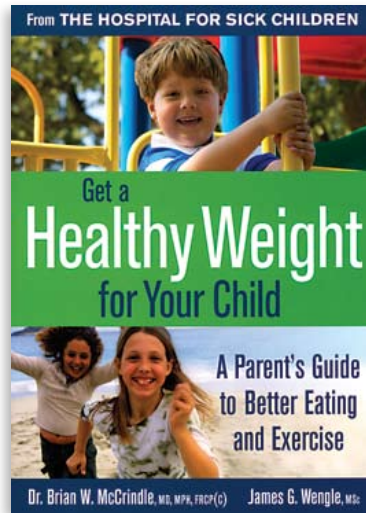
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**OVERALL RATING** Excellent

**STRENGTHS** This book contains all the facts written in short easy-to-read sound bites

**WEAKNESSES** Perhaps overly optimistic that the daily diaries will, in fact, not become tedious and overwhelming even for motivated teens

**AUDIENCE** Parents and motivated youth; family physicians, pediatricians, or other primary care providers

I recently read in the *Globe and Mail* that 29% of Canadian adolescents are overweight or obese. I learned that only 14% of our children eat 4 or more servings of fruit and vegetables daily and that, of every 4 vegetable servings, 1 is a fried potato.

In my family practice during the month of January, when everyone takes a fresh look at New Year's "resolutions," I saw many concerned parents asking about their children's weight. Was it a normal weight gain since their last visit? Were their children overweight? Why was their child not eating well? What should they be eating so as not to gain too much? High fat? Low fat?

No sugar? No sweeteners? No white flour? No trans fats? More omega-3 fatty acids? Less meat?

This motivated me to pull out *Get a Healthy Weight for Your Child: A Parent's Guide to Better Eating and Exercise*. This book is a great resource for these curious parents.

The authors begin by defining the problem. This epidemic of obesity is not news for us. We have all been made aware of the problem through media and through day-to-day practice. One wonders why we can talk about this so much, yet find it so difficult to change real-life practice.

They discuss the conflicting challenges that get in the way of making overweight the first priority for Canadian families. Being overweight was rated by parents of teens as last of 6 choices, with illegal drugs being first, followed by violence, smoking, sexually transmitted infections, and alcohol.

Next they describe in detail how to calculate normal weight and how to judge overweight, using body mass index percentiles. Once target weights are calculated for age and height, the authors go on to fully explain energy balance, metabolism, and the math equation of "calories in" and "calories out." They do an excellent job on describing food makeup and how to understand labels on foods. They explain recommended daily allowances, percent fat

content, glycemic index, and what that all means. They give clear guides on limits of sugar to be eaten, which fats to choose, and the role of fibre and how to quantify intake. All of this is done in a friendly style, with many short tables and tips written in small boxes on most pages, which allows you to "graze" on the book, rather than read full chapters at a time. Case studies that span the book add a fun way to see the relevance of the material. All of this makes this book a timesaving resource for me as a doctor interested in teaching my patients about nutrition.

The last part of the book is dedicated to a detailed action plan, explaining food diaries, setting personal goals, and choosing healthy food. This is not an all-or-none diet that prescribes foods, rather it is an education about choices, and a way to make more of the healthy choices and fewer of the unhealthy ones.

This book appears to be a very useful tool for motivated parents, and an educational resource for less motivated ones. It fits in as 1 practical approach, among many needed, to reduce Canadian children's burgeoning waistlines. This book is a practical tool we can definitely use in counseling patients interested in weight-loss science.

—Janet Dollin MD CM CCFP FCFP

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