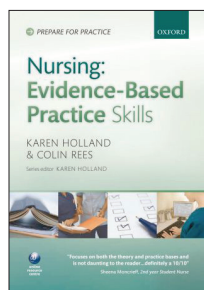


BOOKS

**Nursing: Evidence-Based Practice Skills.** Karen Holland and Colin Rees. New York, NY: Oxford University Press, 2010, softcover, 299 pages, \$55.



Evidence-based practice is the integration of available evidence and expert clinical practice. Nursing often has held onto its sacred cows, with limited research to support practice.

This is certainly no longer the case, and the advent of *Nursing: Evidence-Based Practice Skills* shows that nursing has fully come into its own as a research-based field. This basic text guides the novice nurse carefully through the evidence-based research process in nursing. From understanding professional roles through research methodologies to evaluating, using, and disseminating knowledge, the book takes the reader by the hand and shows the steps necessary for achieving high-quality practice.

This basic primer offers a fundamental foundation for applying research into practice. The clear and easy-to-understand text provides an important base for students who need to learn to function within evidence-based nursing programs. The book is formatted to be reader friendly and easy to use. Each section is divided into easily manageable portions. Key points are highlighted and simple to reference, with prolific examples and case studies throughout the text. The case studies and key points help the reader with application of principles, influencing deeper learning.

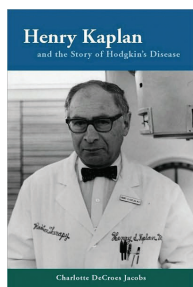
Each chapter has a summary and further information section that provides the reader with opportunities for additional learning. The further information sections guide the reader to use the online resource center, investigate further reading, and visit selected Web sites. Although useful, the text almost exclusively links to Web sites in the United Kingdom. That may be a bit confusing for American students, but it demonstrates how cross-cultural evidence can be used. American nursing students will need to extrapolate equivalent U.S. organizations and direct

themselves to use corresponding governing bodies such as the Joint Commission, National Institutes of Health, and the Centers for Disease Control and Prevention. In addition, some of the indicated further readings may be difficult to obtain because many British publications are cited and referenced.

This timely primer will prove beneficial to students and novice nurses who need to become proficient in nursing research and applying evidence in their practice. The text is an easy-to-use orientation to evidence-based clinical skills in nursing, most applicable to nurses learning and practicing in the United Kingdom.

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**Henry Kaplan and the Story of Hodgkin's Disease.** Charlotte DeCros Jacobs. Stanford, CA: Stanford General Books, 2010, hardcover, 456 pages, \$35.



In *Henry Kaplan and the Story of Hodgkin's Disease*, Jacobs has written a fascinating account about two intriguing subjects: Henry Kaplan and the story of modern cancer treatment. Kaplan was

brilliant, driven, and complex. His determination resulted in a cure for Hodgkin lymphoma. This book tells of his obsession and how it changed the treatment of cancer. Interviews, Kaplan's writings and correspondence, and historic and medical sources are used to document this story. The careers of supporting characters, including Vera Peters, Saul Rosenberg, and Vincent DeVita, intertwine as the drama unfolds.

In the early 1960s, Hodgkin lymphoma was almost always a fatal disease. Radiation therapy and chemotherapy were in their infancy, and little was understood of the behavior of Hodgkin lymphoma on a cellular level. Kaplan claimed that three events led to his success: the development of the linear accelerator; the move of Stanford University Medical School from San Francisco to "the farm," Stanford's main campus in Palo Alto; and his collaboration with the medical oncologist Saul Rosenberg.

The first medical linear accelerator, designed by Kaplan and his colleagues at Stanford, was based on radar systems developed during World War II. Gordon Issacs, an infant with retinoblastoma, was the first patient treated in 1951. Five years later, he was considered cured. Kaplan also was instrumental in developing standards for the linear accelerator's use.

Relocation of the medical school facilitated the collaboration of clinicians and researchers as well as the redesign of the medical school curriculum, ultimately leading to Stanford's place as a major medical center for clinical work and research. Although Kaplan was influential in designing the new medical campus, his relationships with others at Stanford were difficult, very likely resulting in his inability to establish a cancer center in Palo Alto.

The arrival of Saul Rosenberg at Stanford added to a group of medical experts. Kaplan now was able to assemble a team comprised of a surgeon, a pathologist, a radiologist, and an oncologist for weekly conferences where all new cases of lymphoma were discussed. Oncology nurses will recognize this as one of the first examples of multidisciplinary rounds and tumor boards.

The first randomized clinical trials for Hodgkin lymphoma emerged from Kaplan's discussions. This story is made more compelling by the personal accounts of some of the courageous patients who agreed to participate in early clinical trials. Staging lymphangiograms, staging laparotomy, MOPP (mechlorethamine, vincristine, prednisone, and procarbazine) chemotherapy, the heart-breaking emergence of second malignancies, and other complications related to treatment that followed the early clinical trials all are chronicled by Jacobs.

In the early 1970s, Kaplan began to contribute to the new concept of "bench-to bedside" research efforts, with a focus on tumor-causing viruses. He also became involved in human rights efforts internationally. Finally, Henry Kaplan died of lung cancer in 1984, surrounded by his loving family.

*Henry Kaplan and the Story of Hodgkin's Disease* would be of interest to any nurse practicing in oncology. The book is non-fiction that reads like a novel and is more than the sum of its parts; it is the story of modern cancer treatment. Nurses who