

syndrome, the use of inhaled DNA-ase in cystic fibrosis treatment, and the addition of F and G to the hepatitis alphabet. Some omissions were mention of "flesh eating bacteria" in the section on streptococcal infection, the use of therapeutic erythropoietin, discussion of recent concerns about the increasing bacterial resistance, and the controversial issues surrounding the diagnosis of Lyme disease and treatment of exposed persons. The current updates of selected references in almost every section provide the reader an opportunity to find recent review articles on most topics. This edition must certainly be considered an update, not a revision, and owners of the previous edition will find little reason for purchasing the newer volume.

As with previous editions, the editors have done a good job of accomplishing their goals of selecting the most important aspects of pediatric medicine and presenting them in a style and length that are readable and clinically relevant. The book is intended for students; those needing more depth, broader scope, or more detailed references will require the full textbook.

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**Surviving the Fall: The Personal Journey of an AIDS Doctor.**  
By Peter R Selwyn. 145 pp. New Haven, Conn, Yale University Press, 1998. \$20 (cloth). ISBN 0-300-07126-4.

In *Surviving the Fall*, Peter Selwyn shares the lessons he has learned from both 10 years as a primary care provider for persons living with AIDS and his struggle to cope with his father's death by suicide when he was an infant. "AIDS is kind of like life, just speeded up," he quotes a patient as saying. Perhaps then, too, "being an AIDS doctor" is just like being any other kind of physician but speeded up as well. Finding myself an AIDS doctor also, I often feel as if I am living in those dog years I learned about as a child (each human year is equal to 7 dog years). Much like a dog's life, the pace of events, the intensity of the illness, and the emotions evoked are often overwhelming, and the clinical demands leave little time for introspection or assessment.

Selwyn poignantly and accurately describes the lives of his patients with AIDS and the clinical life of an AIDS doctor; this alone makes this book well worth reading. Much more important, however, and the best reason to read this book is Selwyn's ability to take the lessons he learned from his patients and from AIDS and apply them to himself. John Berger, in *A Fortunate Man*, a book Selwyn credits with helping him choose family medicine as a specialty, states that many physicians become cynical and disillusioned because they are uncertain about the actual value of the lives of their patients. Selwyn has been able to use the lessons learned from AIDS to discover the value of his own life as a father, husband, and physician and to perhaps become another fortunate man.

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**Disorders of Mental Status: Dementia, Encephalopathy, Coma, Syncope.** By Karl E Misulis. 303 pp., illustrated. Woburn, Mass, Butterworth-Heinemann, 1998. \$40 (paper). ISBN 0-7506-9988-4.

Many clinical problems in family practice are associated with changes in mental status. The literature dealing with these phenomena is problematic, scattered as it is across a range of diagnostic entities and written largely from a specialist perspective. I reviewed Misulis' little volume eagerly, in hopes of emerging with a more coherent and substantial grasp on these disturbances as they play out among family practice patients. For the most part, I was not disappointed.

The preface implies that this volume is intended for primary care physicians and consulting neurologists. I would say that this material is written directly for consulting neurologists and incidentally covers material important to primary care physicians—the content is equally applicable to both, but the emphasis and treatment is more suited to the consultant's agenda. For example, the discussion of the causes of syncope deals with Shy-Drager disease and mastocytosis, but not the autonomic neuropathy of diabetes mellitus.

In terms of comprehensiveness and depth, this book falls between a spiral-bound survival manual and a definitive textbook. The material devoted to a particular presenting complaint or diagnostic entity can be read in a few minutes. The organization of this material is a definite strength. The first section deals with cardinal manifestations of disease—in this case, 75 pages on disturbed mental status and a general approach to the patient. I found this section extremely valuable. For the most part, Dr. Misulis reaches an appropriate level of specificity. For example, the Mini Mental State Examination is reprinted in its entirety, with suggestions about when to use it, how to introduce it, how to administer it, how to score it, and how to interpret it, all in less than 3 pages!—and remember, these are small pages. The chapters in this section contain diagnostic flowcharts that have been simplified to three or four nodes, yet retain sufficient detail to produce diagnoses most of the time. The accompanying text carries the experience and perspective of a seasoned clinician.

The second section deals with diagnoses that can produce altered mental status, such as stroke, seizures, trauma, or infection. These chapters are 5 to 20 pages and are generally reduced to only that material which is immediately practical and applicable.

The final section deals with general management issues; the chapter on caregiver support alone is worth the price of the book, containing as it does a wise and balanced treatment of how to talk to and work with families of patients with devastating diseases.

For all these considerable strengths, this book contains some maddening weaknesses. Most fall into three categories: presumption of neurologic knowledge (What is pronator drift, and how do I test for it? What is bulbar motor dysfunction, and how do I test for it?), reference to material that is not to be found (We are

told that it is important to discriminate between dementia and depression, and are referred to chapters 7 and 18, but neither takes us through the diagnostic process in sufficient detail.), and insufficient or unconvincing justifications (The explanation of vasovagal syncope doesn't work, and the rationale for beta-blockers doesn't follow.). There are literally dozens of similar loose ends and blind alleys that mar the otherwise outstanding quality of this little volume. I hope this book sees the light of a second edition, so that these irritating shortcomings can be repaired. It is a jewel of a book.

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**Primary Care Dermatology.** Edited by Kenneth A. Arndt, Bruce U. Wintroub, June K. Robinson, and Philip E. LeBoit. 296 pp., illustrated. Philadelphia, WB Saunders, 1997. \$49.95 (paper). ISBN 0-7216-6096-7.

This brief soft-cover book is organized by the following content areas into four main sections: important considerations for treatment of the skin, recognition and treatment of common dermatologic disorders, dermatologic emergencies and critical problems, and procedures. The 62 chapters are authored by 60 different contributors, and the editors have made a laudable attempt to keep the same style and format throughout.

A most annoying distraction in this book is the placement of all color photographs in the front of the book, requiring the reader to turn back and forth from text to the color plates to view the illustrations. This publishing style interferes with the book's use as a quick reference. Occasionally black-and-white photographs are used, and some of them (eg, photographs of skin cancers) do not illustrate the lesion usefully. In addition, line drawings and tables are interspersed within the text. Line drawings are used exclusively in the procedures section; some lack clarity and are confusing despite their captions.

The preface suggests the book was written as a practical help for primary care physicians and other health care providers; it was not intended to be a medical student's textbook. I think the book is written on a basic level, however, and can be used as an introductory text for students, residents, and beginning clinicians. It lacks sufficient depth of coverage to be used as the sole library reference of experienced family physicians.

I used the book for several months in my office practice and found some helpful information when caring for my patients. The excellent table on differential diagnosis in the section on diaper dermatitis raises possibilities other than garden variety rashes. The section on rosacea is thorough and outlines a good treatment approach, and the section on fungal infections is current enough to describe pulse-dosing of the newer triages for tinea un-

guium. Unfortunately, some chapters were of little or no help (eg, those on contact dermatitis and on moles and melanoma). The general principles set forth in the first section, especially in the chapter dealing with topical corticosteroid therapy, are a good review; and for those who teach medical students in their offices, I would suggest directing their attention here. There is often reference to the cost-effectiveness of various treatments.

In summary, although not a text of sufficient depth to serve as a single reference for treatment of skin diseases, this book can prove useful as a secondary source for practical information. The primary source in a family physician's office should be a more comprehensive reference book of which several are already available.

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**12-Lead ECG's - A Pocket Brain for Easy Interpretation.** By Ken Grauer. 60 pp., illustrated. Gainesville, Fla, KG/EKG Press, 1998. \$10 (paper). ISBN 0-9663389-01-1.

Electrocardiogram (ECG) interpretation is certainly relevant to family practice, but the importance of refining one's skill might be decreasing as a result of the improvements in ECG machines that provide immediate computer-generated interpretations. The growing accuracy of these interpretations could result in busy practitioners opting not to make the effort to hone their own interpretive skills, a tendency that might decrease the demand for this text. Although I lament this trend, I accept that it might be occurring.

The text is concise and well organized and could be used as a practical outline for teaching and learning the art of basic ECG interpretation. Useful memory aids are provided, and key clinical points are highlighted. The illustrations are simple black-and-white and are easy to understand.

The author suggests that physicians carry the book during daily practice and refer to it whenever they have questions about an ECG. Although the Rapid Find Contents on the inside cover is helpful, using this book might be difficult during one's busy schedule. The book functions best when there is time to study the ECG and the book at a pace more leisurely than that frequently experienced during a patient care session. A more in-depth text might be called for in addition to this book. Without initial study beyond simply becoming familiar with the contents, as the author suggests, the physician might find it difficult to use and understand.

The book will likely serve as a valuable aid to instruction in ECG interpretation for students, residents, and practicing physicians. For highly motivated physicians it can also serve as a true pocket brain.

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