

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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