

## Book Reviews

**Conn's Current Therapy 1998: Latest Approved Methods for the Practicing Physician.** Edited by Robert E. Rakel. 1360 pp, illustrated. Philadelphia, WB Saunders Company, 1998. \$59. ISBN: 0-7216-7223-X.

One has only to note that this edition is the 98th to get a feeling for its persistent popularity. One reason for its success is that within this edition the very latest clinical treatment recommendations are readily available to the clinician. Even in a busy practice setting the physician can quickly peruse the basic causes and diagnostic considerations pertinent to a patient's immediate problem, then move right into the treatment aspects, which represent the book's main emphasis. The highlighted treatment sections offer a comprehensive discussion of the most recently reviewed therapeutic standards and options. Medication dosages are provided, and non-pharmacologic treatment pathways are described.

Each of the 300 chapters is contributed by a selected academic authority on the condition being addressed. Authors of 16 chapters are from those countries outside the United States where a particular condition is more commonly found. Dr. Rakel's goal is to include clinical problems most frequently encountered in day-to-day practice, and *Conn's Current Therapy* does exactly that. Although the emphasis appears to favor adult internal medicine, primary care obstetrics, gynecology, pediatrics, and urology are fairly represented. Fracture management is not included.

The format of the text is traditional: it is divided into 17 major sections, including the respiratory system, the cardiovascular system, metabolic disorders, psychiatric disorders, and the like. A more novel section on physical and chemical injuries includes poisonings bites, burns, cold injuries, and mountain sickness. Additionally, a separate section updates the most recent drugs approved by the Food and Drug Administration, including formal use recommendations as well as the FDA rating for each drug. Each of the main sections is divided into about 20 chapters ranging from 3 to 20 pages. Although there are no photographs or radiographs, the authors' frequent use of summary tables (eg, nonpharmacologic treatments for insomnias) is particularly effective as quick reference.

This edition continues to provide concise, timely, and easy-to-read reviews of most of the problems commonly encountered by primary care clinicians. Its advantage in the office compared with other comprehensive medicine textbooks derives from the rapidity with which information can be accessed. Its focus is therapy; seldom encountered syndromes are not considered here. That references are omitted—a potential drawback—adds to its conciseness.

Practicing primary care physicians who include pediatric and basic gynecologic care would make up the ideal audience for this book. In my office, it has proved its

value in day-to-day practice. During a full weeks' experience, with the exception of fracture care, this book thoroughly addressed every therapeutic concern I had. As a final bonus, the inside cover of this edition provides the ICD-9-CM coding for approximately 400 diagnoses.

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**Nelson - Essentials of Pediatrics. Third edition.** Edited by Richard E. Behrman and Robert M. Kliegman. 846 pp, illustrated. WB Saunders Company, 1998. \$42.50 (paper). ISBN 0-7216-7229-9.

Produced by the editors of the larger *Nelson Textbook of Pediatrics*, this smaller *Essentials of Pediatrics* was designed specifically as a readable and informative educational text for students and house officers newly introduced to the field of pediatrics. In the words of the editors, "it is not a primer, and it is not a synopsis or a companion to the *Nelson Textbook of Pediatrics*." They have selected important pediatric problems and diseases and have attempted to present them in a concise but readable form with emphasis on pathophysiology and mechanisms of disease. The length is such that it could be read and digested during a core pediatric clerkship. By comparison, this text has about one third the number of pages as the larger text, slightly more than one half as many chapters, 24 versus 212 contributors, and many fewer references. It is a paperback book sized to easily fit into a briefcase or backpack, but not into a coat pocket.

Organizationally there are 19 chapters, some of which are arranged by organ system (gastrointestinal, cardiac, respiratory, etc), some by discipline (genetics, infectious disease, oncology, nutrition, etc), and some by patient age (child development, fetus and newborn, adolescent medicine). In addition, an appendix contains a formulary of pediatric drug dosages and indications for treatment, as well as a table of drug interactions.

A wealth of charts and tables help summarize and compare a multitude of related clinical entities in a graphic and easily understandable form. The text emphasizes pathogenesis, etiology, clinical manifestations, and differential diagnosis of various selected conditions, and sometimes minimizes discussion of treatment. Not simply an outline or summary, the book strives to provide a readable narrative while conforming to a format similar to that of a standard textbook.

This new third edition updates the previous 1994 version. It is only slightly longer (50 pages), has changed only a few of the contributors and added two more, and has retained the same format and appearance. One must look hard to find actual changes in content. Some of the recent advances that have been added include the recommendation to have infants sleep supine to reduce the risk of sudden infant death

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