

ion and functions well as a reference text. If frequent follow-up editions are issued, it will remain a useful volume. I hope that the editor will consider, however, having each future chapter co-written by a primary care physician working with another specialist or subspecialist. The resulting book would likely be of greater use to family physicians.

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**Private Practice: A Guide to Getting Started.** By Jack D. McCue and Robert D. Picalora. 290 pp. Boston, Little, Brown, 1991. \$22.95 (paper). ISBN 0-316-55531-2.

As a residency program director, I spend a great deal of time each year discussing with residents their plans and concerns about getting started in private practice. Although the AAFP practice management curriculum addresses many of their questions, I have continued to feel the need for an inexpensive reference to which I could direct residents. This book fulfills that need admirably.

*Private Practice: A Guide to Getting Started* is a paperback handbook specifically oriented toward the concerns about going into private practice from the perspective of a resident physician. It is written in a somewhat chronological order, with the first part dedicated to the question of initial career decisions, such as where to practice and the evaluation of job offers. The second part is a superficial discussion of the business side of a medical practice. The authors are clearly deliberate in this approach, as they primarily emphasize the importance of "doing it right the first time" by getting help and advice from expert sources.

The last two sections address the importance of achieving an appropriate balance in the management of the personal, as well as professional, parts of a physician's life. I was particularly impressed with the chapter entitled "The Care and Feeding of a Medical Education." Here mentioned are points that should be included in every graduation address!

The authors have taken great care to make this publication entertaining as well as informative. Major points are illustrated by the use of case studies, and they are not all success stories. The organization of the book is augmented by an excellent index, and each section is followed with references for further information. The advice contained is practical, timely, and based on real-life situations.

I believe this book is a valuable guide to the risks and rewards of entering the business we know as "private practice." Its affordability and resident perspective make it a unique resource for new physicians, and I encourage its inclusion in the personal library of every resident.

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**Infection Control in the Child Care Center and Preschool.** Edited by Leigh B. Donowitz. 364 pp. Baltimore, Williams & Wilkins, 1991. \$26 (paper). ISBN 0-683-02611-9.

This book is designed to serve as a concise and accessible reference for the problems of infectious and communicable diseases within the setting of preschool child care facilities. Most clinicians who care for children are aware of the frequency with which questions about communicable diseases arise and the need to provide advice about such practical issues as incubation periods, transmissibility, indications for exclusion, postexposure prophylaxis, and treatment options.

The major part of this publication deals with specific infecting organisms, listed alphabetically, and then discussed by clinical manifestations, causative agent, epidemiology, diagnosis, therapy, infectious period, and infection control. The book's many authors adhere to this format to provide consistency and readability. Each section is brief and gives only essential information without elaboration, controversy, or references. Generic topics, such as conjunctivitis and diarrhea, are not covered except as referenced by infecting agent in the index. Other chapters deal with high-risk children, such as those with immunodeficiencies, chronic heart or lung diseases, or handicaps, and another section deals with guidelines on prevention and hygiene for attendees and personnel. A useful appendix provides one-paragraph synopses of specific conditions intended to be "send-home" information for parents.

Physicians will find this book useful for its organization, which facilitates rapid access to answers on everyday questions. The nontechnical, condensed style makes the book valuable to nurses and receptionists called upon to provide telephone advice, and teachers and day-care workers will likewise find this to be a helpful and easily understood reference. Readers needing a more in-depth discussion, however, will require additional sources.

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**Managing Contraceptive Pill Patients. Sixth edition.** By Richard P. Dickey. 270 pp. Durant, OK, Essential Medical Information Systems, 1991. ISBN 0-929240-32-4.

Here is all you ever wanted to know about the pharmacology of birth control pills, and more. This pocket-sized book will be most useful as a reference, particularly for those in the process of forming their prescribing habits, i.e., residents. The potency and side effects of the various contraceptive pill formulations are organized according to four properties: their estrogenic, progestational, androgenic, and endometrial activities. This is an impossible amount to remember about each pill, so the various available pills are grouped with others of similar characteristics. By studying this reference, a practi-

tioner might choose a handful of different oral contraceptives, tailored to different, clinical situations, both for initiating treatment and ameliorating side effects. Indications and contraindications to oral contraceptives are treated in detail. An index and summary tables are placed at the center of this handbook for ready reference. The present edition is not much changed from the previous one, but it does reflect new recommendations liberalizing the use of oral contraceptives in nonsmoking 35- to 45-year-old women. I would recommend this book for all who desire a rational approach to prescribing this class of drugs.

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**Management of Heart Failure. A Clinic Manual.** By Jay N. Cohn and Spencer H. Kubo. 142 pp. Durant, OK, *Essential Medical Information Systems*, 1991. \$12.95 (paper). ISBN 0-929240-17-0.

This pocket-sized paperback is one in a series of "center index texts." Along its outer edge, the first page of each chapter has a dark tab keyed to the center index. The center index system theoretically enables "readers to immediately locate all the information contained in the book."

Interestingly, because there is no introduction to the manual, I had to infer the authors' objectives. I suspect this book is the compilation of lectures to medical students or house officers. As such, it provides a good and inexpensive overview or review of heart failure for students, house officers, and primary care physicians who desire a review in book form. I doubt that residents would elect to carry this manual. I am uncertain what advantage the manual provides compared with reading recent review articles about heart failure.

The book has 30 chapters that average 4 pages in length, including tables, black and white figures, and lists. Much of the content consists of bullet-prefaced lists of approximately two to ten points. Tables are similar in length, with many simply listing three or four items. Although these tables are appropriate for slides to accompany lectures, their content does not justify their status as book tables.

*Management of Heart Failure* does not focus exclusively on management; the first 13 chapters review heart failure signs, symptoms, pathophysiology, laboratory assessment, and causes of cardiomyopathy. The remaining chapters review the major classes of drugs currently used in management of heart failure, experimental therapies for heart failure, intensive care unit management of heart failure, heroic measures, and cardiac transplantation.

Although most of the book is basic, some fundamental information is omitted while some nonessential information is included. For example, the drug protocol for immunosuppression after cardiac trans-

plantation is included, but the normal values for invasive hemodynamic monitoring are never provided. Interestingly, only one page of the book is devoted to diastolic dysfunction.

Although the book is an excellent review, my primary frustration was with the authors' incomplete presentation of certain thoughts. For example, one point in a list reads: "Milrinone—Also FDA-approved for intravenous administration. However, trials to assess long-term benefits with the oral formulation have recently been discontinued." To me, this statement warrants a "because." Similarly, it is stated that hyponatremia is a marker for high plasma renin activity but does not indicate why. Most chapters have ample blank space at the end for the authors to provide these explanations, which would enhance its value without compromising its length. Perhaps this can be included in subsequent editions.

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**Atlas of Allergies.** Edited by Philip Fireman and Raymond G. Slavin. 200 pp., illustrated. Philadelphia, J.B. Lippincott, 1991. \$99.50. ISBN 0-397-44669-1.

Acknowledging that the field of allergy and immunology is both exciting and often misunderstood, the editors developed this atlas to present the topic of allergic disease in a broadly appealing manner to practicing physicians and students from many backgrounds. Certainly, the high-quality illustrations (800 in total) are educationally attractive and will help primary care physicians and medical students understand and appreciate the relevance of allergic diseases to clinical practice.

The atlas contains 18 chapters, each replete with colorful illustrations and a concise, well-correlated text. The first four chapters deal with the general concepts of immunology of allergic disorders, allergens, diagnostic tests in allergy, and anaphylaxis. The latter chapters deal with common clinical allergic disease processes, including asthma, hypersensitivity pneumonitis, allergic bronchopulmonary aspergillosis, allergic rhinitis, sinusitis, otitis media, allergic ocular disorders, food hypersensitivity, allergic contact dermatitis, atopic dermatitis, urticaria, immunodeficiency, and drug allergy.

Photographs, radiographs, diagrams, graphs, and tables serve to illustrate superbly the various principles of epidemiology, pathophysiology, and clinical management in allergic disease. A sampling of the plentiful array of visual aids includes photographs of diagnostic patch testing and skin manifestations of atopic dermatitis, tables of relative potencies of topical steroids and elimination diet protocols, and charts of the geographic distribution of common allergic pollens in various regions of the United States. The text is clinically relevant and spared of technically