

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

burdensome jargon. For those who wish additional information on particular topics, several key references are provided at the end of each chapter. Additionally, subject matter is easily accessed by the index, which distinguishes between illustrations and text.

The strength of this atlas lies in the quality of the visual material, its clinical applicability, and its demystification of often misunderstood and challenging concepts within the field. The family physician, family practice resident, medical student, and allied health professional will find it a meaningful accompaniment to the study of allergy and immunology and a most welcome addition to the professional library.

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**Diabetes Mellitus: Diagnosis and Treatment. Third edition.** By Mayer B. Davidson. 435 pp. New York, Churchill Livingstone, 1991. \$37.50 (paper). ISBN 0-443-08718-0.

This book's purpose is to offer guidance in clinical decisions regarding the treatment of diabetes. Having accurately identified who cares for diabetic patients, the author addresses this book to that audience. Practical suggestions are given to help those who care for patients with diabetes mellitus, and patient profiles are used to illustrate many of the suggested treatment strategies.

This concisely written book has a writing style that is easy to follow and readily comprehended, with the exception of a few areas that are excessively detailed. After preliminary discussion of the definition and classification of diabetes mellitus, treatment strategies are provided, including diet and the complications of this chronic illness. Whether intentional or coincidental, the title of chapter 2, "Dietary Therapy," helps reinforce the concept of nutrition as a therapeutic aid in controlling diabetes. In addition, the book validates what family medicine has acknowledged for years: the critical importance of the "psyche" in illnesses, in this case, diabetes mellitus. A comprehensive review of insulin and oral agents along with their uses is presented in chapters 4 and 5.

It is refreshing to learn that a diabetologist recognizes the benefit of flexibility and the need for different approaches to patient care, i.e., not all patients with newly diagnosed diabetes need be hospitalized. Throughout the book there are many examples in which the author treats the disease in the context of the patients and their families.

In summary, this book is well written, and unlike many medical texts that contain paragraph after paragraph of facts that make it difficult to follow, *Diabetes Mellitus: Diagnosis and Treatment* reads with the flow of a good novel. It is filled with necessary data that are presented in a manner that motivates the reader to keep turning pages.

I have not found a better source of information about diabetes mellitus in a text that is so readable. With diabetes accounting for 2.5 percent of a family practice population, all house staff and any practicing family physician who cares for patients with diabetes mellitus should read this book.

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**Conn's Current Therapy 1991.** Edited by Robert E. Rahel. 1192 pp. Philadelphia, W.B. Saunders, 1991. \$49.95. ISBN 0-7216-2583-5.

*Conn's Current Therapy 1991* is an annual update of both common and uncommon problems family physicians frequently encounter. This particular addition claims that 350 experts provide consultations with a fresh viewpoint. Treatments presented are deemed "easy to read." The editor notes that 75 percent of the material in this edition is entirely new.

Certainly the content of *Current Therapy* is relevant to family physicians. Conditions that family physicians encounter every day in their office or the hospital are discussed authoritatively. Rare and esoteric conditions are infrequently presented. Whereas medical conditions predominate, obstetric, pediatric, psychiatric, and surgical conditions are also included.

The clinical material is organized by organ system, which makes the Table of Contents a ready reference. The limitations of such a broad classification system are overcome by a detailed and comprehensive 51-page index, which greatly enhances reader access to specific topics.

The greatest strength of *Current Therapy* is the breadth of clinical material presented in such an easy-to-read and concise fashion. Many topics are covered in a couple of pages, making it possible for physicians to review a condition while the patient is still in the office. The editor has done an excellent job in presenting the essence of the topics and their treatments.

Limitations of *Conn's Current Therapy 1991* include the absence of references, minimal attention and discussion of psychosocial interventions, and lack of suggestions regarding thorny management issues, such as how to handle a suspected case of chickenpox in the office. Despite these limitations, *Current Therapy* hits the mark.

Its concise scientific focus is bound to be warmly welcomed by most busy family physicians. It is a bargain at an even greater cost. Every practicing family physician should have ready access to it. If they do not, they should at least get a 30-day free preview to judge for themselves.

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