

a very practical approach based on 30 years of experience. In the introduction he comments, "Therapeutic aggressiveness must be tempered by the potential of the therapy used to cause undesirable results." Throughout the text Dr. Kantor provides important points about adverse effects and laboratory monitoring. The manual is worth purchasing if the primary care clinician wants a "memory-jogger" concerning the medical management of the arthritides.

Carol A. LaCroix, M.D.  
The Reading Hospital and Medical Center  
Reading, PA

**Conn's Current Therapy, 1992.** Edited by Robert E. Rakel. 1248 pp., illustrated. Philadelphia, W.B. Saunders, 1992. \$55. ISBN 0-7216-4269-1.

Outstanding Broadway plays fill theaters for many years. *Conn's Current Therapy* entered the medical stage in 1949 and with this edition answers the curtain call for the 44th year. This longevity indicates a dedicated audience of readers who return to a familiar text to find useful medical information.

This edition updates all of the 280 topics reviewed. The chapters remain concise and readable, and revisions address changes in therapy that have occurred since the last publication. The text is arranged in broad sections that parallel the traditional curriculum in internal medicine. Particularly strong sections exist for infectious disease, cardiology, hematology, and pulmonary medicine.

For quick review family physicians will find the internal medicine sections of *Conn's Current Therapy* more useful than most internal medicine texts. Other sections provide limited help to most generalists, because coverage of musculoskeletal disorders, pediatrics, psychiatry, and obstetrics and gynecology are not comprehensive. The section on dermatology contains no pictures, which diminishes its value.

The long-term success of *Conn's Current Therapy* underscores that this text has found a niche in the practitioner's library. The editor and authors meet the goal of "providing the practicing physician with a concise, practical reference that includes the most recent advances in therapy." Family physicians whose practices heavily emphasize internal medicine will find this book a true friend, while others can always use the text for a quick review of common medical problems.

Karl B. Fields, M.D.  
Greensboro, NC

**Difficult Diagnosis 2.** Edited by Robert B. Taylor. 576 pp., illustrated. Philadelphia, W.B. Saunders, 1992. \$60. ISBN 0-7216-3481-8.

*Difficult Diagnosis 2* is the second volume of a series of collected clinical problems that represent diagnostic challenges to the physician. The problems selected

for this volume, typically signs, symptoms, or abnormal laboratory values, occur with varying frequency in a general or family practice.

The 71 topics are authored by family physicians and other specialists. Arranged alphabetically, each chapter addresses a clinical problem and includes background information, important components of the history with examples of focused questions, physical examination, diagnostic studies, and assessment. Topics are representative of most areas of medicine except perhaps for obstetrics. A sampling of some of the clinical problems includes chronic fatigue, hoarseness, acute chest pain, stridor, hepatomegaly, pelvic mass, limb pain in childhood, and hypoglycemia.

Some chapters focus on less common problems, such as athetosis and phantogeusia (phantom taste). The authors, however, provide a directed and concise discussion of these problems so that the busy physician can deal with these diagnostic challenges during the time-limited office visit.

The language of the text is quite readable. Individual chapter sections are clearly labeled for easy reference, and photographs, tables, and diagrams are used carefully to highlight salient points. Readers will need to rely on other general texts, however, for information regarding treatment.

The editor acknowledges that the primary audience of this text is the family physician and the limited specialist who encounters patients with problems outside his or her expertise. Certainly, it is important to remember that family physicians must address difficult cases in the primary care office without resorting to premature referral. This book will serve the family physician extremely well and underscores the importance of complete and dedicated diagnostic evaluations of patient problems.

Kathryn M. Larsen, M.D.  
University of California, Irvine, Medical Center  
Orange, CA

**Handbook of Drug Therapy in Rheumatic Disease: Pharmacology and Clinical Aspects.** By Joe G. Hardin, Jr. and Gesina L. Longenecker. 223 pp., illustrated. Boston, Little, Brown, 1991. \$29 (paper). ISBN 0-316-34604-7.

This review of drug therapy in rheumatic disease is thoughtful and eminently readable. The intention of this book is to provide information on the mechanism of actions and the use of different drugs in rheumatic disorders. My only reservation is that it lacks a section on osteoporosis management and treatment.

Essentially, the handbook is a practical guide for the busy primary care physician. Because the content of the text is well presented and relevant to family practice, it provides an efficient tool through which physicians can quickly review the treatment modalities for rheumatic disease. For the most part, the information appears to be up to date and well

defined, and the prose is easily readable. The authors point out that the information in their book generally represents the consensus of American clinical rheumatologists.

The authors devote the greatest part of the book to the basic and clinical pharmacology of the important drugs in rheumatology. They separate the agents used in rheumatic disease patients into four major categories: nonsteroidal anti-inflammatory drugs; corticosteroids; slow-acting agents, including immunosuppressive drugs; and drugs used for gout and pseudogout. A section at the end of the book (25 pages) provides a brief review of overall drug therapy for the major rheumatologic disorders. This format allows readers interested in the treatment of a specific condition to read the brief section at the end of the book first and then review the basic and clinical pharmacology of the individual drugs. The tables and illustrations are excellent, abundant, and relevant to the topic discussed in each chapter. This book is a good source for family physicians and internists in general. It is an important resource for primary care physicians who are interested in rheumatic disorders.

A. Abyad, M.D., M.P.H.

University of Arizona Health Sciences Center  
Tucson

**Manual of Clinical Problems in Cardiology with Annotated Key References.** Fourth edition. By L. David Hillis, Richard A. Lange, Peter J. Wells, and Michael D. Winniford. 553 pp. Boston, Little, Brown, 1992. \$28 (paper). ISBN 0-316-36405-3.

The intended audience for *Manual of Clinical Problems in Cardiology with Annotated Key References* (*Manual of Cardiology*), part of the Little, Brown spiral manual series, is not specified, but the goals of this fourth edition are to update and add topics, to update references (a large number of them are from 1988 to 1991), and to provide "a maximal amount of current factual information . . . within the context of a manual."

*Manual of Cardiology* is organized into seven sections (Rhythm and Conduction Disturbances, Myocardial Ischemia and Infarction, Myocardial and Pericardial Diseases, Congenital Heart Disease in the Adult, Valvular Heart Disease, Common Therapeutic Approaches to Cardiac Abnormalities, and Miscellaneous Conditions and Issues) containing 128 chapters. Chapters typically consist of one to two pages of text, followed by an annotated bibliography that is twice the length of the text. Each reference is followed by one or two sentences of annotation. As claimed, there are references up through 1991, but many references are from the 1960s and 1970s, such as *JAMA* articles on management of malignant hypertension published in 1974 and 1977, whereas 1991 references fail to appear (e.g., Gifford RW. Management of hypertensive crises. *JAMA* 1991; 266:829-35).

*Manual of Cardiology* contains a wealth of information. The short synopses of atrial fibrillation, unstable angina pectoris, valvular dysfunctions, pericarditis, and a variety of drugs, for example, provide excellent reviews and updates; however, specific details of information vary substantially. For example, the authors state that "the success of conversion of atrial fibrillation to sinus rhythm is indirectly proportional to left atrial size," but left atrial dimensions, even normal ones, are never specified. Nevertheless, normal valve dimensions, as well as valve dimensions generally corresponding to mild, moderate, and severe disease, are presented in the chapters on each valve dysfunction.

I was unable to locate endocarditis prophylaxis regimens, isolated systolic hypertension is barely mentioned, and the Systolic Hypertension in the Elderly Program (SHEP, *JAMA* 1991; 265:3255-64) is not referenced. There is no discussion of pulmonary artery (Swan-Ganz) catheters. Additionally, there are some indexing quirks: the entry "asymmetric septal hypertrophy" refers the reader to an isolated sentence but ignores the chapter on hypertrophic cardiomyopathy.

*Manual of Cardiology* is unillustrated, tables are rare, and print is small. Students and new residents could have difficulty determining relative importance of information and would not obtain the specific guidance they usually seek. Because substantially more than 50 percent of the book is annotated bibliography, *Manual of Cardiology* seems most useful for those in need of this feature; this manual is less expensive than frequent extensive literature searches. Primary care physicians with an interest in cardiology would find *Manual of Cardiology* useful if its limitations are recognized.

Gary N. Fox, M.D.

The Reading Hospital and Medical Center  
Reading, PA

**Nelson Textbook of Pediatrics.** 14th edition. Edited by Richard E. Behrman and Robert M. Kliegman. 2006 pp., illustrated. Philadelphia, W.B. Saunders, 1992. \$90. ISBN 0-7216-2076-8.

By virtue of publishing a 14th edition, the longevity of this textbook attests to its success. It is likely that few practitioners involved in the care of children do not already have a familiarity with this "standard." Certainly, the editors would not want to deviate too far from their successful formula in preparing a new edition. In fact, the overall organization and format have not changed much, and even major portions of the text are taken word for word from the previous edition. This is not a deficiency but a reflection of the large body of basic information that has not changed a great deal in the 5-year interval since the previous edition.

For those who are unfamiliar with this book, it is a comprehensive textbook of the entire field of pe-