

# Book Reviews

**Color Atlas of Dermatology.** By Jeffrey P. Callen, Kenneth E. Greer, Antoinette F. Hood, Amy S. Peller, and Leonard J. Swinyer. 405 pp., illustrated. Philadelphia, WB Saunders, 1993. \$95. ISBN 0-7216-3756-6.

Family physicians encounter dermatologic problems frequently and on a daily basis in their practices. Some are readily recognizable and managed, whereas others present considerable challenge, especially in diagnosis. A number of dermatology texts are available to physicians in primary care as reference sources, but these are of variable quality and often are not helpful in sorting through a differential diagnosis. Most reference texts are organized by disease category, not by type of lesion or regional distribution, as such problems are encountered in everyday practice.

*The Color Atlas of Dermatology* represents an important advance to the physician in primary care who is commonly confronted with diagnostic dilemmas of dermatologic problems. It is organized in a manner to be most useful to the clinician faced with an undifferentiated and unlabeled dermatologic problem: (1) by the type of primary lesion and secondary changes, (2) by configurations, and (3) by distribution and regional predilection. *The Atlas* includes more than 1200 color photographs of skin lesions. They are consistently of high quality, the legends are clear, and in many instances they include relevant teaching points. There are 13 tables of differential diagnosis, together with four appendices (Genodermatoses, Cutaneous Infections, Cutaneous Changes Associated with HIV Infection, and Cutaneous Malignancies), and a complete index.

*The Atlas* affords three overlapping approaches to the clinician in making the diagnosis of a given dermatologic problem: (1) by *morphology* of the lesion itself, (2) by *configuration* of the lesions, and (3) by *regional distribution* of the lesions. Each or all of these approaches can be used to arrive at the diagnosis, with the further help of selected differential diagnosis tables. Within any of these three sections of the book, there is no particular sequence of the illustrated lesions, either by frequency or alphabetical order. The goal of the book is to present all common skin disorders of both adults and children, as well as some selected unusual or rare disorders seen in North America.

*The Atlas* is the best compilation of well-illustrated skin disorders that I have seen. I have already found it useful in practice on a number of occasions. The overlap between sections is often helpful. Despite its strengths, several limitations warrant mention. Because it is composed almost entirely of illustrations with little text, it needs to be supplemented by another dermatology text, especially with respect to treatment. It could also be improved if future editions were organized to convey a sense of relative prevalence of skin disorders (the authors acknowledge this point, but are not

compelling in their avoidance of this approach). Finally, the primary care physician might find some isolated examples of common skin disorders that were omitted from *The Atlas*. Despite these comparatively minor limitations *The Atlas* is very effective in meeting its goals. I strongly recommended it for inclusion in the working library of practicing generalists and residents in all of the primary care disciplines.

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**Effective Medical Imaging: A Signs and Symptoms Approach.** By Martin F. Sturman. Baltimore, Williams & Wilkins, 1993. 433 pp. \$45. ISBN 0-683-07934-4.

Written by a former primary care physician turned radiologist, *Effective Medical Imaging* coaches the family physician in the diagnostic evaluation of common clinical conditions with a strong but not exclusive focus on those tests usually requested of a radiology-nuclear medicine department. It is not intended to be a textbook of general radiology for primary care — it contains no radiographs — but, in the author's words, "is about the survival of common-sense medicine and the preservation of clinical judgment in an age of exploding technology"<sup>1</sup>. The reader is provided with a radiologist's view of a common-sense approach to common conditions, with strong theoretic underpinnings in the Bayes theorem and an emphasis on utility of outcome in decision strategies.

The book begins with general principles of medical decision making, considering limitations and usefulness of classification schemes and the importance of prior probability, sensitivity, and specificity in ordering and interpreting tests. This section serves as a clear and concise summary of rational decision making and is applicable generally in medicine as well as in radiologic issues. The following chapters include advice regarding ordering specific types of imaging studies and describe the risks of various studies. I found these to be the least satisfying sections of the book. Risk of radiation is minimized with little specific information regarding individual procedures.

The heart of the book contains an analysis of 23 common clinical problems, such as acute abdominal pain, jaundice, thyroid masses, and a few laboratory and radiographic abnormalities. For each condition the author uses national inpatient and outpatient data to establish a hierarchy of likely diagnoses (as a starting point for prior probabilities) and discusses an optimal imaging approach to the condition. Where the data are available, the author's opinions are supported by test characteristics, but he also relies heavily on his experience. Dr. Sturman does not hedge his opinions; rather words that connote "always" (pelvic ultrasonography is "virtually mandatory in women with suspected appendicitis"<sup>2</sup>) and "never" ("endoscopic studies

should *never* precede or replace upper or lower barium studies of the GI tract<sup>70,82</sup>) appear more often than in most medical literature.

The final chapters deal with imaging in patients who have cancer and HIV and provide an ethical and utilitarian discussion of imaging in the patient with a poor prognosis.

While the author consistently advocates for a radiologic approach to diagnosis rather than invasive procedures, such as endoscopy, he is conservative in his approach to his own discipline. He commonly cites the limitations and wastes of resources involved in using the latest technology in place of more standard imaging. He challenges the reader to avoid knee-jerk diagnostic strategies and to take a logically and scientifically sound approach; he successfully supports his contention of a need for more care in ordering studies with numerous examples of erroneous test ordering. When taken in such a light, his treatise is provocative and well thought out. I found it less satisfying as a reference in specific clinical situations. The extensive tables of likely diagnoses are of limited use when the clinician is faced with a specific patient. Nonetheless, the underlying point, that one must consider the probability of a condition, however that might be estimated, in deciding on an imaging strategy, is driven home effectively.

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**Norplant Guidelines for Family Planning Service Programs — A Problem-Solving Reference Manual.** Edited by Noel McIntosh, Penelope Riseborough, and Chris Davis. 129 pp., illustrated. Baltimore, JHPIEGO Corporation, 1993. \$6 (paper). ISBN 0-929817-04-4.

I found *Norplant Guidelines* to be an excellent book for the use of the Norplant system of contraception. It is refreshing to find guidelines that are not published by the distributing pharmaceutical company. The editors are, in my opinion, excellent and well recognized as leaders in the field of contraception and population problems.

Most family physicians are inserting the Norplant rods, and many in my acquaintance have asked for better written guidelines. Consequently, this book will have great relevance for family physicians.

The book is very readable, perhaps even a bit too simplistic, but it is probably better to err in simplicity than to be too esoteric and therefore not helpful. The organization is quite clear, and individual areas can be found readily. If there is any weakness in the book, it might be with the illustrations. They could be more detailed, and the graphic generally could be stronger.

Of course, in any procedure-oriented material there will be differing opinions on execution. One would not have to go very far to find criticism of the recommended technique for insertion or removal. For instance, I find it difficult during removal to grasp the rods as the book recommends. The rod slips away from the jaws of the

instrument. I therefore grasp the enveloping tissue adjacent to the rod and with this tissue pull the rod to the incision and stabilize it there; with another instrument I open the sheath and remove the rod. Exact techniques for removal, however, will vary widely, and each operator will soon find what will work best.

This volume will be of interest and value to family physicians, nurse practitioners, and physician assistants, as well as obstetrician-gynecologists. It will also be helpful for the office staff, and some elements of the book can also be used for patient education.

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**Planning for Uncertainty: A Guide to Living Wills and Other Advance Directives for Health Care.** By David John Doukas and William Reichel. 147 pp. Baltimore, The Johns Hopkins University Press, 1993. \$13.95 (paper). ISBN 0-8018-4671-4.

This book, written for lay readers, is about advance directives that "promote individual freedom to stop therapies that are futile for the treatment of illness rather than encourage active euthanasia and suicide." The methods described are living wills, durable powers of attorney, and the values history. The authors are two US family physicians who have done an admirable job of putting together some cogent advice for persons planning their health care direction and for the health professionals who might be advising them, particularly family physicians.

Chapter I describes how the Patient Self-Determination Act, a 1991 US federal law, requires government-directed health service institutions to inform clients of their rights to accept or refuse treatment and to prepare advance directives. This discussion and repeated references in the book to a "durable power of attorney" are not directly applicable outside the United States. The rest of the book, however, has general applicability.

There are good presentations for the lay reader about several difficult issues: "Is stopping a therapy the same as never starting it?"; "benefits and burdens"; "what is futile therapy?"; "informed consent"; and "active and passive euthanasia." The discussion of paternalism is overly simplified and should not be accepted as a definitive statement (i.e., in not including that beneficence be combined with the provider's believing to know better than the receiver of care what is best — one suspects that the authors lean to Western democratic society's present trend toward autonomy-granting as the primary ethical value, although they do argue that the provider is not obliged to pursue futile treatment).

Very clear descriptions are presented for the non-professional reader about cardiopulmonary resuscitation, ventilators, dialysis, enteral and parenteral nutrition, intravenous medication and hydration, autopsy, and organ donation. Hospice care is nicely outlined.

The importance of involving one's personal physician as an advisor and as a potential implementor for advanced directives, but not as a proxy or sole decision maker, is good advice. Doing so, however, places the