
A book’s fourth edition is generally a good sign that the author has succeeded in meeting the needs of the intended audience. Such is the case with this book.

The book is organized into 36 chapters, each representing a common complaint listed alphabetically. The complaints are commonly seen symptoms, not necessarily enigmatic ones that can confront a primary care physician.

The text benefits from having a single author with a consistency and clarity to the writing. The chapters are easy to read and well organized. The book’s strength is in its description of how different ages or risk factors, associated symptoms, precipitating and aggravating factors, physical examination, and diagnostic studies point to one diagnosis over another. Tables are included in each chapter to tie the findings together for easier use. Chapters have one or more “pearls” highlighted in bold type. Illustrations help in clarifying specific points.

Discussion of the physical examination is often minimal. The chapter “Skin Problems,” the longest in the book, is also the weakest. It lacks the detail to help one think through how to diagnose skin disorders. The black-and-white photographs give minimal assistance. The references are mostly review articles from the 1970s to 1998. Notably missing are references to recent literature on the actual predictive value of clinical findings.

Overall, this is a tightly organized, easy-to-read work on how to think through a variety of common symptoms experienced in primary care. It does not offer a cookbook approach to diagnosis. Rather, it emphasizes the importance of a complete and pertinent history, an art and science still not well taught in medical schools and one threatened by less time with our patients. This book will be most helpful to students beginning to learn the art and science of clinical diagnosis.

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Skin Disorders, Eugene J. Barone, Judson C. Jones, and Joann E. Schaefer; Philadelphia: Lippincott, Williams, & Wilkins; 2000; 432 pp.; $39.95; paperback.

Skin Disorders is part of a series of books produced by the American Academy of Family Physicians. It is a quick reference guide written by practicing family physicians “to be useful in actual patient care” and not as “a comprehensive text.”

The book is organized into 19 chapters about commonly occurring skin problems. The five appendices in the back of the book address the use of topical steroids, surgical techniques, dermatoses seen in pregnancy, pediatrics, and HIV disease.

Each chapter starts by capturing the practicing physician’s attention with information about hypothetical patients and their chief complaints. Risk factors are listed, which could be useful in patient education and also in broadening a differential diagnosis. Conventional treatments are listed, including both over-the-counter medications and prescription forms of medication. Alternative treatments are noted under the heading of “Other Treatment Modalities.” Eighty small, high-quality photographs are included in the center of the book, which are referenced back into the specific chapters. Numerous tables are enclosed, which make information easier to visualize.

The authors acknowledged that this book was “a massive, time-consuming undertaking.” At times, the reader might wish for greater detail in the text or a more complete set of supporting photographs. However, the book’s format is easy to use. For example, the use of presenting symptoms and signs to establish a differential diagnosis is quite helpful. The text is certainly worth the expense. This book will often be taken off the shelf to help
the student or practicing physician find answers to problem skin conditions.
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Sexual Medicine in Primary Care, William L. Maurice, St Louis, Mosby, Inc, 1999, 366 pp., $39.95, paperback.

The author’s objective is to provide primary care providers with basic information about sexual dysfunctions and treatment and to help them deal with a wider range of sexual concerns without referral. This clearly written, engaging volume goes far toward reaching that goal.

The first section of the book provides extensive guidance on sexual history taking, which helps increase an interviewer’s sensitivity. The author provides sample dialogue, including follow-up questions. This is useful, since many physicians cite a lack of appropriate vocabulary as the primary reason they don’t pursue sexual topics. This section is likely to increase any practitioner’s comfort and confidence in investigating sexual issues. The author also explores often-neglected topics (eg, sexual orientation issues, impact of physical illness on sexuality, sequelae of sexual abuse, sexual compulsions).

In the second section, the author includes diagnostic and treatment algorithms for quick, convenient reference. Descriptions of medical conditions that might impair sexual functioning are provided, as well as basic information about interventions. Although these are solid overviews, the author does not provide enough information to implement some of the behavioral techniques that could, with a little effort, be implemented in a primary care setting.

Throughout the text, the author provides comprehensive reviews of the available scientific literature in each area of focus. He provides carefully balanced views of topics that may be controversial (eg, whether to get patients’ permission prior to asking about sexual functioning). Chapters on erectile disorders and intercourse difficulties in women are especially well written and informative. In addition, several helpful appendices provide an extensive list of medications likely to interfere with sexual functioning.

This well-priced, well-structured text would be suitable for any primary care practitioner wanting to increase his/her level of comfort with treating sexual concerns. Medical students and residents may find this volume to be particularly useful due to the inclusion of specific interviewing techniques and guidelines for more-effective clinical interviews. Preceptors who teach sexual medicine to students or residents will also find the case histories for role-play interviews extremely useful.

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As a recent convert to the use of evidence-based medicine, I was pleased to have the opportunity review the Family Practice Sourcebook. Kenneth Marshall, MD, has created a useful collection of evidence-based material for family physicians. As he states in the preface, “Slawson and Shaughnessy’s objective of ‘Patient-oriented Evidence That Matters (POEM)’ seems to be the ideal . . . . My goal has been to make this book a POEM.”

The book is laid out efficiently for the reader. There is a standard table of contents and an expanded listing on the inside of both covers. The index is well organized and contains generic and trade-name drug listings. There are 30 subject headings at the first page of each subject and an outline detailing all topics covered under that subject. Included in this 30 are “Alcohol,” “Cardiovascular System,” “Nutrition,” and my favorite, “Miscellaneous,” a wonderful section that covers topics from alternative medicine to uncertainty.

The print is large enough to be read without causing eye strain. The text itself is plainly stated and avoids jargon. References are featured at the end of every major topic. Another plus is the comparison of guidelines and a section devoted entirely to them. The comparison between US and Canadian guidelines helps the user sort any arbitrage that may present in a guideline. My only frustration was the description therapies limited to Canada (to be reminded that US women are deprived of Bendectin).

That one limitation in no way would deter me from recommending this book as highly useful for all in family practice as a book to have in your work area.

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I am wary of textbooks written by one specialty group for another group without the latter’s input. Such is the case with Gynecology for the Primary Care Provider, written by Scott Ransom, DO, and S. Gene McNeely, Jr, MD, both of whom are gynecologists. Although unstated, the “primary care provider” is the non-gynecologist who happens to care for women, such as family physicians, internists, pediatricians, physician assistants, and nurse practitioners.
Infectious Disease and Arthropods, Jerome Goddard, Totowa, NJ, Humana Press, 1999, 212 pp., $75, hardcover.

This book is intended to provide physicians, entomologists, and other interested parties a reference on the biological aspects of infectious diseases. The bulk of the text is divided into chapters devoted to the classes of arthropods that serve as disease vectors—mosquitoes, ticks, fleas, flies, true bugs, and others. Each chapter is full of detailed black-and-white drawings of individual species, their biting mechanisms, and life cycles. A brief discussion of the clinical syndromes each group transmits follows, with maps showing the geographic distribution of each clinical condition and, in some instances, comments regarding prevention and treatment.

The book provides practical information on personal protective measures and techniques for removing attached ticks. The brief chapter “Why Mosquitoes Cannot Transmit HIV” was particularly interesting, given the epidemic of HIV in areas of the world with high rates of other mosquito-borne diseases. The text also provided several interesting accounts of early experiments and events leading to important discoveries in understanding yellow fever and Lyme disease.

The book’s most significant limitation, from the clinician’s perspective, is noted in the author’s preface: “The book is written from the entomologist’s perspective and obviously leans heavily on the organismal side of each disease with, in some cases, less emphasis on clinical aspects.” While vector-borne disease continues to be a significant concern throughout the world and a growing concern in certain portions of the United States, this book has limited value to the primary care physician. I did not find it particularly useful as a source of information to advise patients planning to travel to high-risk areas of the world. Unless the primary care clinician plans to attempt office identification of potentially offending arthropods, I would not recommend this book for the average clinician’s library.

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The lack of input by those for whom the textbook is aimed makes itself evident. There are overlong chapters on anatomy, colposcopy, and abnormal pediatric gynecology. There are a number of pages devoted to colposcopy and interpretation of colposcopic biopsies; however, there are obvious not enough pages for those who would wish to do colposcopy and too many pages for those who don’t. The contraception chapter is inadequate as well; it has no description of the side effects of Depoprovera or instructions on how to fit diaphragms or place IUDs. The most frequent question that I get as a teacher is how to select an oral contraceptive out of the myriad of those available. The section on oral contraceptives gives no guidance on first choice or how to change pills if the woman experiences abnormal bleeding.

The best chapters by far are those written by the primary authors. The chapter on lower genital tract infections is clear and concise, as is the chapter on premenstrual syndrome and pregnancy complications during the first trimester. The chapter on abnormal vaginal bleeding and amenorrhea have useful algorithms.

Although the reasonable price makes this a tempting textbook for a primary care provider, there are more useful textbooks about women’s health available.

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