



Book Reviews

Edited by Mark Lebwohl, MD

R. Arenas, R. Estrada, *Tropical Dermatology*, 258 pages, Georgetown, Texas: Landes Bioscience, \$45

American physicians have had an aversion to anything labeled tropical for reasons that remain elusive, at least until the aftermath of September 11, 2001. Whether the discipline of tropical medicine or dermatology is labeled global, geographic, or even ecologic, there is the feeling that the subject has little application. Curiously, residents of the original thirteen colonies suffered from a host of these tropical diseases. Malaria was widespread and yellow fever had tragic consequences in Philadelphia of the 1790s. Leprosy occurred not only in the South in the 19th century but also in the Plains States, where Scandinavian immigrants occasionally harbored the lepra bacillus.

Contemporary dermatologists in both metropolitan and rural areas of North America can be confronted by leishmaniasis in graduate students returning from a South American dig. Cutaneous tuberculosis might present in a refugee from a politically scavenged country, while trichinosis can afflict even those who have studiously avoided infested foods due to dietary laws.

The authors represent the finest of Mexican dermatology and bring with them extensive expertise in diagnosing and treating skin diseases. They have created a handbook of the first order that can be a ready reference for the busy clinician or the physician in training. Although they have written many of the chapters, there are contributions from other well-known dermatologists with expertise in tropical dermatology.

The book has 70 chapters that cover topics ranging from the elusive ashy dermatosis, which is well recognized in Mexico, to lyme borreliosis that no longer has geographic borders; and from granuloma inguinale that can occur in areas other than the Sub-Continent to onchocerciasis, which is amenable to a single dose of ivermectin. Each chapter is divided into geographic distribution, etiology, clinical picture, laboratory data, and treatment, where appropriate. Black-and-white photographs complement the text, as do the selected references and the historical backgrounds.

I found a variety of useful information throughout the book. Estrada (Mexico) points out that larva migrans is limited to the epidermis as the worm lacks essential collagenases to cross the basal cell layer. Albanese (Italy) notes that tungiasis can be considered a "tourism-transmitted" disease and that 269 patients were reported from Paris in just a 2-year period. Vega-

Nunez (Mexico) writes that rhinopsoridosis is endemic in India and Sri Lanka, but 17 cases have been found in the Balkans.

The reasonable cost and the straightforward presentations bode well for this wirebound book. Perhaps color photographs might be introduced in future editions, and the English syntax tightened. I highly recommend *Tropical Dermatology*.

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W.B. Shelley, E.D. Shelley, *Advanced Dermatologic Therapy II*, 2001, 1299 pages, Philadelphia: W.B. Saunders, \$239

S.E. Wolverton, *Comprehensive Dermatologic Drug Therapy*, 2001, 954 pages, Philadelphia: W.B. Saunders, \$89

To say that therapy is the mainstay of medicine and that utilizing an appropriate therapeutic approach is what medicine is all about would be an understatement. The whole purpose of taking a history, examining the patient, ordering appropriate laboratory studies, and considering differential diagnoses is the making of a diagnosis. But a diagnosis which does not lead to a treatment plan would be an academic exercise that might be conducted even in a virtual atmosphere, possibly making the patient superfluous.

Enough said, the choice of treatment becomes the backbone of dermatologic practice. If one shot of penicillin could dissipate acne as easily as it does syphilis, the discussion of these two books would be mute. Should psoriasis disappear with the application of one medicament, then neither of these books would have to be as thick and as crammed full of information as it is.

While both volumes are obviously about how to treat the patient with a cutaneous affliction, each is significantly different. The Shelley and Shelley treatise represents a compilation of facts that uses the computer to obtain an assortment of regimens, augmenting the traditional 3 × 5 index card approach used in the earlier work for collecting data (Shelley WB, Shelley ED. *Advanced dermatologic diagnosis*, Philadelphia: W.B. Saunders, 1992, 1315 pages \$295). The Wolverton text is multi-authored and is also the outgrowth of an earlier