ELSEVIER

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 collegnases 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

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work (Wolverton, SE, Wilkin JK. Systemic drugs for skin diseases, Philadelphia: W.B. Saunders, 1991, 446 pages $79). Of interest is the fact that Walter Shelley was part of the triumvirate that pioneered the first major multi-authored dermatology textbook (Pillsbury DM, Shelley WB, Kligman AM. Dermatology, Philadelphia: W.B. Saunders, 1956, 1331 pages)

The Shelleys have utilized a fascinating approach, one which fully represents their personalities. Let us take the cheilitis chapter as representative. It begins with a blue box listing essential measures: "eliminate contactants, patch tests. . .stop toothpaste, stop spices, stop lipstick." Next is the diary to illustrate the types of problems found in patients with lip dermatitis. (Many of these have been taken from their series "Portrait of a Practice: A Dermatologic Diary," published in Cutis during the 1990s). This is followed by an annotated bibliography selected from a vast literature: i.e. chlorquine (250 mg bid × 3 months and decreased doses) relieved one patient and stopping the excessive use of dental floss cured six soldiers. Another blue box containing their famous aphorisms concludes the chapter.

Wolverton has assembled an outstanding group of contributors who cover the broad spectrum of dermatologic therapy. He begins the information-packed book with "Basic Pharmacologic Principles" and "Principles for Maximizing the Safety of Dermatologic Drug Therapy." Consider the contribution of Russell Hall on dapsone as a typical chapter. He initiates the review by recalling Costello's 1947 use of sufapyridine in the treatment of dermatitis herpetiformis. Hall continues with tables comparing dapsone, sufapyridine, and sulfasalazine and discussions of the pertinent pharmacology. The uses are highlighted in another table. Adequate space is given for sections on untoward effects, monitoring, and guidelines for prescribing. The references are extensive and made easier to find with the use of subheads.

Which book to buy? Both! They complement and supplement each other. They are wonderful additions to the dermatologic literature. Space should be found for each in the clinician's office and in the institutional library. The authors are to be congratulated on jobs well done.

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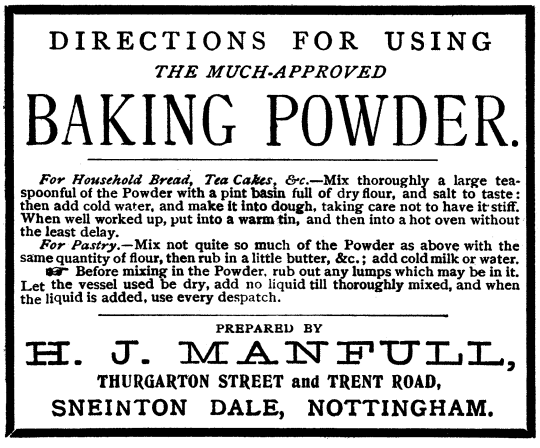
DIRECTIONS FOR USING
THE MUCH-APPROVED
BAKING POWDER.

For Household Bread, Tea Cakes, &c.—Mix thoroughly a large teaspoonful of the Powder with a pint basin full of dry flour, and salt to taste: then add cold water, and make it into dough, taking care not to have it stiff. When well worked up, put into a warm tin, and then into a hot oven without the least delay.

For Pastry.—Mix not quite so much of the Powder as above with the same quantity of flour, then rub in a little butter, &c.; add cold milk or water.

☞ Before mixing in the Powder, rub out any lumps which may be in it. Let the vessel used be dry, add no liquid till thoroughly mixed, and when the liquid is added, use every despatch.

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