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## Book Reviews

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*Infectious Diseases*. Eds. D. Armstrong and J. Cohen. Mosby (Harcourt International), 1999. Pp. 2040. £195. ISBN 0 7234 2328 8.

Medical textbooks have come under fire in recent years, and it has even been suggested that they are dangerous for the health of patients. Too many standard textbooks have not kept up to date, both in terms of factual information and in the emphasis given to diseases of increasing or diminishing importance.

This brand new two-volume work on infectious diseases has restored my faith in textbooks. It is beautifully produced, bang up to date, and in general well written, comprehensive and accurate. It is in eight sections: Introduction to Infectious Diseases, Syndromes by Body System; Special Problems in Infectious Disease Practice; Infections in the Immunocompromised Host; HIV/AIDS; Geographic and Travel Medicine; Anti-Infective Therapy; and Clinical Microbiology. Each section, and each chapter, has an American and a non-American editor, to ensure that it is written in universally comprehensible English, and you get a free CD-ROM containing all the figures and illustrations, as well as the two volume book, for your £195.

The book is intended for clinicians, and will appeal to them as a reference book because it has an excellent index and an easy layout for looking up specific points. The numerous 'practice points' are also a useful innovation. What you will not find here is a practical guide to paediatric infectious diseases, or to the practice of medicine in the tropics; the section on geographical and travel medicine is, as its name implies, largely aimed at those looking after returning travellers in rich countries.

Inevitably, in such a large, multi-author book, some chapters are better than others. I particularly enjoyed the chapter on the host response to infection, which was beautifully clear, and found the chapter on viral exanthems disappointing, in that it failed to mention a series of groundbreaking African studies on measles published in the past 20 years. However, this was to some extent rectified by a comprehensive chapter in section 8 on measles virology, which covered much of the same ground in more detail.

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*Hantavirus in the Americas*. The Pan American Health Organisation 1999. Pp. 63. [Can be purchased from PAHO Sales and Distribution Center, P.O. Box 27, Annapolis Junction, MD 2071-0027, U.S.A. or e-mail: paho@pmds.com]

This recent addition to the valuable series of Technical Papers published by the Pan American Health Organisation (PAHO) sets out guidelines for the prevention, diagnosis, treatment and control of hantaviruses in the Americas. As this publication is designed for healthcare workers in the Americas its coverage is restricted to a discussion of hantavirus pulmonary syndrome (HPS) and only briefly mentions the more widespread spectrum of hantavirus-associated illnesses, collectively known as haemorrhagic fever with renal syndrome (HFRS).

The recent appearance of HPS, the severe nature of its clinical symptoms, its high human mortality and scant knowledge of the epidemiology and clinical aspects of the disease was of major concern to Member States of the PAHO. Consequently a working group of international experts was established and this publication is a result of its deliberations.

Chapters covering the molecular biology of these viruses, their ecology and epizootology, the epidemiology of human disease and its mode of transmission to humans are included. All these chapters are rather brief and that dealing with rodent epizootology could have given more information, especially as rodent infestation is the main cause of spread to the human population.

The most useful chapters for the healthcare worker in endemic areas are those dealing with surveillance and case definition, clinical manifestation and treatment and prevention and control. These sections provide a concise but comprehensive review of each area and give several references for those who wish to read further. The Annexes, which include examples of case report forms, guidelines for transportation and safe handling of the agents, educational materials and guidelines for prevention and control are also valuable source material. Examples of prevention campaigns are also outlined.

In conclusion this is a helpful and concise publication which should be an invaluable source of information to all healthcare workers who operate in endemic areas.

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*The Epidemiology of Eye Disease*. Eds. G. J. Johnston, R. Meale and D. C. Minassian. Chapman & Hall Medical, 1994. Pp. 436 (hb) £99.95; 1998 (pb) £45.

This book covers, in one paperback volume, the epidemiology of eye disease. It is in three parts: 'methodology', covering epidemiological research methods and screening, with a chapter giving examples from the study of age-related cataracts; 'specific diseases', with chapters on all the major causes of blindness; and 'interventions for the prevention of blindness', with chapters on the roles of the World Health Organisation and the increasingly important NGOs, and an excellent chapter on the planning, management and evaluation of eye services.

It undoubtedly fills an important gap in the market, in that there is no other single volume work on the epidemiology of eye disease. Reflecting the interests of its editors at the International Centre for Eye Health (ICEH) in London, it is particularly strong on the diseases of developing countries, but it also covers such 'diseases of affluence' as diabetic retinopathy and age-related macular degeneration; and the final chapter covers interventions for the prevention of blindness in industrialized countries.

The book is intended for ophthalmologists, public health doctors, and the administrators, planners and coordinators of prevention of blindness programmes. It has been developed from the curricula of the Masters, Diploma and Certificate courses for international students run at the ICEH, and will undoubtedly prove a useful reference book for these students and for others interested in public health epidemiology. Unfortunately it was decided, as a cost saving measure, not to include all the references cited in the book. There is a general bibliography covering the most important ones, but if you want the full set, you have to order it on disc from the ICEH, at a cost of £3.

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*Clinical Investigation of Skin Disorders*. Eds. R. Cerio and C. B. Archer. Chapman & Hall Medical, 1998. Pp. 158. £75.

This book represents an excellent systematic approach to the patient with skin disease. The structure in 10 short chapters flows logically starting with a summary of the relevant clinical aspects and history taking in dermatology. Subsequently it reviews the essential investigations in dermatology and their application organised by groups of skin diseases including hair and nail conditions. The groups of skin conditions represent those frequently encountered in everyday practice as well as less common dermatoses. The book format is very pleasant as the style of the text is quite straightforward, easy to read, and the diagrams and tables visually attractive. Unfortunately, the reproduction and the original quality of the clinical images are technically poor and this applies to a significant number of photographs throughout the book. In contrast, most microphotographs are clearly printed and very useful to illustrate and complement the text. General physicians as well as young

hospital doctors starting a career in Medicine, Infectious Diseases, or Dermatology represent the main target population to benefit from this publication. An opinion survey amongst SHOs in central London disclosed a most enthusiastic reception and the book ought to be recommended as a must for every doctor with an interest in dermatology. The price of the book and the poor quality of the clinical photographs were the only consistent criticisms.

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*Rheumatic Fever in America and Britain: A Biological, Epidemiological, and Medical History*. Peter C. English. Rutgers University Press, 1999. Pp. 320, 18 illustrations. Cloth \$50.00. ISBN 0 8135 2710 4.

This book details the story of the rise in the nineteenth and the fall in the twentieth century of a fatal heart condition. At the beginning English argues, and I agree, that social history cannot fully inform us of the historical dynamics at work in tracing the history of the disease, a good understanding of a disease's changing biology is essential.

In Part 1 of the book English tells of how rheumatic disease first appeared and of physicians' reactions. English shows that it is unlikely that practitioners missed the stark indications of rheumatic disease (such as acute chest pain), and that this was therefore the rise of a new disease. As rheumatic heart disease became more prevalent so hospital admissions grew and in Britain and the United States rheumatic fever became one of the leading reasons for admission. Growing numbers in hospital allowed a rudimentary statistical analysis of sufferers and it revealed a correlation between age and severity of illness – the younger the patient the greater the severity of the disease. Hospitalization also allowed for attempted treatments on a large scale. Unsurprisingly controversy surrounded the efficacy of different treatments, such as opium, alkaline therapy, and salicylate.

In the later part of the nineteenth century two significant developments occurred. The disease changed and an important diagnostic schema was invented. Rheumatic fever was now giving rise to very disconcerting symptoms, e.g. chorea. The diagnostic schema underwent considerable development when the British physician Walter Cheadle put forward a detailed conceptual taxonomy with which to view rheumatic fever. Previously it had been difficult to find its causes because it was difficult to disentangle the litany of symptoms that were associated with acute rheumatic heart disease.

In Part 2 of the book English lays out the various clinical pathways that were to be explored in trying to uncover what caused rheumatic fever. Pierre Achalme in Paris and Frederick Poynton and Alexander Paine in London were some of the prominent scientists who tried to isolate the causal bacteria, but such work was not without its critics who either could not find the bacteria or who doubted that streptococcus or diplococcus were the causal agents. Much of this nineteenth century story appears a British one.

As the story unfolds into the twentieth century it becomes

more of an American one with the epidemiological relationships of the disease coming much more into focus, with geographic and environmental relationships being highlighted. The issue of hereditary and immunological hypersensitivity also comes to the fore with scientists like May Wilson conducting pioneering studies into the issues. However as the complex dynamics of rheumatic fever are beginning to be teased out so the disease itself changes. It strikes this reader as ironic that just when physicians and scientists were beginning to gain significant understanding of the pathology of the disease that the disease again mutates to a less virulent form. The twentieth century story is thus one of a disease in declining incidence and severity.

Part 3 of the book tells the story of how the discovery of penicillin and cortisone and developments in heart surgery provided those treating rheumatic heart disease with more

weapons in their armoury, but as English shows, there was much evidence to suggest that their efficacy was low. Overall therapies for chronic rheumatic fever, seem to have been extremely onerous with many of the 'cardiac cripples' confined to excruciating long periods of bed rest, and I would have liked to have seen a little more attention focused on patient experience, particularly in the twentieth century.

English's book contains a glossary, which those of us who are not medically trained often find useful. I wish the glossary had been longer and more comprehensive, but this is a minor gripe. Overall I found the book very interesting and succinctly written. English has made intelligible – what seemed to this reader at least – a highly complex story.

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