

BOOK REVIEWS

Differential Diagnosis of Infectious Diseases

By David Schlossberg and Jonas A. Shulman. Baltimore: Williams & Wilkins, 1996. 339 pp., illustrated. \$29 (paper).

This edition of *Differential Diagnosis of Infectious Diseases*, which was last published in 1980, is long overdue. The text has been updated and in some instances expanded. A new chapter on AIDS was added. Regrettably, all sections relating to the laboratory diagnosis of infectious diseases have been deleted. A section on molecular biological techniques, serologies, and handling of cultures would have enhanced this book. As the authors point out, the text complements, but does not replace, more-detailed discussions found in standard textbooks and review articles. The chapters are supplemented by tables that enhance the text. However, some of the tables are complicated and represent elements already in the text or contain information that should be in the text. Below are some observations on specific chapters.

The chapter on fever fails to mention malaria and the fever patterns seen with different forms of plasmodium infections. There is no clear definition of a fever of unknown origin (FUO). Ultrasonography is mentioned as an initial screening test for FUO; however, a CT scan is a better study in most circumstances. Stool examinations are usually not done routinely unless symptoms point to the gastrointestinal tract, and many of the serological tests mentioned (e.g., febrile agglutinins, *Candida*, and histoplasmosis) are of limited value.

Under "Acute Pneumonitis" there is no mention of HIV infection as a risk factor for pneumococcal pneumonia, although this connection is mentioned in the chapter on AIDS. I would like to have seen a discussion on the diagnosis of ventilator-associated pneumonia. In the section on therapy, ribavirin for the treatment of respiratory syncytial virus infections, ceftazidime as an alternative in the treatment of *Pseudomonas aeruginosa* infections, the limited efficacy of

metronidazole therapy in mixed aerobic and anaerobic pneumonias, and the fact that streptomycin and/or a tetracycline is probably the preferred drug(s) in the treatment of brucella infections are not mentioned.

The chapter on pleocytosis discusses both infectious as well as noninfectious causes of pleocytosis. The authors fail to mention the dramatic change in the etiology of bacterial meningitis in young children that is due to use of the new conjugated *Haemophilus influenzae* vaccine. The text states that the frontal and temporal lobes are most commonly involved in herpes simplex virus (HSV) type 1 encephalitis; however, the text should say "temporal and parietal lobes." There is no mention of the value of PCR in the diagnosis of HSV encephalitis or of the relation between HSV and Mollaret's meningitis and chronic benign lymphocytic meningitis. A discussion of chronic meningitis and a table showing the causes of low CSF glucose concentrations would have enhanced this chapter.

The chapter on rash is generally complete but would be enhanced by a discussion on the viral exanthems. I think it would have been better to divide "Monoarthritis" into two chapters on acute and chronic disease. *Sporothrix* and *Brucella* are omitted as causes of monoarthritis. A better discussion on the jaundice associated with sepsis would have strengthened the chapter on jaundice. *Streptococcus pyogenes* should be added as a cause of hemolysis. Finally, I could not find any mention of foscarnet as an alternative treatment for cytomegalovirus infection or for acyclovir-resistant herpes in the chapter on AIDS.

Despite these shortcomings, this book is inexpensive and contains a lot of useful information. It is also helpful in teaching medical students and residents how to develop differential diagnoses in the management of infectious diseases as well as common problems with noninfectious causes.

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Manson's Tropical Diseases

Edited by Gordon C. Cook. 20th ed. London: W. B. Saunders, 1996. 1,779 pp., illustrated. \$115.

Happily for readers west of the Scilly Isles, our British colleagues have scored a hit. The revised and reformatted 20th edition of *Manson's Tropical Diseases* now evens the playing field for major reference books on international health care.

Simply yet effectively organized and written, this latest comprehensive version of the grandfather of all tropical medicine texts contains a wealth of practical information for general practitioners overseas as well as updated clinical, epidemiological and demographic data for specialists in public health and parasitology.

In particular, the 27 chapters and roughly 600 pages that are devoted to system-oriented disease categories (e.g., "Tropical Gastroenterology," "Respiratory Problems in the Tropics," "Cardiovascular Disease in the Tropics," "Tropical Neurology"), related specialties (pediatrics, surgery, and obstetrics and gynecology), and environmental and genetic disorders offer

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seasoned overviews that could have been written only by authors with hands-on medical experience in foreign countries. In what other single textbook could one find a discussion of opportunistic infections in patients with AIDS in Africa alongside a discussion of bow and arrow injuries; the incidence of neurosis among aborigines; or insulin-dependent diabetes caused by ingestion of cyanide-containing foods such as cassava, ragi, or Kaffir beer?

Nonetheless, for infectious disease specialists of temperate and academic persuasion, *Manson's* may not suit every taste or need. Relatively rare entities are accorded proportionately brief discussions (Ebola virus was covered in little more than a page), and there is no uniform attempt to cover breaking research in basic science or molecular medicine.

To their credit, the authors (who are largely British or European) present clear, accurate summaries of all major tropical infections, frequently referencing current World Health Organization reports and studies. However, in their discussions of diagnosis and treatment, they realistically cite those resources likely to be found in hospitals in developing countries. For example, even in 1996 the text mentions a bedside specific gravity test in which copper sulfate is used for estimating levels of pleural fluid protein as well as serum agglutination testing with and without 2-mercaptoethanol to detect IgM antibodies to *Brucella*. They devote only one sentence to cardiac transplantation for chronic chagasic cardiomyopathy (essentially proscribing its use) and entirely omit interferon as adjunct therapy for refractory kala-azar.

Such cost-conscious pragmatism also extends to Nick White's excellent chapter on malaria, in which treatment of a severe case of *Plasmodium falciparum* infection is considered

in three settings: a hospital intensive care unit, a health clinic with no capability for intravenous infusion, and a rural health clinic with no facilities whatsoever for giving injections. In consideration of the fact that the majority of the 1 to 2 million yearly deaths from malaria occur in the latter two settings, this seems most fitting in a book whose stated audience includes primary health care professionals in tropical areas. However, malaria watchers of all stripes will find the chapter on malaria both lucid and comprehensive; it includes the latest research publications (many authored by White and his Oxford unit in Asia) on pathophysiology and antimalarial pharmacokinetics among its more than 400 references.

Most North Americans are only vaguely aware of the history of Patrick Manson and his textbook. In the late 19th century, Manson returned to England from Formosa (Amoy) where he described the man-mosquito cycle in lymphatic filariasis due to *Wuchereria bancrofti*. He was then appointed Medical Officer to the Colonial Office in 1897 and played a seminal role in establishing the London School of Hygiene and Tropical Medicine. The first edition of his textbook entitled *Tropical Diseases: A Manual of the Diseases of Warm Climates* was published in 1898, after which Manson oversaw the next five editions, succeeded by his son-in-law (Philip Manson-Bahr), and his grandson (P. E. C. Manson-Bahr). This latest edition of *Manson's Tropical Diseases*, now fully converted from its original monograph format to an 83-chapter text listing 93 international authors, is a testimony to its most recent editor, G. C. Cook, and a tribute to its creator.

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The diagnosis of Hand-Foot-Mouth disease (most likely a Coxsackievirus) was made clinically. Her mother was instructed to give her acetaminophen or ibuprofen for pain and fever control. She is also to push fluids, especially cold fluids as these may feel better with the painful ulcers. The viruses are best isolated from the throat, stool and rectal swab specimens but other infectious sites can also be used for viral isolation. Treatment is supportive but some anti-viral drugs are being developed. Hand-Foot-Mouth disease is usually caused by Coxsackie A16 but also other Coxsackie viruses and Enterovirus 71. It is a self-limited disease with resultant acquired immunity. Skin rashes are a common presenting problem for the clinician.