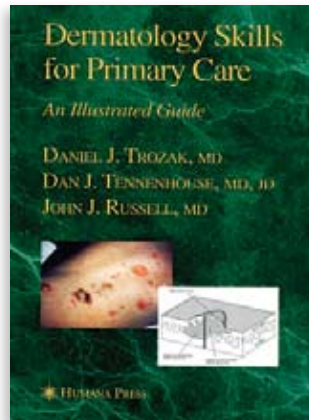


Dermatology skills for primary care. An illustrated guide

AUTHORS Daniel J. Trozak, Dan J. Tennenhouse, John J. Russell
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PUBLISHED 2005/457 pp/\$99.59 US



such as insufficient caveats for antibiotic use in acne and no mention of newer antihistamines for hives. Contact history, occupation, and mood frequently affect the skin and, thus, can affect all patients, but female patients are “distracted” and described by their attractiveness; male patients are “concerned” and described by their careers and hobbies. I was almost amused it was published in 2005.

This book would be most useful if you know what is on your patient’s arm and you wish to read more about it. For identification, there are far better dermatology atlases and textbooks.

—W.R. Mooney MD

OVERALL RATING Fair

STRENGTHS Some topics covered extensively, some treatment pearls

WEAKNESSES Poorly organized; inferior illustrations

AUDIENCE Family physicians or GPs with some expertise in dermatology seeking to confirm a diagnosis

My favourite dermatology texts have superb photographs, algorithms for differential diagnoses, and pass my “acid test” for rashes: with good entries for periorbital dermatitis, they’re likely worth their price.

This book scored 0 for 3.

Despite its title, *Dermatology Skills for Primary Care* would not likely be helpful for a “Doc, what’s this thing on my arm?” challenge. Most lesions can be diagnosed by history, description, and distribution, but instead of helpful algorithms, such as for acute, grouped, and vesicular lesions on extremities, the chapter titles are the answers to (and just above) the quizzes for each chapter.

The drawings and photos are amateurish; the latter are frequently overexposed, without orientation marks or remarks, labeled by number rather than by diagnosis, and not even listed in the index. There are errors in the homunculi, for example, childhood eczema is not depicted on the head. Besides being misleading, the illustrations are not indicative of variability: 2 more tests of a good dermatology book are its examples of skin disorders in non-white patients and psoriasis in its various guises. This book fails again.

Although there are some therapeutic pearls, treatments appear already out-of-date for several common disorders,

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A pocket guide to musculoskeletal diagnosis

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PUBLISHED 2005/131 pp/\$49.50 US

OVERALL RATING Very good

STRENGTHS Well organized; well illustrated; suggests key questions to guide history taking

WEAKNESSES Offers some controversial suggestions

AUDIENCE Practitioners treating disorders of the musculoskeletal system

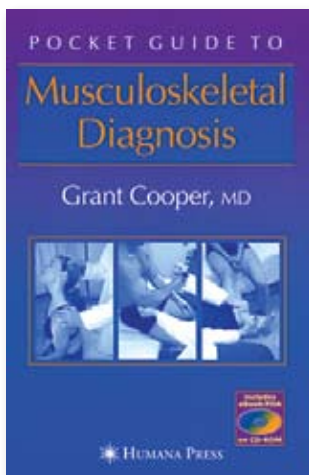
This handbook provides many valuable features for practitioners treating disorders of the musculoskeletal system. The author, Dr Grant Cooper, approaches diseases of the locomotor network in an intriguing fashion.

Chapters are based on different parts of the anatomy. They are organized in a consistent fashion. Each section has a brief introduction entitled "First Thoughts." This is followed by a segment called "History," where the author elaborates on key queries that should be addressed in taking a medical history—for example, when interviewing a patient with knee pain, it is vital to ask about discomfort in the hip or ankle. Such an approach is very effective and alerts readers to Dr Cooper's expertise and experience.

Once the history has been discussed, the reader is offered a well illustrated and carefully crafted model of the physical examination. The language is quite simple and is thus readily understood by most readers. The graphics illustrating the physical examination are consistent and have human subjects (not mannequins or models) performing the diagnostic maneuvers. This is fundamental to facilitating the transfer of that skill (doing a physical examination) to the clinic environment.

The author then discusses very basic procedures for managing and treating many disorders in each body area (eg, shoulder).

We have few criticisms of this publication. The pocket guide would have benefited from illustrations of the basic anatomy of each body area. Also, the author has been superficial in detailing the management of many



ailments. That being said, such a weakness exists in most books that are attempting to be "pocket" references.

Some would disagree with the notion of using modalities that are not evidence-based (eg, oral glucosamine for managing osteoarthritis of the hip). Further, the book mentions the importance of the Q angle of the knee as reflecting disordered tracking of the patella even though this idea remains highly controversial.

Nonetheless, Dr Cooper has provided a rather tidy booklet outlining his experiences with many disorders and injuries of the locomotor system.

Overall, the book was well organized and concise and offered key information regarding the common musculoskeletal diseases seen in primary care office practice.

—William D. Stanish MD FRCSC FACS

—Rosie Mullins MD

—Abdulla Alzahrani MD

Dr Stanish is a Professor of Surgery at Dalhousie University and Director of the Orthopaedic and Sport Medicine Clinic of Nova Scotia in Halifax. **Dr Mullins** is a Fellow in Sport Medicine and Primary Care and **Dr Alzahrani** is a Fellow in Sport Medicine and Orthopaedic Surgery at the Orthopaedic and Sport Medicine Clinic of Nova Scotia.

|Bulletin Board|

Way to go, baby!

Did you know that Motherisk was the first to show that second-hand smoke affects the fetuses of non-smoking women? Or that Motherisk established the safety of drugs (eg, lithium, fluoxetine) used to treat epilepsy and depression during pregnancy?

The Motherisk Program at The Hospital for Sick Children is celebrating 20 years of counseling about and research into the effects of maternal exposure to drugs, chemicals, diseases, radiation, and environmental agents during pregnancy. The Motherisk team is a multidisciplinary group of scientists and physicians with expertise in addiction research, clinical pharmacology, genetics, nutrition, obstetrics, preventive medicine, and psychology.

The Motherisk Program offers help lines, on-line information, forums, and other resources for mothers and health professionals. For more information, visit www.motherisk.org.

Diabetes project funding opportunity

The Lawson Foundation is inviting letters of intent for innovative projects that address the following:

- the prevention of diabetes in at-risk populations; or
- the delivery of health care to those who are living with diabetes.

Sustainable, community-centred projects promoting partnerships are encouraged. Letters of intent should be submitted in English.

Eligibility: Lay or community leaders and health care professionals involved in the education, management, and care of those with diabetes or at risk of diabetes.

Requirement: Canada Revenue Agency registered charitable number.

Maximum grant: \$150 000 payable over 24 months.

Application: Visit www.lawson.ca for more information and to access the on-line application form.

Submission deadline: August 15, 2007.