

Book Reviews

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Pharyngitis Management in an Era of Declining Rheumatic Fever, ed. by Stanford T. Shulman, M.D., New York, Praeger, 1984, 313 pp, \$29.50.

This volume is an unabridged, permanent record of a February 1983 meeting organized by the American Heart Association's Committee on Rheumatic Fever and Bacterial Endocarditis, funded by Ross Laboratories and endorsed by the National Institute of Allergy and Infectious Diseases. The proceedings form the basis of the American Heart Association's statement, "Prevention of Rheumatic Fever." There are also four invited papers which were prepared after the conference and commissioned specifically for this book.

This work provides a comprehensive review of the state-of-the-art management of streptococcal pharyngitis in the United States. The list of contributors reads like a "Who's Who of Streptococcology" and includes Floyd W. Denny, M.D., Edward L. Kaplan, M.D., Edward A. Mortimer, Jr., M.D., Lewis W. Wannamaker, M.D., and 40 other distinguished experts in the field. The papers are generally thorough and clear, and discussions are candid and pertinent. The 22 chapters are well-focused on a variety of key topics, including changing risks and epidemiology of rheumatic fever, diagnosis and management of streptococcal pharyngitis, group A streptococcal carriers and contacts, and decision making in the management of pharyngitis. The chapters are exhaustively referenced, and the book is well indexed so it is easy for the interested reader to refer back to the original literature.

Despite the title of the book, which at least implies that management of pharyngitis in an era of declining rheumatic fever will be significantly different than in the past, there are no radical departures suggested for the control of the disease. One passage states:

Until this question of whether changes in the virulence of prevalent Group A streptococci have resulted from the widespread use of penicillin and other questions have been answered, we believe that caution should be observed in considering relaxation of current recommendations for the prevention of rheumatic fever by control of streptococcal infections.

It is strongly recommended that "if treatment is started before culture results are known, and if the culture is negative for streptococci, antibiotic treatment should be stopped unless there is compelling reason to continue." (Forty-two percent of United States physicians unnecessarily complete the course of antibiotic therapy in spite of negative culture results.) Penicillin is the antibiotic of choice for streptococcal pharyngitis, erythromycin is the second drug of choice (to be used in patients allergic to penicillin), and cephalosporins and clindamycin are distant third and fourth choices, respectively. There is no clear indication for ampicillin or amoxicillin treatment of streptococcal pharyngitis. Routine reculturing of patients treated for streptococcal pharyngitis and routine culturing of all family contacts is *not* recommended.

Pharyngitis Management in an Era of Declining Rheumatic Fever is highly recommended for all health care professionals who are interested in an in-depth discussion of streptococcal pharyngitis. The abridged version, available free from Ross Laboratories, will probably meet the needs of all but the most avid "streptococcologists." For serious students studying streptococcal pharyngitis, the unabridged hardbound version, with the four invited papers which provide reflections that place the proceedings in a larger context, is an attractive volume.

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Interpretation of Immunofluorescent Patterns in Skin Diseases, by Rafael Valenzuela, M.D., Wilma F. Bergfeld, M.D., and Sharad D. Deodhar, M.D., Ph.D., Chicago, American Society of Clinical Pathologists Press, 1984, 176 pp, \$55.00.

Since the application of immunofluorescence to the study of dermatologic diseases, this technique has become a crucial part of a diagnostic evaluation for a number of skin disorders. In addition to its usefulness as a diagnostic technique, immunofluorescence has provided insight into the pathogenic mechanisms responsible for many skin diseases. For any scientific