

## 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 Streptococology" 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 "streptococologists." 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

technique to be of value, however, it must be able to be duplicated in any given laboratory. This requires that those variables that are an integral part of the performance of the test be standardized. If not, erroneous results occur and the reputation of the technique is sullied. Guidelines have been developed over the years, but problems still exist with regard to the performance of the tests and the interpretation of the specimens. This atlas/textbook is intended to remedy both problems.

The book is divided into 20 chapters. Chapters one through four deal with the mechanisms, techniques, criteria, and problems of nonspecific fluorescence and autofluorescence. The remaining chapters are devoted to discussions of particular diseases that have been studied using immunofluorescent techniques. This reviewer particularly liked the chapters about mechanisms and the photomicrographs illustrating nonspecific fluorescence and autofluorescence. The technique section was fairly well written. Unfortunately, the authors use a single slide when performing the direct and indirect technique; this could result in some mixing of the antisera even though the authors state that this can be avoided by the use of a soft wax pencil.

The chapters dealing with the bullous diseases (bullous pemphigoid, cicatricial pemphigoid, pemphigus vulgaris, pemphigus erythematosus, and dermatitis herpetiformis), lupus erythematosus, and mixed connective tissue diseases are good summaries of the available knowledge with regard to immunofluorescence. The figures that demonstrate in a schematic fashion what one sees after immunofluorescence and immunoperoxidase studies are good. Some of the photomicrographs are poor and could have been eliminated. Although leukocytoclastic vasculitis, porphyria, some drug eruptions, cutaneous macroglobulinosis, relapsing polychondritis, erythema multiforme, and psoriasis do produce immunofluorescent findings, the authors should have stated that they were not really useful in making a diagnosis. Certainly to the uninitiated reading this book, it might seem that immunofluorescence would be a necessary part of a diagnostic evaluation. One of the most common problems confronting a person who reads immunofluorescent specimens is the inappropriate biopsy; that is, a biopsy that is taken from the patient who has a disease that cannot be diagnosed by immunofluorescence. Dividing these diseases into those in which immunofluorescence is useful as a diagnostic technique and those in which it is not would have been appropriate. The discussion of other pitfalls such as poor lesion selection for biopsy and an inappropriate biopsy site should have been emphasized. Perhaps more about these problems should be included in the next edition.

*Interpretation of Immunofluorescent Patterns in Skin Diseases* is a good, concise book that nicely correlates the immunofluorescent findings with the clinical and histologic features. Students and residents in the field

of immunofluorescence in dermatology will find it useful as an introductory text. Technicians and those involved with interpreting the immunofluorescent specimens will find it handy as a reference.

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**Preterm Birth: Causes, Prevention and Management**, ed. by Fritz Fuchs, M.D., and Phillip G. Stubblefield, M.D., New York, Macmillan, 1984, 392 pp, \$48.00.

This book presents a fine and relatively current review relating to the basic science of premature labor; understanding of the etiology (limited as it is); and the clinical management of mother, fetus, and neonate.

Excellent sections describe what is known relating to myometrial contractility and endocrinology. These provide an appropriate format for the later treatment sections in the clinical portion of the book. The entire spectrum of causes of preterm labor are well-covered, including the external events which may relate to infection and cervical incompetence, as well as societal and personal factors. The discussions are presented in an open rather than authoritarian manner.

The sections dealing with tocolytic therapy are comprehensive and point out the needs for newer agents which are more successful and less detrimental to mother and fetus than current therapy. The relative merits of agents such as progestins (only approved for research), prostaglandin synthetase inhibitors (still not approved), and drugs such as diazoxide and calcium antagonists (used, but not approved) are described and may become useful during the next several years. This reviewer found most interesting and important the estimate that the incidence of mothers who could be treated by tocolytic agents was no more than 15%.

Ultimately, the clinical management of preterm birth is discussed. Here, the review presents more questions than answers. Should the low-birth-weight baby be delivered vaginally? What birth route should be used for the low-birth-weight breech fetus? How long should ruptured membranes be left ruptured prior to delivery? What low birth weights should lead to considering a cesarean section?

In general, this is an excellent book for obstetricians as well as those who are beginning to consider research in obstetrics. *Preterm Birth* is stimulating, well-written, and current and is recommended for most persons, academic or clinical, in the field.

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