Book reviews


The contents of this book first appeared in a monthly journal for internists called Disease-a-Month and have now been transferred to paperback. The book is aimed at the American market and is intended as a practical desk reference for clinicians in the evaluation of patients with suspected sexually transmitted disease. The authors have divided the subject matter into sections according to the symptoms complex—for example, cervicitis and urethritis, genital ulcers and lymphadenopathy, and pelvic inflammatory disease. There are a number of anomalies, however, such as considering genital warts and *P. pubis* infestation in the ulcers and lymphadenopathy section. There is also some overlap with, for example, the biology of *Neisseria gonorrhoeae* being considered twice—in the section on urethritis and cervicitis and in the section on proctitis. Nevertheless, this format might have worked if sufficient practical advice had been included in these sections. Unfortunately this was not the case.

For example, in the diagnosis of gonococcal urethritis, the clinician is advised on how to obtain a specimen of urethral exudate, but is not told how the specimen should be sent to the laboratory in terms of either transport medium to be used or survival time for organisms. Regarding the diagnosis of syphilis, there is a totally inadequate discussion on the interpretation of serological test results, and the importance of repeat testing for up to 90 days, and the possibility of biological false positive reactions is ignored. The putative link of genital warts with cervical neoplasia is mentioned, but no advice is offered on the role of cervical cytology or colposcopy. There is also no useful advice as to the management of Reiter’s syndrome, and in fact the whole section on arthritis fails to explain or to differentiate between the various sexually transmissible causes.

There are a number of irritating mistakes (*P. pubis* is misspelt), and giardiasis is mentioned as a cause of proctitis. On a more general note there were disappointingly few illustrations, and those that were included are of poor quality. These are the main faults of this book, but there are others too numerous to catalogue. My advice is do not buy it.

G R Scott


This series of 16 articles reflects the experience of the Middlesex Hospital’s AIDS team and appeared in the *BMJ* in mid-1987. Published in softback, the book’s 56 pages are generously endowed with colour illustrations, diagrams, and x rays. The quality of these illustrations, together with the frequent use of lists in the text, are what makes the book particularly readable. Furthermore, the authors manage to unravel the enigmas of human immunodeficiency virus (HIV) disease in a commendably succinct form. The book is aimed at the non-specialist who will increasingly be confronted with HIV disease with all its diverse clinical, psychological, and social complications.

The first three articles review epidemiology, virology, and immunology, and updates on heterosexual transmission, core antigen, and pathogenesis. The meat of the book, however, is the clinical element contained in the next seven articles. Sections on natural history and early HIV infection (the latter especially excellent) emphasise the breadth of the clinical range, despite the book’s somewhat limiting title. Articles on the oncological, respiratory, gastrointestinal, and neurological complications follow, and are useful clinical reviews. The section on treatment focuses particularly on newer antiviral agents, such as ganciclovir, Foscarinet, and of course zidovudine. The contributions from a clinical psychologist and a nursing sister emphasise the benefits of multidisciplinary co-operation. The experiences of two patients, one with AIDS and one seropositive, make salutary reading for doctors. We need to learn from such patients.

Appropriately, the book concludes with its most important topic, an account of the various strategies required for preventive education. This is one we cannot afford to lose.

Dermot H Kennedy