

BOOK REVIEWS

Manual of Practical Dermatology, Pettit JS : Churchill Livingstone, Edinburgh, 1985; pp 219, Price £ 3.95.

This manual is generally suitable for general practitioners and undergraduates. The following comments are however, made in order to improve its quality and to make it more useful for an Indian student.

There is some repetition as certain conditions are mentioned again in the section on 'Regional dermatoses'. This perhaps is unavoidable with this approach.

The individual down-to-earth approach which seems like a direct lecture to the undergraduate is eniovable, particularly in chapters like 'Regional diagnosis'. However, such an approach would naturally have the disadvantage of personal opinions which are not proven or accepted by everybody, nor applicable to all the countries.

In the treatment of nyoderma, of the local antibiotics recommended, tetracycline and nitrofurazone are considered the most useful and neomycin was not recommended for its sensitizing potential. In India, we find nitrofurazone, the commonest sensitizer, and tetracycline ointment is preferably avoided as it is still an useful systemic antibiotic in our set up. Similarly, the argument against neomycin is controversial and should be recommended for local use in combination with bacitracin or polymyxin. Brilliant green or gentian violet for local therapy may be mentioned for poor patients in rural set up.

Aphthae are not simply due to trauma and bacterial infections, the auto-immune theory should also be mentioned. The treatment advocated, paint made of liquor arsenicalis is not only outdated, but difficult to obtain even in cities in India.

The statement that most steroid ointments are strong and should be diluted routinely with zinc ointment is not acceptable. Instead, various preparations should be given in order of strength and hydrocortisone preparation might be advocated for milder indications.

Prostaglandin inhibitors are not mentioned in the treatment of sunburn,—the simple salicylate is beneficial.

To induce carotenemia for sun-protection is an unproven hypothesis, and should not be advocated particularly for India where diet fads would be favoured.

Many do not agree with advocating mono-benzylether of hydroquinone for chloasma, when it is known that it may produce mottled depigmentation in some patients. Use of 2% hydroquinone cream which is mostly recommended is not mentioned. This is a definite lapse for a physician dealing with colour conscious brown skinned people.

In the parasitic diseases, mention should have been made of post-kala azar dermal leishmaniasis, particularly as it can be mistaken for leprosy by a general practitioner. Other conditions are adequately covered.

Of the venereal diseases, though syphilis and chancroid are covered adequately, donovanosis and lymphogranuloma venereum are just mentioned. A few more lines about these with emphasis on differentiation and a couple of photographs would be valuable to the Indian student.

Not all the photographs are well reproduced. For example in plate 32, LP is not visible and in fig. 6.2, tinea cruris is not clear.

Appendix 2, listing the manufacturer's addresses, though useful for other developing countries, is not relevant to India as almost all of them are available indigenously, except Thalidomide.

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