Dermatology DDx Deck by Thomas P. Habif, James L. Campbell, Jr., M. Shane Chapman, James G. H. Dinulos, and Kathryn A. Zug


The Dermatology DDx Deck by Mosby Elsevier is a portable, large pocket-sized diagnostic tool with 165 laminated cards, 10 × 2.5 inches, that are linked together at their base. All 165 cards are beautifully illustrated. On the front, each card has four photographs related to various manifestations of the disease described; occasionally, pathology images are included. On the back, each card has a well-thought-out explanation. Generally this text gives a description of the illustrations, history relating to the disease, physical findings, and treatment. The explanations are obviously abbreviated, but almost all the cards viewed discuss the most pertinent features of each disease. At the bottom front and back of each card, three cross-references to other potential diagnoses are given, allowing for quick comparisons.

The contents are organized using the classical dermatology disease classification, i.e., eczema; urticaria; acne and related conditions; psoriasis and other papulosquamous conditions; infections (bacterial, viral, fungal, and sexually transmitted); drug eruptions; vasculitis; infestations and bites; bullous diseases; connective tissue diseases; photosensitivity diseases, with disorders of pigmentation; skin tumors (benign, premalignant, and malignant); nevi and melanomas; vascular tumors and malformations; hair and nail diseases; neonatal diseases; and, finally, cutaneous manifestations of internal diseases. An interesting introductory card illustrates side effects of topical steroid overuse, which should be beneficial to nondermatologists. Likewise, the final card has a classification of the multitudinous number of topical steroids available.

After reviewing this publication personally as a dermatologist and showing it to dermatologists in training and to house-staff, I found that a pictorial atlas of this kind, contained in a small box and having liberal photographs and appropriate descriptions, could be a valuable asset to nondermatologists. Although the deck is a bit too heavy for most physicians’ lab coats, it could be readily accessible on a desk.

The authors, all from Dartmouth Medical School, are leaders in the field of innovative teaching methods. The lead author, Thomas P. Habif, created one of the definitive texts in dermatology. This interesting illustrated card system is another worthwhile addition and is worthy of consideration by all physicians and allied health professionals involved in the day-to-day care of dermatology patients.

The reviewer, Alan Menter, MD, is chief of the Division of Dermatology at Baylor University Medical Center.

Clinician’s Guide to Sleep Disorders, edited by Nathaniel F. Watson and Bradley V. Vaughn


Sleep medicine is a new and rapidly growing field. Sleep disorders are being diagnosed more frequently as clinicians are becoming more aware of them. Hypertension, cardiac diseases, and cerebrovascular diseases have been linked to sleep disorders and sleep deprivation. In addition, the impact of sleep disorders on daytime performance has enormous socioeconomic consequences. The patient with sleep disorders or daytime hypersomnia can easily go unnoticed by the clinician, unless these symptoms are specifically asked about. Therefore, physicians of different specialties need to be informed about basic sleep physiology, sleep pathology, and ways to approach the patient with sleep-related symptoms.

The Clinician’s Guide to Sleep Disorders serves these functions quite adequately. In the first two chapters, the approach to a patient with a sleep complaint and diagnostic procedures in sleep medicine are covered. The book then addresses common sleep disorders such as insomnia, sleep-related movement disorders, sleep-related breathing disorders, narcolepsy, parasomnias, and circadian rhythm disturbances, each in a separate chapter. The book ends with chapters on sleep disorders in certain populations such as children, women, and the elderly. The last chapter addresses the future of sleep medicine.

The book is well written and easy to read. It includes an abundance of tables and images that serve the busy clinician’s quick review needs. The book covers the necessary basics of each topic and avoids long, detailed descriptions. A useful appendix of various scales and diagnostic tools is included.

Overall, this book is a welcome addition to the sleep medicine literature and is a valuable tool to clinicians in different disciplines in the diagnosis and management of sleep disorders.

The reviewer, Waleed H. El-Feky, MD, is director of the Sleep Disorders Center at Texas Neurology and a neurologist on the medical staff at Baylor University Medical Center.
Chronic hemodialysis is now nearing its 35th anniversary. In the early years of this now common therapy, diabetic patients who developed end-stage renal disease were not considered candidates for chronic hemodialysis or peritoneal dialysis. In the past few decades, there has been a steady rise in diabetic renal disease due to several factors, including the better treatment and management of infectious diseases, diabetic ketoacidosis, and cardiovascular disease. Such medical care has enabled diabetic patients to survive long enough to develop diabetic nephropathy.

Diabetic nephropathy is now the leading cause of end-stage renal disease, accounting for approximately 45% of new patients requiring chronic dialysis. The 2005 US Renal Data System showed that only 25% of patients initiated on hemodialysis due to diabetes survived 5 years. These disturbing statistics have resulted in increasing basic and clinical research on this topic.

The editors of *The Diabetic Kidney* have brought together an amazing group of researchers and clinicians who present the recent progress that has been made to better understand the pathogenesis of diabetic nephropathy. With the increasing knowledge and understanding of the basic disease process have come new therapeutic interventions as well as preventive measures. The book is divided into two parts: The Basic Pathophysiology and Biochemistry of Diabetic Nephropathy (pp. 3–326) and The Clinical Aspects of Diabetic Nephropathy (pp. 327–548).

In the first part of the book, various authors discuss the pathophysiology of diabetic nephropathy. The nonhemodynamic effects of angiotensin II and its receptors are discussed, including stimulation of cytokines, activation of extracellular matrix synthesis, inhibition of extracellular matrix degradation, and generation of reactive oxygen species that may result in the changes seen with diabetic nephropathy. The role of glomerular protein ultrafiltration in the progression of interstitial fibrosis and diabetic nephropathy is discussed at length. The authors conclude that any method of limiting protein ultrafiltration, including improving blood pressure control, may decrease fibrosis.

The combination of angiotension-converting enzyme (ACE) inhibitor and angiotensin receptor blocker therapy is addressed. In theory, ACE inhibitor inhibition is not complete, as alternate pathways for angiotensin II generation exist. Accordingly, combination therapy should have an additive benefit. However, the data for the effectiveness of combination therapy are not yet convincing in humans, and such therapy may result in complications such as hyperkalemia.

Several chapters address the role of glucose transporters in the metabolism of glucose in the kidney. Hyperglycemia generates advanced glycation endproducts through nonenzymatic glycation and oxidation of proteins and lipids that appear to play a critical role in the pathogenesis of diabetic nephropathy. Studies in animal models have shown that inhibition of these pathways can decrease changes associated with diabetic nephropathy. Studies have also shown that hyperglycemia leads to changes in podocyte structure and function that result in increased albuminuria and glomerular damage.

The role of various growth factors, including connective tissue growth factor, vascular endothelial growth factor, and transforming growth factor, in the pathogenesis of diabetic nephropathy is explored. New technology, including the application of proteomics in diabetes research, is discussed in detail.

The second part of *The Diabetic Kidney* focuses on the clinical aspects of diabetic nephropathy. One of the initial chapters does an excellent job addressing the current strategies involved in identifying the genes potentially responsible for the development of diabetic nephropathy. Although a number of candidate genes are discussed, it is clear that more research is needed before this field will have clinical implications.

Multiple authors discuss the importance of strict glycemic control, normotension (defined as $<130/80$ mm Hg), and the blockade of the renin-angiotensin-aldosterone system. Studies have shown that progression of diabetic nephropathy can be halted and possibly even partially reversed with euglycemia. Several authors suggest screening for microalbuminuria with the goal of limiting any albuminuria.

Once a patient progresses to end-stage renal disease, options include hemodialysis, peritoneal dialysis, kidney transplantation, or kidney/pancreas transplant (for type 1 diabetics). Best outcomes have been seen with initial peritoneal dialysis followed by hemodialysis if necessary while the patient awaits a kidney or kidney/pancreas transplant. The early use of peritoneal dialysis may be beneficial because of the continued maintenance of residual renal function. In addition, vascular access for hemodialysis in diabetic patients is often challenging due to accelerated atherosclerotic disease and a subsequent higher vascular access failure rate. Many patients in the developing world are not candidates for dialysis or transplantation due to financial constraints. In some countries transplantation is not an option for religious reasons. As a result, the key in management is prevention or slowing of the development of end-stage renal disease.

One chapter provides an outstanding summary of the overall treatment of advanced renal disease in diabetics and discusses the importance of treating comorbid conditions such as hypertension, anemia, metabolic bone disease, cardiac disease, and hyperlipidemia.

This is an excellent book for both basic science researchers and clinicians. Since the textbook is a compilation of topics, the book becomes repetitive at times. A review of current guidelines in the treatment of diabetic nephropathy at various stages of chronic kidney disease would be very helpful for the clinician. Finally, perhaps due to space limitation, renal transplantation is only superficially discussed.

The reviewers, Andrew Z. Fenves, MD, and Jesse George, MD, are nephrologists on the medical staff at Baylor University Medical Center. Dr. Fenves is chief of the Division of Nephrology.
Incidental Findings: Lessons from My Patients in the Art of Medicine
by Danielle Ofri

After 3 years of intense training at New York City's Bellevue Hospital, it was difficult for Danielle Ofri to contemplate life after residency. As she writes near the beginning of her book, "I couldn't quite believe that I would never again spend a night in the hospital. Never again find myself wandering deserted in the hallways at 3:00 in the morning. Never sweat over another IV in a veinless drug user. Never have to sleep in used sheets, shivering for lack of a blanket." Eager for some freedom and rest, Ofri became a physician-vagabond for a time. She would work locum tenens for a month, use the income to finance her personal travels, and then take on another assignment when her money ran out. Ofri eventually returned to Bellevue, where she has become an attending physician and an accomplished writer. Incidental Findings is a collection of stories chronicling her experiences finding her way as a newly independent doctor.

The book is marked by an earnest reverence for the practice of medicine. Faced with frustrations that push many doctors toward cynicism, Ofri struggles to see her work as a sacred calling. She agonizes over how to convince a lonely old man who has stopped taking his medicines that his life is worth living. She fights to see brokenness and fear in a patient's irritability and rudeness to hospital staff. She spends an hour with a directionless young man persuading him to take the SAT and pursue college.

On first reading, Ofri's idealistic approach to medicine struck me as a bit over the top. She seemed to endow the ordinary events of a doctor's day with a disproportionate amount of drama and meaning. To paraphrase Freud, sometimes a physical exam is just a physical exam. But perhaps my initial response only proves Ofri's point that we physicians too often overlook the deep significance of our work. Quite easily medicine becomes tasks to complete instead of people needing our care. Grinding through our day, we lose sight of what a special role we can play in patients' lives.

For some doctors, it takes becoming a patient to understand the weight of a physician's words and actions. For instance, in one story about getting an amniocentesis, Ofri comes to see that events which seem trivial to doctors can be frightening and overwhelming when they happen to you. As an obstetrician prepares to stick a needle into her belly, Ofri realizes that it is the very same needle that she has so unflinchingly stuck into patients' spinal canals, bone marrows, lung cavities, and abdomens. But, she writes, "This is the first time I've ever faced the business end of the needle. It is metallically menacing, like medieval armor, and far larger than I ever recalled its being."

Through stories like these, Ofri reveals what a tremendous honor and responsibility it is to be a physician. Indeed, one senses that one reason Ofri wrote these stories was to remind herself of this vital fact. I, for one, would do well to follow her example.

The reviewer, James Marroquin, MD, is a resident in internal medicine at Baylor University Medical Center.

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For Goodness Sake: The Seven Basic Virtues by Charles S. Bryan, MD

Our pastor recently challenged us to implement four lifestyle changes over 6 weeks in the hope that they would become habits. The behaviors he optimistically targeted were to 1) engage in 30 minutes of aerobic activity three times a week; 2) implement a God-honoring spending plan that begins with giving; 3) replace one evening a week of watching television with one evening of reading a book; and 4) read a chapter of Scripture and journal our prayers 5 days a week. Reading this book is our compliance with the third requirement and has proven an entertaining, stimulating, provocative, and valuable exercise.

Dr. Bryan is the Heyward Gibbs Distinguished Professor of Internal Medicine and director of the Center for Bioethics and Medical Humanities at the University of South Carolina. He readily admits that he is "writing well outside [his] own areas of certified expertise, which are internal medicine and infectious diseases." But it is evident that the volume is authored by one who has spent a lifetime reading and implementing classical thought, literature, art, and music into his lifestyle.

Dr. Bryan's book advances the thesis "that becoming a good person begins with virtues" and gains its structure from chapters dedicated to illuminating the four cardinal virtues of prudence (wisdom), justice, temperance, and fortitude (courage) and the three transcendent virtues of faith, hope, and love (charity). Beginning with a basic tribute to the ancient philosophical discussions of the seven virtues, Dr. Bryan states, "My overarching purpose is to offer a framework upon which readers can construct their own commentaries." This he does eloquently. For Goodness Sake should not be devoured as a single meal and quickly disposed of. It is a feast to be enjoyed one course at a time, fully savored, and slowly digested.

For each of the seven virtues, the author provides definitions of the term; examples from history, literature, the arts, and life; quotations and allusions from the Bible, various other religious documents, philosophy, psychology, and famous personalities; anecdotal vignettes of known and unknown heroes of virtue;
case studies; and gentle challenges to readers to examine their own code of virtuous conduct. He introduces us to universal principles, historic characters, and personal acquaintances to illustrate the application of the virtues to real-life situations. His stories make the virtues come alive. His nonprofessional, personal photographs add a sense of genuineness to the presentation. While generating a feel of homespun wisdom, Dr. Bryan’s thoughts run deep with unusual insight.

The book reads almost like a devotional from which one can take a few sparkling nuggets, digest their impact, and return later for more. At one point, Dr. Bryan expresses that he will “especially regret making so many self-disclosures,” but we found these admissions endearing. One can imagine how grateful Dr. Bryan’s colleagues, patients, friends, and family must be to see this philosophical and transparent side of a man whom they admire as a practicing physician. It is easy to come away from reading this book with the impression that there is more to Dr. Bryan than meets the eye and that one’s life would be greatly enhanced by spending time listening to his poignant positons. His thoughts are provocative and inspirational rather than didactic which, given his admitted lack of credentials in the fields of psychology, philosophy, and theology, shows great wisdom.

Dr. Bryan makes us wish he were our neighbor. His stories, especially those that expose his own journey of developing the seven virtues, reveal a man of character and human kindness. He hopes for a better world than the present and, believing in the power of a positive example, challenges readers to practice the goodness they would hope for others to practice.

The author approaches his subject from a primarily Western, broadly humanistic, and inoffensively Christian perspective. For example, his definitions of faith, hope, and love are more socially nuanced than biblical. Biblical faith focuses specifically on the Creator God, Israel’s Covenant Lord, and Jesus as Savior. Bryan distinguishes “faith” from belief, which is less tolerant, and encourages a faith that encompasses not only “ultimate concerns” but also the “preliminary concerns” of human relationships. Biblical hope anticipates certainty, while the author adopts the more common understanding of “confidence.” Love is treated in terms of “brotherly love” more than the sacrificial, Christ-like love demanded by the New Testament epistles. Although a Christian gentleman, Dr. Bryan recognizes the universality of the virtues he promotes. A particular strength of this text is that the author refuses the usual bisection of the spiritual and the physical. The whole person receives the author’s attention. His desire is not to promote his own faith commitments but to acknowledge the breadth of expression of the virtues and the necessity of applying them for the betterment of both the individual and the community. Typical of the author’s practical application of the principles he promotes is his “Love Behind the Steering Wheel” ideology on page 203. The last entry encourages the reader to “Carry in your glove compartment at all times one or more booklets of Wendy’s or McDonald’s gift certificates, to be used at your discretion when you see someone at an intersection holding up a sign that reads ‘Need money for food.’”

While readers are constantly encouraged to reflect for themselves, the author occasionally expresses his opinion. He finds that each of the virtues is deficient in the world today, especially in the USA. His evidence is strong. For example, noting the lack of temperance in the American culture, the author states, “We constitute 5% of the world’s population but use 25% of its oil (of which 60% is at present imported) and generate 25% of its waste. We also, by one estimate, generate 50% of the world’s spending on arms.” Dr. Bryan unflinchingly proposes how the virtues might well be applied to the ethical and moral issues of our day. One would expect, and indeed finds, several references to the lack of peace throughout. The “Just War Theory” encourages readers to think about the value of justice and the lack of that virtue in the world’s affairs. Similar “prods” incrementally reveal the good physician’s opinion of personal and political policy in our times.

The author anticipates readers’ continuing engagement with virtue theory by his useful and comprehensive appendix, bibliography, endnotes, and index. The appendix summarizes the history of virtue theory from Homer in the ninth century BCE through contemporary philosophers and psychologists. The extensive, nearly exhaustive, bibliography divides the resources into general and specific categories, with special attention given to each of the seven virtues. The endnotes direct readers into the literature rather than developing arguments. The index connects readers to the major ideas, texts, and authors addressed throughout the discourse, allowing efficient recall when desired.

Locating a copy of this book might prove challenging but well worth the effort. It is self-published and available only from the Trinity Cathedral Shoppe, which is the bookstore of the Trinity Episcopal Cathedral in Columbia, South Carolina. Order For Goodness Sake by calling the bookstore at 803-771-7300 or by e-mailing bookstore@trinitysc.org.

This book was reviewed by Beverlee and Timothy Warren. Beverlee Warren, MA, MS, is manager and senior medical librarian of the Baylor Heart and Vascular Institute at Baylor University Medical Center. Timothy S. Warren, ThM, PhD, is professor of pastoral ministries at Dallas Theological Seminary.