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IMMUNOLOGICAL DISEASES

Edited by Max Samter, MD, David Talmage, MD, Michael Frank, MD, K. Frank Austen, MD, and Henry Claman, MD
Little, Brown

The fourth edition of *Immunological Diseases* builds on the tradition of excellence that we have become accustomed to in previous editions. The two-volume set enlists the aid of five section editors and a broad base of world-renowned contributors. The book has greater emphasis on allergic disease and immediate hypersensitivity than in other offerings on clinical immunology, reflecting the increased knowledge of immunologic mechanisms involved in these conditions.

The text has some shortcomings that are unavoidable in a work of this nature, such as variable writing quality and depth of coverage from chapter to chapter. The organization is questionable in some areas; for example, the chapter, "Allergic Reactions to Drugs," is in the "Basic Immunology" section; and several diseases covered in the "Allergic Diseases of the Skin" section might not be considered allergic. These are minor criticisms, however.

The text is an excellent reference in nearly every area that it covers, and some chapters are truly outstanding, state-of-the-art reviews—for example, Dr. Frank's chapter on complement and the chapter by Drs. Lotz and Vaughan on rheumatoid arthritis. Overall, the chapter authors and section editors are to be commended on the scientific content and writing quality. They have provided an authoritative, yet readable, book—no easy task when a text is this comprehensive.

I recommend this book for all physicians who deal routinely with immunologic diseases. It would be an especially valuable addition to the personal libraries of physicians in clinical immunology, allergy, rheumatology, and dermatology. I would stop short of recommending it as a substitute for the current standard allergy textbooks for the practicing allergist.

Because the book is a comprehensive reference in allergy, clinical immunology, and rheumatology, it will be a worthwhile library addition in medical departments where organ-specific and general systemic manifestations of these disorders are encountered.

The science of immunology and the field of clinical immunology are evolving so rapidly that a comprehensive textbook like this one risks becoming quickly outdated. Fortunately, the authors present enough experimental and theoretical information to prevent the book's becoming a "snapshot" of "Immunology 1989." Even so, it is hoped that we will not have to wait 11 more years for publication of the fifth edition of this outstanding reference.

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GUIDE TO CLINICAL PREVENTIVE SERVICES

Report of the U.S. Preventive Services Task Force, Robert S. Lawrence, MD, Chairman
Williams and Wilkins

Guide to Clinical Preventive Services summarizes evidence both for and against 169 preventive interventions, including screening tests, counseling, immunizations, and chemoprophylaxis directed at conditions that represent the leading causes of death in the United States. Prior to its publication in 1989, parts of the summary were reported in *JAMA*. The book represents the work of the U.S. Preventive Services Task Force, organized by the U.S. Department of Health and Human Services in 1984.

The publication provides laminated charts that outline the Task Force recommendations for specific age groups. Discussions of topics are well referenced and clearly presented. The Task Force defines high-risk groups pertinent to each intervention, and makes specific recommendations when medical evidence clearly supports or refutes the use of a specific intervention. When evidence is inconclusive, the Task Force is noncommittal. Consequently, the real value of the *Guide* is not necessarily that it tells the clinician what to do, but that it provides a framework of medical and scientific information for making decisions.

The *Guide* has drawn criticism from subspecialty societies whose recommendations contrast with those in the *Guide* based on a different interpretation of the lit-

erature. Indeed, some recommendations in the *Guide* may already be dated because of studies published since the *Guide* was developed. Despite these shortcomings, the *Guide* is unbiased and accurate in its interpretation of the literature and its recommendations to practitioners.

The Guide to Clinical Preventive Services should be in the library of any physician who is or will be involved in

primary care medicine. This document also will serve as a reference for those who make decisions about health care policy and financing. The *Guide* will be a basis for future research and recommendations in preventive medicine, and can help all of us who provide clinical preventive services.

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