

Conn's Current Therapy

47th ed, edited by Robert Rakel, 1204 pp, \$55, ISBN 0-7216-4052-4, Philadelphia, Pa, WB Saunders Co, 1995.

I remember how excited I was to stumble over an earlier edition of this book during my residency more than 15 years ago. My training required that I focus my attention primarily on the diagnostic process, even when the diagnosis was obvious and the really interesting stuff was in the treatment. The *Washington Manual*, which was limited to use with hospitalized patients, was my bible, but I always felt somehow illegitimate quoting chapter and verse. Pocket-sized and spiral-bound, the manual felt like the Cliff Notes of medicine; the "real" textbooks of internal medicine were somehow more authoritative, more distinguished, more scientific and, to prove the point, were hardcover. Sadly, Harrison's and Cecil's both made it clear that good doctors, real doctors, read and study pathophysiology but somehow magically absorb the basis of therapeutics simply by working with more experienced physicians. Treatments come and go, but disease lives forever. And then Conn's showed up! An accurate, hardbound, respectable book whose chapters were three-quarters treatment and only one-quarter diagnosis, and whose authors seemed prestigious. I liked it so much that I've bought a new one every 3 years or so, because at least 75% of the authors change every year, and new therapies have been coming fast and furious. Each chapter says, "The method of . . . (author's name)," so it seems like getting a good curbside consult from someone you trust; they offer reasonable, practical, up-to-date advice that you can take or leave, but no one looks over your shoulder and no one will ever know whether you take

the advice. In addition to providing an authoritative summary, the authors often throw in some tidbits, such as their personal favorite (and usually unproven and unapproved) method of treating recalcitrant hiccups. Thus, I've come to depend on this book for hints, ideas, and, as I've gotten older, reassurance that what I've been doing is probably all right.

So how is the most recent edition, number 47? Very good, overall. The editor, family physician Robert Rakel, tells us that 95% of the authors are fresh. Some of them seem to be somewhat academically oriented, by which I mean they use newer drugs over older ones, quote their own studies a bit, and briefly wax poetic about pathophysiology. Most of them are indeed in academia, and the occasional family physician or community-based physician is welcome among the 407 contributors who between them write 1131 pages and some useful appendixes.

The handling of specific content runs from good to great. The new section on low back pain is strong, comprehensive, and primary care oriented. It does far more in two pages than most other reviews do in 10, although its indications for imaging are arguably too broad and there was little discussion of either narcotic habituation or psychosocial issues. The section on uterine leiomyomas (fibroids) taught me a lot with a good but lengthy discussion of medical therapy with leuprolide, a gonadotropin-releasing hormone agonist, but did not mention either progestin-cycling or dilatation and curettage, treatments commonly used by primary care physicians before referral. The section on bacterial diseases of the skin was bookish, more surgically than primary care oriented, and skipped over using common and cheap drugs, such as the tetracyclines for folliculitis and penicillin for impetigo, in favor of much more expensive new agents that theoretically offer only slight advantages. The

obesity chapter was comprehensive, succinct, compassionate, and up-to-date, including clear descriptions of how to use anorectic drugs. The discussion of headache was very well reasoned, functional, and management oriented. The chapters on human immunodeficiency virus and acquired immunodeficiency syndrome posed unique challenges of squeezing everything into 11 pages and seemed incomplete. The "symptom" chapter on coughs failed to mention the common empiric use of inhaled bronchodilators, despite the growing evidence that a cough without wheezing is a common sole manifestation of reactive airway disease, and that bronchodilators may be an effective single agent for bronchitis.

In spite of the fact that most of the subspecialist authors work with referral populations, the majority of them succeed in meeting the editor's charge to orient their work for primary care physicians, or for other subspecialists who are increasingly being called on to deliver primary care. It is relatively easy in most chapters to infer when to refer, with few authors implying that "their" disease should only be handled by them.

The book has an excellent index, and is organized by organ system into 17 sections. Putting the book together is clearly a tour de force, and it is astounding that the editor and his staff pull it off year after year with new material. Looking more closely at this book, which I've been using and enjoying for quite a while, has revealed no major new flaws and has given me the opportunity to peek behind the curtain and be impressed by what I see. Buying one every few years is probably a good idea, and this year, at \$55, a good value.

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