

Book Review

Advanced Dermatologic Therapy II

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A review by Noah S. Scheinfeld, MD, JD

It is said that in dermatology, residents spend 3 years learning diagnoses and a lifetime learning treatment. The lengthy differential diagnosis that residents are required to provide when assessing dermatology patients at ground rounds is less useful in private practice than an exhaustive knowledge of therapeutics. No one has more thoroughly and intensively written about treatment and therapeutics than Drs. Walter B. and E. Dorinda Shelley. Their contributions to dermatology in the form of a dermatologic diary in *Cutis*[®] and in their first magnum opus—*Advanced Dermatologic Therapy* are substantive and unique. I recall during my time in residency when Michael Fisher, MD (Professor and Head, Division of Dermatology, Albert Einstein College of Medicine), would ask a resident after the differential was laid out, “How would the Shelleys treat this patient?” The original edition of *Advanced Dermatologic Therapy* was published in 1987 and quickly became a standard reference. It was more than a compendium of abstracts; it was a work along the lines of Aristotle’s heuristics—a logical categorization of disease treatment accompanied by scholarly glosses.

Since 1987, much has happened in dermatologic therapeutics. Powerful immunosuppressive drugs, as well as novel topical therapies, have become available. The developments in the treatment of dermatologic diseases between 1987 and 2001 have been distilled by the Shelleys into a new book—*Advanced Dermatologic Therapy II*. The Shelleys have been pillars of *Cutis* for 30 years, as editors and writers. *Advanced Dermatologic Therapy II* can be seen as a companion volume to Wolverton’s *Comprehensive*

Dermatologic Drug Therapy. Wolverton organizes medications by type and cites treatments, while the Shelleys explicate diseases by citing treatments.

Numerous pearls pepper the text. For example, it is noted that: seborrheic dermatitis is worsened by cigarette smoke; the treatment of anetoderma should include a search of streptococcal infection; those with angioedema should have their dental prostheses checked; vitamins and tetracycline rinses can ameliorate aphthous stomatitis; and antiplatelet therapy aids the treatment of atrophic blanche. The Shelleys have assembled information that transcends any simple categorization of this book as a collection of abstracts; rather, it is a thorough approach to treating patients with both common and uncommon diseases.

Of special note are the anecdotes and stories regarding patients and their treatment. The humanism that animates these stories is unique in the dermatology literature. The Shelleys never let us forget that it is the improvement of the lives of patients that is the foundation of our efforts as physicians. Textbooks often elide the human and the mutable; the Shelleys bring these things to the fore.

Advanced Dermatologic Therapy II is a welcome and deserving successor to *Advanced Dermatologic Therapy*. It is a worthwhile, if not essential, addition to the libraries of dermatologists who wish to help and serve their patients. The Shelleys’ contribution is great; their new book will ensure that their efforts last. I, for one, await *Advanced Dermatologic Therapy III*, a text that will no doubt capture the immediate past and that which is yet to come.