Book Reviews


Medical Microbiology for the New Curriculum: A Case-Based Approach by Roberta B. Carey, Mindy G. Schuster, and Karin L. McGowan details 24 microorganisms of clinical relevance. Each section is structured around a patient history, differential diagnosis, laboratory tests, results, pathogenesis, and concluding with treatment and prevention. Moreover, each chapter has a section on additional points and further reading that includes both websites and review articles. The additional points aim to bring to the forefront important considerations (both clinical and laboratory based) to keep in mind while making a diagnosis. More importantly, each of the 24 case studies are accompanied by detailed illustrations that consist of a combination of tables, full-color photographs, and line drawings, all of which help formulate an understanding of the microorganism in question.

Using this structured approach toward a final diagnosis, the authors have made it easier for their audience to integrate and appreciate basic science and clinical experience. Additionally, the choice of organisms discussed range from viruses, bacteria to parasites, and provide a broad introduction to infectious diseases.

In summary, this is a well-written text in its simple explanations of a complex subject to make it of interest to a multidisciplinary readership. It would be useful for anyone trying to understand both the basic and clinical sides of infectious disease. Additionally, this text would be a good study guide for medical students, microbiologists, and pathology and infectious disease fellows/residents.

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Two weeks, four days, 13 hours, and 23 and a half minutes before you have to sit for your internal medicine specialty boards. You want a quick review, without large blocks of text, though you’d rather not wade through complex figures, either. Where do you turn?

McGraw-Hill and the authors of Last Minute Internal Medicine: A Concise Review for the Specialty Boards hope they have provided an answer. Their newest addition to the “Last Minute” specialty board review series provides readers with material that is solely in tabular format (with a few flow charts mixed in for sanity’s sake). Last Minute Internal Medicine has made it its mission to stick to core, high-yield material without including any extraneous detail. The book is written for an audience of physicians and residents specializing in internal medicine who will be sitting for their (re)certification specialty board exam within a few weeks of using the text.

The book is divided into 23 sections, organized based on organ system. With an
average of 22 pages and 18 tables per section, the divisions are as follows: cardiology; pulmonology; critical care; gastroenterology; nephrology; urology; infectious diseases; endocrinology; hematology; oncology; rheumatology; peri-operative care; ophthalmology; dermatology; sports medicine; women’s health; geriatrics; allergy and immunology; neurology; psychiatry; adolescent medicine; nutrition; and basic statistics and epidemiology. Naturally, the book focuses most heavily on cardiology, hematology, gastroenterology, and oncology review as these are not only the topics most often tested, but also the organ systems that give rise to the largest volume of diseases seen by an internist in general practice.

With the notable exception of the seemingly text-heavy and out-of-place “Allergy and Immunology” chapter, the book sticks to its promise of including “nothing but tables.” Though the organ system organization of the chapters is easy to navigate, one does leave the book wishing for a more consistent sub-format within each of the chapter’s tables. The tables within separate sections are so remotely incongruous in layout and content that one wonders whether each section was not prepared by a different author, without any common table/heading formatting guidelines.

In the end, the book serves its purpose, however. It is not meant to be a stand-alone review text, nor is it best used to re-educate oneself on material long forgotten. The book is a quick tool to evaluate one’s strengths and weaknesses and concomitantly quiz oneself on material that has already been assimilated (yet still might be fuzzily remembered). If I were taking the exam, I might pick up a copy of the book to use as a diagnostic before I began my studying. In the end, however, the book would certainly find its way onto my shelves as a quick reference source with easy to use tables — packed to the gills with high-yield information I would need to know to pass the exam.

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Medical school is famously an expensive and time-consuming endeavor. Perhaps it is no wonder then that medical students are willing to cram for months at a time and shell out exorbitant fees in an attempt to prepare for important standardized licensing exams, the outcomes of which may well dictate the course of their future careers. Yet, as the new book How to Succeed at the Medical Interview points out, most students focus disproportionately on those exams while spending little or no time preparing for residency interviews, arguably the most important component of a successful application. As the authors provocatively assert in the introduction, “It is good preparation, and not a person’s ability or personality, that is the key to success at the medical interview.”

How to Succeed at the Medical Interview attempts to remedy this imbalance by providing practical tips and guidelines for students who wish to increase their chances of excelling during the residency interview process. The authors begin by outlining the specific aims of the medical interview, then move on to a discussion of how to prepare in advance and perform well on the interview day itself. The next several chapters are devoted to sample interview questions, including those that test the applicant’s knowledge vs. those that test generic skills. The book concludes with a discussion of so-called “competency-based tasks.”

Unfortunately, because this book is primarily targeted at medical students and residents in the United Kingdom, much of the material is simply not applicable to American medical students. While the first few chapters are filled with useful general suggestions as well as commonly encountered interview questions, as the book progresses its focus becomes increasingly specific to the U.K. healthcare system. For example, the chapter entitled “Interview questions that test your knowledge” is filled with descriptions of terms such as the “European Work-
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