unpublished and conveys the cut and thrust of unfinished debate rather than completed work formally laid to rest in various journals. Above all, a book of over 700 tightly packed pages must entertain as well as instruct; there is enough novel material in the book to achieve both objectives although the workshop reports are so compressed as to be virtually unreadable. In summary, therefore, this is an important book for the professional immunological investigator who needs to be aware of the thrust of current debate and who can absorb immunological data in the same way that those familiar with a foreign language can appreciate a novel in that language. It will leave most others totally bewildered.

A. M. Denman

Microbial disease: the use of the laboratory in diagnosis, therapy and control


The aim of this book is an admirable one, to fill the gap between bedside and laboratory in the diagnosis, therapy and control of microbial diseases. Unfortunately, this laudable aim is not achieved, partly because of a large number of errors and omissions, and more seriously because it fails to provide practical guidance in just those day-to-day clinical situations in which the need for help is most urgent. To take some examples, the section on pneumonia perpetuates the old and now largely unhelpful distinction between lobar and bronchopneumonia and fails to emphasise the role of the patient's age and background of lung and general disease in determining the likely pathogens and, thus, the rational management. Early antigen-detection methods are not discussed, erythromycin is not mentioned as a suitable agent for *Mycoplasma pneumoniae* infections, and the recommendations for treating *Pneumocystis carinii* infections are out of date.

The section on meningitis is most unbalanced. One of the most common diagnostic problems, that of partially treated bacterial meningitis, is scarcely mentioned, yet the very rare condition of amoebic meningitis is noted five times in this short chapter (and again in a subsequent one). The dose of ampicillin suggested is at least three times too low and would certainly be ineffective, and sulphonamides are recommended in circumstances in which they have largely been abandoned.

A curious remoteness from the real diagnostic issues is especially noticeable in the chapter on PUO and septicaemia. The sections on laboratory investigations include a long paragraph on the NBT test but fail to mention blood smears for malaria, and the serological tests suggested include a number against antigens of organisms that do not in fact cause PUO. A much more important failure is the half-page section on antibiotic therapy before the pathogen or its sensitivity is known. This, the most pressing problem in microbial disease practice, is here dismissed in a few perfunctory paragraphs which include a seriously erroneous recommendation; if an aminoglycoside is used as sole drug in these circumstances, very important groups of organisms, notably streptococci (including pneumococci), will be left untreated. It is hard to imagine a junior doctor finding this section of any value in making a pathway through this particular diagnostic jungle.

Good things there are in plenty in this book. The chapter on accidental and surgical wounds is a model of clarity and sound guidance, although it does less than justice to newer work on rational chemoprophylaxis for certain forms of abdominal and pelvic surgery. I hope too, that the authors do not really mean what they say in an earlier chapter, that they "discourage prophylaxis even when it can be shown to protect the individual patient". The chapters on the genital system, and on the skin and its appendages, are also treated in a fresh and useful way. But highlights such as these do not compensate for the many deficiencies.

A reviewer should not indulge in "nitpicking" since an occasional error or misprint can creep, easily enough, into a book of more than 300 pages. But the errors here are too numerous and too structural. Several have already been mentioned. Among other notable gaffes are a serious misreading of the BTTA antituberculous drug trials and a consequent wrong treatment recommendation, and a perpetuation of the old confusion between infant septicaemia and *E. coli*
BOOKS RECEIVED

I69

gastroenteritis, a muddle which has for years confounded rational management of infant diarrhoea. Two recommendations in the section on endocarditis are especially unfortunate. It is, in practice, almost never possible to give dental treatment to a patient with endocarditis at the moment when treatment is started, and their recommendation is bound to perpetuate the common and misguided practice of doing dental treatment at exactly the wrong time, i.e., in patients who have a resistant mouth flora and fresh unepithelialised vegetations. Another comment in this chapter is also unfortunately conducive to bad practice. While warning against the dangers of indwelling venous catheters, they recommend this method for initial treatment of endocarditis. I believe it is quite wrong to use this method in endocarditis unless it is needed for haemodynamic reasons or for intravenous feeding. Butterfly or similar needles, each used for a short period, should be employed and the risk of superinfection thus entirely avoided.

I picked up this book with great eagerness and enthusiasm for its aims. It is sad that so much space has been taken up with potted clinical information that often perpetuates tired old textbook fallacies, that so many recommendations are misleading or dated, and that the real gap which the authors so perceptively discern remains unfilled.

H. P. LAMBERT

Editorial note. The publishers have asked us to draw attention to the need for an important correction on page 279 under the heading Treatment, line 5. The words "or intravenously" should be deleted. A corrected edition of the book is now available.

Medical mycology


Medical mycology is all too frequently ignored or given only scanty attention by clinicians and laboratory workers.

The importance of fungal diseases is, however, becoming more apparent especially in immunocompromised patients. Mary English gives a brief and refreshing introduction to fungal diseases in man, discussing not only infections but also allergic reactions to fungi, mycetism and mycotoxicosis. The book, which is one of the Institute of Biology's studies in biology, is, as the preface states, a suitable account for readers with no previous mycological knowledge. It is not a textbook on the diagnosis and treatment of fungal disease but is a useful introduction for clinical and laboratory workers to medical mycology.

R. Y. CARTWRIGHT

Antifungal chemotherapy


This is the first book to be devoted entirely to antifungal chemotherapy and its attendant problems. Its timely publication reflects the growing interest in fungi as a cause of disease in man and recent advances in the treatment of these infections brought about by improvements to the range of antifungal drugs.

The book is divided into three sections. The first deals with antifungal agents and contains chapters on the polyenes, flucytosine, the imidazoles, griseofulvin and assorted other antifungals. Information is given on chemical and physical properties, pharmacology and toxicology, spectrum of activity, mode of action and in-vitro and in-vivo activity, including aspects of clinical use. The second section is on the treatment of mycoses and forms a useful practical guide to the management of these infections. Problems of diagnosis and treatment are fully discussed and, where appropriate, the possibility of prophylaxis. There is a general introductory chapter followed by detailed chapters on the treatment of superficial and subcutaneous mycoses, systemic mycoses caused by specific pathogens such as histoplasmosis and coccidioidomycosis, and two chapters on opportunistic fungal infections, one of which deals specifically with infections in the immunosuppressed patient. The final section has a chapter on the