Inevitably, in such multi-author books, there are several instances where ideas overlap, with provocative and interesting results; e.g., Pruitt—a surgeon—misinterprets Alexander's work on pseudomonas vaccine, stating that it was ineffective and failed to reduce mortality in burned patients, while Pennington, who has personally used several pseudomonas vaccines, quotes Alexander's work correctly and ends up by advocating their wider use in burns and in other conditions.

The last five chapters offer practical suggestions on how to treat patients who contract infections with *P. aeruginosa*. The message from this section is clear. In patients who are susceptible to pseudomonas infections, the emphasis should be on prevention of infection because with currently available drugs a "cure" is difficult. Immunological techniques for early diagnosis will undoubtedly have a dominant role in future treatment and it is hoped that patients will benefit by earlier treatment.

The book is a mine of information. Progress in fields of pure and applied science have been brought together and some practical solutions to problems of pseudomonas infections are offered. The book should interest students, research workers and clinicians alike.

R. J. JONES

Common bacterial infections in infancy and childhood

Edited by M. I. MARKS. 1979. Lancaster: MTP Press Ltd. Pp. xv and 140. £6.95.

This book, written by three paediatricians from McGill University, is clearly intended for clinicians, and concentrates on the management and, particularly, the chemotherapy of infections of children. The advice given on therapy of specific infections is largely sensible, if North American in emphasis, and the summary tables covering the major antibiotics and infections are especially useful. The microbiology consists largely of a listing of major pathogens—anaerobes are largely ignored, as is *Campylobacter*—and notes on pathogenesis. Sadly, there is little to help the young clinician to collect and care for specimens, nothing to help him to understand the difficulties of the laboratory trying to process them, and nothing to help him to use antimicrobial chemotherapy sensibly in the very young in whom the diagnosis so often starts and ends with "infection, site undetermined". The book has little to offer to the laboratory worker other than the drug regimens for the more clinically inclined.

I. PHILLIPS

Hospital-associated infections in the general hospital population and specific measures of control

Edited by D. GRÖSCHEL. 1979. New York: Marcel Dekker Inc. Pp. xii and 188. SwF56.

Previous volumes in this series have been "Occurrence, diagnosis and sources of hospital-associated infections" which was reviewed in this journal in August 1979 (volume 12, page 395) and "Hospital-associated infections in the compromised host" reviewed in May 1980 (volume 13, page 379).

This volume, like its predecessors, makes interesting reading for the expert and the novice; but parts of it will irritate the former and perhaps be dangerous for the latter because the range of cover, the depth of discussion and the appropriateness of the chosen references vary so widely between the chapters. This range is from the superb chapter on sepsis related to intravenous therapy and another on respiratory infections to others that are cursory in the extreme. From the latter, a detailed list of the serious omissions would be tedious—and space consuming—but among them are discussions of the value of peri-operative penicillin for operations that carry a recognised risk of gas gangrene, the use of immunoglobulin in the control of measles in a children's ward, and the role of clostridia in relation to antibiotic-associated diarrhoea (only *Staphylococcus aureus* is mentioned). The chapter on neonatal infections is better than most but a surprising omission is the protection against *Escherichia coli* enteritis that is given by breast feeding.