BOOKS RECEIVED

Septicaemia and endocarditis: clinical and microbiological aspects

Edited by D. C. Shanson. 1989. Oxford University Press, Oxford. Pp. 177. £25.00

This slim volume is intended as a monograph to cover the important topics of both septicaemia and infective endocarditis. Under the editorship of D. C. Shanson, five other authors contribute, two from the USA and three from the UK. The overall emphasis of the book is clinical. However, the editor, himself, writes on the blood culture techniques currently available for detecting micro-organisms in the blood; in reply to the question, which is the best?, the jury is still out, though I would agree with his comments that "For the most rapid diagnosis a good conventional system is preferable".

The other chapters concern themselves with the aetiology of septicaemia (J. E. McGowan), clinical features (R. G. Finch), treatment (L. S. Young), septicaemia in the immunocompromised host (T. R. Rogers) and, finally, infective endocarditis—prophylaxis and treatment (W. A. Littler and D. C. Shanson). McGowan gives an American view of the aetiology of septicaemia, emphasising the pathogens on his side of the Atlantic. So, *Serratia* appears to be a major cause of nosocomial septicaemia. In the UK, this organism is still some way

from achieving such fame. He quotes a Canadian group who suggest that the frequency of nosocomial infection due to *Serratia* can be used as an indicator of hospital infection control efficiency. On this score the UK appears to be doing very well. Though *Pseudomonas* is associated with a high mortality, I feel the incidence of this pathogen as a cause of septicaemia, even amongst immunocompromised patients, is declining. However, that is a personal observation as far as my own hospitals and patients are concerned. McGowan also feels that anaerobes are playing important roles in septicaemia. With the widespread use of metronidazole prophylaxis in surgery in the UK, this is not what we find. The reasons I have highlighted McGowan's chapter is that, although it is well written and informative, a large part of the information given is based on personal experience. When reading this book the reader should always bear in mind that the micro-organisms highlighted may not coincide with the major pathogens found in his or her hospital or speciality. Local epidemiological data remain essential.

Apart from these minor criticisms the book is informative, well written and with many references after most of the chapters. Who will or should read this monograph? Certainly microbiologists and any clinician who meets septicaemia or endocarditis as part of their routine day, i.e., cardiologists, those caring for immunocompromised patients, and infectious diseases physicians.

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