

This volume is slim and expensive at 30p/page. In marked contrast to the Standard Laboratory Procedures published by the American Society of Microbiology it does not concentrate on detailed technical methods, but reference to methods keep appearing. Methods should not be despised (or praised, just because they are molecular) – they are critical to accurate diagnosis and intervention. The initials PCR only appears once (under 2.5 standard 3 for Herpes simplex DNA in CSF) – a startling contrast with American publications. There are occasions where on the basis of research publications the standards are too low – total blood volumes for culture of < 10 ml are inadequate, or odd/ambiguous, e.g. the suggested reporting of 'pure' coliforms in cultures from the genital tract. There are other standards which may be high and many labs will not comply (e.g. availability of special media for culture of trichomonas). Sometimes the standards stray into political value judgements. The choice of what should be available in 'low tech' vs. 'specialist' virology laboratories is perhaps now inappropriate in terms of automated, validated, fully controlled technology which (at a price) could be safely made standard. The reliance on NEQAS as a methodology control is surely inappropriate since this is only scored relative to other participants and the authors make no mention of adequate internal quality assurance.

I think it would be helpful to take some of the UK specific elements out of the specimen related sections, e.g. notifiable diseases, and deal with these as a separate standard which might take a wider epidemiological rather than laboratory view, e.g. management of meningitis, community outbreaks, and diarrhoeal disease.

The authors have made a fine start. The work is timely, invaluable but incomplete – Section 6, it is said, will be provided as a supplement. My message is please do not bother – have the standards audited and republish the whole (sponsors please not). High, appropriate, standards of laboratory-based medical microbiology are essential to protecting the public from infection.

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*Textbook of Diagnostic Microbiology*. CONNIE R. MAHON, GEORGE MANUSELIS, JR. eds. Pp. 1134, 600 colour illustrations. Philadelphia, USA. W. B. Saunders & Co., 1995, £29.95. (Slide set £364+VAT; Lab. workbook, £14.95, also associated with the book.) ISBN 0-7216-34028-1.

This book is aimed at the medical microbiologist who is starting out on clinical practice in a hospital microbiology laboratory. The major concern of the book is the practice of clinical bacteriology, but mycology, parasitology and virology are also covered. The whole is set in the context of hospital microbiology in the USA.

There are many similar books with a similar title, so why choose this one? The book's major virtues are its practical approach: excellent colour illustrations and laboratory focus. The book is divided into three parts. Part one is an introduction to clinical microbiology. This includes a chapter on bacterial structure, physiology, metabolism, genetics and/or on host parasite interaction. For me the most valuable is chapter five which deals with those emergent technologies that may be of use in diagnosis, and includes valuable discussions on such topics as antigen detection, rapid methods and automation, the use of DNA probes and the diagnostic applications of polymerase chain reaction (PCR). This section closes with three chapters that provide an initial discussion of the handling, collection and examination of specimens.

Part two deals with the laboratory identification of significant isolates. Of the 14 chapters, 12 chapters are devoted to bacteria and one each to fungi, parasites and viruses. Perhaps surprisingly the methods used for bacterial identification concentrate on the traditional tests rather than on kit systems such as APL. This traditional approach enhances the value of the text as a teaching tool in that it encourages the student to derive an understanding of the identification procedures. This approach, coupled with the photographs of the test results, should result in the book being usable in parts of the world where resources are limited and there is not a long tradition of clinical microbiology.

The third and final part of the book deals with the laboratory diagnosis of infectious diseases. An organ by organ approach is adopted and the chapters conclude with case-studies that aid

understanding. Chapters deal with infection of the respiratory tract, the gut, the urinary tract, CNS, eyes, skin and blood. The chapter on STDs does not include HIV infection though chapter 25 (Clinical Virology) includes notes on the virus. HIV infection is not included among these conditions that compromise the hosts immune status (chapter 33).

No text book can be fully comprehensive and remain useable. There have been changes in the nomenclature during the time that this book was in press. Some but not all are dealt with in an appendix. There are some surprising omissions, for example public health microbiology is not dealt with. However this is an accessible, user-friendly book that many medical microbiologists would find valuable. An MSc student wishing to understand diagnostic microbiology would find this an excellent basic text.

For the microbiology lecturer the illustrations, photographs, charts and diagrams provide excellent illustrative material. Much of which is available as slides.

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