fudged message, the inept writing, the formless presentation, the repetitious discussion and the unwarranted conclusions. Literary vices like these have endured. Everyone threatened by them, author or editor, couldn't do better than equip himself with a copy of this book.

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Leukaemia

Edited by F. W. GUNZ and E. S. HENDERSON. 4th edn. Pp. xxv+986, illustrated. Grune and Stratton, New York and London, 1983. \$95.00.

This multi-author book, now in its 4th edition, fulfills an important need in bringing together much basic data on leukaemia. Whereas there is an abundance of reviews on innumerable aspects of this important disease, particularly those which are currently fashionable, many basic established truths are less familiar to the many enthusiastic workers. Further the depth of research has led to much specialisation within the field. Almost half the book is devoted to epidemiology, pathophysiology, cellular origin, kinetics, immunology, biochemistry, ultrastructure, cytogenetics, pathology and clinical pathology, and consideration of aetiology. There are excellent illustrations of marrow aspirates. Diagnosis and treatment are discussed for each type. The large number of references will be of great value.

This is the only comprehensive text dealing with this important disease. The authors have attempted to include a section on pregnancy and leukaemia which was somewhat disappointing and finally an epilogue to include the latest in yesterday's journals—a mistake since it is painfully inadequate. However, this in no way detracts from the overall value of this book which should be available in every department dealing with patients with leukaemia.

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Progress in Clinical Cancer Vol. VIII

Edited by IRVING M. ARIEL. Pp. xx+350, illustrated. Grune and Stratton, New York and London, 1982. \$74.50.

This volume is the latest in a series containing a miscellany of reviews on aspects of problems in the diagnosis and management of clinical cancer. This is a well-trying recipe which appeals to some and infuriates others. The reviewer enjoys such a book because it provides a range of topics wider than one would normally read, with consequent broadening of the mind! Inevitably, however, standards of individual contributions in this multi-author work are variable.

The format of this book includes reviews of immunoassay, autologous bone marrow transplantation, the APUD syndromes, interferon and human tumour cloning in the general section. Imaging by radiogallium and haematoporphyrin nestles cheek by jowl with a paper on the myth about radiation by Edward Teller and a colleague. Finally, aspects of some individual cancers are reviewed in a somewhat eclectic manner.

It would serve little purpose to criticise in detail, because this is not the sort of book that one would turn to for a specialised view of a single whole subject. However, that is not to say that individual contributions are not authoritative. It is just that one would probably seek them in other sources. Its value lies in the pleasure of being able to dip into it in a manner reminiscent of a bedside anthology of miscellany, but still get the benefit of excellent clinical science. This book can be strongly recommended for those who get similar pleasure.

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Progress in Clinical Medicine. Vol. 8

Edited by A. R. HORLER and J. B. FOSTER. Pp. viii+340, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1983. £12.00.

When asked to review the book, I tried to think of the fairest questions to ask about it and came up with: (1) How does it compare with its immediate competitors? (2) How does it assist me with my own very general clinical practice (where else in the U.K. other than Highlands of Scotland could you find a single DGH with a catchment area the size of Belgium!).

My short answer to all these questions is 'very well'. What of the longer answers? One of the books immediate competitors might be *Recent Advances in Medicine* by Dawson, Compston and Besser, which I was surprised to find is published by the same publishers. In fact, the books are different—Recent Advances deals with selected topics whereas *Progress in Clinical Medicine* (which is successor to 'Daley and Miller') is more comprehensive and the chapters follow the traditional clinical systems. The *Advanced Medicine Symposia* of the Royal College of Physicians are of greatest use to those who actually attended the Conference.

I kept *Progress in Clinical Medicine* with me for a week on my ward rounds and out-patient clinics and consulted it in relation to every diagnosis made and I must confess that it was in very few instances that I failed to get information (most of which was useful!) about the clinical problem with which I was confronted.

What about comparison with the other side of the Atlantic—well, the editors can hold their heads high, the information is up to date, readably presented and adequately, but not excessively, referenced. The last volume of *Progress in Clinical Medicine* appeared 5 years ago and so valuable does this reviewer find the new edition that he wishes to offer nothing but encouragement to the editors (and publishers) to keep up the good work. The book is essential reading for MRCP candidates and consultant general physicians. A sign of the times perhaps that one publisher can produce two such valuable works whose major readership must be generalists?

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A Synopsis of Haematology

By JOHN D. M. RICHARDS, DAVID C. LINCH and ANTHONY H. GOLDSTONE. Pp. viii+306 illustrated. Wright, PSG, Bristol, London, Boston, 1983. £10.00.

This is another relatively short paperback dealing with haematology. It is intended for senior undergraduates and postgraduates studying for higher qualifications. The authors believe that haematology is essentially a clinical discipline, practised by physicians and this book, though with clinical orientation, also sets out to provide a sound understanding of the laboratory aspects. The book is set out attractively and with clarity. It is well illustrated and reads well.

It is interesting to note that almost no 2 texts in haematology seem to agree on the size of normal red blood cells. In Gower Street it is 80–98fl. Is this not a problem worth a few lines of comment? What to do about slightly raised MCVs is a common physician's dilemma.

Reading through the book, however, left this reviewer with an increasing sense of unease. Could you really give a patient with polycythaemia rubra vera treatment with radioactive phosphorus without knowing that arterial oxygen saturation and the P50 are normal? Yet these are not set down as criteria for diagnosis. Red cells in sideroblastic anaemia and spherocytosis are generally macrocytic, yet these are included in a list of microcytic anaemias. It is surprising to see a statement that red cells in aplastic anaemia are usually normocytic, occasionally macrocytic. One's impression is that they are usually macrocytic, occasionally normocytic. The grouping of 3 inborn errors of folate metabolism under causes of folate deficiency is erroneous. Dihydrofolate reductase deficiency (2 cases described: one now known to be TCII deficiency), is a doubtful entity. Patients with methylene reductase deficiency and formimino-transferase

deficiency do not have anaemia and are normoblastic. But why mention such rarities at all?

Cardiac failure after transfusion in anaemic patients is discussed but it should be stated that the evidence of failure often appears only more than 24 hr after transfusion has been completed. The statement that blood 'not exceeding 2 units at a time' be given to avoid circulatory overload might be read by a foreign-trained graduate as indicating a unit of blood in each arm rather than a limit to the total volume given. Incidentally, Mollison (*Blood Transfusion in Clinical Medicine*) quotes a recommendation that the limit should be 250 ml of red cells at a single transfusion.

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Single Dose Therapy of Urinary Tract Infection

By ROSS R. BAILEY. Pp. xviii+125, illustrated. ADIS Health Science Press, Sydney, Auckland, Bristol, 1983. £9.95.

Knowledge as to the optimum treatment of patients with urinary tract infection has increased enormously in the past 20 years. There is agreement that, in general, most patients are over treated with antibiotics but less agreement as to how little treatment is required. The ultimate reduction in duration of treatment, single dose therapy, has been investigated in many centres around the world but has not

yet gained general acceptance. This small book, edited by one of the innovators and enthusiastic proponents of single dose treatment is an attempt to popularise its more widespread use. It contains a succession of invited contributions from established research workers in this field. Much of the material has been previously published but further new data—mostly small series of patients—are included. The quality of the separate contributions is somewhat variable but there are also excellent chapters by Ronald; Tolkoﬀ-Rubin and Rubin; Kallenius *et al.*; O'Grady and Stamm.

Inevitably there is considerable repetition of references and read end-to-end it is somewhat boring. It does, however, provide a comprehensive over-view of the present 'state of the art' in respect of single dose therapy. It clearly indicates that this approach to treatment in selected patients is a major advance, not only in terms of convenience, cost and reduction in side effects but also as a possible method of identifying patients requiring further investigation of their urinary tract. However, Stamm (chapter XV) rightly points out that more information is still required as to its advantages and disadvantages especially in large series of patients outside special research departments.

This is an extremely valuable and, for the most part, well-written book for those with a special interest in the subject, but at £9.95 a little expensive for the general physician who could get an excellent precis from merely reading chapter XV.

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Letter to the Editor

September 5th, 1983

Sir,

We reported a case of infective endocarditis due to *Streptococcus bovis* (*Postgraduate Medical Journal*, 1983, 59, 386) complicated by a splenic abscess. Twelve months after he was successfully treated with an eight week course of antibiotics, this 57-year-old man was readmitted with iron deficiency anaemia and occult faecal blood loss. Rigid sigmoidoscopy was normal. Double contrast barium enema showed numerous diverticula confined to the caecum and proximal colon. At colonoscopy, however, a 1 cm diameter adenomatous polyp with evidence of fresh bleeding was located in the sigmoid colon. The polyp was excised and it proved to be a tubulovillous adenoma without invasion of the stalk. On this occasion blood cultures, ultrasonography and isotope scanning of the spleen yielded no abnormality.

It is highly probable that the colonic polyp was present at the first admission, and that it had been overlooked because colonoscopy had not been performed. This case is therefore yet another example of the association between *Streptococcus bovis* endocarditis and colonic polyp (Murray and Roberts, 1978).

Yours faithfully,
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Reference

MURRAY, H.W. & ROBERTS, R.B. (1978) *Streptococcus bovis* bacteraemia and underlying gastrointestinal disease. *Archives of Internal Medicine* 138, 1097.

The Editor welcomes brief letters providing follow-up reports, or comments on papers and clinical reports in the Journal.