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 tubular villous 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.