of surgery (Benson and Hughes, 1975). In the orthopaedic literature there have also been two large series reporting similar results (Fitzgerald *et al.* 1973; Hunter and Dandy, 1977). In the latter article 34% of the isolates in patients with deep infection after total hip replacement were organisms unlikely to be sensitive to flucloxacillin.

Hence, in our opinion, a broad-spectrum antibiotic seems to be more appropriate as a means of prophylaxis in patients undergoing total hip replacement, particularly after previous surgery.

SEAN HUGHES
Orthopaedic Unit,
Department of Surgery,
Royal Postgraduate Medical School,
Hammersmith Hospital,
Du Cane Road, London W12 0HS,
FELICITY ANDERSON
Edgware General Hospital,
Edgware, Middlesex,

The author has commented as follows:

In our paper we stated that staphylococci are the commonest organisms causing deep infection in hips with prostheses, but not the only organisms. The reference quoted by Dr Cook and Mr Fincham (Fitzgerald *et al.*, 1977) makes this very point: 18 staphylococci out of 42 means that the staphylococci are actually the commonest.

Mr Hughes and Dr Anderson quote Fitzgerald *et al.* (1973), who at that time reported either *Staph. aureus* or *Staph. epidermidis* alone in four of seven superficial wound infections and three of seven deep infections. Hunter and Dandy (1977), whom they also quote, reviewed 137 deep infections: 43 of 119 isolates were *Staph. aureus* and a further 36 *Staph. albus*—that is, 66%. While I agree that other organisms would be most unlikely to be sensitive to flucloxacillin, I wonder which single broad-spectrum agent would cover all the organisms predictably, especially in the context of spreading aminoglycosides resistance among Gram-positive and Gram-negative organisms.

Although I fully accept that the study of other antibiotics to cover organisms other than staphylococci is highly desirable, I believe no one of them is likely to cover staphylococci more effectively than does flucloxacillin.

IAN PHILLIPS
Department of Microbiology,
St Thomas' Hospital Medical School,
London SE1 7EH

References

- Benson, M. K., and Hughes, S. P. (1975). Infection following total hip replacement in a general hospital without special orthopaedic facilities. *Acta Orthopaedica Scandinavica*, **46**, 968-978.
- Fitzgerald, R. H., Jr., Peterson, L. F. A., Washington, J. A., II, Van Scoy, R. E., and Coventry, M. B. (1973). Bacterial colonization of wounds and sepsis in total hip arthroplasty. *Journal of Bone and Joint Surgery*, **55A**, 1242-1250.
- Fitzgerald, R. H., Nolan, D. R., Ilstrup, D. M., Van Scoy, R. E., Washington, J. A., II, and Coventry, M. B. (1977). Deep wound sepsis following total hip arthroplasty. *Journal of Bone and Joint Surgery*, **59A**, 847-855.
- Hunter, G., and Dandy, D. (1977). The natural history of the patient with an infected total hip replacement. *Journal of Bone and Joint Surgery*, **59B**, 293-297.
- Unsworth, P. F., Heatley, F. W., and Phillips, I. (1978). Flucloxacillin in bone. *Journal of Clinical Pathology*, **31**, 705-711.
- Visuri, T., Antila, P., and Laurent, L. E. (1976). A comparison of dicloxacillin and ampicillin in the antibiotic prophylaxis of total hip replacement. *Annales Chirurgiae et Gynaecologiae Fenniae*, **65**, 58-61.

Book reviews

Immunology II. By Joseph A. Bellanti. (Pp. xiii + 813; illustrated; £11.50.) Eastbourne: Holt-Saunders. 1978.

As immunology burgeons into the late seventies its supportive texts seem to have proliferated. Those to whom the various mysteries are totally unknown, and even the initiates themselves, despair at the sight of the paper mountain produced. Not surprisingly, the quality of books is variable and this second edition is by no means one of the best. The author, a paediatrician, has had the laudable aim of making a book which will be assimilable, alike, by medical students and graduate doctors athirst for the trendy waters of immunology. To help him he has enlisted a number of others, in the main not known as experimental immunologists, to write chapters on a very wide variety of subjects in clinical immunology. The result is an uneasy chimaera which lacks confidence and is sometimes inaccurate in relation to its foundations. Only cursory treatment is given to many and complex practical problems. The biggest problem is that, in an attempt to gain simplicity, it fails to distinguish clearly between fact and hypothesis and in this respect may do disservice to its reader.

To try to pin the esoteric extravagances of contemporary immunology to their grass roots was a good idea but, on the present evidence, overambitious.

A. J. S. DAVIES

New Perspectives in Clinical Microbiology. Edited by W. Brumfitt. (Pp. 160; illustrated; £10.50.) Brentford: Kluwer Publishing. 1978.

This book should appeal to a wide readership. The chapters, which are the proceedings of a symposium, do not have a common topic but the linking theme is that each consists of an extensive review of a recent advance in clinical microbiology. It also lives up to its title of 'New Perspectives' by, for instance, having the chapter on infection in leukaemia contributed by a haematologist, while the one on collaboration with the laboratory, written by a clinician, should be an encouragement to any microbiologist.

There is excellent cover of the many factors that influence the efficiency of

antimicrobial drugs and a warning about over-reliance on reports of *in vitro* tests. The reports themselves come under scrutiny.

The rest of the book comprises chapters on metramidazole—an old drug with new applications; urinary tract infections; the role of complement; enteric viruses; and chlamydia infections. It is very readable and the discussions reported at the end of each chapter are instructive and critical.

BERYL JAMESON

A Dictionary of Microbial Taxonomy. By the late S. T. Cowan. Edited by L. R. Hill. (Pp. xii + 285; £12.50.) Cambridge: Cambridge University Press. 1978.

In the words of the late author, this dictionary 'deals particularly with the problems of names as these are applied to micro-organisms, but it does not consider the names themselves'. The purpose of a scientific name is to label unambiguously, and precise advice on how this should be done is given plainly and simply. Four short explanatory chapters, written in 'true heretical spirit', cover different codes of microbial nomenclature, source material for taxonomy—including practical precepts enunciated to raise the standard of the art, the philosophy of classification, and its early history as well as a short but select list of key references.

The dictionary itself is intended not only for taxonomists but for those whose work brings them into contact with taxonomy, however reluctantly. It includes words that may be met by general readers or by those seeking the usage of a word outside their own disciplines. Going through the alphabet, there are pithy answers to almost any query related to microbial classification—from clumpers and lumpers to splitters; from 'hypothetical mean strains'—complete with algebraic equations—to 'identicators' for the real ones. J, K, and Y, we are told, do not occur in classical latin, but we are delightfully regaled with 'lapsus calami'—a slip of the pen. We have macro- and micro- but, alas, not mini-biology or taxonomy; new-fangled SI micrometers replace obsolete microns; Operational Taxonomic Units and 'peek-a-boo' systems, even race relations, Superfamilies, and 1984 are all mentioned. Under Symbolic Notation it is intriguing to

learn that Scotsmen 'often used other symbols'. Perhaps as a sign of the times, X is devoted entirely to dry writing and a certain commercial interest in photocopying. One entry, however, is notably missing—that of Samuel Tertius Cowan himself; it is to be hoped that this will be remedied in future editions—editor please note.

Taxonomy may mean 'all things to all men' but this dictionary provides such an accurate guide to taxonomic microbial practice that we hope it will come to mean 'the same thing to all men'. It will indeed be a standard work for reference. Despite its price, it is thoroughly recommended to young and old alike, at home and abroad, as a book to have and to hold, to keep and to cherish—both to use and amuse.

G. I. BARROW

Major Problems in Pathology. Volume 7. Pathology in the Placenta. By Harold Fox (with a contribution by C. W. Elston). (Pp. xvii + 491; illustrated; £17.50.) London, Philadelphia, Toronto: W. B. Saunders. 1978.

The placenta is not an organ that appeals to the pathologist. Any ill effects of pathological lesions within it are usually manifest in the baby whose birth it accompanies so that placental examination may be regarded as a relatively academic exercise.

Dr Fox is one of the few pathologists who has studied the placenta in detail, and his book on the subject is thus a welcome arrival. The subject matter covers all aspects of the placenta relevant to its pathology, including development and structure, physiology, abnormalities of implantation, multiple pregnancy, and immunopathology. There is a separate chapter on trophoblastic tumours by Dr C. W. Elston.

Dr Fox explains many of the problem areas of placental pathology very clearly and has referenced each chapter exhaustively to both English and continental literature. The book is well illustrated throughout with line diagrams and half-tone plates.

Some readers may be irritated by Dr Fox's didactic style of writing, and most pathologists will find points of disagreement. For those who believe that most significant placental abnormalities can be recognised at a macroscopic level,

dogmatic statements on the banality of macroscopic placental lesions and the appendix and on the uselessness of routine placental weighing seem dangerous half-truths since they discourage the development of simple observational skills.

These are minor criticisms, and the book in general will prove a most useful addition to the personal library of any pathologist who is faced with studying the placenta.

J. S. WIGGLESWORTH

Fundamentals of Oncology. By Henry C. Pitot. (Pp. vii + 192; illustrated; Sw. fr. 26.00.) New York: Marcel Dekker. 1978.

The study of cancer is the study of abnormal biology. Dr Henry Pitot, eminent as a tumour biochemist, has written this concise account of the biology of the malignant process for the outsider and, in doing so, he fills a gap in the cancer literature. Based on a course for students of the biological sciences, it will be of value to medical and non-medical graduates working (or thinking of working) in cancer research.

The two cultures of oncology, clinical medicine and basic research, will find common ground in this book which is a concise account of fundamentals. The author deals with such topics as epidemiology, mechanisms of carcinogenesis, the *in vivo* natural history of cancer, *in vitro* cell transformation, and various aspects of host-tumour interactions. Specialists in these topics will, if they look closely, find much to quibble with. Painted with broad brush strokes the fine details of this account are necessarily (and rightly) obscured.

An epilogue on future prospects is disappointing but forgivably so. A cautious and objective scientist, the author avoids the sort of optimistic speculation that could have ended the book on a higher note. Nevertheless, as a simple introduction to the biology of cancer, it has few rivals and will doubtless succeed.

G. A. CURRIE

Medicolegal Investigation of the President John F. Kennedy Murder. Edited by Charles G. Wilber. (Pp. xv + 318; illustrated; \$14.50.) Springfield, Illinois: Charles C. Thomas. 1978.

The murder of President John F. Kennedy has left in the history of the United States, if not the world, a deep and lasting wound