Dr DC Shanson replies as follows:

The reports on bacteraemia from hospitals in Birmingham, London, Liverpool, and elsewhere in England all show that *E coli* is the most frequent Gram-negative organism isolated from blood cultures and this also accords with the observations in Ayrshire from 1974-9.

E coli has been more frequently isolated from blood cultures than *Staph aureus* in most British general hospitals—and this was apparently also the situation in Ayrshire up to 1978. I have discussed the frequency of isolation of *E coli* from blood cultures with the Communicable Disease Surveillance Centre of the Public Health Laboratory Service, Colindale, and have been supplied with the following unpublished information about reports of significant positive blood cultures reported from hospitals in England, Wales, and Ireland (excludes Scotland):

Significant positive blood cultures

	1975	*1976*	*1977*	*1978*	*1979*	*1980*
E coli	998	1197	1486	1727	2229	2399
Staph aureus	661	1140	1217	1398	1718	1761

These figures certainly do not support the suggestion from Dr Ross that there has been a recent decline in the incidence of *E coli* bacteraemia or that *Staph aureus* is now the most frequent cause of bacteraemia.

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Book reviews

Reversing Atherosclerosis. GA Gresham. (Pp 111; US $11.75.) Charles C Thomas. 1980.

I have enjoyed reading this short book, though Professor Gresham might have had more justice done to him had it been entitled 'Reversing and Preventing Atherosclerosis'. It is also a sad reflection of current inflationary trends that a volume containing over 90 pages of text and no illustrations should cost nearly £5.

The text itself is written in the easy and lucid style that one has happily come to expect from Professor Gresham, and some telling points are made, notably the warning that a decrease in the frequency of clinically apparent episodes of myocardial underperfusion should not be regarded as being necessarily synonymous with regression of atherosclerotic lesions and, most important of all, that the ultimate proof of lesion regression must be its demonstration in man.

It would be wrong to judge the content and the bibliography as against those provided by lengthier and more detailed texts dealing with atherosclerosis. The audience to whom this monograph is addressed will read it with pleasure and profit.

N WOOLF

Atlas of Lymph Node Pathology. Jeanne Arno. (Pp 96; illustrated; £16·95.) MTP Press Ltd. 1980.

The Atlas of Lymph Node Pathology is the first volume of a new series which seem very promising. It is divided into sections dealing with structure, reactive conditions, disordered immunological function, Hodgkin's disease, non Hodgkin's lymphomas, histiocytoses, and leukaemic disorders. Each section carries a descriptive text and illustrations with individual captions. The text is clear and concise, the approach straightforward, and the photomicrographs generally well chosen and clear though some of them, particularly the lower power views, lack contrast. Clear line drawings are also used to illustrate basic reactive patterns and cell types.

This is a useful book for the practising histopathologist who does not have a detailed knowledge of lymph node pathology and who receives lymph nodes for diagnosis relatively infrequently. It will probably be of most use to the pathologist in training and is very good value for money.

MH BENNETT

Technical Haematology. A Simmons. (Pp 574; illustrated; no price given.) JB Lippincott. 1980.

One of the author's aims is to compile an updated, comprehensive collection of haematological tests for newcomers to the discipline of laboratory haematology, and to indicate the variety of approaches available to each group of analyses. The result is an extensive cover of the subject, exhaustive in parts (5 methods for LE cells) but often unbalanced. Examples of unsatisfactory sections are the methods for red cell survival (the Ashby method is quite inappropriate for routine use) and plasma volume measurement (only Evans Blue is described). In addition, there are many important factual errors, eg in the Haemostasis and Immunohaematology chapters, some of which may be only typographical but all potentially contributing to the confusion of the uninitiated for whom this book is intended. Despite the author's expressed concern for 'Clinical Considerations' a logical approach to the laboratory diagnosis of problems in clinical haematology often fails to emerge from the information provided.

GN SMITH

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