Quinolone Antimicrobial Agents, 3rd Edition
Edited by David C. Hooper and Ethan Rubinstein
485 pp. $125.95 (cloth).

The third edition of *Quinolone Antimicrobial Agents* is a broad, comprehensive, single-volume text that covers all important aspects of this class of antibacterial agents. It is an update of the second edition, which was published in 1993, and adds a substantial amount of new information on quinolones that have been marketed since that time, as well as updated information about older quinolones. As stated in its preface, this book is intended for clinicians, microbiologists, pharmacologists, pharmacists, and basic scientists, and, indeed, it does contain information that is useful to individuals from all these groups. The vast majority of the information is primarily for clinicians, as should be expected for a book with this title.

The first 8 chapters deal with chemistry and structure-activity relationships, basic mechanisms of action and resistance, in vitro spectrum of activity, pharmacokinetics, pharmacodynamics, and interactions of quinolones with other medications. The final 22 chapters address various clinical applications of quinolones and are organized by organs, body systems, or special situations (e.g., use in intensive care units or pediatrics), and are followed by a final section on adverse events and side effects.

The information is extremely detailed and abundant but is presented in a way that is quite readable despite the density of information. All chapters are thoroughly researched, with most containing > 100 references of primary sources of information. Individual contributors include many well-known clinicians, microbiologists, and basic scientists who have published extensively on quinolones and other relevant related topics.

The editors have kept in mind that this text may be used as a reference anywhere and do not limit the book to quinolones available in the United States. When it is important to do so for illustrative or comparative purposes, information about some older quinolone agents that are no longer available or are rarely used nowadays is also included.

The level of detail will be useful to those seeking answers to many types of questions and issues concerning quinolones. For example, the chapter on the treatment of skin and soft tissue infections devotes separate portions to the pharmacokinetics of quinolones in skin (including a table with mean peak concentrations in plasma and blister fluid for 9 different quinolone agents taken from several references, with calculations of percent penetration, estimates of protein binding, and comparative MIC90’s against *Staphylococcus aureus*), the microbiology and pathogenesis of uncomplicated and complicated skin and soft tissue infections, diabetic foot infections, and various types of bite wounds.

The results of different clinical trials of quinolones for various types of skin infections are discussed, and a table of 6 comparative randomized trials for complicated skin and soft tissue infections is also supplied. Other clinical chapters of similar quality and detail include those about quinolones used for the treatment of urinary tract infections, sexually transmitted diseases, gastroenteritis, intra-abdominal infections, respiratory tract infections, osteomyelitis and septic arthritis, endocarditis, CNS infections, and eye infections. The final section of the book, which is about adverse events and side effects, also contains extensive background information, data, and references.

This book consolidates a vast amount of information about an extensively used class of antibiotics and can be used to answer questions regarding the available in vitro data on almost any particular quinolone and their proper use and role in treating patients. Moreover, many of the chapters on treatment also mention other types of antibacterials for situations in which quinolones are not necessarily the best class of antibiotic and, therefore, should not be used as first-line treatment. This textbook will most likely remain the authoritative reference on quinolones until its next edition is published.

Acknowledgment

Conflict of interest. I.M.L. is a consultant for Cubist and is a member of the speakers’ bureaus for Merck, Bristol Myers Squibb, Pfizer, Roche, Aventis, Wyeth, and Cubist.

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The Art of Medical Consulting: A Practical Guide

By Stephen L. Green

176 pp. $29.95

*The Art of Medical Consulting: A Practical Guide* will be most useful to fellows in medical subspecialties or newly minted subspecialty practitioners. The book is well written and can be read in a single sitting.

Dr. Green devotes the first half of his book to fleshing out the details of why the “three A’s” (affability, availability, and ability) are absolutely necessary for success
as a medical consultant in private practice. He candidly recounts mistakes made early in his career that a book such as this would have helped prevent. The second half of his book contains some useful advice for physicians interested in serving as expert witnesses or institutional consultants.

Finally, Dr. Green challenges the reader to think "outside the box" and create new consulting opportunities: for example, becoming an expert on bioterrorism. Being alert for new and relatively uncrowded areas of infectious diseases serves to both stimulate the mind and provide a real service to the community.

Two areas of significance were not touched on in this book and deserve to be mentioned. First, involvement in organized medicine at the level of the county or state medical society can serve to increase professional visibility and offer opportunities to help the profession as a whole. Dr. Green wisely steers the reader away from hospital politics but neglects to mention some of the positive things that can come from professional societies and the work of local medical societies. Second, and perhaps more importantly, Dr. Green only briefly touches on the need to carve time for spouses and children out of a busy consultant's life. Entrepreneurial activities are exciting and sometimes financially rewarding but require large time commitments. Too often I see consultants take time away from their spouses and children to pursue these activities. In the end, they become highly successful consultants but unhappy people.

With the exception of the caveats above, I highly recommend The Art of Medical Consulting to fellows and young subspecialists. The mistakes Dr. Green made early in his career were made by many of us, and his advice on how to avoid these pitfalls should be very helpful to young consultants. I plan to give a copy of this book to any new associate who joins my practice in the future.

Acknowledgments

Conflict of interest. P.K.M: No conflict.

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Reemergence of Established Pathogens in the 21st Century
Edited by I. W. Fong and Karla Drlica

Observations of the past 2 decades have demonstrated that infectious diseases have truly become moving targets. While some diseases such as polio have shown significantly decreased rates of infection worldwide, other diseases have, distressingly, shown higher rates of infection and have metamorphosed into new challenges.

This is the second book of a planned multivolume set, Emerging Infections of the 21st Century, edited by I. W. Fong and Karl Drlica. The first volume, Infection and the Cardiovascular System: New Perspectives, encompasses a review of microbial pathogens that potentially have roles in the pathophysiology of cardiovascular diseases. Further volumes are planned that will address such pathogens as the agent of variant Creutzfeld-Jacob disease, Nipah virus, West Nile virus, and severe acute respiratory syndrome-related coronavirus.

This book, the newest volume in this series, addresses a panoply of pathogens—all of which are familiar to the practicing infectious diseases physician—that have been prominent problems in the past and now are reasserting themselves. An emphasis is placed on fairly common organisms that have disturbingly become resistant to many of the common anti-infective therapies. Included are antibiotic-resistant Streptococcus pneumoniae, methicillin-resistant Staphylococcus aureus, vancomycin-resistant Enterococci, and multidrug-resistant Enterobacteraceae. Chapters on the resurgence of Bartonella infections and multidrug-resistant Mycobacterium tuberculosis are also included. An excellent review of severe Group A streptococcal infections is included; it outlines the pathogenesis and treatment of this unfortunately frequent life-threatening condition.

Bartonella infections were common in the early 20th century, specifically trench fever (caused by Bartonella quintana), which affected over a million individuals during World War I. Through the 20th century, more species of Bartonella were described, and by 2001, at least 7 species had been associated with human disease. Gelbert Greub and Didier Raoult describe in their chapters the phylogeny of these bacteria, as well as the molecular tools used for their discovery and characterization. Some of the disease states and their management are delineated.

Barbara Murray’s chapter on vancomycin-resistant Enterococci is especially noteworthy for its discussions on the molecular characterization of glycopeptide resistance, transmission, treatment, and infection control measures. An interesting section of the chapter also delves into the epidemiology of Vancomycin-resistant enterococci and particularly into the use of glycopeptides in animal feed in both Europe and the United States.

Drug-resistant malaria has earned a sizable chapter. The epidemiology of the resistant organism as well as purported mechanism of that resistance are discussed. The development of newer drugs and nondrug measures for malaria control are discussed somewhat briefly. I would like to have seen a more extensive discussion of the public health measures that may help control this parasite, as well as a more in-depth discussion of the controversies surrounding the use of DDT in the developing world.

Despite the quality of the material in this volume, it cannot be considered encyclopedic. Viral infections are conspicuously absent in this edition. Presumably, reemerging infections such as dengue fever and yellow fever will be addressed in future volumes in this series. The pathogens of smallpox, anthrax, tularemia, and other