Clinical Infectious Disease
Edited by David Schlossberg

Clinical Infectious Disease uses a classic approach, with summary chapters that are focused on organ systems, specific diseases, and pathogens and their associated infections, and spans a broad array of topics. The book appears to be designed for the general internist and infectious diseases specialist, with a focus on diagnostic approaches and treatment strategies. This textbook is not designed to provide an exhaustive summary of a topic, but it is detailed enough to provide a student, general internist, or infectious diseases specialist with a brief summary of a topic with a limited number of references summarized at the end of each chapter. However, it is also not designed as a rapid review or pocket companion of infectious diseases, because it is a relatively large textbook. Most of the chapters are well written by leaders in the field and have useful figures, pictures, and tables to present the data in an organized and easy-to-follow fashion.

Some chapters are relatively exhaustive compared with others, and certain topics are not representative of the core management issues that are involved in the care of patients with infectious disease. For example, there is an individual chapter on Madura foot, and the chapter on coccidiomycosis is double the length of most other chapters. In addition, certain fundamental and challenging issues regarding the treatment of patients with infectious disease are not sufficiently covered, including limited information on multidrug-resistant gram-negative bacteria.

Specifically, there is no thorough discussion of Klebsiella species, and the index does not list all the Klebsiella references in the textbook. Occasionally, chapter authors deviate from currently accepted approaches to diagnosis and treatment of infected patients without a clear explanation. An example of this is in the chapter dealing with nosocomial pneumonia, in which the author suggests that the time window defining a nosocomial infection is 5 days rather than the traditional 48–72 h, fails to discuss 8-day courses of therapy, and states that herpes simplex virus is a common cause of ventilator-associated pneumonia that is unresponsive to antimicrobial agents after 2 weeks of therapy. There is an exhaustive table of antimicrobial agents at the end of the textbook; however, some dosing recommendations do not agree with the recommendations from individual chapters. In addition, not all drugs are adequately addressed; this is reflected in the lack of discussion regarding daptomycin not being indicated for treatment in pneumonia, no mention of the high rate of gastrointestinal intolerance of tigecycline, the inclusion of trovafloxacin despite it not being available, no indication that ciprofloxacin dosing of 400 mg every 8 h is often recommended, and inadequate detail regarding the varying formulations and dosing regimens of colistin. Although the HIV treatment section addresses many of the concerns that face those who are caring for HIV-infected patients, treatment guidelines referenced in the book have been updated twice since publication, and the discussed “novel” future agents are now approved by the US Food and Drug Administration.

Overall, in an Internet era with rapid access to review articles, guidelines, and Web sites that provide frequent updates on infectious diseases, the utility of short textbooks that provide summary reviews of specific infectious disease topic areas continually diminishes. As an infectious disease fellowship program director, I frequently query fellows in my program to determine which of the shorter infectious disease textbooks and/or Internet sites they prefer as a quick review source. Universally, they all discuss various Internet sites, but a number of them have recommended this textbook as a source for brief reviews of topics. Despite the limitations outlined in this review, this textbook has many qualities that encourage me to recommend it as an infectious disease topic textbook.

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Scientific Errors and Controversies in the U.S. HIV/AIDS Epidemic: How They Slowed Advances and Were Resolved
By Scott D. Holmberg
Westport, CT: Praeger, 2007
228 pp., Illustrated. $49.95 (hardcover).

Dr. Scott Holmberg, who was well known for his organized and careful epidemiological studies while at the Centers for Disease Control and Prevention, took on a large task in attempting to cover a large swath of the issues in population- and patient-oriented HIV/AIDS research. He is to be given credit for speaking frankly, for covering a lot of ground, and for some well-presented chapters (e.g., “Counting Cases”). The book is not—and probably
could not be—comprehensive; for example, opportunistic conditions are mentioned only as they pertain to the definition of syndromic AIDS. Moreover, the book shows the strain of its ambition and often seems unfocused or uneven. Epidemiological principles are presented very basically in the first chapter, but some subsequent material requires substantial sophistication in HIV biology and/or disease to understand fully; this leads one to wonder who the book’s target audience is.

The chapter titles bespeak a reasonable and roughly chronological order. However, topics appear in several places, and the within-chapter organization is sometimes difficult to follow. Holmberg draws from multiple sources, which enriches the vignettes, but his occasional tendency to present findings from different eras together encourages conflation and diminishes the appreciation for the nature and course of the controversy or error in question. The book contains numerous errors. Although most of them are small, they do affect the narrative. For instance, AIDS Clinical Trials Group 019 is a randomized clinical trial, not a cohort study [1]; placebo-controlled and no-treatment trials are confused; and, in the studies from our group at the VA San Diego and Johns Hopkins on vascular complications of antiretroviral therapy, the primary analyses are not ecologic but at the patient level [2]. There are also some issues with time-liness (e.g., the section on HIV testing is not informed by 2005 studies, which ideally would have been included [3]).

The tone often taken when discussing different findings and points of view is sometimes problematic. The text cites the dangers of “personal bias or, if you will, wishful thinking,” but the author sometimes seems to have not taken this to heart. He notes the he once nearly fell victim to the sort of “clerical and programming errors” that “can easily occur,” but he characterizes similar errors made by another group as “suspicious.” This attitude extends to research methods as well. The ecologic data on the impact of highly active combination chemotherapy from the Center for Disease Control and Prevention’s HIV Outpatient Study [4] are rightly hailed as landmark findings, but similar studies are savaged for their design elsewhere in the text.

In short, there is much information and perspective in this book. However, it is likely to disappoint persons who want a comprehensive and dispassionate discussion of these topics.

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References


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Therapeutic Microbiology

Edited by James Versalovic and Michael Wilson


Therapeutic Microbiology: Probiotics and Related Strategies, edited by James Versalovic and Michael Wilson, is a comprehensive review of many aspects of the basic microbiology and research applications of probiotics and prebiotics. The book is a valuable resource for academicians and investigators working in this area, although it is written largely from a microbiologist’s point of view, with medical and clinical issues covered in a considerably more superficial manner than microbiological ones. In spite of this limitation, the book is one of the few compendiums that attempt to synthesize the rapidly expanding body of knowledge in this timely and increasingly controversial area.

The book will be most useful for students of microbiology who seek a comprehensive review of the basic biology of the major organisms used as probiotic agents, including Lactobacillus, Bifidobacterium, Saccharomyces, and Streptococcus species (although enterococci used as probiotic agents are curiously omitted). The introduction offers a useful and complete review of several important operational issues for interpreting data from probiotic studies, including the unpredictable effects of combining probiotic strains in increasingly ubiquitous “probiotic cocktails,” the impact of vehicles used to deliver probiotic therapies, and dosing considerations. One recurring issue with the book as a whole is a redundancy in the introductions of multiple chapters that review the same basic information regarding definitions and therapeutic applications of probiotics. Although this may be useful for readers who use the book as a reference work for a particular topic and read only selected chapters, it is of more concern for those who attempt to read the entire volume.

Microbiologists who are interested in probiotics will be pleased with the thorough descriptions of microbiologic features and research on the major probiotic species. Chapters on biomedical research and on the application of probiotics and prebiotics in clinical medicine are more variable in their comprehensiveness. The major clinical use of probiotics is in treating gastrointestinal conditions, and the chapter on this topic covers a wide range of infectious and noninfectious conditions.