Antimicrobial Agents and Chemotherapy—1970. Edited by Gladys L. Hobby. Washington, D.C., American Society for Microbiology, 1971. xi, 545 pp. $15.00.

The term “infectious diseases” conjures visions of foul miasmas, fever swamps, great plagues and old Paul Muni movies. Most of us who practice the specialty, however, may go weeks without conquering an epidemic. Much of our time is spent answering questions that do not bear on the broad aspects of infectious disease strategy, but deal with the often more difficult tactical questions of treating a specific patient. These questions, such as: Is minocycline good for gonorrhea? What does hemodialysis do to Keflin blood levels? Is the Pneumococcus sensitive to Gentamicin? are often trivial in themselves, but may become quite important in a clinical situation.

The answers to such questions on antibiotic usage are not easy to find. Most textbooks are not current enough for good information on new drugs, and the major journals do not usually concern themselves with the minutia of antibiotic use. One place to look for answers to such questions is in the annual Antimicrobial Agents and Chemotherapy volumes of which this present volume is the tenth.

These volumes contain short papers which have been presented at the Inter- science Conference on Antimicrobial Agents and Chemotherapy. This conference is held each year, in the fall, by the American Society for Microbiology in association with the Infectious Disease Society of America. The present volume contains 102 of the 180 papers presented at Chicago in October of 1970.

As is to be expected for a conference of this type, the papers vary widely in their audience appeal. Many of them are of interest only to pharmacologists or chemists specializing in antibiotics. I would estimate that about 15% of the papers fall into this group.

A second group of papers deal with clinical investigational studies of antibiotics not yet available on the market. These papers are of value in giving advance information on drugs that may be released in the next year or two. Of particular interest are a pair of carbenicillin derivatives, BRL 2288 and an indyl ester of carbenicillin. The former drug, a development of Beechan Research Laboratories, has a greater anti-Pseudomonas activity than does carbenicillin while the indyl ester is the first oral agent effective in Pseudomonas urinary tract infections. Other antibiotics described seem to have only marginal superiority over drugs now in use. One of these, Pivampicillin, for example gives higher blood levels after ingestion than does ampicillin; since the blood levels of ampicillin are, however, adequate for most infections one wonders about the necessity for the overkill.

Finally, there are the bulk of the papers which concern themselves with the problems of clinical bacteriology. Among the interesting papers in this group are George Thornton’s study of bacteriodes antibiotic sensitivity, Jean Abbe’s report on Pseudomonas surveillance in a children’s hospital, Steve Schimpff’s study of Pseudomonas colonization of cancer patients, and Elliot Goldstein’s demonstra-
tion of the deleterious effect of anesthetic agents on pulmonary bactericidal activity.

One man's wheat is another man's chaff in these matters but I estimate that about half of the 102 papers in this book are of interest and value to me in the practice of infectious diseases. This is clearly not a book that would interest the student or general internist, but it is of considerable value to the infectious disease specialist.

Robert W. Lyons
Department of Internal Medicine
Yale University School of Medicine

Connecticut Health Services Research Series. No. 1: Patient Care Assessment in Extended Health Care Facilities. By Forrest G. Dressler, Jr. New Haven, 1971. vii, 113 pp. $3.50.

Forrest G. Dressler's monograph "Patient Care Assessment in Extended Health Care Facilities" auspiciously inaugurates the Connecticut Health Services Research Series. The series is sponsored by various Connecticut health service organizations involved in providing and monitoring the quality of medical care in this state as well as nationwide, and, because of its broad sponsorship, has a promising future.

Aside from being somewhat repetitious, Dressler's study is a fine, critical survey of utilization review in ECF's and skilled nursing homes with data collected from a questionnaire returned by 70% of Connecticut's ECF's forming a solid foundation for a dispassionate discussion of the imperfections of utilization review. The technique as used in nursing homes (and most hospitals) is an imprecise and highly subjective tool with, at present, few uniform criteria and even fewer comparative data available to those conscientious ECF utilization review committees who want to become more objective in their deliberations. The author presents current efforts to provide meaningful data, but points out by implication the limitations of nursing home-based utilization review committees even if well supplied with reasonable data. We are all familiar with the politics of utilization review, the informal aspects of justifying or contradicting colleagues' decisions, made inevitable by institution-based committees and diminishing the actual effectiveness of the technique.

Dressler stresses that utilization review as a method of patient care evaluation is largely of unproven value, at least as it has been applied in ECF's. Furthermore the emphasis of ECF utilization review has been distorted by economic pressures to a primary fiscal, not patient orientation, with payment eligibility, not patient care, the only true concern of nursing home administrators, fiscal intermediaries, and government overseers. It would be difficult, as the author states, to justify the expense and bother of utilization review by claiming that physicians have learned better patient care from their encounters with nursing