

Manual of Clinical Microbiology, 9th Edition

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Washington, DC: ASM Press, 2007
2488 pp., illustrated. \$209.95 (hardcover).

This is the ninth edition of this comprehensive manual that has been the cornerstone of the clinical microbiologist's library since the first edition in 1970. The eighth edition was published in 2003 and had the same 2-volume format as this edition. Only volume 2 is reviewed here.

Volume 2 begins with a section on virology. In this edition, there has been a useful reorganization of this section. For example, viruses are now divided into RNA viruses, DNA viruses, and subviral agents (i.e., transmissible spongiform encephalopathies). Human metapneumovirus is newly included in the chapter on respiratory syncytial virus. Hepatitis A and E are now in the same chapter. There are new chapters on hantaviruses and on hendra and nipah viruses. These latter 2 viruses are the prototype virus (hendra virus) and the second member (nipah virus) of the fifth genus *Henipavirus* of the subfamily *Paramyxovirinae* of the family *Paramyxoviridae*. This new chapter on hendra and nipah viruses makes very interesting reading, to say the least.

Next, volume 2 covers mycology. In this edition, there are 2 new chapters in the section on mycology—1 on mycotoxins and 1 on *Lacazia*, *Pythium*, and *Rhino-*

sporidium. The chapter on mycotoxins is useful because of their possible role in sick building syndrome. Clinical microbiologists may be asked to comment on sick building syndrome or even to identify fungi collected from a building. Thus, this chapter is useful. *Lacazia loboi* is the causative agent of lobomycosis, and a patient with lobomycosis from South America has recently been seen in Chattanooga, Tennessee. Therefore, this chapter is a welcome addition.

Finally, volume 2 covers parasitology. In this edition, this section been reorganized and expanded. *Sarcocystis* species are now included in the chapter on *Isopora* and *Cyclospora* species; *Cryptosporidium* species are covered in a separate chapter. In the eighth edition, there was a chapter on intestinal helminths and tissue helminths. There is now a chapter on nematodes, filarial nematodes, cestodes, trematodes, and less common helminths. The addition of *Sarcocystis* species is useful, because muscular *Sarcocystis* infections have been reported in members of US combat units deployed to the Malaysian jungles. The reorganization is also useful. The chapter on cestodes is also very well done and extremely useful. The chapter on less common helminths was also instructive. I had not seen a sparganum since taking my boards.

A textbook such as the *Manual of Clinical Microbiology* has to serve multiple purposes: it should serve as a reference manual for the practicing clinical microbiologist and as a study guide for pathology residents and clinical microbiology fellows. Those preparing to take the boards in clinical microbiology are perhaps the only group that will read these 2 volumes cover to cover—an endeavor that will not be wasted. The most impressive aspect of this series of 9 editions, including this current edition, is the fresh perspective that has been maintained. This has

been accomplished, in great part, by the use of new authors. Almost 40% of the authors of the ninth edition are new, and non-US authors represent ~30% of the authors. This provides an international scope and results in the inclusion of topics that otherwise might be slighted or missed entirely. Once again, the ninth edition does exactly what is expected of it, and it does it well.

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Post Mortem: Solving History's Great Medical Mysteries

By Philip A. Mackowiak

Philadelphia, PA: American College of Physicians, 2007.
350 pp., illustrated. \$29.95 (hardcover).

The essays that make up this fine new book are derived from a series of historical clinicopathological conferences (CPCs) held at the University of Maryland and hosted by the book's author, Philip Mackowiak. These historical CPCs are identical in format to conventional CPCs, except that the patients are famous dead people. Skeptics sometimes object to this sort of retrospective diagnosis, pointing out that we may lack adequate clinical and pathological information to define the illnesses of historical figures with any precision. Even so, in the hands of a skilled clinician, the historical CPC can provide us with fresh insights into both history and medicine. And in Mackowiak's *Post Mortem: Solving History's Great Medical Mysteries*, it's also rattling good fun.

Each of the 12 lucid and compelling chapters deftly summarizes the life, career,

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