

book are assertions with which many infectious diseases consultants might take issue:

1. Patients with Legionnaire's disease are unlikely to have fever greater than 38°C (p. 26).

2. Stains for acid-fast bacilli are not useful in the emergency room (p. 36).

3. Start empiric antibiotics for urinary tract infections and then culture the urine (p. 491).

4. Oral tetracycline is recommended for diverticulitis (p. 630).

5. Antibiotics are not necessary in the management of perirectal abscess unless extensive cellulitis or underlying disease is present (p. 643).

6. Urinary tract infections are

as frequent in males as in females (p. 657).

Why are there so many controversial points? The answer may lie in the selection of contributing authors. Only nine of the 48 contributors have credentials in infectious diseases, whereas 21 of the 48 are emergency room physicians. The balance includes a mixture of general internists, pediatricians, neurologists, and surgeons.

The strength of any text rests with the skill and commitment of its editors and with the expertise of its authors. This book's failure to fulfill its intended purposes can be placed at the feet of editors who allowed overlapping discussions of the same disease entity in different

chapters, and with authors who, from a discipline other than infectious diseases, are writing about infectious diseases. Emergency room physicians and students and hospital medical libraries would be better served by acquiring one of the well-known excellent textbooks of infectious diseases, such as *Principles and Practice of Infectious Diseases* (Mandell GL, Douglas RG, and Bennett JE, eds. New York, NY: Churchill Livingstone, 1990).

David W. Gregory, MD

Associate Professor of Medicine
Vanderbilt University
Nashville, Tennessee

Multistate Outbreak of Salmonellosis from Contaminated Cheese

by **Gina Pugliese, RN, MS**
Medical News Editor

A large, multistate outbreak of salmonellosis involving uncommon serovars of *Salmonella javiana* and *Salmonella oranienburg* resulted from the consumption of contaminated mozzarella cheese produced at a single manufacturing plant. One hundred thirty-six culture-confirmed cases of *S javiana* infection and 11 cases of *S oranienburg* infection were associated with the outbreak in Minne-

sota. Outbreak-associated cases were also identified in Wisconsin (15 cases) and Michigan and New York (one case). Cases were more likely than controls to have consumed mozzarella cheese manufactured at a single cheese plant (plant X) or cheese that had been shredded at processing plants that also shredded cheese manufactured at plant X. Both of the outbreak-associated strains of *Salmonella* were isolated from unopened blocks of mozzarella cheese produced at plant X.

The mechanisms by which the cheese was contaminated remain unclear. The authors state that it was possible that the outbreak resulted from contamination of cheese either from environmental sources or by infected production workers.

FROM: Hedberg CW, et al. A multistate outbreak of *Salmonella javiana* and *Salmonella oranienburg* infections due to consumption of contaminated cheese. *JAMA* 1993;268:3203-3207.