streptococcal glomerulonephritis' the evidence for streptococcal involvement is not presented. The effect is remarkably repetitive, so that no one would want to read the whole, but this repetition must either mean a wide ranging international self deception, which we doubt, or an advancing field of objective knowledge, which should be useful sometime.

But there is self deception in many of the sections when treatment is discussed and little of the book is useful for treatment. Existing data on effects of treatment in steroid-sensitive nephrotic syndrome and in lupus nephritis are not presented, and many of the assertions of effects in other disease were shamed by the splendid natural history data in well worked-up patients from Cameron and his colleagues. It is clear that spontaneous full recovery or improvement is possible not only with acute nephritis and steroid-sensitive nephrotic syndrome, but with many other forms, including especially mesangial proliferative glomerulonephritis and Henoch Schönlein nephritis. Identification of the poor-prognosis patients is still very insecure, and apart from the two diseases shown to be treatable, dangerous immunosuppressive treatment should be given only with clear evidence of dangerous deterioration. Statistical analysis applied to inappropriate data by two Australian groups for alleged effects, one with retrospective control, and one simply demonstrating a change following treatment which was not necessarily an effect, is misleading pseudoscience, however many zeros there are in the P values. So the natural history aspect has been most valuable in avoiding dangerous treatment, but the therapeutic problems which result are not considered systematically. There was no concern with prevention.

Two new theoretically interesting fields are covered—the mechanism for complement activation in membranoproliferative glomerulonephritis (which is divided into two and given a new name)—and the role of IgA in renal disease. Both throw light on the alternate pathway of complement.

This book, then, provides a useful source for much fairly recent work in the field, but few would want to read it all and no one would want to buy it at this price, which is surely only partly justified by the many excellent illustrations. J. F. SOOTHILL

The Essentials of Forensic Medicine 3rd ed. By Cyril John Polson and D. J. Gee. (Pp. xvii + 729; illustrated. £12.00) Oxford: Pergamon Press. 1973.

The first edition of 'Essentials of forensic medicine' was the bare essentials. The third edition is much larger, far from bare, and now must be regarded as the most authoritative, well researched, and useful textbook of forensic medicine available. It is divided into two parts: 'Forensic pathology' and 'Law relating to the practice of medicine'. Toxicology is not included.

This is a book for professionals by professionals and it is a great relief to be able to recommend a textbook of forensic medicine as heartily as one can recommend this. Anybody who decries the subject as non-academic should be made to read it. Every statement is justified by exact references carefully chosen from the world literature. The pictures all illustrate important and worthwhile points and the case,

histories, which are a feature of the book are all germane and interesting. The text is a model of elegant and cultured English and Professors Polson and Gee have good reason to be proud of their book. For the price of one Coroner's necropsy (with inquest) it is the best value for money I know.

A. C. HUNT

A Colour Atlas of Infectious Diseases By R. T. D. Emond. (Pp. 384; illustrated. £6.00.) London: Wolfe Medical Books. 1974.

Four hundred and fifty-six illustrations ranging from electronmicroscopy to the complete body. All excellent illustrations with useful and concise descriptions.

H. E. M. KAY

Association of Clinical Pathologists Symposium on 'Clinical Proteins'

This symposium will be held from Monday 28 October to Tuesday 29 October 1974 at Imperial College, London. The Chairman is Professor J. R. Hobbs.

PROVISIONAL PROGRAMME

Monday 28 October 1974

- 10.00 Assembly and Coffee
- 10.30–10.35 Chairman's remarks
- 10.35–11.20 Professor S. Cohen (Guy's)
- 11.20–12.05 Dr A. Askonas, FRS (MRC, Mill Hill)
- 12.05–12.50 Dr J. Davies (MRC)
- 12.50–14.00 Lunch
- 14.00–14.50 Professor C-B. Laurell (Malmo)

- 14.50–15.40 Dr R. Ritchie (Portland, Maine)

- 15.40–16.00 Tea
- 16.00–16.40 Professor A. M. Neville (Chester Beatty, London)
- 18.30 (for 19.00) Dinner

Tuesday 29 October 1974

- 9.10–9.50 Professor S. Salmon (Tucson, Arizona)
- 9.50–10.30 Professor J. R. Hobbs (Westminster)
- 10.30–10.50 Coffee
- 10.50–11.30 Professor E. C. Franklin (Rockefeller, N.Y.)

- 11.30–12.10 Professor M. Seligmann (Paris)
- 12.10–12.50 Dr J. Kohn (Queen Mary's, Roehampton)

- 12.50–14.00 Lunch
- 14.00–14.50 Professor J. F. Heremans (Brussels)

- 14.50–15.40 Dr P. Carter (Westminster)

- 15.40–16.20 Dr S. G. O. Johansson
- 16.20–16.35 Chairman's summing up
- 16.35 Tea

Information relating to the symposium can be obtained from Dr T. Hargreave, Area Department of Pathology, Church Lane, Heavitree, Exeter, EX2 5AD.

Protein structure
Protein synthesis
Turnover studies

Rocket electrophoresis
and Two-dimensional
immuno-electrophoresis
Protein profiles derived
by automated immune
precipitation

Concepts of tumour specific
proteins

Myeloma
Monoclonal IgM

Gamma and μ chain
diseases
Alpha-chain disease
Benign paraproteinaemias

Immune deficiency syndromes
Variations of immunoglobulins in disease
IgE