and abnormal appearances. The accompanying text is long, but clear and well written and makes this much more valuable than just a collection of brilliant pictures.

This is undoubtedly the atlas that should be available for study in all departments where endoscopy is taken seriously and any training of young gastroenterologists is undertaken. Make sure your department has a copy soon.

A minor carping criticism—couldn't Dr Tytgat have given us a short paragraph to tell us why and how his photography is so much better than ours?

AJ LEVI

Immunomicroscopy: A Diagnostic Tool for the Surgical Pathologist. Major Problems in Pathology Vol 19. Ed CR Taylor. (Pp 452; £55.) WB Saunders. 1986. ISBN 0-7216-8770-9.

Immunocytochemistry now has an essential place in histopathological diagnosis. This book deals in some detail with the principles of immunocytochemistry and its practical applications in surgical pathology. It is easy to read, well referenced, and is a valuable account of the state of the art in 1985. Being largely the work of one author (who better than Clive Taylor who pioneered the use of immunoperoxidase in the diagnosis of routine paraffin sections) some of the views expressed are inevitably controversial, and the level of expertise in the wide range of topics covered is somewhat uneven. Despite these shortcomings and the advances there have been since it was written, this volume should be studied by all diagnostic histopathologists and should have a place among the reference books in all routine histopathology laboratories.

RB GOUDIE

Consumption Coagulopathies. A Larcen, H Lambert, A Gerard. (Pp 240; £60.) Wolfe Medical Publications Limited. 1987. ISBN 2-225-80981-X

This review of DIC from a distinguished group of workers in the field, like many multiauthor texts, is a bit like the curate's egg, good in places. More than half of the text is devoted to a detailed and well illustrated account of the clinical and pathological aspects of DIC. This is comprehensive, but marred by the unnecessary inclusion

of 45 personal case histories which serve only to pad the book out. In contrast, the chapter on the pathophysiology of DIC appears both disjointed and superficial. This section, in common with much of the rest of the book, relies heavily on the use of diagrams and lists many of which, the full page lists of references in particular, are of very dubious value. Given that the references occupy the final 60 pages of the volume, these separate lists seem superfluous. The chapter on treatment is relatively brief, but interesting, and included a good deal of useful practical advice and a reasonable account of recent experience with newer treatment modalities, such as ATIII concentrate. The authors have unfortunately used this section as a vehicle for their own research, devoting more than half the chapter to a detailed description of their investigation of the use of heparin in the management of DIC. Both sides of the heparin controversy are aired, the authors coming down fairly firmly in favour of the use of heparin.

Although the foreword suggests that the book "should be of interest to all physicians everywhere", the requirements of the general reader are not reconciled with those of the specialist in haemostasis. The absence of an index is a major fault and makes the book difficult to dip into as a quick reference. The wealth of extraneous detail and personal observation are also of limited value for the general reader and the book is thus probably only of interest to those with a specialist interest in haemostasis.

CRM HAY

Height and Weight in Human Beings. Autopsy Report. K. Kayser (Pp 127; no price given). Verlag f. angewandte Wissenschaften GmbH, Munchen. 1987. ISBN 3-922251-99-4.

The information in this book is based on the results of measurements made on 47523 autopsy cases in the Institute of Pathology, University of Heidelberg from 1900 to 1981. The weights of the brain, heart, liver, spleen, lungs, and kidneys together with the height and weight of the patient and all diagnoses were entered on computer. A normal population was established for each organ by excluding cases with specified diseases.

The book is conveniently divided into sections, with data for children and adults plotted separately for each organ. The frequency distribution of organ weight and

mean weight by sex, age, and height and body weight are displayed and hence the reader can readily discover whether, for example, the spleen in a given patient was of normal size or not. Professors of pathology may note with chagrin that the brain weight commences a steady decline from the age of 20 in men and 30 in women.

This book is interesting to browse through but is obviously intended mainly for reference. A copy would be useful to the pathologist in any postmortem room. The authors might even consider producing the diagrams as a wall chart for instant reference by those with unclean hands.

WA REID

Exocrine Pancreatic Cancer. Ed H Baume and B Deixonne. (Pp 214; 78 figs; DM 168.) Springer. 1986. ISBN 3-540-16530-4.

Carcinoma of the pancreas presents a diagnostic problem which can be resolved by computed tomography scan, ultrasound, ERCP, cholangiography, CEA concentrations or laparotomy. The comparative value of these investigations is discussed in detail and it is recommended that laparotomy should not be carried out unless there is an intention to carry out a surgical procedure. Needle aspiration, pancreatic duct cytology, or biopsy establishes the diagnosis beyond doubt. It is considered that cancer originates from the ducts in 75–80% of cases evolving through simple hyperplasia, papillary hyperplasia, atypical hyperplasia to cancer, and this view is supported by the fact that multiple foci of carcinoma occur in about 25% of cases.

Cystadenocarcinoma, accounting for 1% of cancers, has a five year survival of 68% and it can enlarge up to 30 cm in diameter. Cystic papillary carcinoma is also relatively benign although metastases have been recorded in two cases. The "curability" of cancer of the pancreas is estimated at about 15% although only 5–10% are cured after five years. Total pancreatectomy with extended lymphadenectomy represents the curative intervention of choice but this is rarely performed in the United Kingdom. This book will appeal to those with a specialist interest in the pancreas reflecting current knowledge tempered by the expression of personal views.

H THOMPSON