reactions are excluded) when the patient has a relevant clinical history. In patients without a relevant clinical history, serial assay of "e" antigen and "e" antibody may be preferable to serial assay of HBsAg titre. The former method is qualitative; the latter relies on precise quantitation of HbsAg to detect a clinically important decline in titre.

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- 1 Diment JA. Sensitivity of anti-HBc IgM kits and the diagnosis of acute hepatitis B. *J Clin Pathol* 1991;44:438.
- 2 Morris DJ. Anti-HBc IgM assays and diagnosis of acute hepatitis B. *J Clin Pathol* 1990;43:782-3.
- 3 Papaevangelou G, Roumeliotou-Karayannis A, Tassopoulos N, Stathopoulou P. Diagnostic value of anti-HBc IgM in high HBV prevalence areas. *J Med Virol* 1984;13:393-9.
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- 5 Gerlich WH, Uy A, Lambrecht F, Thomssen R. Cut-off levels of immunoglobulin M antibody against viral core antigen for differentiation of acute, chronic and past hepatitis B virus infections. *J Clin Microbiol* 1986;24:288-93.
- 6 Howell DR, Barbara JA, Hewitt PE. Diagnosis of acute hepatitis B infection. *J Clin Pathol* 1991;44:1039.

Morris¹ and Diment² have discussed the relative merits of anti-HBc IgM assays and HBeAg to anti-HBe seroconversion in the diagnosis of acute hepatitis B infection. Although these assays certainly have a place in the diagnosis of difficult cases, they are relatively expensive and usually only available in specialist laboratories.

We recently identified an asymptomatic acute hepatitis B virus infection in a blood donor, using three, simple, low cost criteria: (i) HBsAg positivity, at high titre (RPHA 1/10 000); (ii) alanine transferase activity (ALT) noticeably raised (2 200 IU/l); (iii) relevant recent history.

If these tests and criteria had not provided a diagnosis then testing a follow up sample for HBsAg titre and ALT activity would, in our experience, usually provide final confirmation. To complement this, and where there is a pressing clinical need for rapid diagnosis, we would have the sera tested for the markers discussed by Morris¹ and Diment.²

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- 1 Morris DJ. Anti-HBc IgM assays and diagnosis of acute hepatitis. *J Clin Pathol* 1990;43:782-3.
- 2 Diment JA. Sensitivity of anti-HBc IgM kits and the diagnosis of acute hepatitis B. *J Clin Pathol* 1991;44:438.

BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add 15% to the value of the order for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and full name.

Reaction Patterns of the Lymph Node. Part 1 Cell Types and Functions. Current Topics in Pathology. Eds E Grundmann and E Vollmer. (Pp 288; 102 figs; DM268.00.) Springer. 1990. ISBN 3-540-52287-5.

This is the first of a two volume set in the *Current Topics in Pathology* series, describing the morphological and immunohistochemical changes within the various functional compartments of the lymph node; the second volume describes changes occurring in lymph nodes in association with immunodeficiency and neoplasia.

The contents include chapters correlating structure and function within various lymph node compartments, descriptions of the germinal centre response, of T lymphocytes in non-neoplastic lymph nodes and plasmacytoid T cells, and of macrophages and accessory cells. The volume concludes with an in-depth study of immunoelectronmicroscopy of lymph nodes.

The authorship of this book shows a strong European bias (20 of the 25 contributors) and in some of the chapters it is apparent that English is not the authors' first language, which makes for a rather turgid style. Nevertheless, this is an admirable book for the lymph node enthusiast containing information not often seen in other pathological books. The text is well illustrated with high quality photomicrographs, electron-micrographs, and line drawings. Most of the chapters are extensively referenced and contain references up to 1989.

Although this book will not be of particular interest to the general surgical pathologist, it can be strongly recommended to histologists and immunologists with a particular interest in structural and functional correlation within the immune system.

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Standard Haematology Practice. Ed Bryon Roberts on behalf of the British Committee for Standards in Haematology. (Pp 264; £39.50.) Blackwell Scientific Publications. 1991. ISBN 0-632-02623-5.

Of these collected reports from the British Committee for Standardisation in Haematology (BCSH), the best is on haemoglobinopathy screening, with good accounts of G6PD deficiency, some aspects of blood-banking, massive blood loss, management of anticoagulant treatment, thrombophilia and transfusion "menus".

The title is misleading, however, and should perhaps have been "Standards for Some Aspects of Haematological Practice".

Standard *haematological* practice in the United Kingdom today is surely broader than this book implies. Excluded are laboratory aspects of cytology and cytochemistry, general coagulation, cytogenetics, haematinic assays, haemolysis, immune cytopenias, cellular immunophenotyping and viscometry, not to mention clinical management of anaemia, many aspects of haemostatic failure, and haematological malignancies. Yet 8% of the book is an uncritical description of haemapheresis and 10% an account of blood-bank microplate techniques which most NEQAS contributors do not use. This last chapter is at least a positive if unbalanced statement unlike chapters 2 to 4 (another 10%) on automated cell counters and manual blood films which will probably neither reflect nor influence selection criteria for the latter in most United Kingdom laboratories.

Chapter 1 epitomises the heterogeneity of style, breadth, and depth of this book. It is intended as a description of "good laboratory practice". But with no emphasis on the importance of the medical consultation process, NEQAS, and the CPSM and College accreditation schemes it is unbalanced, incomplete, and poor PR for the specialty.

Those who have not collected BCSH reports as they appeared may welcome this convenient but costly binding. Nobody should think that it describes British haematology, standard or otherwise. Perhaps an early second edition will present a more balanced and comprehensive description of the specialty.

AG PRENTICE

Immunology: A Short Course. 2nd edn. E Benjamini, S Leskowitz. (Pp 559; \$29.95.) John Wiley & Sons Inc. 1991. ISBN 0-471-56751-5.

The authors have succeeded in their aim to present "the bare essentials of immunology in a palatable form..." which "will enable most students to grasp the essential principles". They have produced "lecture size" chapters which are readable and clear. Medical students will enjoy the snippets of clinical information which make the text interesting and relevant. There is good layout of the text and excellent diagrams. Review questions at the end of each chapter are quite detailed and will highlight any areas of inattention for the reader.

This book is very much a basic course and is not really a standard text, nor does it seem that it was intended to be. Any immunology text of basic principles needs to be selective in order to make it clear. Students will find it a great help, especially those who find immunology difficult or boring, and this text is neither.

Like all authors in this discipline, Benjamini and Leskowitz had to produce a second edition relatively quickly to cover the rapidly developing fields of genetic control, T cell differentiation, and therapeutic advances for immunological diseases as well as AIDS. The only criticism is that the index is awful and does not come up to the high standards of the book.

H CHAPPEL

Pathology Reviews 1990. Ed E Rubin, I Damjanov. (Pp 255; \$74.50.) ISBN 0-896023-195-0.

This is an anthology of articles published in *Laboratory Investigation* under the "Biology