Technical methods

RESULTS

The composite standard resolves into four spots: the slowest is phenobarbitone, then a violet oval spot composed of butobarbitone and the slightly faster pentobarbitone, then a blue round spot of quinalbarbitone and finally the fast hexobarbitone. Of the 10 commonly used barbiturates listed in the Table, three migrate at the rate of butobarbitone and three at the rate of pentobarbitone but in both groups a specific identification can be made by the appearance after acid treatment. Cyclobarbitone and heptabarbitone give distinctive slow blue spots after acid treatment, while pentobarbitone, quinalbarbitone, and hexobarbitone only just clear the halo of acid and appear as crescents at its upper margin.

The yellow colour produced by spraying allobarbitone, cyclobarbitone, heptabarbitone, quinalbarbitone, and hexobarbitone with 0-1% aqueous potassium permanganate may be useful for confirmation but helps little with primary identification except perhaps when a mixture of barbiturates is present.

<table>
<thead>
<tr>
<th>Table</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Official Name</strong></td>
</tr>
<tr>
<td>Barbitone</td>
</tr>
<tr>
<td>Phenobarbitone</td>
</tr>
<tr>
<td>Butobarbitone</td>
</tr>
<tr>
<td>Allobarbitone</td>
</tr>
<tr>
<td>Cyclobarbitone</td>
</tr>
<tr>
<td>Pentobarbitone</td>
</tr>
<tr>
<td>Amylobarbitone</td>
</tr>
<tr>
<td>Heptabarbitone</td>
</tr>
<tr>
<td>Quinalbarbitone</td>
</tr>
<tr>
<td>Hexobarbitone</td>
</tr>
</tbody>
</table>

<sup>1</sup>Ratio of Rf of substituted barbiturate to that of barbitone
W = White after mercuric sulphate spray
V = Violet after diphenylcarbazone spray
B = Blue after diphenylcarbazone spray

We would like to thank Mr. H. Varley for his encouragement.

REFERENCES

mentalt aspects will find something here to interest them, this is surely an example of a symposium that would better have remained unpublished. The price asked for the simple paper-back volume can only be described as exorbitant.

T. CRAWFORD


For those interested in the natural history of phaeochromocytoma, this book provides a painstaking catalogue of detailed clinical observation—19th century descriptive rather than 20th century scientific. It even contains some useful speculation on the possible correlation between clinical signs and the pharmacological actions of the catecholamines.

But the authors are really out of their depth in their attempts to summarise recent biochemical advances in catecholamine metabolism. There is no indication, for instance, that dopamine has a separate metabolic pathway in its own right, of particular importance in the laboratory diagnosis of tumours of the neuroblastoma group. For that matter, neuroblastoma itself, which has recently given rise to a considerable literature, merits five lines, whilst catecholamine-secreting carotid body and glomus jugulare tumours, rare, but of great theoretical interest, do not get a mention. The book thus belies its title.

The translation is indifferent and there is a fairly liberal sprinkling of spelling mistakes and plain schoolboy howlers. Of particular concern are the many inaccuracies in what might otherwise have been a handy reference list. The usefulness of this book is further limited by an inadequate index.

M. SANDLER


'This account of tumours of the oral tissues has been written from the point of view of the diagnostic pathologist whose principal interest lies in the histological evaluation of biopsy and operation material.' It fulfils its purpose admirably. The nine main chapters cover: embryology and histology; taxonomy of oral tumours; tumours of the dental tissues and of debatable origin; primary tumours of the jaw and soft tissues of non-dental origin; metastatic tumours; salivary gland tumours; cysts; dysplasias of bone.

The subjects covered are dealt with comprehensively, the text is profusely illustrated by excellent photomicrographs and radiographs, and there is a reasonably full bibliography at the end of each chapter. It may perhaps be suggested that the term lymphoepithelioma should not be used for 'anaplastic carcinoma of the maxillary sinus with lymphocytic infiltration'; the occasional association of adenolymphoma with tuberculosis of the lymph nodes might be mentioned. These are minor points and there can be no doubt that this book will be of great value to all pathologists. The book is good value for money.

J. FRIEDMANN


The emphasis is on the causes and surgical aspects of gall stones. History pervades the first half, but modern physico-chemical theories are discussed after the classical controversies. The practising pathologist or clinician may feel that more could be made of the effects of gall stones and their differential diagnosis. Drug cholestasis and the limitations of liver biopsy are passed over; associated diseases such as carcinoma, biliary cirrhosis, and cardiac arrhythmias are only briefly mentioned, as is percutaneous cholangiography. The text is easy to read and the line diagrams clear, but there are no photographs and the general production is austere.

R. A. B. DRURY


Under this curious title the author presents a monograph designed to give a descriptive account of the fine structure of all cellular components of the liver. Not only is the human liver dealt with but material is also included from no less than 24 animal species.

The book is arranged as a volume of text together with a second volume including 361 electron micrographs and a few explanatory line drawings. Though physically substantial, only about a quarter of the text volume is in English, the rest being taken up by a repetition of the content in both German and Russian. Within the limited span of 117 pages of English text every aspect of normal liver fine structure and many aspects of fine structural changes in general and special pathological conditions are covered; in consequence, the text tends to be rather sketchy yet at the same time it uncritically deals with a vast number of references.

The arrangement of the books, as a set of electron micrographs without captions or explanations of any sort to be used while reading the text, is inconvenient. So, too, is the fact that the 778 references in the general bibliography are only to be found in the German section and are presented in such a way that where one author has more than one paper cited in a single year it is impossible to discover which of these is relevant to any given point under discussion.

The quality of the electron micrographs, though acceptable, does not really come up to the best obtainable by current methods, as will be readily seen from a mere glance at the recent second edition of Porter and Bonneville's 'Introduction to the fine structure of cells and tissues'. The line drawings at the start of each section are the best feature of the atlas volume.

With so much obsolescent material presented in a rather inadequate and inconvenient manner the present work cannot be recommended. Indeed it is difficult to see what purpose it can serve in such a rapidly advancing and changing field, particularly at the price of £25, which seems an enormous sum for the general reader to spend even on a successful book of this kind.

M. A. EPSTEIN
CLASSIFICATION OF BRAIN TUMOURS

T. Crawford

J Clin Pathol 1965 18: 483-484
doi: 10.1136/jcp.18.4.483-c

Updated information and services can be found at:
http://jcp.bmj.com/content/18/4/483.3.citation

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/