

The Liver. Biology and Pathobiology. 2nd ed. Ed IM Arias, WB Jakoby, H Popper, D Schacter, DA Shafritz. (Pp 1405; \$244.00.) Raven Press. 1987. ISBN 0-88167-345-5.

This book is a stupendous compendium of basic sciences which covers much more than its title suggests. All major advances in immunology, molecular biology, human biochemistry, ultrastructure, physiology, and many more are described, evaluated, and expected further developments indicated. The stated aim of the editors is to bridge the gap between science and clinical practice that few on either side are able to cross unaided. Yet, it is paramount that the two do not grow further apart. The aim throughout is to integrate and this is reflected in section headings like interrelated cell functions, relation of the liver to other organs, and analysis of disease mechanisms. This is not a book on *how* but on *why*. Its massive physical size and appropriately high cost place it in the category of departmental or library, rather than individual purchase but all major hospitals should possess a copy.

PP ANTHONY

Inflammatory Diseases of Muscle. Ed FL Mastaglia. (Pp 203; £39.50.) Blackwells. 1988. ISBN 0-632-01903-4.

This concise volume provides an authoritative account of these puzzling diseases which still present to the managing physician, whether internist, neurologist, paediatrician, or rheumatologist, a number of therapeutic challenges. The work comprises a series of chapters commencing with an introductory overview on clinical features and differential diagnosis by Sir John Walton. Further chapters are to be found on muscle biopsy techniques (open, needle, and conchotome methods are well described), immunological aspects, juvenile dermatomyositis, adult polymyositis and dermatomyositis, viral myositis, bacterial myositis, parasitic and fungal infections, and miscellaneous conditions. The work is as up to date as can be expected (the most recent cited reference is 1986), and the standard of monochrome photographic illustrations of techniques, muscle biopsy material, histology, histochemistry, and electron microscopy are at a high standard. The few colour photographs illustrate particular clinical features and modern immunofluorescent histochemical techniques. The work is heavily biased (intentionally) on diagnosis and aetiopathology, and therefore it is perhaps to

be expected that therapeutic considerations receive limited coverage.

For the price this volume will be of value to all interested in muscle diseases.

RHT EDWARDS

Biochemical Function Tests. A Guide to Specialized Investigations in Chemical Pathology. MS Billingham, MJ Wheeler, RA Hall. (Pp 273; soft cover £9.50.) Blackwells. 1987. ISBN 0-632-02023-7.

The authors have successfully produced a pocket size handbook of practical procedures employed in dynamic function tests commonly used in general medicine.

The first two chapters relate to the provocative tests frequently used in endocrinological cases, while the third chapter is a compilation of tests used in gastric, renal, and oncological medicine. The section on adrenal cortex function is particularly well documented. Steroid hormone biochemistry is a specialty often shunned by clinicians and biochemists because of its reputedly complex and specialised nature. This book will enhance the interaction between the clinician and biochemist to ensure that the biochemical function test is expedited correctly and interpretation of the result is correct. This will ensure that their effort is not wasted, nor is the patient subjected to an unpleasant and perhaps unnecessary test.

The information is well presented and I am sure that it will not be long before most laboratories have this book on their shelves.

LA PERRY

Notices

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Corrections

On page 355 of *J Clin Pathol* 1987;41, G Marsh, one of the coauthors of the letter about haemoglobin electrophoretic pattern in single cell disease, was attributed an incorrect address. It should have been Department of Haematology, North Middlesex Hospital, Edmonton, N18.

In the same issue, a table pertaining to the letter from Ho-Yen *et al* on limitations of Chlamydiazyme in general hospital laboratories (P357) was published with all columns ELISA positive: it should have read as follows:

Table 1 Results obtained by ELISA and immunofluorescence for detection of *Chlamydia trachomatis* in specimens from female patients

	Patients from STDs		Patients from GPs	
	ELISA positive (%)	ELISA negative (%)	ELISA positive (%)	ELISA negative (%)
Confirmed by immunofluorescence	32 (17)	158 (83)	48 (13)	320 (87)
Not confirmed by immunofluorescence	22 (12)		29 (8)	
	10 (5)		19 (5)	