

## Book reviews

**FETAL MALFORMATIONS CAUSED BY AMIOTIC RUPTURE DURING GESTATION.** By Richard Torpin. (Pp. 159 + xii; illustrated. \$11.50.) Springfield, Illinois: Charles C. Thomas. 1969.

This monograph is concerned with foetal malformations which are thought to result from amniotic rupture during pregnancy. The first two-thirds of the text are devoted to the consideration of a wide variety of such malformations, ranging from gross deformities in which there may be direct attachment of the placenta and its membranes to the foetal skull, to less serious deformities such as club-foot, clubhand, and syndactylism. The majority of cases referred to in this section have been culled from the literature, and illustrations consist of line drawings which are not always very informative. An attempt has been made to separate malformations resulting from genetic malfunction or teratogenic agents from those of a more mechanical origin consequent upon amnion rupture. It is thought that the latter may occur at any stage during gestation, and although the amniotic membrane may be severely damaged the chorion remains intact. Remnants of the detached amnion, often in the form of constricting bands, may attach themselves to parts of the foetus and may even lead to amputation of a limb.

Another consequence of amniotic rupture may be a transient oligohydramnios. Compression effects of the uterine wall on the foetus in the absence of a cushion of amniotic fluid are alleged to result in a high incidence of clubfoot deformities in these cases. This is closely analogous to the theories regarding clubfoot deformities held by the late Sir Denis Browne.

The remainder of the monograph is devoted to a description of a method devised by the author for the study of the placenta and its membrane after delivery, and a fairly detailed description of 14 cases of foetal deformity studied personally. This section is well illus-

trated with clinical photographs, radiographs, and photomicrographs of normal and abnormal amniotic membrane.

The author has rightly drawn attention to a fascinating series of lesions which may culminate in severe foetal malformation or even intrauterine death of the foetus. It is possible, however, that not all the deformities result only from rupture of the amniotic membrane, and the cause of the latter remains obscure.

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**MALIGNANT LYMPHOMAS AND THEIR MANAGEMENT** By M. Jacobs. In 'Recent Results in Cancer Research', Vol. 16. (Pp. vii + 48; 7 figures. DM.18). Berlin, Heidelberg, and New York: Springer-Verlag. 1968.

The author has compressed into 44 pages most of the essential information about the common lymphomas. The subject is treated with a deep historical perspective—31 out of 95 references precede 1930—leading up to an admirable, concise summary of modern ideas on histological classification and staging. The prospect of general and fairly permanent agreement in these aspects of the lymphomas gives this part of the book a lasting value.

The same is unlikely to be the case with sections devoted to management where practice is changing and finality is many years away. The author gives an excellent account of the radiotherapeutic controversy in Hodgkin's disease but is less than adequate in dealing with chemotherapy. Drugs such as vinblastine, steroids, and methyl hydrazine are scarcely mentioned and there is no reference to the principles of combination chemotherapy.

Thus, despite many virtues, this presentation is insufficient and already out of date as a guide to the complete management of patients with lymphomatous disease. It compels one to question the real value of monographs of this sort. The 'Union internationale contre le cancer' have no less than 27 in preparation. How many will be of more than ephemeral value? Will any of them perform a service not already supplied by existing journals and new editions of textbooks? And if they do not, are they perhaps more of a liability than an asset upon the overloaded library shelves?

H. E. M. KAY

**VISTAS IN CONNECTIVE TISSUE DISEASES** Edited by J. Claude Bennett. (Pp. xii + 314). Springfield, Illinois: Charles C. Thomas. 1968.

Dr Bennett and 11 co-authors have aimed to 'acquaint young physicians with research opportunities in connective tissue diseases and to make them excited about this work'. They have succeeded admirably and this collection of 11 essays should appeal to all laboratory workers concerned with connective tissue.

Inevitably, there is bias in the selection of subjects for critical discussion. Immunology rates six of 11 chapters (152 of 268 text pages). The remaining five chapters are very diverse. The outstanding contribution (in terms of the Editor's stated aims) is a sparkling account by McCarty of his researches on urate and pyrophosphate crystal arthritis, an account which is sufficiently enthralling to be recommended reading for medical students as well as researchers. The kinetics of antigen/antibody

### Letters to the Editor—continued

reaction to *S. paratyphi A* as indicative of previous vaccination; when monovalent vaccines are used, this marker is no longer available. The finding of high-titre typhoid antibody, whether or not accompanied by other antibody, is not an indication, in itself, for initiating epidemiological investigations; careful and prompt enquiry into vaccination history is required. It should be borne in mind that the patient's general practitioner or physician is not always *au fait* with the full vaccination history, as vaccinations may be advised and undertaken by firms or employing authorities or airline medical services. The patient should be asked about all previous immunizations.

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