

# Book reviews

**Tissue Typing Techniques** By Heather M. Dick and W. Barry Crichton. (Pp. vii + 152; illustrated. £2.50.) Edinburgh and London: Churchill Livingstone. 1972.

Does this book fill a gap in the book-shelf of a tissue typing laboratory? The answer is yes—even although most of the information is already available from other sources such as the 'Manual of tissue typing techniques', in which each technique is submitted by the protagonist. Dr Dick and Mr Crichton have written a cookery book rather than providing a list of recipes. The technical details are given clearly and precisely, salted with useful anecdotes. The presentation of the genetical aspects, regrettably, cannot be commended. The introduction, in particular, illustrates this weakness. The figures do not promote understanding: the first is an enigma and in the second the chromosomes could have been distributed to the children figuratively.

In the chapters on methodology the authors succeed in their task of providing instruction in tissue typing techniques. They deal competently with the subjects of the preparation of antigens for tissue typing (their advice on the separation of lymphocytes in blood samples from cadaver donors is particularly helpful), lymphocytotoxicity tests using a micro-method, complement-fixation tests, typing sera, and cell and reagent preservation. In the context of the storage of lymphocytes it is a pity that the simpler methods of freezing not requiring expensive apparatus were not mentioned.

The chapter on the applications of tissue typing which includes paragraphs on genetics, HL-A and disease, and paternity testing is not completely up to date. For example, genetical linkage of the HL-A locus to that for haemoglobin has been refuted by the team making the original claim.

Although the presence in a child of an HL-A antigen not found in either parent would be convincing evidence of illegitimacy, a recombination frequency of the order of 1% must be taken very seriously in assessing the role of HL-A typing in paternity testing.

Concerning the chapter on other tests for histocompatibility, it is probable that the locus controlling MLR (mixed

lymphocyte reaction) although sited on the same chromosome close to the HL-A loci is a separate genetic entity. This view is not given by the authors.

A very useful appendix contains a list of equipment and reagents with names and addresses of suppliers when relevant.

SYLVIA D. LAWLER

<sup>1</sup>Manual of Tissue Typing Techniques (1972). Ed. Ray J. G., Jr., Scott, R. C., Hare, B. M., Harris, C. E., and Kayhoe, D. E., National Institutes of Health, Bethesda, U.S.A.

**An Introduction to the General Pathology of Tumours** By David J. B. Ashley. (Pp. 120; 16 figures. £2.00.) Bristol: John Wright and Sons Ltd. 1972.

This short text of approximately 100 pages is an attempt to present a concise résumé of the general medical and scientific principles of neoplastic disease in man for use by the undergraduate and postgraduate clinical oncologist. It is written in a clear, readable but didactic style and contains some interesting chapters, particularly those relating to hormones, immunity, and tumours.

However, it would have been of value if some attempt had been made to discuss alternative interpretations of or to give appropriate references for observations of the neoplastic process which are open to debate. On account of this and the poor quality of the illustrative photomicrographs of different neoplasms, this is not a textbook which can be recommended as the sole source of recent information and is best read in conjunction with a more detailed oncological text.

A. MUNRO NEVILLE

**Virus Morphology** By C. R. Madeley. (Pp. vii + 179; illustrated. £2.50.) Edinburgh and London: Churchill Livingstone. 1972.

The electron microscope was developed during the 1930s and the first virus to be seen by this form of microscopy was the tobacco mosaic virus in 1939. Since then electron microscopy has advanced considerably with improved design of the instruments and with new staining methods, as a result of which we now have a completely new concept of the size, shape, and structure of many animal and plant viruses.

In this new book on virus morphology

the author has brought together many useful and interesting facts concerning the complex and diverse structure of virus particles. For those not conversant with electron-microscopy techniques this book will be of great value, especially the introductory notes on virus structure, staining methods, and the glossary of descriptive terms. The main part of the book is devoted to a series of electron micrographs of both RNA and DNA viruses, including those of cubic and helical symmetry, and those with a more complex symmetry. The illustrations are of an extremely high quality. This book will be of great interest to virologists, both teachers and diagnosticians, and to students at school and university.

J. A. DUDGEON

**Chemotherapy of Chronic Bronchitis and Allied Disorders** 2nd ed. By Robert J. May. (Pp. x + 117; illustrated. £1.95.) London: English Universities Press. 1972.

Both clinicians and bacteriologists who deal with the diagnosis and treatment of chronic bronchitis have reason to be grateful to Professor May for his work in this field and for publishing a concise account of it intelligible to both clinical and laboratory workers. This second edition includes new serological evidence of the importance of *Haemophilus influenzae* and an assessment of new drugs is included.

In the laboratory the problem of recognizing *Haemophilus* underlying coliform contaminants is emphasized but the technique now commonly used of liquefying and diluting the sample so that the most numerous organism, the *Haemophilus*, can be recovered is not mentioned.

A serious misunderstanding may arise from the tables and properties of drugs in the treatment of staphylococcal pneumonia. *Staph. aureus* is listed under both amoxycillin and ampicillin and neither of these drugs should be recommended for treatment of staphylococcal infection. When staphylococci are sensitive penicillin is the drug of choice, when they are resistant one of the penicillinase-resistant penicillins or another drug must be chosen. Not all readers can be expected to know that resistant staphylococci are invariably penicillinase producers and are much commoner than sensitive strains.

Most people now would reserve carbenicillin, preferably with gentamicin

