means of microzone electrophoresis, and visually assessed for the occurrence of pathological fractions, as well as for the A2 levels, which are classified as 'normal', 'high', or 'doubtful': 'high' and 'doubtful' specimens (a small percentage of all specimens) are subsequently assayed by means of the quantitative technique.

The statement of Yawson and his colleagues that haemoglobin A2 is accurately quantitated by means of the elution technique does not seem to be in line with the recently reported results of a survey (White and Lewis, *J. clin. Path.*, 1973, **26**, 864) in which 50% of the participants reported normal values for a 'high' specimen, although 95% of them were using the elution technique. These results may be taken to mean that the elution methods must be performed under carefully controlled conditions in order to obtain reliable results and it appears doubtful whether they are really suited for screening programmes while such a simple, and yet reliable procedure as multiple microelectrophoresis on cellulose acetate, followed by visual assessment, exists as an alternative.

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A Simple and Economical Modification of the Skin Window Technique

The method of Rebeck and Crowley (1955) has been widely used to study phagocytes in skin window preparations. The procedure involves the use of two haemocytometer coverslips per patient.

Recently we carried out tests according to the method described by Ghosh *et al* (1973) in normal subjects and in patients with diabetic symptoms, and found that coverslips either slipped away from the site of scraping or were broken. The handling of coverslip preparations for staining, microscopy, and subsequent photography was also inconvenient because of their small size. The coverslip had unnecessarily to be mounted on the ordinary microscopic slide for permanent preparation and filing, but this preparation is not easily focused under the oil immersion lens of a light microscope.

In view of these difficulties we experimented with an ordinary glass microslide in one arm and a haemocytometer coverslip in another arm, and to our delight equally reproducible cell aggregates were obtained on a glass slide as on

Book reviews

Mammary Cancer and Neuroendocrine Therapy Edited by Basil A. Stoll. (Pp. xi + 421; illustrated. £7.50.) London: Butterworth Group. 1974.

In recent years, hard on the heels of the development of new radioimmunoassay techniques for the measurement of peptide and steroid hormones, has come an explosion in our understanding of the neuroregulatory control of the pituitary hormones and the interactions with the secretions of the target glands. Inevitably proceeding alongside has been the investigation of the endocrine aspects of the development and therapy of breast cancer, since there has been a long-held feeling that the growth of breast cancer is hormonally dependent or responsive; a great deal of often contradictory data from animal and human studies have been published and have confused those who need to understand this complex subject. The time is ripe, therefore, for a review of the subject and this is what Dr Stoll's excellent symposium attempts to do. Indeed it succeeds far beyond the implica-

tions of its title for not only does it review the neuroendocrine factors related to normal and neoplastic breast growth, also deals with the non-neurosecreted hormones. He has invited a group of interested experts to discuss the roles of the hypothalamic-pituitary regulatory hormones, the pituitary hormones themselves, the target gland secretions as well as the adrenergic mechanisms altering release of these hormones in breast function under physiological conditions and also in the development of breast cancer and to review the evidence of how these factors can be therapeutically influenced. This attempt is mostly successful and seems to cover the literature up to 1972. Inevitably there are some flaws; too often some authors fail to differentiate between effects found in subhuman species and in man, seeming to assume that their experimental results are uniformly applicable; a number of topics are repetitively covered by different authors although this sometimes offsets to enthusiastic presentation of one side of a controversial subject; a few sections are weak, particularly that dealing with pituitary assessment after ablation. Nonetheless this review of the endocrine and neuroendocrine control of the breast and cancer is to be recommended.

G. M. BESSE

The Human Fetal and Neonatal Circulation: Function and Structure By S. Zon, Walsh, W. W. Meyer, and John Lind. (Pp. xiii + 351; illustrated. \$15.00.) Springfield, Illinois: Charles C. Thomas. 1974.

This book combines the work of a paediatrician, physiologist, pathologist, angiologist, and a paediatric cardiologist. It covers old and new material, experimental and new human anatomical, on the changes in the placental, pulmonary, systemic and portal circulations in the infant during the later stages of intrauterine life and following birth. The book is beautifully illustrated and each section has a good list of references and could become a small classic in its way.

It is highly recommended to paediatricians, to the general pathologist interested in vascular disease in adults at the accelerated development that takes place around the time of birth has relevance in adult pathology, and to the radiologist dealing with visualization of the vascular system in infants.

JOHN L. EMERY

a coverslip. Further staining and microscopy were made very easy. Slides could now be permanently mounted with ordinary coverslips for subsequent reference.

This modification offers many advantages over the haemocytometer cover overslip method. (1) It is economical, the cost of a microscopic slide compared with a haemocytometer coverslip is about 1:10. (2) It is better tolerated by subjects and the chances of breaking *in situ* are less. (3) It is easier to handle while staining and microscopic screening. (4) Cell preparations are better and permanent mounts are easily maintained. (5) The slide preparation lends itself easily to microphotography.

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