Concise and lucid survey of the main morphological features and pathogenetic mechanisms in the disease under discussion. The author does not eschew controversial topics but always gives a balanced view, and this is particularly true of the section dealing with his classification of membranoproliferative glomerulonephritis. There is a comprehensive list of up-to-date references, a useful glossary, and an appendix describing modern techniques in handling renal biopsy material. The practising histopathologist will find this a valuable reference text.

M. S. Dunnill


The first edition of this useful book rapidly found favour with medical bacteriologists and is to be found in most bacteriology laboratories. After 10 years a second edition has now been published which should be equally welcomed.

This new edition has been completely revised and extensively rewritten but the general plan of the book has remained unchanged. The chapter on micromethods has been omitted. A new section on the use of 'identicards' in the identification of bacteria has been included. The identification tables, which have always been such a popular feature, have been much enlarged and brought up to date. Many 'opportunist pathogens', which hardly qualified as medical bacteria when the first edition was published, are now included. However, there has been an alteration in the presentation of the tables. In the previous edition the 'first-stage' tables for Gram-positive and for Gram-negative bacteria were immediately followed by the corresponding 'second-stage' and 'third-stage' tables. This is no longer so, and the second- and third-stage tables are now scattered throughout the text, being positioned in relation to a discussion of the organisms referred to in each table. These discussions and descriptions of bacteria have been much expanded and up-dated.

Two errors were noticed. In Table 7.4a Acinetobacter anitratus appears as Actinobacter anitratus, and in Table 7.7b the characters given for Yersinia pestis and Yersinia pseudotuberculosis do not agree with those given for the same organisms in Table 7-7a. The latter table is correct.

As with the first edition, the identification tables will probably be the most frequently referred-to portion of this book. However, all users of the tables would benefit from first reading Dr Cowan's remarks on their use, contained in the Introduction.

In spite of extensive revision the number of pages has been only slightly increased and the price has been kept within reasonable limits.

W. J. Ryan


The Bare Facts of General Pathology might suggest an unadorned, well-formed body of information. Unfortunately, it is a slightly disjointed skeleton with many ugly pieces of recognizably flesh clinging at random sites. The book consists of 32 chapters averaging five pages each of text and each followed by two or three blank pages for notes. The text is made up of lists, definitions, explanations of key words, classifications, signs listed against aetiology, occasional line diagrams, and a few brief comments. Chapters 2 to 8 work through the system, starting with the heart and blood vessels and ending with the CNS, PNS, and skin. The following 24 chapters deal with what most British readers would call general pathology, including the usual chapters on inflammation, repair, haemorrhage, shock, oedema, etc., but including one novel chapter on Lysomes in Sickness and Health. The final chapter on Diseases of Childhood and Ageing consists of two pages. Ageing is dealt with in 176 lines including headings. The last two lines read: 'Sisson's rule—"There are at least two pathological diagnoses for every ten years of age"'. There are two pages of abbreviations and six pages of index.

The chief criticism is that the lists are so sparse that the meaning is frequently not clear. Thus for someone already well versed in pathology the book might be useful as an aide-mémoire or for final revision. It would be most undesirable to use it for junior students. The reason for presenting systematic pathology before general pathology is not clear.

Minor errors and ambiguities abound. BFP-VDRIL is listed as an abbreviation but appears only once in the text ('Biological False Positive—VeneraL Disease Research Laboratory test for syphilis'). BM is used for bone marrow, basement membrane. 'Diagnosis' is defined as 'characteristics of disease (signs, symptoms, laboratory and other findings) which is not correct.

This is a novel way of laying out pathological information but there are too many ambiguities and errors which might be useful to senior medical students revising for examinations.

E. A. Wright