must have their attention drawn to her contribution. Biggs and Denson set out the principles and practice of laboratory diagnosis, including standardization. Rizza comes back with the management of coagulation defects; he sets out the theoretical basis of blood product therapy in half-disappearance times, minimum haemostatic levels, and requirements for different haemostatic challenges; the criteria for home treatment are given.

McNicol and Douglas turn to the biology of fibrinolysis, and follow with thrombolytic therapy and antifibrinolytic drugs. Turpie, McNicol, and Douglas discuss anacrod. Merskey has an important chapter on defibrination; he tabulates associated conditions, distinguishes acute, subacute, and chronic processes, and separates clear-cut defibrination from conditions showing only an abnormal reactivity of fibrinogen and with fibrinogen-related antibody in the serum. He emphasizes treatment of the underlying disorder but advises treatment of the defibrination itself only in patients clinically requiring it. Hampton and Mitchell begin their chapter on thrombosis by stressing its demographic importance; they summarize work on thrombotic processes but emphasize how much remains to be learnt. Douglas and McNicol then discuss anticoagulant therapy; in dealing with oral anticoagulants, mainly from the point of view of clinical trials, they advise long-term therapy after myocardial infarction, for transient cerebral ischaemia, rheumatic heart disease with a history of arterial embolus, with prosthetic heart valves, and prophylactically in situations imposing a high risk of deep vein thrombosis and pulmonary embolus. Finally, Denson presides over two detailed technical appendices.

Everybody knows that this is an important book. It and its predecessors are part of the great achievement of the Oxford Haemophilia Centre: workers in the field will need no urging to obtain access to it. The choice of subjects covered reflects the spectrum of interests of those who have contributed; their broad range is not only a tribute to the wide influence of the senior Oxford workers who have inspired them but also suggests that if all those who will profit from the book were stood end to end they would collectively reach, as no doubt they often do individually, from here to Oxford.

G. I. C. INGRAM

British Medical Bulletin, Immunological Tolerance, Volume 32, No. 2, May 1976. Published by the Medical Department, The British Council. (Pp. 99-192; illustrated; UK: £3.00; other countries £3.50.) London: The British Council, Medical Department. 1976.

For those who have tried conscientiously to understand the research of today and apply it to the clinical practice of tomorrow, the *British Medical Bulletin* has been for 30 years a valuable guide. All three issues of 1976 are likely to interest pathologists, and that dealing with immunological tolerance is especially welcome because the subject is complicated and needs clarity in its exposition. The contributors cover topics with clinical relevance, such as organ transplants, tolerated microorganisms and autoimmunity, and others not yet relevant—tumour immunity and the role of different immunocytes. All these are clearly explained and placed admirably in context by an introduction and postscript by J. H. Humphrey.

H. E. M. KAY

Glomerulonephritis: Proceedings of the 3rd Symposium of Nephrology, 20-21 June 1975, Hannover. Contributions to Nephrology, Volume 2. Edited by R. B. Sterzel, D. Thomson and J. Brod. (Pp. x + 190; illustrated; Sfr/DM 51; \$19.75.) Basel: Karger. 1976.

Sterzel, Thomson, and Brod are to be congratulated on this beautifully edited and illustrated account of a symposium held in Hannover, West Germany in June 1975. It fascinated me: I am sure it will be of the greatest interest to all clinical pathologists engaged in the investigation of glomerular nephritis.

Authoritative papers on the treatment of glomerular nephritis were a feature of this symposium. Richet (Tenon: Paris) defined carefully the fields of research which particularly merited attention if we were to continue to employ powerful anti-inflammatory and immunosuppressive drugs. His emphasis on the need for fundamental research was endorsed by Black (London: England), who stressed the difficulties implicit in large-scale multicentre trials, advocating, clearly in the light of his experience with previous MRC trials, the desirability of small pilot studies designed to discover profitable lines of therapy. His reservations about the use of immunosuppressant drugs are

summed up by his statement in the Discussion. This was to the effect that 'minimal change' glomerular nephritis was the only form of this condition which had been shown clearly to respond to 'prednisone dosage' and yet happened to be the one form of glomerular nephritis in which immune mechanisms had not convincingly been implicated. I suspect that the implications of these findings with regard to the pathogenesis of glomerular nephritis have not yet been fully appreciated. A more optimistic view of therapy was expressed by the German group (Schütz), who reported that cyclophosphamide was of value in the treatment of proliferative glomerular nephritis.

Particular attention was paid at the symposium to the natural history of glomerular nephritis. This has troubled us all for years, not least because of the difficulty of formulating adequate histopathological diagnostic criteria.

Valuable papers included those on chronic glomerular nephritis by Weingart (Freiburg) and on glomerular nephritis with mesangial deposits of IgA (182 cases) by Dominique Droz (Necker: Paris). Some 40 cases of Alport's syndrome and its variants were analysed by Gubler (Paris) in a paper in which Renée Habi participated.

Papers on the pathogenesis of glomerular nephritis included one on the role of complement by Verroust, Kourilsky, and Morel-Maroger (Tenon: Paris): this provides a particularly clear analysis of a subject which its protagonists are inclined to present in a singularly confusing manner. New evidence concerning the relationship between ultrastructure and function with respect to the glomerular capillary wall was provided by Stolte (Hannover).

Most papers, however, centred on the role of mesangium. As I see it, it appears to be accepted that the mesangium in some way cleans the glomerular filter, with the corollary that alterations in mesangial function may contribute to glomerular nephritis. Churg, a pioneer in this field, reviewed the morphology of the mesangium. Mesangial cells remain difficult to characterise, a point particularly apparent in Striker's (Seattle) attempts to isolate such cells in tissue culture. A promising method of identifying them clearly lies in the use of a recently developed antibody, apparently specific for mesangium and certain lung structures (Seelig: Heidelberg). Indeed, the injection of this antibody can provoke an experimental