Letters to the Editor

allowing detailed searches to be made; this is a useful feature for writing scientific papers.

The computer is also used to coordinate the National Melanoma Histology Club, which currently has 28 members. Automatic mailing through the "Mailshot" facility allows easy circulation of the club's slides with relevant clinical details. This circulation is accompanied by replies received with opinions about the last circulated slide, thereby allowing a rapid feedback of diagnoses. Each mailing also contains details of recent references, gathered from a variety of sources and supplied as a computer printout, as described above.

Although our emphasis to date has been on references relating to melanomas, this system is applicable for any form of special-interest, and we are currently considering the possibility of inserting the published work which we have gathered over the years concerning pulmonary and oesophageal neoplasms.

A further major enhancement to the original histopathology system, using exactly the same approach as that described for references, is the melanoma database. The computer now contains details of more than 1200 cases of primary cutaneous malignant melanomas seen at the hospital since 1967. Each patient has up to 48 items of information recorded allowing, among other things, automatic mailing of the appropriate general practitioners for follow up purposes. Details of this aspect have been published elsewhere.⁶ We hope to apply this type of data bank to our cases of pulmonary and oesophageal tumours.

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Book Reviews

Ultrastructure of the Pulmonary Alveolar Lining Layer. JA Groniowski. (Pp 208; \$30.) National Technical Information Service, Springfield, VA. 1983.

This monograph provides a full account of the fine structure of pulmonary surfactant and the cells concerned in its production and development—ie, the alveolar epithelium and macrophages. It includes both transmission and scanning electron microscopy and deals with fixation methods essential to the proper preservation of the alveolar lining layer (which is generally disrupted by immersion fixation). The results of specialised techniques such as freeze fracture studies and fine structural cytochemistry are fully described and there is a brief section on the chemistry of surfactant. The author is mainly concerned with the normal lung but there is a final chapter considering the alveolar lining layer in the following disease states: hyaline membrane disease of the new born, respiratory distress syndrome of adults, pulmonary fibrosis, drug induced lung injury, and pulmonary alveolar lipoproteinosis. The book is well illustrated and very well referenced up to 1979. Items this reviewer noted with particular interest included early references in the French literature to the light microscopic recognition of type II pneumocytes and illustrations from the

author's own Polish language publications showing macrophages caught in transit between the alveolar interstitium and lumen. This book deals with a very specialised topic and can be recommended to those desirous of a good review of this area.

B CORRIN

Metabolic Disease. A Guide to Early Recognition. RM Cohn and KS Roth. (Pp 442; £34.75.) WB Saunders Company. 1983.

This book is concerned mainly with inherited metabolic disorders. It is directed primarily to the general clinician but paediatricians are most likely to find it helpful. The authors have correlated clinical medicine with basic scientific knowledge. The first chapter is concerned with catastrophic metabolic diseases presenting in the newborn period and the second with biochemistry in metabolism. Thereafter follow 19 chapters concerned with pathophysiology and differential diagnosis of clinical derangements, 16 concerned with disorders of metabolism, and the final two cover laboratory evaluations. Many of the tables provide very useful check lists of disorders causing splenomegaly, mental retardation, or hypoglycaemia, or affecting the eyelids, for example. Lists of references are given after each chapter, and the dia-

grams are very good. This volume is covering a specialised field; it will be a very useful addition to the medical library.

BE CLAYTON

A Guide to Diagnostic Clinical Chemistry. RN Walmsley and GH White. (Pp 543; £17.50.) Blackwells. 1983.

This is a new kind of Clinical Chemistry text book removed from mere repetition of patterns of chemical anomaly. The authors make extensive use of clinical case histories to illustrate and clarify the pathophysiology and practical use of relevant chemical pathology tests. I have no doubt that this approach is helpful to students for my review copy disappeared, and when I eventually rescued it from a member of the family busy with exams, I found it adulterated with green textline.

Water, electrolyte, and acid-base homeostasis are particularly well done in this book. There is an excellent chapter on the biochemical syndromes associated with tumours. Overall there is a good cover of chemical pathology applied to clinical medicine. There are, however, some deficiencies: vitamins, renal stones, inborn errors of metabolism, and other aspects of paediatric biochemistry are not covered and a small number of case histories, although true to real life, are confusing and