	Correlation coefficient (r)	
	Nanji and Reddy (n = 122)	Authors' results (n = 46)
Alb v HDL-C	0.32	0.19
TC:Alb v TC:HDL-C	0.89	0.57
TC:HDL-C v TC	0.52	0.55
TC:Alb v TC		0.93

Alb = albumin.

TC = total cholesterol.

HDL-C = high density lipoprotein cholesterol.

the statement of Nanji and Reddy that TC:Alb predicts TC:HDL-C better than total cholesterol alone is questionable. For the sake of clarity, we showed that the correlation coefficient between TC:Alb and total cholesterol was 0.93; as could be expected, dividing total cholesterol by albumin had little effect, because of the relatively small range of reference values of albumin.

2 The high correlation between TC:Alb and TC:HDL-C found by Nanji and Reddy could be the result of a statistical artefact. When screening several correlations, or the same correlation in several groups and taking the highest, it is probable that this high correlation is too high by chance. The difference between the correlation found by Nanji and Reddy and that found by us indicates that such an artefact might be present.

3 Nanji and Reddy also express the relation between TC:Alb and TC:HDL-C in terms of sensitivity and specificity, using TC:HDL-C = 5 as the discrimination value between "not diseased" and "diseased" and TC:Alb = 50 as the discrimination value between a negative and a positive test. For our material we find, using the same discrimination values, a sensitivity of $23/31 = 0.74$ and a specificity of $9/15 = 0.60$, as compared with 0.91 and 0.87, respectively, found by Nanji and Reddy. This reflects the difference in correlations (see 1) and again points to possibly too favourable results of Nanji and Reddy (see 2).

4 Because of the importance of the serum cholesterol concentration in health screening there has been a tremendous effort to standardise the cholesterol assay. This has led to a determination with reduced bias and improved precision. That is why the TC:HDL-C ratio is precise and accurate. Albumin concentration is still dependent on the chosen method and the coefficient of variation (CV) is larger than the CV of the cholesterol assay. Thus merely from the view point of determina-

tion, the TC:HDL-C ratio is preferable to the TC:Alb ratio.

5 The ratio TC:HDL-C is an important predictor for the risk of coronary heart disease. Replacing TC:HDL-C by TC:Alb is likely to weaken the relation with coronary heart disease. The strength of the relation between TC:Alb and coronary heart disease should, however, be studied directly, without the "intermediate" variable TC:HDL-C. Nanji and Reddy themselves suggest such a study in the last sentence of their paper. The search for an indicator for the development of coronary heart disease by relating possible indicators with another indicator should be avoided.

Of course, it is attractive to use the results that are routinely available on multichannel analysers as a less expensive substitute for high density lipoprotein cholesterol measurements. In our opinion, however, albumin is not an alternative for measurement of high density lipoprotein cholesterol.

The economic and social impact of cardiovascular diseases is obvious, but the way Nanji and Reddy¹ suggest savings (see also Nanji² and Philippi and Barrett-Connor³) may diminish the usefulness of screening subjects at risk for coronary heart disease.

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Book Reviews

Orthopaedic Diagnosis. Clinical, Radiological and Pathological Coordinates. HA Sissons, RO Murray, and HBS Kemp. (Pp. 403; 534 figs; £56.) Springer. 1984.

This fascinating and instructive book covers a wide field and can be used both to learn and to test the reader's diagnostic acumen. It consists of a series of 94 individual cases, each with a brief clinical history, prints and descriptions of the radiographs, and a couple of coloured photomicrographs. With this information the reader can make a diagnosis before turning to the answer on the following page. An authoritative short account of each condition is then given along with a radiological mini-atlas illustrating the range of changes and a list of key references. The illustrations are well chosen and most are of excellent quality though a few radiographs are too small to be helpful. The book, as might be expected from the authors, each distinguished in their own field of orthopaedic practice, emphasises the coordination of clinical, radiological, and pathological information in reaching a diagnosis and is aimed at practitioners in all three fields. The pathologist will find this book not just a slightly ego bruising exercise but a source of much helpful, clearly set out, and up to date information which is readily accessible through the excellent index. I warmly recommend this to pathology departments as a useful addition to the standard orthopaedic pathology texts.

MARY E CATT

Microbial Toxins and Diarrhoeal Diseases. Ciba Foundation Symposium 112. (Pp. 286; £27.95.) Pitman. 1985.

One may say "yet another book on microbial toxins and diarrhoea", but having read it, I must admit it has a great deal to offer.

Although the inclusion of a chapter on *Entamoeba histolytica* justifies the use of the more general term "microbial" in the title, it is nevertheless predominantly concerned with bacterial toxins. The book is based on the proceedings of a recent Ciba Foundation Symposium and consists of 13 chapters, an introduction, and chairman's summary, and is well indexed. One third of the text is devoted to discussions, which are one of the strong points of the book. They were interesting, informative, and helpful and were also used as a clever way to cover a number of omissions from the Symposium, such as *Aeromonas hydrophila* and *Campylobacter jejuni*. I feel that the current interest in the toxins of these two organisms merited their inclusion as a chapter, maybe at the expense of the chapter on *Staphylococcus aureus* delta toxin which "is essentially a toxin looking for a disease!" Most chapters were packed with information and well referenced. The only exception was the chapter on clostridial toxins (6 references) where the enterotoxin of *Clostridium perfringens* Type A was a serious omission. Overall, many aspects of toxin/diarrhoea are expertly covered and the book is good value for money.

SP BORRIELLO

Gastro-Esophageal Cytology. Monographs in Clinical Cytology. Vol 10. (Pp 267; Sw fr 123;/US \$73-75.) Karger. 1985.

This series of monographs on clinical cytology has maintained its high standard with this volume. Michael Drake has written a full and extremely readable account of the conditions of the oesophagus and stomach for which cytodiagnosis is useful. The 466 half tone figures which are mostly four to a page illustrate the text well. Detailed description of the cytology is accompanied by gross and microscopic histology and some radiological appearances. Among the technical methods for obtaining and preparing specimens a special plea is made for gastric lavage for diagnosis of small or flat early cancers which may not be recognized by the endoscopist. The chapter on early cancer and precancer of the oesophagus and stomach is an interesting review of the subject.

The author's philosophy of the place of cytology in the diagnosis of diseases of the upper gastrointestinal tract is applicable to most diagnostic cytology and should be read by all aspiring cytopathologists.

The number of monographs on clinical cytology is growing quite rapidly now. This

one contends for first place in upper gastrointestinal cytology.

ELIZABETH A HUDSON

Cell Surface Science in Medicine and Pathology. EN Wardle. (Pp 607; £65.) MTP Press Limited. 1985.

This excellent book brings together much that is known about the cell membrane and illustrates how its disorders are implicated in very many clinical conditions. There are excellent chapters on the composition of the cell membrane, with a useful summary of techniques used to probe alterations in its biophysical properties. Selected cell enzymes, membrane receptors, including those for complement, are considered. There is considerable emphasis on the surface glycoproteins and glycolipids and their interactions with antibodies, lectins, and bacterial antigens. Prostaglandins, leukotrienes, platelets, neutrophils, and macrophages receive their own chapters. Vascular disorders, including diabetes and hypertension, are well reviewed. Cell surface alterations in carcinogenesis and in malignant and viral transformed cells are discussed, all with direct clinical relevance. Referencing is full with many key 1984 citations.

This book is a splendid achievement by Dr Wardle and demands a place in departmental libraries for pathologists, haematologists, physicians, and most paramedical scientists.

TJ PETERS

Precancerous Lesions of the Gastrointestinal Tract. BC Morson, JR Jass, and LH Sobin. (Pp 175; £32-50.) WB Saunders. 1985.

With the increasing use of endoscopic biopsy in the assessment of gastrointestinal disease, pathologists have not only to become familiar with precancerous lesions but should be able to distinguish them from reactive or regenerative states in so far as this is possible. This book gives valuable guidance on both counts. It is essentially an atlas with 149 colour illustrations which for the most part are highly effective and unlike some comparable publications of satisfactory size. There is also a brief yet comprehensive introductory text which is supported by carefully selected references and deftly handles some difficult topics; of these dysplasia continues to be the most troublesome and it is a little surprising to read that while severe gastric dysplasia (the

equivalent in this site of carcinoma in situ) only merits close follow up, intramucosal carcinoma demands surgery. Nonetheless, this book provides excellent and well illustrated advice and will be welcomed by pathologists at all levels of specialisation.

FD LEE

Sarcoidosis and other Granulomatous Disorders. Vol 24 in the series Major Problems in Internal Medicine. D Geraint James and W Jones Williams. (Pp 254; £39-50.) WB Saunders. 1985.

The remit of this book is narrower than its title: it is essentially "Sarcoidosis". "Other granulomatous diseases" get brief mention, mainly in relation to differential diagnosis. The authors provide their personal experience of more than 800 patients, presenting a systematic account of the pathological, immunological, and clinical features of sarcoidosis.

Sadly, there is little that is new in this puzzling disease. The advent of fiberoptic bronchoscopy has made an important contribution to diagnosis, but much immunological work has done little to increase our understanding of aetiology or pathogenesis. The authors describe the granuloma as "a battleground between the antigen and the cellular and humoral defences. . .", but the antigen remains no more than a necessary hypothesis.

HM CAMERON

Notices

Fourth International Symposium on Morphometry in Morphological Diagnosis: September 1986

This notice is the first call for papers (15 minutes) or poster demonstrations for the Fourth International Symposium on Morphometry in Morphological Diagnosis to be held in London, from Wednesday 10 to Friday 12 September 1986, at The Royal Society of Medicine's newly opened premises. Although the meeting has been organised internationally and there will be speakers from all over the world, the meeting will be part of the programme of the Royal Society of Medicine.

The meeting will be aimed at the quantitative assessment of morphological appearances at light ultrastructural level in both diagnostic and experimental pathology. Leading investigators will present keynote