

**Hemostasis. A Case Oriented Approach.** DA Triplett. (Pp 321; soft cover £31.50.) Williams and Wilkins. 1985.

Although a number of comprehensive books of haemostasis and thrombosis have been published recently, they are often of limited help in outlining the approach to the diagnosis and management of individual patients. The author has attempted to rectify this by presenting a series of case studies. The first section considers haemostasis in general terms and outlines the clinical and laboratory methods for diagnosing bleeding and thrombotic disorders. The second and larger section consists of 62 case histories collected at the Ball Memorial Hospital in Indiana, United States of America. Each is followed by a discussion of the relevant aspects of diagnosis and treatment and by a list of references (up to 1984). The book is well illustrated throughout.

This would be a valuable supplement to standard textbooks for medical technologists and haematologists interested in haemostasis and a useful buy for any haematology department.

MF MURPHY

**Gonococcal Infection.** Current Topics in Infection Series. GF Brooks and Elizabeth A Donegan. (Pp 239; £33.) Edward Arnold. 1985.

The 18 chapters of this book cover the basic biology, genetics, immunology, and pathogenesis of *Neisseria gonorrhoeae* infections; clinical manifestations; laboratory aspects of diagnosis; and, finally, epidemiology, prevention, control, and suggestions for future research. A genitourinary physician in the United Kingdom is hardly likely to find the chapter on sexually transmitted disease clinics enlightening, and, indeed, the various clinical aspects are not covered in sufficient depth to stimulate a clinician to buy the book. On the other hand, for those in clinical practice who wish to bring themselves up to date with some of the more basic aspects the authors have set out what is known and what is not known reasonably well. This is not likely to be enlightening for specialists in the field but at least the subject matter is brought together along with a satisfactory collection of references. In fact, there are about 900 of these, although inevitably many are duplicated, and there are no more than 20 dated 1983, and only four relating to 1984. This is, perhaps, as much as one could expect for a book published in 1985. It does, however,

highlight the point that a book concerned with a specialised growing area tends to be out of date before it is published. Despite this, overall, the book provides quite good value for money.

DAVID TAYLOR-ROBINSON

**Colour Atlas of Pulmonary Cytopathology.** Oxford Colour Atlases of Pathology. Jennifer A Young. (Pp 147; £55.) Oxford University Press. 1985.

We distinguish men from women by their size, shape, and configuration (and are usually, but not always, right). In the so called cocktail party effect we can distinguish the voice of the person talking to us from all the other voices in the room. In histopathology and cytopathology we make a diagnosis by using a little art, a little science, but mainly by this sort of recognition.

The best way to develop recognition is to see a large number of examples and the second best way is to see a large number of pictures—hence the value of a colour atlas. For a colour atlas to succeed it must limit the field it covers, it must be of high quality, and it must, as closely as possible, mimic the real thing. This colour atlas succeeds on all fronts.

Histopathology is not included as, "the purpose of the Atlas is to give as complete a coverage of cytopathological material as possible," and this aim is amply fulfilled. Nothing has been omitted, and the non-malignant conditions are especially well covered.

Congratulations must go to Dr Young and all concerned for the care and accuracy that has obviously gone into this Atlas. All laboratories receiving pulmonary specimens, whether cytology, histology, or microbiology should buy a copy.

DH MELCHER

**Tumors of the Urinary Bladder.** Supplement. Atlas of Tumor Pathology. 2nd series. (Pp 50; soft cover \$3.25.) Armed Forces Institute of Pathology. 1985.

The editors' aim in producing this atlas is to supplement *Tumors of The Urinary Bladder. Second Series* by incorporating the diagnostic advances since the original fascicle was published in 1974.

The illustrations are clear, and the text is a valuable bonus in an "atlas." The sections on proliferative and tumour variants, the concept of two tumour pathways of uro-

thelial carcinoma, and the prognostic value of new techniques are all relevant to the diagnostic histopathologist.

Unfortunately, this volume will not help to promote a uniform diagnosis of urothelial dysplasia or atypias. Criticisms of a minor nature relate to rare lesions. Guidance on the use of tissue markers in the diagnosis of spindle cell tumours of bladder was not to be found. The nomenclature concerning inverted papilloma (Figs. 155, 156, and 157) seems to be confusing, and the distinction between inverted papilloma glandular type (Fig. 154) and fibrous polyp of the bladder (Fig. 163) is subtle.

Professor Koss admits to reservations regarding the presentation of new materials as a supplement but when accepted as such will be essential to those who rely on the AFIP fascicles as bench manuals.

M CONNIE PARKINSON

**Tumors of the Esophagus and Stomach.** Atlas of Tumour Pathology. Second Series. Si-Chun Ming. (Pp 62; Soft cover \$4.75.) Armed Forces Institute of Pathology. 1985.

The AFIP *Atlas of Tumour Pathology* enjoys a privileged position in the literature, and the publication of supplements is of considerable value. Professor Ming reviews recent diagnostic information and controversial areas such as dysplasia. The incidence of adenocarcinoma of the oesophagus is given as 4% to 7%, although surgeons and endoscopists quote figures of 30% to 50% including adenocarcinoma of the gastric cardiac zone. The risk of carcinoma in Barrett's oesophagus is estimated at 8% to 6%.

There is a very clear account of the classification of gastric polyps, and it is acknowledged that dysplasia can occur in hyperplastic polyps, although the incidence of carcinoma is low. The terms "intra-glandular" or "in situ carcinoma" are cited for malignant change confined within the glands, and the term "intramucosal carcinoma" to definite invasion of the stomach. Globoid metaplasia of foveolar cells is illustrated as a premalignant forerunner of the infiltrative or diffuse cancer. The combined diagnostic accuracy for biopsy and cytology is quoted as being 91% in spite of the fact that several authorities claim accuracy rates of 95% to 98%. The terminology of histiocytic lymphoma for the commonest type of gastric lymphoma is confusing as this type of lymphoma is a predominantly B cell type of mucosa associated lymphoid tissue. This is a useful addition to the literature on neoplasia of the stomach and oesophagus.

H THOMPSON

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