

cases of myocarditis, and from necrotic cardiac muscle cells in cases of recent myocardial infarction. I have also studied damaged and regenerating skeletal muscle, and can confirm these authors' observations that necrotic muscle cells do not show desmin expression, whereas regenerating cells show increased desmin staining (using the monoclonal anti-desmin antibody-De-R-11). I agree that the loss of desmin expression may provide a sensitive indicator of muscle damage.

Book reviews

Analytical Procedures for Therapeutic Drug Monitoring and Emergency Toxicology, 2nd ed. R C Baselt. (Pp 329; £34). Wright. 1987. ISBN 0-88416-722-4.

The first edition of this book, published in 1980, was, and is, a useful collection of analytical methods for about 100 chemical substances, ranging from trace elements and toxic anions to anaesthetic agents and therapeutic drugs. The second edition reprints nearly all of these methods word for word, together with new sections on amikacin, cannabinoids, cimetidine, cyclosporine, tetracyclic antidepressants, tobramycin, and verapamil. For each substance there is a brief introduction (with an indication of the therapeutic and fatal concentrations in relevant body fluids, and the plasma half life), followed by a summary statement of the principle of the analytical method, the reagents needed, instrumental conditions, procedure, calculation, evaluation (linearity, precision etc.), interferences, and key references. Most of the references antedate the 1980 edition which is a pity because there have been significant advances in the analytical toxicology of important substances like chlorpromazine and cyanide. It is also surprising that the methods have been reprinted without the addition of structural formulae of the compounds themselves or their metabolites. The index of the first edition is more comprehensive than that of the second. The telegraphic layout of the methods is fine for laboratories which are experienced in chemical toxicology, but the book is not to be recommended for beginners in the subject.

SS BROWN

Gastritis. A Critical Review. R Chelli, A Perasso, A Giacosa. (Pp 242; 40 figs.; DM 142). Springer. 1987. USBN 3-540-17466-4.

This selective, critical review of the literature on gastritis is supplemented by corroborative or challenging studies by the authors. Limited information on *Campylobacter pyloridis* is included but its role is not clarified, although recent communications indicate that the organism appears to cause acute gastritis following ingestion of cultures and is probably aetiologically involved in "active" chronic gastritis. There is an excellent description of drug induced lesions of the gastric mucosa. Alcohol is accepted as a cause of acute gastritis, and as one of many factors in antral chronic gastritis, but it plays no part in chronic gastritis of the fundus. Significant differences between chronic atrophic diffuse gastritis and gastric atrophy do not emerge from cell counts of lamina propria inflammatory cells and intra-epithelial lymphocytes. Observations are made on dysplasia, Menetrier's disease, eosinophilic gastritis, and varioliform gastritis which are of current interest. There is a wealth of detail in this review which will be immensely valuable to all those with a special interest in gastritis.

H THOMPSON

Whipple's Disease. WO Dobbins III. (Pp 242; \$44.75.) Charles C Thomas. 1987. ISBN 0-398-05317-0.

This rare and intriguing disease has tantalised medical specialists of all kinds, for over 80 years and not just those belonging to the gastroenterological fraternity. The challenge presented by its extraordinary pathological and microbiological features, its strange epidemiology, and its protean clinical manifestations is outlined in meticulous detail in this remarkable monograph. Indeed, it is hard to find any aspect of the disease which is not analysed within its pages; even the exact location of every published case is recorded. That is not to say, however, that there are not many problems which remain to be solved; far from it. Even so an aspiring investigator would be ill advised to embark on any research project relating to Whipple's disease without having consulted this book. It can also be highly commended for more general reading as it is abundantly clear that this strange disease may put in its appearance in unexpected places and it would indeed be a misfortune if any case were to be missed.

FD LEE

Recognition of M Leprae Antigens. T Ottenhoff, R de Vries. (Pp 153; £37.50.) Marinus Nijhoff. 1987. ISBN 0-89838-887-2.

This book comprises nine chapters, six of which are presented as self contained papers. Each chapter is well referenced. The first chapter introduces the reader to the basic working of the immune system with particular reference to MHC restriction and immune response genes, whilst the second chapter concentrates on the immunogenetics of leprosy. Essentially the next three chapters are presented as scientific papers with introduction, method, etc, utilising cloned T cells from leprosy patients. Chapters 6 and 7 study the effects of the possession of DR3 molecules in predisposing to the development of tuberculoid leprosy. Chapter 8 discusses the evidence for HLA-DR4-associated immune response gene for *M tuberculosis*, as DR4 is associated with a high responsiveness to *M tuberculosis* in a group of Spanish leprosy patients.

Unfortunately the authors do themselves a disservice by the rather vague title and one feels that this very readable and informative collection of papers may be overlooked by the very people it is aimed at. There is a large amount of repetition particularly in the introduction to each chapter. Overall I found the use of leprosy as a model for the study of immune response genes to be exciting and likely to be very productive in the years to come. My only other criticism is that over £30 for 150 pages is to my mind rather excessive.

JS JENKINS

Immunological Diagnosis of Sexually Transmitted Diseases. Clinical and Biochemical Analysis 23. Ed H Young, A McMillan. (Pp 546; \$150.) Marcel Dekker. 1987. ISBN 0-8247-7808-1.

Most books on sexually transmitted diseases covering a range of topics are concerned with the clinical and microbiological aspects with emphasis on one or the other. Nowhere before has the diagnosis of disease by immunological means been treated in such depth. The book comprises 17 chapters covering the important sexually transmitted infections and, as might be expected, there is considerable emphasis on the development and use of monoclonal antibodies. I was impressed, not only by the chapters concerned with topics for which there would seem to be considerable information more or less easily available, for example those on gon-