

Book reviews

new and interesting facts; for example, bismuth tablets taken when on holiday abroad should protect against the ravages of travellers' diarrhoea.

JD SLEIGH

Guides to Clinical Aspiration Biopsy. Retroperitoneum and Intestine. KC Suen. (Pp 214; £44.75.) Williams & Wilkins. 1988. ISBN 0-8964-0125-1.

The first chapter is an excellent general introduction to fine needle aspiration, discussing the increase and therefore importance of fine needle aspiration with details of technique in fixing and staining; the prerequisites for successful needle aspiration and quality of aspirations. This first section would be very worth while reading for any clinician about to embark on fine needle aspirations. The remaining sections in this chapter are essentially for the pathologist and give helpful advice on cell morphology and cytological patterns. Chapter 2 is a useful chapter on the various imaging and localisation techniques.

Retroperitoneal lesions have been neglected in most text books of cytopathology. With the advent of fine needle aspiration under computed tomographic scan and ultrasound control, it is important that cytologists should know about them and the next four chapters—retroperitoneum, stomach and intestine, kidney and urinary tract, and adrenals—are excellent, describing briefly the embryology and anatomy with first class photographs. Diagrams and tables showing, for example, the differences between non-hodgkin's lymphoma and lymphoid hyperplasia are clearly laid out and will be very helpful both to the student cytopathologist and those with more experience.

The final chapter is on immunostaining and electron microscopy. Both subjects are concisely written with sufficient information to be most useful. There is a paragraph on most of the common markers in use, and also one on the precautions and pitfalls of immunocytochemistry. In several of these chapters the authors draw attention to the team approach. This, of course, is a prerequisite to successful fine needle aspiration and it cannot be emphasised too often or too strongly that there must be close liaison with the clinician.

I can recommend this book not only to all cytopathologists, but all clinicians and radiologists with an interest in fine needle aspirations should be encouraged to read it.

O MARIGOLD CURLING

Dartford's Capital River. Paddle Steamers, Personalities and Smallpox Boats. J Burne. (Pp 129; £15.95.) Barracuda Books Ltd. 1989. ISBN 0-86023-454-1.

This is a fascinating book. Dr Burne has dredged the archives of Dartford's hospitals, polished his finds, and produced this pearl of medical and social history. He tells the story of the hospital ships moored on the Thames, where London's smallpox patients were nursed in isolation. The onshore hospitals are also described.

The test is scholarly and entertaining, a rare combination. Illustrations of Victorian and Edwardian photographs evoke a lost world of matrons and medical superintendents, shipmasters, and hospital stewards. Quotations from their letters and reports give us glimpses of their personalities. What strength of character they had!

Smallpox was endemic in Britain for centuries. Simply nursing the victims at Dartford was an industry in itself. This book is a valuable addition to the history of smallpox; it certainly shows what can be achieved by the study of local records. The eradication of this terrible disease is the great unsung triumph of modern times.

DA STOCKS

Nucleic Acid and Monoclonal Antibody Probes. Applications in Diagnostic Microbiology. Ed B Swaminatha, G Prakash. (Pp 752; \$180.) Marcel Dekker. 1989. ISBN 0-8247-8023-X.

This is a good book, bursting with information. The range of infections covered is wide although a little erudite. For example, there is a mass of information on DNA probes for *Leptospira* sp (unfortunately spelt incorrectly in the chapter title) and relatively little on the use of monoclonal antibodies in streptococcal disease. Some topics, such as the identification of *Brucella* spp, detection of *Treponema pallidum*, and identification of Mycobacteria are not "hot" topics for most laboratories in the UK. Other subjects such as the diagnosis of gonorrhoea, chlamydial infection, and enteric infections thoroughly deserve the space they attract.

The basic techniques are very well explained and will save the reader much anguish with original papers and "mainstream" reviews. There will be, as the book makes clear, a steady penetration of these techniques into microbiology laboratories, but at this time the book is of real value to

reference and research departments. Other laboratories might be well advised to await the second edition.

D PARRATT

Hemophilia in the Child and Adult. 3rd ed. Ed Margaret W Hilgartner, Carl Polchedly. (Pp 383; \$122.50.) Raven Press. 1989. ISBN 0-88167-492-3.

This is a third edition of a multiauthor text from North America. The authors adopt a thoroughly multidisciplinary approach to haemophilia care, with contributions from dentistry, surgery, neurosurgery, orthopaedics, radiology, psychiatry, psychology, nursing, and physiotherapy. Most sections are written in such a way as to be accessible to all, and the book is clearly intended to be used by all members of the health care team.

Some chapters are more successful than others. Excellent sections on dental management, neurological problems, genetics, HIV, haemophilic liver disease, and the psychological aspects of haemophilia care contrast with an extremely disappointing 14page chapter on the musculoskeletal complications of haemophilia. This section does not adequately reflect the importance of haemophilic arthropathy, dismissing the management of advanced arthropathy of the knee in less than a page, for example, and containing only two illustrations.

By comparison, no fewer than four chapters and 75 pages are devoted to counselling and the various psychological problems associated with haemophilia. They describe many familiar behavioural problems and anxieties in patients and their families. The authors of these sections are all psychiatrists, and so it is perhaps not surprising that they suggest that the psychological problems of haemophilia are best resolved by psychiatric referral for counselling and "therapy". Newly identified carriers are automatically referred to a psychiatrist by one author. We are told in another section that "on a typical day at the Hemophilia Center of Central Pennsylvania, members of the psychosocial team [psychiatrists and psychologists] circulate among haemophilic children and adults and their families. In this way patients are helped to feel comfortable with the presence of psychosocial personnel." This central involvement of psychiatrists in haemophilia management will strike many European readers as inappropriate. Although psychiatrists have much to offer the mentally ill, their role in the management of patients whose anxiety is caused by adverse