viruses, Metcalf on growth factors, and Gallo on the origin of leukaemia.

In an ideal world all leukaemologists could and would go to the Wilsede meeting personally. As an acceptable substitute their reference library may consider obtaining this transcript of the proceedings on the understanding that the presumably unavoidable delay in publication makes the contents the state of yesterday's art, not today's.

IM HANN

Laboratory Handbook of Neuroimmunologic Disease. B Barna, R Valenzuela, S Chou, H Goren, MK Gupta. (Pp 144; \$52.) Raven Press. 1988. ISBN 0-89189-220-6

This is quite a short book about the immunological aspects of those neurological diseases in which immune mechanisms are thought to play a part. Its stated purpose is to provide an insight into the use and interpretation of laboratory tests in these conditions and the instruction of laboratory staff.

It is easy to read with good clear diagrams, but it gives the rather restricted outlook of a neuropathologist with an interest in immunology—rather than that of an immunologist in the field of neurology. There are some oversimplifications and minor errors and omissions in the first chapter on basic immunology. These are carried over into the third chapter on the clinical aspects of neurologic diseases. The criteria for "autoimmune inner ear disease" seem very sketchy, and the inclusion of a condition called "Cogan's syndrome" in this list is on the basis of some abnormal *in vitro* lymphocyte tests.

The chapter on histopathology is more firmly based and factual, as are the last two chapters on laboratory tests in the CSF and blood respectively. These give clear instructions on a few limited test methods, and are by no means comprehensive.

The problem of this book is that it lacks a sound sense of purpose. The more general concepts of the application of immunology to disease are not well covered. Perhaps this is a reflection of the state of the art in neuroimmunology. Hard data are available only for a relatively few neurological disorders.

The book may well find a place in specialised neuropathology laboratories, but is not recommended for the clinical immunologist with a wider interest, or for the more general reader who wishes to gain an insight into neuroimmunology.

RA THOMPSON

Human Plasma Proteins. Their Investigation in Pathological Conditions 2nd ed. (Pp 439; £55.) John Wiley. 1987. ISBN 0-471-91587-4.

The second edition of *Human Plasma Proteins* is not only an update of the subject since 1979, but this time also includes the investigation of clotting disorders. Additional methodological procedures are to be found in the appendix such as acrylamide gel electrophoresis, and the measurement of acetyl cholinesterase in amniotic fluid, together with a section of quality control. Each chapter has over 100 references which enables the reader to follow up most topics without having to do a literature search. This book should be on the shelf in the protein section of all laboratories and, for those with a particular interest in the subject, a personal copy is recommended.

BRENDA SLAVIN

Practical Blood Transfusion. 4th ed. DW Huestis, JR Bove, J Case. (Pp 424; £33.) Churchill Livingstone. 1988. ISBN 0-943432-62-6

Practical Blood Transfusion is, as the authors state in their preface, intended as a practical book addressed both to physicians as well as to technical personnel. It spans nearly 400 pages, the first 200 covering transfusion centre or laboratory aspects—blood donation, immunology, blood groups, donation testing and pre-transfusion testing. These chapters are as the authors have intended; practical yet readable by both clinical and laboratory personnel alike.

The remainder of the book addresses more clinical aspects, such as use of red cells, transfusion complications, blood components, haemolytic disease of the newborn, and haemapheresis. The coverage in this section appeared uneven and was at times disappointingly sketchy. Although issues such as transfusion in cardiac surgery or transfusion of the haemoglobinopathies are dealt with, they are discussed rather superficially, and clinicians requiring critical guidance on practical management issues may find that lacking. At other times, advice given seems vague or unusual. Under the heading "Massive Transfusion" do the authors really suggest that Rh negative patients who are, during emergencies, given Rh positive blood, be given Rh immunoglobulin? The authors refer to the use of FFP in burned patients and

the lack of evidence for its efficacy but suggest that it should be provided after due consultation. Whilst this might be a pragmatic approach, some discussion as to why there is such a widespread faith in the use of FFP and why such beliefs could be misplaced, could have been helpful to enable meaningful discussions to take place between clinicians and their transfusion counterparts. It is stated that red cells for newborn infants should be selected or processed in such a way that will reduce CMV infection. Does this apply to all infants irrespective of prematurity or maternal CMV serological status? More could be said about the compatibility selection in the section on "Transfusion for newborn infants" than to mention that crossmatch procedures should minimise the need for sampling from the infant. The issue of uncrossmatched blood during massive transfusions is addressed—the need for obtaining a pre-transfusion sample could have been emphasised; also the value of confirming donor ABO group or its compatibility with the recipient by an immediate spin procedure.

The section on blood components includes the use of immunoglobulins. Intravenous immunoglobulins are said, surprisingly, to carry a risk of non-A non-B hepatitis; this on the basis of one reference to a non-standard method of preparation. Intravenous immunoglobulins are used increasingly and expensively for the management of idiopathic thrombocytopenia. Some critical discussion of this would not be misplaced. The authors seem unaware that frozen red cells are no longer regarded as the preferred method for providing leucocyte depleted red cells, having been overtaken in economy and convenience by a variety of highly efficient leucocyte filter systems, techniques referred to in the publication to which they make reference.

In conclusion, I feel that this book will prove of more value to those with laboratory interest than to physicians seeking help with current clinical issues.

JAF NAPIER

Handbook of Fine Needle Aspiration Biopsy Cytology. 2nd ed. TS Kline. (Pp 492; £70.) Churchill Livingstone. 1988. ISBN 0-443-08466-1.

This is a readable book giving sound guidance through the practice and philosophy of fine needle aspiration cytology, and covering all sites imaginable, and some