by various national services. The book is to be recommended to those with senior responsibilities for the development of transfusion services and for trainees everywhere.

JAF NAPIER

Pathology of the Uterine Cervix, Vagina, and Vulva. Vol 21. Major Problems in Pathology. YS Fu, JW Reagan. (Pp 397; £43.) WB Saunders Company. 1989. ISBN 0-7216-7493-3.

With the increase in colposcopy clinics that has occurred over the past decade, most histopathology departments are dealing with a greater number of specimens from the female lower genital tract. A manageable sized monograph dealing with this area alone but covering clearly all the variations of normal appearances and aspects of disease that are likely to be met would therefore be welcome. This book goes a long way to meeting these requirements. The core of the book is composed of chapters on benign and malignant disease of the vulva, vagina, and cervix, with additional chapters on non-epithelial and metastatic tumours, dermatological disease of the vulva, and developmental abnormalities and cysts of the lower genital tract. These are preceded by an account of development, normal anatomy, and normal histology. The first chapter describes how specimens for histological examination should be handled and reported.

The book is profusely illustrated by generally excellent monochrome photomicrographs with a small number of gross photographs and electron micrographs. A few line diagrams are present and, as might be expected from the first author's interest in the field, there are rather more DNA ploidy histograms than might be thought necessary. In view of the close liaison that is essential between the colposcopy clinic and the histopathologist, it is a pity that a rather fuller account of colposcopy is not included. The formation of the transformation zone is dealt with in a perfunctory manner which is inappropriate for a mechanism that is crucial to the genesis of so much cervical pathology. Some confusion may be caused by the use of both the intraepithelial neoplasia and dysplasia/carcinoma *in situ* terminologies in relation to the cervix and vagina. These are, however, very minor criticisms of a book that can be thoroughly recommended.

MC ANDERSON

Holoprosencephaly. An Overview and Atlas of Cases. JR Siebert, MM Cohen, KK Sulik, C-M Shaw, R Lemire. (Pp 420; \$190.) John Wiley & Sons Inc. 1990. ISBN 0-471-56745-0.

The recent decline in incidence of neural tube defects has brought to prominence other less common brain malformations. Holoprosencephaly is a malformation complex that results from aberrant cleavage of the embryonic forebrain. An associated spectrum of facial deformity makes it unique among brain anomalies.

This is a multi-author work which impinges on a variety of disciplines. The information, which covers a spectrum of severity, is com-

prehensive and well presented. The pages are replete with photographs, diagrams, and tables. One whole chapter is an atlas portraying associated facial defects.

The condition is rare and there is a related high early mortality. As such, the book is unlikely to have wide appeal, though undoubtedly many of the chapters would capture the interest of the enthusiast from a range of disciplines.

S VARIEND

Cellular Immunity and Immunotherapy of Cancer. UCLA Symposia on Molecular and Cellular Biology. New Series. Vol 135. Ed MT Lotze, OJ Finn. (Pp 432; \$125.00.) John Wiley & Sons Inc. 1990. ISBN 0-471-56873-2.

This volume in the UCLA Symposia series on molecular and cellular biology includes all the papers presented at a colloquium held at Park City, Utah, in January/February 1990. One hundred and eighty one researchers contributed to the 51 papers published in this volume; and the papers include contributions from many of the most prestigious universities and institutes, and presented by authors of international standing in the field.

The contents of the volume cover the latest and most important developments in immunology which have influenced both our perception of the immune changes induced by malignant disease, the implication of these discoveries for understanding the immunology of cancer, and the opportunities offered for the treatment of these diseases. Many papers are referenced to 1989.

The subject matter is divided into eight sections. Eight papers deal with T cell recognition of antigens and the T cell receptor, and include contributions describing our knowledge and understanding of antigens recognised by T cells, the origin of T cells, T cell receptors, descriptions of adhesion molecules, CD₄, CD₈ and T cell subsets, and the mechanisms of adhesion of neoplastic cells to the endothelial. A second section of five papers deals with T cell growth and expansion of specific cells, while a further section of four papers deals with natural killer cells. Six contributions are related to autoimmunity and alloimmunity which collectively describe and comment on the considerable advances made in understanding these phenomena. Three sections of 15 separate contributions deal with immunotherapy in animal models and tumour specific T cells; 12 papers deal with the immunological problems relating to melanoma in animals and man, and clinical trials of immunotherapy in cancer patients: these chapters include some of the most recent and interesting data on cancer immunity, perceptions on use of anti-idiotypic antibody, the antigenic nature of tumours, IL-2 treatment of melanoma and the possible use of tumour infiltrating lymphocytes in future treatment. The editors contribute a summary of the subject and the proceedings of the symposium, but the papers seem to be exact replications of the contributions of the authors without overall editing. This produces a mixed style of preparation, but the individual papers are clearly and concisely written, referenced to the last practical time and informative.

This volume contains both of the results of research and the thinking of an internationally recognised group of authors on the

impact of recent immunological discoveries for the immunotherapy of cancer. For all researchers interested in obtaining an up-to-date and comprehensive account of cellular immunity in cancer, this book is both interesting and important for both the theoretical and practical content; for researchers specifically involved in problems of immunotherapy in cancer, the book is surely essential reading and should be on the private and departmental book shelves of all serious workers.

CW POTTER

Acute Myelogenous Leukemia: Progress and Controversies. UCLA Symposia on Molecular and Cellular Biology. New Series. Vol 134. Ed RP Gale. (Pp 422; \$85.00.) John Wiley & Sons Inc. 1990. ISBN 0-471-56872-4.

An impressive group of contributors from North America, Europe, and Japan reviewed the aetiology, molecular and cell biology, clinical aspects and treatment of acute myelogenous leukaemia. Atomic irradiation at doses greater than 1 Gy causes acute myeloid leukaemia in younger people and there is a shorter latency than chronic ML. Mammalian cells seem to be sensitive even to low dose electromagnetic fields. A review on Fanconi's anaemia and Bloom's syndrome shows that endogenous factors alone are sufficient to produce acute myeloid leukaemia. McCulloch and others review the interaction between acute myeloid leukaemia blast cells and normal cells, chemotherapy and growth factors. This is followed by a clear explanation of how to identify clonality in differentiated leukaemia. Proto-oncogenes and autocrine production of growth factors may both be a cause or an effect of acute myeloid leukaemia. CD34 stem cell acute myeloid leukaemia is identified as carrying a poor prognosis.

The remission rate for AML in both children and young adults is high. The remainder of the book deals with how to increase the durability of remission (usually less than a year) and five year leukaemia free survival (leukaemia free survival usually at the most 40%). Etoposide seemed to be of confirmed value; maintenance chemotherapy was not. Relapsed disease after six months remission still responded to the initial induction treatment.

Allogeneic transplantation in first complete remission produces a 50% five year leukaemia free survival. Graft versus leukaemia effect accounts for low relapse rate and techniques for its promotion were suggested. Autotransplants produce a 40-50% five year leukaemia free survival in first remission compared with 40% for patients in the MRC IX trial treated by conventional chemotherapy and censored to exclude relapses before six months. Marrow purging by chemotherapy, monoclonals, and long term marrow culture show marginal improvements in survival but prolonged periods of thrombocytopenia. GM-CSF seem safe to use after ablative chemotherapy in acute myeloid leukaemia but may only reduce inpatient stay by five days. Its role in recruiting blasts prior to induction chemotherapy requires a large multicentre trial.

An overall good summary of progress to the year 1990.

RM HUTCHINSON