

- 1 James AH, Britt RP, Raskino CL, Thompson SG. Factors affecting the maintenance dose of warfarin. *J Clin Pathol* 1992;45:704-6.
- 2 O'Malley K, Stevenson IH, Ward CA, Wood AJJ, Crooks J. Determinants of anticoagulant control in patients receiving warfarin. *Br J Clin Pharmacol* 1977;4:309-14.
- 3 Wickramasinghe LSP, Basu SK, Bansal SK. Long-term oral anticoagulant therapy in elderly patients. *Age Aging* 1988;17:388-96.
- 4 Redwood M, Taylor C, Bain BJ, Matthews JH. The association of age with dosage requirement for warfarin. *Age Aging* 1991;20:217-20.
- 5 Fennerty A, Dolben J, Thomas P, et al. Flexible induction dose regimen for warfarin and prediction of maintenance dose. *Br Med J* 1984;288:1268-70.

Book reviews

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Diagnostic Ultrastructure of Non-neoplastic Diseases. Ed JM Papadimitriou, DW Henderson, DV Spagnolo. (Pp 728; £200.00.) Churchill Livingstone. 1992. ISBN 0-443-03464-8

Electron microscopy is often regarded by those who are not well versed in the ultrastructural approach as the ultimate method of diagnosis on a tissue sample. It is therefore salutary to read in the introduction that useful ultrastructural information can be obtained in only 1-5% of samples received in a teaching hospital laboratory. The figure is even less if tumours are excluded. Why then do we need such a weighty (3.25 kg; 7.15 lb) tome? It is needed because it fills a gap between the general ultrastructure of the cell (Ghadially) and the ultrastructural appearance of tumours (Henderson, Papadimitriou and Coleman), and is welcome for that reason.

The editors have gathered a variety of experts who have written concisely or extensively and have illustrated sparsely or profusely. As a consequence the coverage is uneven. For example, *in vitro* fertilisation has 40 references and 31 figures, while the eye has 426 references, eight tables, and only two figures, clearly inadequate for an atlas of ultrastructure. Other chapters are more even.

There are chapters on technique, scanning electron microscopy, general cell pathology, stromal pathology, viruses, infectious agents, parasites, tumour-like disorders, endomyocardial biopsies, respiratory disorders, digestive system (746 references; only 21 figures, liver, endocrine system, kidney, breast, CNS, PNS, muscle, bones, joints, lymphoid system (with light microscopy immunohistochemistry included in the text but not illustrated), and blood and bone marrow. I found the chapter on storage disorders disappointing because this is one area where electron microscopy is most helpful and uses many different tissues for diagnosis. The coverage could have been

more extensive. The chapter on skin is an invaluable source of reference.

The choice of sizes of illustrations is very variable and many pages are nearly half empty. The quality of the illustrations is generally good. References are up to 1990.

As a working atlas and text this book should be available to all those involved in diagnostic electron microscopy, especially if they read the introductory short chapter.

BD LAKE

Cases in Pathology. A Clinical Approach for Students. Nancy Standler and Bernard Klionsky. (Pp 242; £21.95.) Churchill Livingstone. 1991. ISBN 0-443-08759-8

This book consists of 37 clinicopathological case studies prepared for American medical students. Each is presented in "parallel text" form with an account of the patient in one column and discussion and clarification of important points in the parallel column. This section is then followed by some general text on the main disease in the patient and some references. The accounts of the cases include history (recent and previous), examination findings, and the results of investigations. Progress is recorded, sometimes to recovery but mainly to necropsy. Illustrations are mainly in colour and of histological sections, though there are some of macro-specimens and some radiology.

These mini CPCs are generally very good for their purpose, but it is easy to disagree with individual comments and interpretations. The aim of this collection is, however, not to give dogmatic teaching but to involve the students in clinicopathological thinking. Would I recommend this book to medical students in the UK? Yes, as additional reading late in the clinical course—or for post-graduates for professional examinations. The cases do require familiarity with clinical terms and clinical medicine. If it were used early in the clinical course there would need to be considerable input from a tutor (or much work with a medical dictionary). An additional problem for the European student is that haematological and chemical data are not given in SI units. It is the sort of book which ought to be very valuable but, with truncated pathology courses given early in the clinical years, it may find its niche in medicine rather pathology.

DR DAVIES

Lymph Node Biopsy Interpretation. Ed AG Stansfeld, AJ d'Ardenne. (Pp 536; 553 illustrations; £95.) Churchill Livingstone. 1992. ISBN 0-443-04072-9.

Since publication of the first edition in 1985 this book has become one of the standard reference texts for lymph node pathology, certainly in the United Kingdom. Quite apart from the quality of the writing, a major reason for this is that many pathologists are attracted to the terminology and general orderliness of the Kiel classification of malignant lymphomas. Much has happened over the past seven years, however, not least the updating of the Kiel system to accommodate most of the more recently delineated types of T cell neoplasia. Other notable changes include the introduction of more antibodies applicable to paraffin wax sections and the increasing contribution of molecular genetics to the unravelling of

lymphoid neoplasia. The two new chapters dealing with these developments are therefore appropriate as is the recognition of new entities such as monocytoid, angiotropic, and T cell rich B cell tumours. The demise of histiocytic neoplasia as a major entity is acknowledged as is the reciprocal emergence of the concept of anaplastic lymphoma. Within the realm of Hodgkin's disease new concepts regarding the lymphocyte predominance subtype and the subcategorisation of nodular sclerosis are well documented. As before the illustrations are of a generally high quality, and the only minor quibble one might have about the excellent descriptions of disease entities is that even at the risk of duplication they might have included more immunocytochemical data. This apart, however, one can see no reason why this second edition should not continue to occupy its pre-eminent place as one of the most useful and least dispensable reference books both in diagnostic and research laboratories.

FD LEE

Renal Involvement in Systemic Vasculitis Contributions to Nephrology. Vol 94. Ed A Sessa, M Meroni, G Battini. (Pp 201; 86.10.) Karger. 1991. ISBN 3-8055-5422-2

This monograph is a compilation of the proceedings of the first seminar on renal involvement in systemic vasculitides held in Vimercate, Italy, in September 1990. It comprises a series of chapters of variable length and quality, somewhat haphazardly arranged. It would be far better if the editors had tried harder to establish some sort of continuity. The book largely documents our current lack of understanding of the basis of systemic vasculitis with renal involvement.

Several papers deal with observations on the antibodies found in the circulation which react with anti-neutrophilic cytoplasmic antigens (ANCA) confirming that c ANCA antibodies tend to be found in Wegener's granulomatosis and p ANCA antibodies in microscopic polyarteritis nodosa, but there is no clear message as to whether they are primary in the cause of the vasculitis or merely an epiphenomenon which is, perhaps, more likely.

The aim of the text is said to be to identify more effective therapeutic schedules for patients with various forms of vasculitis and, given the relative lack of scientific clarity in this area, it is fortunate that the empirical regimens used continue to improve the prognosis for patients with the vasculitic syndromes.

If you want to read what we don't know about vasculitis this is the book for you.

From the pathologist's point of view *Systemic Vasculitis* edited by Andrew and Jack Churg and published by Igaku Shoin, New York, 1992 is, in my opinion, much better value for money.

DR TURNER

Gynecological Tumors. Recent Progress in Diagnostic Pathology. Ed N Sasano. Current Topics in Pathology. (Pp 378; 168 figs; 28 tabs; DM 275.00.) Springer. 1992. ISBN 3-540-52955-1.

This book aims to highlight recent advances in the diagnosis of gynaecological pathology.