The rates have remained relatively constant over the three year period. Results of post mortem examinations are presented at clinicopathology audit meetings, which are held at two weekly intervals. As the junior medical staff turnover averages six months, however, it may be that the benefits are felt in other hospitals. Unlike Dr Slater, we have not found cases which should have been referred to the Coroner.

We would agree that the accurate wording of death certificates is of paramount importance for statistical reasons and the future provision of health care services. Education is certainly necessary—we cannot say, in our experience, to have definitively made inroads into this problem through audit, but will continue to emphasise the importance of this subject to the medical staff responsible for writing certificates. As the medical students also attend the meetings perhaps we shall see improvements in future years.

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Post mortem sampling for biochemistry and toxicology

Dr Forrest is to be congratulated on his ACP broadsheet concerning the usefulness of post mortem sampling for biochemistry and toxicology,¹ a much neglected subject. There is one essay not mentioned among the generally useless enzyme determinations and that is the gamma glutamyl transpeptidase (γ gt). Over many years I have found it to be a reliable additional investigation in those dying with indications of alcohol misuse. Where there is no active liver disease, a raised γ gt result from a peripheral blood sample gives added confidence for chronic alcoholism to be included in the cause of death.

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1 Forrest ARW. ACP Broadsheet No. 137. Obtaining samples at post mortem examination for toxicological and biochemical analyses. *J Clin Pathol* 1993;46:292-6.

Book reviews

If you wish to order, or require further information regarding, the titles reviewed here, please write or telephone the BMJ Bookshop, PO Box 295, London WC1H 9JR. Tel: 071 383 6244. Fax: 071 383 6662. Books are supplied post free in the UK and for British Forces Posted Overseas addresses. Overseas customers should add 15% for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank or by credit card (Mastercard, VISA, or American Express) stating card number, expiry date, and your full name.

(The price and availability are occasionally subject to revision by the Publishers.)

Multiple Choice Questions in Pathology. 3rd edn. IL Brown. (Pp 71; soft cover £4.99.) Edward Arnold. 1993. ISBN 0-340-55164-X

This book aims to provide practice in pathology multiple choice questions (MCQs) for medical students.

An attractive feature is the good mixture of question styles. This helps relieve the monotony of reading through MCQs and gives excellent practice in exam technique. There is a good breadth of subjects, neatly divided into 25 sections. I found that the explanatory comments were written concisely and in an appropriate amount of detail. The answers to the MCQs, however, are printed in bold type in a column down the middle of the page between the questions and the explanations. It is frustrating to see the MCQ answer boldly in front of you before you have a chance to cover it up. Perhaps in subsequent editions the answers could be on the following page.

This edition has occasional ambiguities, but they are relatively few. The format of the MRCPATH primary exam has changed and does not include MCQs, so it seems curious that the back cover of this edition mentions its use in preparation for this exam.

This book is excellent value and I would recommend it for medical students who are preparing for pathology exams and who require practice in MCQ technique.

TP MILLARD

Measuring Alcohol Consumption. Psychosocial and Biochemical Methods. Ed RZ Litten, JP Allen. (Pp 256; \$69.50.) The Humana Press Inc. 1992. ISBN 0-89603-231-0

Measuring Alcohol Consumption is an excellent resource for all those interested, at either a research or clinical level, in alcohol use and misuse. Accurate assessments of alcohol use are vital in monitoring alcoholism treatment and prevention programmes and investigating the links between alcohol consumption and behavioural or medical problems. Ray Litten and John Allen have edited a multiauthored volume which is highly organised, cohesive, integrated and practical. It is divided into two main sections: the first dealing with psychosocial measures; and the second with biochemical measures of alcohol consumption.

The first chapter provides a good overview of self-report methods, and emphasises that verbal reports are neither valid nor invalid, but that the important issue is that certain conditions and procedures are more conducive to response accuracy and validity. The second chapter provides an excellent review of "computerized approaches to alcohol assessment", and the finding that the results of computerised testing are generally similar to those of personal or pencil-and-paper interviews.

Timeline Follow-Back (TLFB) is the best psychometrically evaluated and field-tested self-reported alcohol consumption instrument to date. Chapter 3 provides a description of the methods and a thorough discussion of its validity, and appropriate applications of this and other self-report

measures in various research and clinical situations. A useful appendix provides instructions for administering TLFB which can be modified for different target groups or research projects. The final chapter of the section on psychosocial measures discusses the accuracy of subject and collateral accounts of drinking behaviour.

The second section reviews many new and complex biochemical indicators of alcohol consumption. An overview divides biological markers into several types: markers of predisposition to alcoholism (trait markers); markers of chronic or acute consumption (state markers); and markers of organ damage. Blood and liver markers in the estimation of alcohol consumption, two new markers of high alcohol consumption (carbohydrate-deficient transferrin and 5-hydroxytryptophol), and the usefulness of protein acetaldehyde adducts as state markers of consumption are all discussed. The last two chapters describe non-invasive methods for the measurement of transdermal ethanol as an assessment of ethanol consumption. The transdermal dosimeter is easy to use in an outpatient setting where patients are seen on a weekly basis and has a high degree of sensitivity and specificity. A wearable, electronic ethanol sensor/recorder, an adaption of the same electrochemical detection technology used in breathalysers, is also described. Unlike the dosimeter, it provides real-time rather than cumulative monitoring of alcohol use, and therefore gives accurate quantitative and temporal tracking of ethanol consumption over extended periods.

This superbly organised, thorough, and readable book is highly recommended for all those who need to assess alcohol intake.

CAROLINE C HORWATH

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

The authors stated in the Preface that this volume was intended to be a single guidebook to the diagnosis of most non-neoplastic diseases encountered in diagnostic human ultrastructural pathology. It is a companion volume to the book *Ultrastructural Appearances of Tumours* prepared by the same authors.

This is a multiauthor work with uniformly high standards throughout, although the chapters range in the extent to which they cover aspects of the subject. As a whole the volume is best regarded as an atlas of high quality photomicrographs with a relatively brief, but extensively referenced, textual introduction to each chapter. The photomicrographs cover most of the commonly encountered entities and there is a generous selection of illustrations of the infrequent or rare lesions, but this cannot be regarded as comprehensive, given that the authors intended to cover the range of non-neoplastic diseases where electron microscopy can contribute to the diagnosis. There is a wide enough coverage, however, for the book to act as a valuable *aide memoire* for an ultrastructural pathologist while pondering over a difficult specimen. This approach will be of little value to the histopathologist with occasional exposure to electron microscopy

because the illustrations depict typical appearances only and give no indication of the extent of variation in appearance among specimens, even in common disease.

The introductory chapter of this book presents a balanced review of the potential role for electron microscopy in anatomical pathology, highlighting (a) its unique contribution to the diagnosis of certain diseases, (b) its potential value in quality control of histopathological diagnosis, (c) its use in extending appreciation of light microscope appearances, (d) its importance in delineation of new disease entities, (e) its utility in evaluation of the effects of drugs and other treatments on the disease process, and (f) its central role in elucidation of pathogenetic mechanisms, in the advancement of cell biology and in teaching of undergraduate and postgraduate students. These arguments are to a greater or less extent pertinent to the justification of electron microscopy facilities within an academic department, but most of the points would be considered, at best, marginal advantages to the provision of reliable histopathological diagnostic service. They could be used convincingly to buy on someone else's electron microscopy but not to justify the purchase of a machine for a diagnostic laboratory.

This is a carefully prepared scholarly book. It will be useful as a reference book in an electron microscopy laboratory or a medical school library, but I regret that few clinical directors will purchase it as a bench book in the histopathology laboratory of directly managed units or NHS Trusts.

J SWANSON BECK

Ophthalmic Histopathology. WR Lee. (Pp 337; 491 figs; DM348-00.) Springer. 1993. ISBN 3-540-19686-2

This excellent book was written "to give guidance to histopathologists who are dealing with pathological specimens submitted by ophthalmologists", in general or specialist ophthalmic pathology laboratories. The book usefully replaces the conventional approach of the ophthalmic pathology textbook, which discuss eye diseases on an anatomical basis, with a series of chapters reflecting the broad headings used by ophthalmologists as indications for enucleation such as "trauma", "tumour", "vascular disease", etc. These are supplemented by chapters on specific specimens such as the corneal disc, orbital biopsy, conjunctival biopsy, lens etc, and valuable chapters on necropsy pathology and basic methodology.

The result is a "bench" textbook which uniquely integrates the effects of diseases on the several anatomical components of the eye into chapters with a "whole eye" overview. The book is lavishly illustrated with high quality macroscopic and microscopic photographs and line drawings, although very occasional photomicrographs seem slightly too dark in my printing.

This impressive textbook is very highly recommended as the book of choice both for trainee and more senior histopathologists dealing with ophthalmic pathological specimens, and for clinical ophthalmologists with an interest in eye pathology. This book represents excellent value for money.

MA PARSONS

Notices

Postgraduate Course Current Concepts in Surgical Pathology

November 15-19, 1993

The Department of Pathology, Massachusetts General Hospital, Harvard Medical School, will present a postgraduate course in surgical pathology under the direction of Drs Nancy L Harris, Robert H Young, and Eugene J Mark.

The course is designed for pathologists at resident and practitioner levels. It will provide an in-depth review of diagnostic surgical pathology with emphasis on morphological features, newly recognised entities, and new techniques, presented by the faculty of the Department of Pathology, Massachusetts General Hospital. Instruction will be primarily by lecture, but will also include discussion periods. Each participant will receive a comprehensive course syllabus.

The course has category 1 accreditation for about 35 hours CME credit by the American Medical Association.

The fee for the course is \$775.00 (residents and fellows \$550.00).

For further information contact: Department of Continuing Education, Harvard Medical School, 25 Shattuck Street, Boston, MA 02115 (Telephone: (617) 432-1525).

Histopathology for the MRCPATH

23-28 January, 1994,
Oak Hotel, Brighton

Organised by the SE Thames Higher Training Committee on behalf of the British Postgraduate Medical Federation, this course is the second in a three yearly cycle of residential courses for MRCPATH candidates working under either old or new regulations and includes elements of general pathology, histopathology, cytopathology, necropsy pathology and laboratory management and is suitable for both registrars and senior registrars. Microscopes will be provided. Each course member will receive a slide box of about 100 cases to keep.

The course will end with a mock practical examination to provide feedback on individual performance and progress.

The course fee of £450 includes all charges for accommodation, catering, course registration and slide box. Numbers are strictly limited so early booking is advised.

Write for further details to: Theresa Bromage, Histopathology Department, Royal Sussex County Hospital, Brighton BN2 5BE. Tel: 0273-664501. Fax: 0273-600182.

First European Dermatopathology Ski Retreat

31 January-4 February, 1994,
Briançon, Alp Maritime, France

Briançon, the highest fortified town in Europe, will host the first European dermatopathology ski retreat. Two minutes from the Congress Centre the Prorel skilift will offer skiers access to the largest skiing area in the sunny southern French Alps.

Slide seminars in various fields of dermatopathology will be given. Microscopes will be available to view the biopsy specimens at the meeting. Delegates may also submit cases for discussion. English will be the official language of the meeting.

For more information contact: Dr J-H Oddou, B.P. 8, 05000 Gap, France. Fax (33) 92 51 92 55, or Dr N Kirkham, Histopathology Department, Royal Sussex County Hospital, Brighton BN2 5BE. Fax (44) 273 600182.

World Congresses of Gastroenterology

2-7 October, 1994,
Los Angeles, California

A comprehensive program has been created to challenge the diverse interests of the international gastroenterological community.

An excellent and exciting opportunity has been made available for young clinicians and investigators to meet individually and collectively with their counterparts from all over the world.

The 1994 World Congresses will provide a unique educational experience in all aspects of gastroenterology. All major US medical and surgical gastroenterological organisations have combined their efforts to ensure a strong academic experience.

For further information contact: World Congresses of Gastroenterology Secretariat, 655 15th Street, NW, Suite 300, Washington, DC 20005 USA. Tel: (202) 639-4626. Fax: (202) 347-6109.

ACP Locum Bureau

The Association of Clinical Pathologists runs a locum bureau for consultant pathologists.

Applicants with the MRCPATH who would like to do locums and anyone requiring a locum should contact The General Secretary, 221 Preston Road, Brighton BN1 6SA. Tel (0273) 561188. Fax (0273) 541227.