be the result of a variation in the denominator than in the numerator. In fact this should not be a great surprise, because the confidence limits for each of the proportions overlap considerably.

One possible alternative is log-linear modelling of the proportions using a package such as GLIM. This has the advantage of great flexibility in the choice of model that is tested. The resulting evidence for seasonality is even less convincing: a general sine and cosine model gives a χ^2 value of 4.476 (df = 2), $p = 0.1067$; a model testing for variation between the four seasons gives a χ^2 value of 0.19954 (df = 3), $p = 0.9777$; and lastly, testing autumn + winter against the rest of the year gives a χ^2 value of 3.32 (df = 1), $p = 0.0694$. Another possibility, if there were enough data for each month of the whole 10 year period, might be a formal time series analysis that could be directly related to temperature fluctuations. Unlike the application of Edwards' test or its ad hoc modification (which can both be performed with a pocket calculator), both of the latter approaches would require access to a suitable computer package or collaboration with someone who is able to do this work.

To me, this illustrates why we should be trying to integrate statistical teaching and thinking with pathology practice. While the best way to get a feel for statistical analysis is to have a go, only appropriate training will help the novice avoid many potential pitfalls. On the other hand, while statistics does have a mathematical basis, as an eminent statistician has noted,⁴ it is a science deeply rooted in real life. In the present context this means that it is the pathologist who ultimately ensures that the question posed makes medical sense.

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- 2 Jones DR, Rushton L. Simultaneous inference in epidemiological studies. *Int J Epidemiol* 1982;11:276-82.
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Book reviews

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Systemic Pathology. 3rd ed Vol 11. **Liver, Biliary Tract and Exocrine Pancreas.** Ed DGD Wight. (Pp 736; 53 illustrations; £100.) Churchill Livingstone. 1993. ISBN 0-443-03098-7.

This concise, attractive volume is the eleventh in Symmers' wellknown series on systemic pathology and one of the best to date. As a textbook on the subject, it stands between biopsy interpretation/atlas type guides and encyclopaedic treatises, of both of which there are now quite a number; it conveniently fills the gap.

There are 14 chapters, 10 on the liver, gall bladder and biliary tract, and two on the exocrine pancreas. The title headings reflect broad groups of problems or diseases which are interrelated in some way, such as fat, alcohol, and iron or developmental and paediatric liver disease. The search for specific topics is aided by a useful index. The standard of writing is generally unfussy and clear; tables, diagrams, and illustrations—all in crisp black and white—are excellent and references are numerous up to 1990, but few thereafter. However, no major advance in concept or diagnostic utility has been overlooked. It would be invidious to rank the individual chapters in order of merit because they are all good, but Chapter 1 on development, anatomy, physiology, and patterns of injury, Chapter 5 on developmental and paediatric liver disease, and Chapter 6 on drugs and toxins are particularly helpful; Chapters 13 and 14 on the exocrine pancreas are outstanding. These are perhaps the topics where information in existing textbooks is either overabundant or sketchy, hence the usefulness of these particular chapters.

There is little to quibble about: ring granulomas are no longer considered to be specific for Q-fever, for example. It is also interesting to compare the combined length of Chapter 2 on acute and Chapter 4 on chronic hepatitis (39 pages) with that of Chapter 12 on liver transplantation (54 pages). This may be considered to be slightly out of balance, but it also reflects changes in the way in which and extent to which microscopic examination of the liver helps to solve problems in today's practice. All in all, this is a thoroughly good book; it is easy to use and it should answer the needs of all general histopathologists and their trainees in this difficult area.

PP ANTHONY

Torch Screening Reassessed. The Laboratory Investigation of Congenital, Perinatal and Neonatal infection. PHLS (Pp 122; paperback £7.95. 1993. ISBN 0-901144-35-5.

This is the second, revised edition of the book first published in 1990 which deals with congenital, perinatal, and neonatal infections. This version, produced by a PHLS working party, incorporates new recommendations, epidemiological information, and published data which have become available in the last few years and provides a comprehensive review of the epidemiology, symptoms, risk factors, laboratory diagnosis, and methods of prevention of congenital, perinatal, and neonatal infections.

There are sections on *Toxoplasma gondii*, rubella, cytomegalovirus, *Treponema pallidum*, HIV and parvovirus B19 congenital

infections. The perinatal and neonatal infection chapter includes sections on herpes simplex virus, varicella zoster virus, enteroviruses, hepatitis B virus, HTLV-1, cytomegalovirus, *Neisseria gonorrhoeae*, Group B streptococci, *Escherichia coli*, *Listeria monocytogenes*, and *Chlamydia trachomatis*.

The book emphasises the outmoded nature of the acronym "TORCH" and recommends that clinicians should request tests for specific infections based on epidemiological and symptomatic considerations. To facilitate this, the book contains a very useful series of flow charts, dealing with the investigation of babies with low birth weight, purpura, jaundice, microcephaly, and neonatal seizures, which highlight, among other things, which viruses, parasites, and bacteria should be sought in certain situations. The book also contains a section on methods of prenatal diagnosis.

This edition is much improved compared with the earlier version. It is clearly and concisely written, well produced, and has clear, useful figures and 170 references. It is an essential reference work which will appeal to microbiologists, gynaecologists, paediatricians, and epidemiologists.

TG WREGHITT

The Central Nervous System in AIDS. Neurology, Radiology, Pathology, Ophthalmology. Ed J Artigas, G Grosse, F Niedobitek. (Pp 237; hardback DM282.00.) Springer. 1993. ISBN 3-540-55839-X.

The major part of this book presents the results of the post mortem examinations of the central nervous system in the 180 patients with AIDS who died in the Auguste-Victoria Krankenhaus, Berlin, during the period 1986-1991. These findings are set in the context of the clinical and radiological changes found in the central nervous system in AIDS and draw on experience from other centres. There are five chapters. The first chapter sets the clinical background to the subject and is followed by a chapter which discusses the use of computed tomography and magnetic resonance imaging in demonstrating the various pathological lesions found in AIDS. The third chapter, written by the editors, constitutes over 50% of the main text. In it they describe the examination methods, discuss the pathogenesis of the disease, and present the pathology with frequent reference to the work of other centres. Where appropriate, results are given in simple tabular form. The final two chapters are written by authors based in France and North America and give a useful and brief account of the clinical and pathological changes found in the eye in AIDS. The book is extensively illustrated with clear, large scale black and white photographs. It will make a valuable addition to the library of any department offering a diagnostic service in AIDS and of the neuropathologist. To the clinician it is a salutary reminder of the benefit of achieving a 46% necropsy rate.

JE MCLAUGHLIN

Ophthalmic Pathology. PV Iyer, R Rowland. (Pp 212; 427 colour illustrations; £50.) Churchill Livingstone. 1993. ISBN 0-443-04240-3.

This is an annotated colour atlas, as opposed to a textbook, and is designed to