be the result of a variation in the denomina-
tor than in the numerator. In fact this
should not be a great surprise, because the
confidence limits for each of the propor-
tions overlap considerably.
One possible alternative is log-linear
modelling of the proportions using a pack-
age such as GLIM. This has the advantage
of great flexibility in the choice of model
that is tested. The resulting evidence for
separation is even less convincing than the ge-
sine and cosine model gives a χ² value of 4.476
df = 2), p = 0.1067; a model testing for vari-
ation between the four seasons gives a χ² value of 6.2406 (df = 3); p = 0.0437;
and finally, testing autumn + winter against
the rest of the year gives a χ² value of 3.2
(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 per-
formed with a pocket calculator), both of
the latter approaches would require access
to a suitable computer package or collabor-
ation 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 emi-
nent statistician has noted, it is a science
deepest 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.

PAUL SILCOCKS
Department of Public Health Medicine,
Medical School,
University of Sheffield, Sheffield
Beach Hill Road, Sheffield S10 2RX

1 Green J. Edwards C. Seasonal variation in the
necropsy incidence of massive pulmonary
2 Jones DR, Rushton L. Simultaneous inference
in epidemiological studies. Int J Epidemiol
3 Edwards JH. The recognition and estimation
of cyclic trends. Ann Human Gen 1961;25:
83-7.
4 Box G. Scientific statistics. Royal Statistical

Systemic Pathology. 3rd ed Vol 11. Liver,
Biliary Tract and Exocrine Pancreas.
Ed DGD Wight. (Pp 736; 53
illustrations; £100.) Churchill Livingstone.

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 and
advises 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 livers,
gall bladder and biliary tract, and two on
the exocrine pancreas. The title headings
reflect broad groups of problems of
which are interrelated in some way, such as:
fat, alcohol, and iron or developmental
and paediatric liver disease. The search for spe-
cific 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
case 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 particu-
larly 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 to 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 answers the needs of all general histopathologists
and their trainees in this difficult area.

PP ANTHONY

Torch Screening Reassessed. The
Laboratory Investigation of Congenital,
Perinatal an Neonatal Infections.
PHLS (Pp 122; paperback £7.95. 1993.

This is the second, revised edition of the
book first published in 1989 which deals
with congenital, perinatal, and neonatal
infections. This version, produced by a
PHLS working party, incorporates new rec-
ommendations, epidemiological informa-
tion, and many which have become available in the last few years and
provides a comprehensive review of the epi-
demiology, symptoms, risk factors, labora-
tory diagnosis, and methods of prevention of
congenital, perinatal, and neonatal
infections.

There are sections on Toxoplasma gondii,
rubella, cytomegalovirus, Trichomonas
paramidium, HIV and parvovirus B19 congenital
infections. The perinatal and neonatal
infection chapter includes sections on her-
pes simplex virus, varicella zoster virus,
enteroviruses, hepatitis B virus, HTLV-1,
cytomegalovirus, Neisseria gonorrhoeae, Group B streptococci, Bacteroides
coli, Listeria monocytogenes, and Chlamydia
trachomatis.

The book emphasises the REE scourage of
infections in the newborn and recom-
mands that clinicians should request tests for specific infections based on epi-
demiological and symptomatic considera-
tions. To facilitate this, the book contains a
very useful series of flow charts, dealing
with the investigation of babies with low
birthweight, purpura, jaundice, micro-
cephaly, and neonatal seizures, which high-
light, 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 pages. It is an
essential reference work which will
appeal to microbiologists, gynaecologists,
paediatricians, and epidemiologists.

TG WRIGHT

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 described by P. Reiss,
Auguste-Victoria Krankenhaus, Berlin, dur-
ing 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 expe-
rience from other centres. There are 57
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 reso-
ence imaging in demonstrating the various
pathological lesions found in AIDS. The
third chapter, written by the editors, consti-
tutes 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 clini-
cal and pathological changes found in the
eyes in AIDS. The book is extensively illus-
trated with clear, large scale drawings and
photographs. It will make a valuable addi-
tion to the library of any department offer-
ging a diagnostic service in AIDS and of
the neuropathologist. To the clinician it is a
valuable reminder of the benefit of achieving
a 46% necropsy rate.

JE MCLAUGHLIN

Ophthalmic Pathology. PV lyer, R
Rowland. (Pp 212; 427 colour illustrations;

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

Correspondence

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