

Book reviews

Pathology of Adrenal and Extra-Adrenal Paraganglia. Vol 29 in the series **Major Problems in Pathology.** EE Lack. (Pp 405; £50.) Harcourt Brace & Company Ltd. 1994. ISBN 0-7216-5263-8.

This is a scholarly, well informed review of paraganglia and paragangliomas. The content extends to include ganglioneuromas and neuroblastomas. It does not, as one reading of the title would suggest, include adrenal cortex. Paragangliomas are discussed from the pathological equivalent of Dan to Beersheba. Thirty seven separate sites are indexed, ranging from the orbit to cauda equina. The general plan for each is a discussion of the history and anatomy of the paraganglia at the site, followed by a historical review and description of the paragangliomas. Clinical and radiological features are included as well as the pathology, and a discussion of the differential diagnosis. The style is discursive, with a tendency to be uncritically comprehensive.

If you want to know that ciliary paraganglia have been described in the chimpanzee, or that the cod can suffer from chemodectoma-like tumours of the pseudobranch, this book will tell you, with appropriate references. It also provides speculation that the cod is predisposed to pseudobranch tumours because of its stationary habitus—for reasons that are not immediately obvious. The integrative approach will appeal to the reader who enjoys learning about the background information relevant to a particular tumour. If you want concise guidance on diagnostic criteria this is not the book for you. If you want ready access to a full review of the literature related to this relatively small patch on the pathological map, the book is worth buying. I am certainly glad to have it on my bookshelf.

SIR DILWYN WILLIAMS

AIDS in Africa. Eds M Essex, S Mboup, PJ Kanki, MR Kalengayi. (Pp 752; \$202.00.) Raven Press. 1993. ISBN 0-7817-0110-4.

I used this book for several months while compiling various articles on the pathology of AIDS in Africa. It certainly has references to every relevant article and conference abstract published up to the end of 1991, and quite a few into 1992. But it also has a quantity of peripheral material. For example, there are long sections on HTLV-1 and 2, and a quite disproportionate amount on the oncogenesis of lymphomas (given the evidence available even then of their rarity among HIV positive people in Africa).

This rather describes the book: encyclopedic and very thorough, but sometimes not seeing the wood for the trees. Nearly every facet of AIDS in Africa has a chapter or more, from molecular biology, through epidemiology, serology, vaccines, clinical and pathological manifestations, paediatric aspects, behaviour, to economic consequences. The final chapters are country by country evaluations of HIV disease preva-

lence, control measures, and available resources. It is a ghastly irony that two particular countries provided much of the early data on AIDS in Africa, through collaboration with outside institutions—Zaire and Rwanda. Projects in the former had to be abandoned in 1991 through civil chaos and Rwanda has experienced a civil war that has killed more citizens than the projected death toll from AIDS in all African countries in 1994. An underappreciated consequence of such events is the abandonment of studied cohorts of HIV positive people, such that we still do not have a clear understanding of the natural history of HIV-1 infection in Africa.

I understand that a second edition is planned. By then, tuberculosis will rightly have a chapter to itself. The interactions of infection with *Mycobacterium tuberculosis* and HIV in resource poor countries (the epidemic within the epidemic) are so far-reaching that the history of tuberculosis is being rewritten. We should know then whether control of sexually transmitted diseases and thereby of HIV transmission is feasible in the field (separate chapter, please). The recent more precise data on clinicopathological manifestations will hopefully eliminate much of the second-guessing of what happens in HIV positive adults and children in Africa, derived from data accrued in the USA and Europe.

Finally, while prevention of HIV infection is rightly emphasised, there will be a chapter on care: what happens to the extra millions of sick people who arrive at health centres expecting help? More please on algorithms of interventions and management, based on local observations.

This book, compiled by a multinational set of experts, has no single volume rival as a data source on the subject. Although it is already dated, it is a major achievement.

S B LUCAS

Infectious Diseases. Illustrated Case Histories. NJ Beeching, JS Cheesbrough. (Pp 128; £13.95.) Wolfe. 1994. ISBN 0-7234-1799-7.

The use of illustrated case histories is an attractive method of teaching. All too frequently, however, such publications are marred by suboptimal photographic reproduction, the use of didactic and uninformative text, and poorly chosen cases. None of these criticisms applies to this book. The quality of the photographs is extremely good and the cases have been thoughtfully selected to cover both common and unusual infections in immunocompetent and immunodeficient subjects.

The particular strength of this book lies in the combined approach of an infectious disease physician and a medical microbiologist to clinical infectious diseases. Illustrations of Gram stains and agar plates are included with photographs of patients and radiological investigations. With text that similarly incorporates both aspects of infectious diseases, the reader is encouraged to think beyond the diagnosis to consider the interplay which exists between pathology, microbiology, and the clinical manifestations of infectious diseases.

Inevitably, a book such as this can only provide a comparatively limited view of a topic as extensive as infectious diseases.

That said, intelligent use of the text has allowed the authors to maximise the information imparted to the reader from the 32 cases described. This book will be most valuable to doctors interested in the wider aspects of clinical infectious diseases.

N KLEIN

Pulmonary Pathology. 2nd edn. Eds DH Dail, SP Hammar. (Pp 1640; 1517 figs; DM 520.00.) Springer Verlag. 1994. ISBN 3-540-97897-6.

It is not often one looks forward to the review of a text book weighing 5.3 kg and having 1640 pages. However, it was with great pleasure that I reviewed this book and looked up several small problems which I have had. All were solved—several by new sections in this text. The great pleasure of the book is its page layout which is easy to read, with large print, glossy paper, and superb illustrations. The authors have managed to maintain a very high standard throughout the text with only very minor omissions. They have included new chapters, or part chapters, on lung defences, on common pathways, and patterns of injury, on AIDS pathology, on transplantation pathology, and a section on metastasis to and from the lung.

I particularly liked the discussion in areas that are contentious—for example, the exact nature of spindle cell tumours in the lung. The topic is covered well, well referenced, and then discussed so that at the end of reading the section you have an excellent idea of the current situation on which to base your own opinion. The references are extensive—for example, 515 references on common neoplasms and 1048 on rare tumours—leaving very little unreferenced.

My only quibble is the rather limited coverage of chronic obstructive pulmonary disease and emphysema which do not have justice done to their current importance. Much of the recent work from the United Kingdom and from North America on structure function correlations is not adequately covered.

This text is essential for anyone interested in pulmonary disease and an ideal source book for any pathologist with an interest in the lung. It is also a pleasure to read.

D LAMB

Immunomicroscopy: A Diagnostic Tool for the Surgical Pathologist. CR Taylor, RJ Cote. Vol 19 in the series **Major Problems in Pathology.** (Pp 533; £59.) WB Saunders Company. 1994. ISBN 0-7216-6462-8.

One can argue that diagnostic pathology books are usually reviewed the wrong way round. These books are usually written for non-specialists, to be used daily. What happens in practice is that the new edition arrives in the mail to a specialist who hopefully knows the contents of the book reasonably well before reading it. He or she then reads it, writes a report, puts the book on the bookshelf and may or may not use it.