reports as possible to allow accurate staging of tumours by clinicians. Thirdly, the need for this sort of information is growing as tumour cancer registries rightly become more demanding in terms of the information they require.

The task is eased because many word processor programs permit the insertion of a protocol for a standardised report, which means that only the specific details of an individual case need to be entered into the report. All that remains is to persuade pathologists that reports are not literary art forms but scientific descriptions which can with advantage be standardised and quantified.

The information which is required is being published widely in journals^{3,4} and texts.²

It is arguable whether protocols should be prepared by individuals or departments or by national or international professional bodies. There is much to be said for a uniform approach, so as to permit research on a wide scale and to aid the task of cancer registries.

Measurements made on a microscope slide are not commonly given (save for thickness of malignant melanoma) but to give a quantitative measurement of the distance to the surgical resection margin in cases of breast and skin cancer is useful and relatively simple, at least in the UK and Australia where calibrated mechanical stages are in general use.

To return to the article,¹ it represents an audit of a situation which prevailed six years ago. To move into the more modern world it is going to be essential to have regular internal and external forms of audit on procedures and on the accuracy and timeliness of reports as well as on the information contained therein. In this paper only two prognostic features of malignant melanoma out of the many which have been described have been audited.

As pathologists it would seem we all have a way to go. Roll on continuous professional education.

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- 1 Miller JM, Slater DN. Do histopathology reports of primary cutaneous melanoma contain enough essential information? *J Clin Pathol* 1996;49:202-4.
- 2 Rosai J. *Ackerman's surgical pathology*. 8th edn, Vol 2. St Louis: Mosby, 1996:2525-64.
- 3 Association of Directors of Anatomical and Surgical Pathology. Recommendations for the reporting of breast carcinoma. *Am J Clin Pathol* 1995;104:614-19.
- 4 Association of Directors of Anatomical and Surgical Pathology. Recommendations for the reporting of resected large intestinal carcinoma. *Hum Pathol* 1996;27:5-8.

Book reviews

Ackerman's Surgical Pathology. Vol I and II. 8th edn. Juan Rosai, ed. (Pp 2400; 2136 illustrations, 450 in colour; £229.00.) Times Mirror International Publishers Ltd. 1995. ISBN 0801670047.

The new eighth edition of *Ackerman's Surgical Pathology* weighs in at a hefty 18 lb 5½ oz

compared with the mere 14 lb 1½ oz of the now seven year old predecessor. The extra weight has not gone into flab. Much of the text has been expanded and there are many additional high quality illustrations, mainly in colour. The familiar strengths of the still (amazingly) largely single author work include a unity of style and a lucid text with a wealth of relevant clinical and epidemiological information. Sections on normal anatomy and histology have been greatly expanded and there is much more information on immunohistochemistry, cytogenetics and molecular pathology. This must now be the first place to turn to for concise information on the immunohistochemistry of tumours in everyday practice. There is much helpful detail on prognostic factors in tumours. It is difficult and perhaps churlish to find any fault with the new edition. There are some occasional quirks of balance: only one short paragraph on glandular neoplasia in-situ of the endocervix with many lesser entities treated in much more detail, but the work largely succeeds in being both concise and comprehensive. It is an American book and the American nomenclature is used in—for example, germ cell tumours of the testis, though here and elsewhere other classifications are outlined. Although the layout of the two volumes is very similar to that of the previous edition and some of the text is unchanged, this is a substantially better book and a must for all Pathology Departments. It is a false economy to stick to the old edition. My review copy lies solidly on my study desk at home. I consult it so often that I am loathe to move it from there.

G M KONDRATOWICZ

Malignant Effusions. Bedrossian CWM. (Pp 275; £156.00.) Igaku-Shoin Medical Publishers. 1994. ISBN 0-89640-196-0.

Do not be misled by the title of this excellent cytopathology text/atlas. The first 100 pages cover general aspects, clinicopathological correlations and non-malignant causes of effusions with a detailed account of the many guises of mesothelial cells in reactive processes and problems in interpretation. Inflammatory processes and infective diseases presenting with effusions are also discussed and these early chapters are just as interesting and informative as the remaining two thirds of the book, which focuses on malignant effusions. Differentiating mesothelial hyperplasia from carcinoma is one of the great challenges in the cytology of malignant effusions. This problem is addressed in a style that is extremely lucid and includes the judicious use of immunocytochemistry and other ancillary techniques which may be helpful in clinching the diagnosis. Malignant mesothelioma, the differential diagnosis of small, blue, round cell tumours and metastatic non-epithelial malignancies are detailed. In fact, any tumour that is likely to lead to an effusion gets a mention. The illustrations throughout the book are of a high standard and are in colour with black and white reproductions confined to electron microscopy. Each chapter is lavishly illustrated and individual cell details are crisp and easily identifiable. This book is a treasure trove of information, not only for beginners, but also for experienced cytopathologists. Read it and improve your skill in diagnosing malignant effusions.

RACHEL OOMMEN

Bioradicals Detected by ESR Spectroscopy. Ohya-Nishiguchi H, Packer L, eds. (Pp 352; DM 178.) Birkhauser Verlag AG. 1995. ISBN 3-7643-5077-6.

This book is a collection of papers from a conference on the application of electron spin resonance (ESR) spectroscopy to the detection of bioradicals (active oxygen radicals and transition metal ions), which was held in Japan in 1994. Following the introduction, there is a useful overview of the chemistry of oxygen radicals and three chapters which outline the physics and technological basis of ESR. There follows a section which describes the potential of ESR imaging and later chapters consider its application to the imaging of the rat brain. The technique of spin trapping the capture of radicals by stable molecules for future analysis is discussed at length. Two chapters outline the application of ESR to the study of bioradical metabolites in vivo and two are devoted to the application of probing active site structures of metalloproteins. The penultimate section considers antioxidants and foods, one chapter being devoted to vitamin E and its interactions in biological systems, while another describes research on antioxidant vitamin activities in micelles and liposomes. The theme of in vivo measurements is returned to in the concluding chapters, this section including an interesting review of the application of the technology to the investigation of drug delivery. The book is not primarily concerned with the biomedical effects of free radicals. It describes the technology of ESR in great detail and its application to the measurement of bioradicals. As such, it will be of interest to those who wish to learn more about the capabilities of this technique.

M F LAKER

The Estimation of the Time Since Death in the Early Postmortem Period. Claus Henssge, Bernard Knight, Thomas Krompecher, Burkhard Madea, Leonard Nokes. General editor: Bernard Knight. (Pp 262; £65.00.) Edward Arnold. 1995. ISBN 0 340 573 198.

Popular novels have perpetuated the myth to the non-forensic fraternity that time of death estimation is an exact science. It would certainly make our job a lot easier if it was! Unfortunately, this is far from the case, as some of us find from time to time to our embarrassment. One well-known pathologist was so disillusioned with the inaccuracy of time of death estimation, that when asked his opinion, he enquired as to the time when the deceased was last seen alive and when the body was discovered and took the midpoint between the two! Despite all the short comings of time of death estimation, it may well be an important issue in a criminal investigation. It is therefore incumbent on the pathologist to give some reasoned guidance, based on scientific principles and in the light of his/her experience. Bernard Knight's book is therefore long overdue. Many papers have been published on the subject, testimony to the difficulty encountered in solving the problem, but it is the first time in the English language literature that the collective knowledge on the subject has been brought together in one text. The contributors are all experts in different aspects of this area and have pooled their research findings and wide experience to assist the pathologist. It is both a scholarly, and at the same time, a practical approach to a difficult subject. The various