The primary aberration from which all the later disturbances in the intestine, pancreas, liver, and respiratory tract follow appears to be an abnormally high viscosity of the secretions produced by the mucus-forming glands in all the affected organs. So firmly does he hold this view that the monograph has been subtitled "A Congenital Disorder of Mucus Production—Mucosis." From this initiating mechanical interference with the flow of the secretions spring all the various obstructive disturbances in the many affected organs which later dominate the syndrome and determine its many clinical manifestations. Of particular interest to those concerned with the treatment of the respiratory complications in this disease is Dr. Bodian's view that the squamous metaplasia in the bronchial mucosa is more dependent on infective irritation than on any deficiency in the absorption of vitamin A.

The book is well produced and is copiously and beautifully illustrated from the editor's large collection of specimens and records. The photomicrographs especially will prove of value to morbid histologists seeking to obtain authoritative assistance in diagnosis.

In this volume Dr. Bodian and his colleagues have added a valuable monograph to medical literature. It is the fruit of a carefully conceived study of this interesting and important disease which has been carried through persistently and conscientiously for a decade. It might with advantage to British medicine be taken as a model for other pathologists who have special opportunities for the investigation of particular diseases of a similarly interesting nature.

G. PAYLING WRIGHT.

Renal Cortical Necrosis and the Kidney of Concealed Accidental Haemorrhage. By H. L. Sheehan and H. C. Moore. 1952. Oxford: Blackwell Scientific Publications. Pp. 186; 64 figures. Price 35s.

In presenting this study of renal cortical necrosis and examples of other lesions that follow upon concealed accidental haemorrhage—examples of lesser ischaemic renal damage—the authors are most fortunate in two respects; first, on account of the size and range of their series of cases, which in this single collection equals the total of pregnancy and non-pregnancy cases in a review and analysis of authentic cases reported up to 1941, for it has long appeared that the conflicting views on renal cortical necrosis have resulted from the limited number of cases studied by independent authors. Secondly, the authors are fortunate in the time of their work for, although the report is based largely on material collected between 1935 and 1945, the studies were made in the post-war years (the literature is reviewed up to March, 1952), and so it has been possible for the authors to interpret their findings in the light of recent work on the renal circulation and on the wartime renal studies in crush syndrome, incompatible blood transfusion, etc.

In the renal damage seen in 67 fatal cases of concealed accidental haemorrhage it has been possible to distinguish different grades ranging from minimal change attended by proteinuria and tubule casts to proximal convoluted tubule necrosis, then to patchy and finally to gross cortical necrosis, and to equate these to varying duration and levels of ischaemia. The initial renal lesion is held to be cortical vascular spasm which begins at glomerular level, is of a few minutes' to a few hours' duration, and is followed by relaxation of spasm, recirculation of blood, with or without new spasm developing in some part of the interlobular artery. The second period of ischaemia may last from a few hours to 20 to 30 hours. Thrombosis is regarded as a late secondary phenomenon. The aetiology of the spasm is not clearly elicited, but the sequence is thought to be the stimulus of uteroplacental apoplexy followed by neurogenic spasm of the renal cortical arteries. Other views on the aetiology are discussed briefly.

Contrary to the usual custom in scientific papers there is little preamble by way of review of the literature. The presentation is designed on detailed description of the findings in ascending grades of renal damage with brief notes of the authors' cases, then of the cases from the literature that correspond to the several grades. The illustrations are clear; the several histological features are dealt with at length.

The occurrence of renal cortical necrosis in non-pregnancy cases is considered, and chapters on general pathology and cognate lesions are included, as is also one on the clinical aspect during the puerperium.

One feature which stands out in a paper of 186 pages in length is the use of U.P.A. throughout for the term "uteroplacental apoplexy" and R.C.N. for "renal cortical necrosis." This strikes a colloquial note which is echoed at intervals and enlivens the text.

The book is of Blackwell's usual standard in the series which includes *Studies of the Renal Circulation* and *The "Neurality" of the Kidney*.

J. F. HEGGIE.

Modern Trends in Forensic Medicine. Edited by Keith Simpson. 1953. London: Butterworth & Co., Ltd. Pp. 327; 133 illustrations and 2 colour plates. Price 60s.

This work "is designed to review—for the pathologist who is entrusted with medico-legal autopsies, for the forensic science worker, and for the barrister—the last 10 years' experience in the subject" (editor's preface). The title might well stir the pulse of pathologist and potential criminal alike, and the pages will be turned to learn of the latest developments for settling forensic medical problems. The editor himself provides five of the 12 chapters; 10 collaborators the rest. For pathologists not engaged in the forensic field the most interesting sections are those on neonatal deaths, where G. R. Osborn discusses the difficult problem of pulmonary changes,

and "the obscure autopsy" by Keith Simpson. To those who, like the reviewer, thought "status lymphaticus" safely dead and buried the attempt of Simpson (p. 60) to resurrect it as a contributory cause of death is disconcerting. If lymphadenoid hyperplasia exists, as all admit, in certain endocrine disturbances, it is obviously important to define that disturbance and name it. But it is to be feared that any reintroduction of the term status lymphaticus will only obscure the issue and hinder the growth of further knowledge. And what is the basis of Osborn's statement (p. 45) that the thymus can "more than double its size in only a few minutes" (in asphyxial death)?

The contribution by J. D. Boyd and J. C. Trevor on skeletal material, with reference to sex and age, and the estimation of stature, exemplifies well the value of the expert opinion. Other parts of the volume treat of the forensic aspects of the newer developments in microscopy, photography, and radiology, and here the potential criminal might well decide that the game wasn't worth the candle! W. M. Levitt (doctor and barrister) traces most interestingly the development of the law in relation to hospital authorities and medical staff in actions for negligence. The increasing tendency to litigation in this field underlines the value of this contribution.

A few only of the topics discussed have been mentioned here, but enough, it is hoped, to encourage the potential reader. The general lay-out of the book reflects great credit on all concerned.

DOROTHY S. RUSSELL.

Rutger's Symposium. 1953. New Brunswick: Rutger's University Press. Pp. 80.

The report of the eighth conference from Rutger's University concentrates on the relations of protein metabolism to the endocrine glands. Six contributors deal with specific aspects of the problem that have been of interest to them, without for the most part any attempt at a serious review of the international literature. The resulting patchwork will interest specialists in the field of endocrinology, more especially those interested in the relation of the thyroid, the adrenals, and pituitary growth hormone, but the symposium is not recommended for workers in other fields expecting a comprehensive survey of the problem.

N. H. MARTIN.

The Bile Pigments. By C. H. Gray. 1953. London: Methuen & Co., Ltd. Pp. 142. Price 9s. 6d.

This short book is the third of Methuen's monographs on biochemical subjects. It fulfils a most useful purpose in presenting the chemistry, metabolism, and clinical aspects of the bile pigments to the non-specialist.

The author steers his reader carefully through a complicated subject, and clearly presents his well-

known views on the controversial question of azobilirubin formation.

A technical section completes the book; it is blemished by repeating an obvious misprint which appeared in the original account of one method.

I. D. P. WOOTTON.

Practical Blood Grouping Methods. By Robert L. Wall. 1952. Oxford: Blackwell Scientific Publications. Pp. 175. Price 36s.

This is rather a disappointing book mainly because the author gives no evidence that he has himself carried out investigations in this field. This is a serious matter, because many different techniques are available in blood grouping, and the reader wants some assurance that the person who gives advice has tried them all and can speak from a large experience. There are some statements which are bound to put the reader on guard: for example, "the Lewis *antibody* (italics mine) is of particular interest because of its relation to secretor activity." On the whole the description of the various blood group systems is imprecise and incomplete.

The book claims to be a manual of immunohaematology, and it is therefore strange to find no mention of the presence of haemolysins, warm or cold, in the sera of patients with haemolytic syndromes, and not one reference to the Donath-Landsteiner reaction. The value of acidifying sera when carrying out the antiglobulin test for free incomplete antibody in acquired haemolytic anaemia is not mentioned. Auto-agglutinins, pan-agglutinins, and cold-type agglutinins are dismissed in two short pages. The existence of incomplete cold antibodies is ignored.

The author recommends that antiglobulin sera for the Coombs test should be standardized by a precipitin titration, but gives no evidence of the value of this method, nor does he say how it compares with the more usual method of testing falling dilutions of antiglobulin serum against red cells weakly sensitized with Rh antibody.

The foregoing remarks may give too unfavourable an impression of this book. It is well set out and well printed, and correctly reproduces the details of many of the most useful tests in blood grouping. Nevertheless, it is too elaborate for beginners and insufficiently authoritative to appeal to experienced workers.

P. L. MOLLISON.

Correction.—We much regret the error in the paper by C. Raeburn on "The Histogenesis of Four Cases of Angiomyxoma of the Auricle" in the November issue (3, 344). The last sentence of the first paragraph should read: "However, it is clear that minute foci of *hypoplasia* do exist in this region."