cheating will find himself much better equipped for the MRCP and DCH and is strongly recommended to do so.

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Membrane Physiology of Invertebrates

Edited by R. B. PODESTA. Pp. x + 664, illustrated. Marcel Dekker, New York and Basel, 1982. Sw.Fr. 238.00.

This informative and useful volume performs two functions for membrane physiology. Firstly, it demonstrates the value of invertebrate organisms for research on membranes and secondly, it provides a detailed survey of the work done so far on invertebrates in this subject.

A historical review forms a useful introduction to the use of invertebrate tissues, which often prove more suitable for study than vertebrate material. Early appreciation of their value included J. Z. Young's realization of the advantages of the squid giant axon for studies on nerves. Since then, as the editor says in his preface, 'invertebrates have been and continue to be animals of choice for studying problems associated with the function of biological membranes'.

The following chapters by various authors cover work on membranes in all the major invertebrate groups. The importance of membrane functioning to most aspects of cell physiology is clear, especially when membranes are acting as barriers between fluid spaces in and between cells. Both excitable and non-excitable cells have been investigated, in attempts to discover the mechanisms of excitability and of ion and non-electrolyte transport. Some topics, such as water and solute transport in the crustacean gut, have received a considerable amount of attention in recent years. Some chapters, however, reveal the scarcity of research undertaken in groups such as echinoderms and annelids. In fact, all groups offer much more scope for study of membranes. Hence, a third function may be ascribed to this book, namely, that of stimulating further work in this important and interesting field.

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Modulation of Autoimmunity and Disease. The Penicillamine Experience

Edited by R. N. MAINI and H. BERRY. *Clinical Pharmacology and Therapeutic Series* Volume 1. Pp. 310. Praeger, Eastbourne, Sussex and New York, 1981. £12.00.

Penicillamine was introduced by Jaffe because of its ability to break sulphhydryl bonds thereby offering the hope that it might be effective in treating rheumatoid vasculitis. From this selective beginning, the study of penicillamine has become a research endeavour in its own right, attracting the attention of both laboratory and clinical investigators. Moreover, the beneficial effects of this drug in uncomplicated rheumatoid arthritis hold promise of throwing light on the nature of the disease itself. The results of these studies have been gathered together in these published proceedings of a conference on penicillamine held under the auspices of Dista in October, 1980. The Editors have compiled an impressive array of contributions dealing with every aspect of penicillamine research. In the clinical context there are chapters on clinical experience with this drug in adults and children. Some of these contributions are anecdotal and others are full analytical reports. These papers also discuss dosage schedules, hypersensitivity reactions, and laboratory monitoring. The more basic scientific papers cover a wide range of topics including the effects of penicillamine on laboratory models of

autoimmune disease and changes in the serological features of human rheumatoid disease such as circulating immune complexes and rheumatoid factor titres.

As with most published Conference Proceedings, there is no uniformity in the format of the presentations. Some authors provide comprehensive reviews of a problem as, for example, the discussion of pharmacokinetics by Van DerKorst and colleagues; similarly Golding and his colleagues provide a comprehensible account of their experience with low dose penicillamine in rheumatoid arthritis over a period of 7 years. Inevitably, not all the contributions reach the high standards of these and many other papers clearly represent the hurried accumulation of miscellaneous thoughts and fragmentary data needed to reach the Editor's dead-line. Many such contributions introduce more problems than they solve. Does the contributor who wrote that 'if and when D-typing becomes more generally available it would seem reasonable to tissue-type patients before commencing treatment' really believe that this is already something which should be introduced into routine immunological practice? Again, this volume is not free from a common defect in published Conference Proceedings whereby authors make statements which they would not contemplate if these were to be subjected to rigorous editorial scrutiny; the sparse data presented by Dequeker and his colleagues certainly does not justify the unqualified statement that 'D-Penicillamine daily can at least stabilize the deterioration of lung diffusion capacity in progressive systemic sclerosis...' (page 289).

This book is recommended to research workers in both clinical and laboratory medicine who need a detailed review of the current status of penicillamine research with the intellectual untidiness unavoidable in any debate on an unsolved scientific problem. The book is insufficiently didactic to suit the needs of most rheumatologists, other clinicians, or scientists with more general interests. The book is well produced and remarkably cheap by today's standards.

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Treat Obesity Seriously. A Clinical Manual

By J. S. GARROW. Pp. 246, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne and New York, 1981. £10.00.

The day before I wrote this review I went to the hospital dietetic department to discuss a weight problem (a patient's!) and found the dietician on duty taking a breather with *Treat Obesity Seriously*. She had got the message—this is an excellent book. Dr Garrow has written it out of his experience of 2,000 or so patients seen at Northwick Park Hospital and intends it to be a clinical manual for those dealing with obesity in general and hospital practice. He classifies obesity into three grades of severity based on the weight/height² index of Quetelet. The evidence that obesity of all three grades is harmful is presented together with the admittedly slimmer body of evidence that weight reduction reduces the risks.

The physiological basis of obesity and its management is provided but the major part of the book is concerned with the practical management of obesity. This is considered in detail for each of the three grades of severity of obesity, and this seems to make good sense. There are separate and very useful chapters on the management of obesity in pregnancy and in childhood. Dr Garrow's style is personal and lively but his enthusiasm for his subject is tempered by a balanced attitude to the realities of treating obesity, as befits an old campaigner.

Treat Obesity Seriously should be read by all concerned with treating obesity. There is no better book on the subject.

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