is not cheap. It is likely to be an excellent reference book for the library. I cannot see the clinically-orientated gynaecologist rushing to acquire a personal copy.

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Progress in Transplantation, Vol. 1, edited by Peter J. Morris and Nicholas L. Tilney. Pp. viii + 230, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1984. £32.00.

This is the first of a series which hopes to provide clinically orientated reviews of new and developing areas of transplantation, as well as covering more established areas. In this volume there is no central theme in the choice of the nine review articles written by recognised authorities. A short, but interesting, historical review of immunosuppression is followed by an excellent description of cyclosporin. The current status of bone marrow transplantation is discussed and in another section the difficulties of using monoclonal antibodies is documented. The chapter on CMV is particularly useful, whilst the consideration given to donor specific transfusion is indeed a balanced view. The combination of flow cytometry and specific antibodies for monitoring immunological activity is interesting, but has yet to stand the test of time. There is a clear description of the two types of lymphoproliferative disorders that can occur after transplantation, and a chapter on multiple organ harvesting – which may increase the awareness of the need for other organs for grafting but generally, is a subject best learnt by example.

For this series to be valuable, it must be up to date and in general this is achieved with a plethora of references for 1983 and some for 1984. The index is adequate, the text clear, the book small and the price high.

The book achieves its object of broadening the horizons of practicing scientists and clinicians involved in specific areas of transplantation. The high price and built-in obsolescence of being so very topical make it an unlikely acquisition for individuals, but is an essential volume on the shelves of any transplantation unit library.

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Short Cases for the MRCP, Charles R.K. Hind. Pp. 145. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1984. £4.50.

Continued practice at eliciting physical signs by the patient's bedside, preferably under the guidance of senior colleagues, is probably the best way to increase confidence and correct faults while preparing for the clinical section of MRCP. A book, however well written, cannot substitute for this. Nevertheless this is an interesting addition to the myriad of books now available to the membership candidate. In ten chapters each covering a major system the author gives a synopsis of the physical examination for membership together with general advice and estimates of the probability of cases appearing in the exam. Turning to the section on thoracic medicine I was surprised to find that only pleural effusion and chronic bronchitis were listed as 'common short cases' whereas bronchial carcinoma, bronchiectasis and fibrosing alveolitis were all grouped as 'rare short cases'. I wonder how useful the reader will find this classification. The presentation is in general clear and the book can be read quickly. It starts with a well written chapter on the nervous system (47 pages); in contrast the sections on the cardiovascular and respiratory systems (together 31 pages) appeared a little elementary for a postgraduate book. The bibliography is sparse and, for example, does not include Dr Bickerstaff's excellent book 'Essentials of neurological examination'. Nevertheless at the very reasonable price of £4.50 this is a book that can be recommended to the candidate for MRCP – much of it is good and the indifferent sections can be quickly passed over.

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A Short Textbook of Haematology, 6th edition, R.B. Thompson and S.J. Proctor. Pp. x + 518, illustrated. Pitman, London, 1984. £10.95.

This textbook of haematology is now in its sixth edition. Clearly it continues to please its readers. It is now some 50 pages longer and the bulk of its 518 pages are devoted to red cell disorders. While these are covered adequately, white cell disorders are less generously provided for, but haemostasis is dealt with most inadequately. Indeed, haemolytic anaemia