was worth writing, and that it has come commendably close to achieving its important objective.

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Diagnostic Cytopathology, Chandra Grubb. Pp. 214, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1988. £29.50.

Following Chandra Grubb's two previous excellent 'Atlas's of Cytopathology', this new book has been awaited with great interest. Dr Grubb writes extremely well and with her wealth of experience and meticulous care for detail, this book is of interest to the experienced cytopathologist as well as an essential book for every cytology laboratory both for MLSOs and junior doctors in training for their MRCPPath examinations.

Perhaps it is disappointing that there is no general chapter on FN aspiration technique, preparation of smears, together with various staining methods, their advantages and disadvantages and the essential part these play in correct interpretation. However, the special staining techniques are illustrated in the chapters in which they might prove useful. It would also have been an advantage to include the use of immunocytochemistry in cytological diagnosis as this is now becoming an important adjunct to conventional methods of staining now used in most cytology departments.

The chapter on the female genital tract shows little new but the microphotographs are of high quality and there is a good picture of chlamydia which will help cytoscreeners to identify this infection. Another excellent feature is the pictures and text on the various types of ovarian cyst fluids; these are now aspirated at laparoscopy and it is important that they should be identified. The description should prevent a false positive diagnosis.

In chapter two the photographs and text of carcinoma of the breast are good, but it is a pity that with the modern terminology of benign breast change (fibrocystic change) and the degrees of hyperplasia rather than epithelioses and adenosis that a new book should still use the old terminology.

The chapter on the respiratory tract is excellent. The microphotographs of the pathogens are particularly useful. It is rare to see *Nocardia* and therefore to have pictures of this, the fungi, *Cryptococcus* and *Pneumocystis* will be of considerable help to the inexperienced cytopathologist in the identification of these organisms. The microphotography of herpes simplex, again draws attention to the ease with which this may be confused with squamous cell carcinoma of the bronchus. Microphotographs of the various types of metastatic carcinoma are useful. Effusions are well covered with good pictures of the various mesothelial proliferations and types of atypia seen. These will help to avoid confusion with carcinoma. Microphotographs of many types of metastatic carcinoma are included as well as types of lymphoma and myeloma.

The short chapter on CSF perhaps covers most essentials but comparison between a reactive picture and lymphoma is neglected. The chapters on oesophageal intestinal tract and liver are adequate. However,

microphotographs of the pancreas, now an important area of FNA, under CT scan or ultrasound are not up to the excellent standard of those in other chapters of this book. The chapter on the urinary tract includes urine examination as well as FNA of kidney. The examination of the urine demonstrates cell changes on viral infections and ovum from tapeworm and schistosomiasis. The chapter on lymph node aspirations is scanty. This would have been an ideal place to include an extensive section on the lymphomas.

However, it is not possible to cover completely the whole of cytopathology in one small text book. In spite of a few chapters that perhaps should have been enlarged, it is a useful book and should be included in the library of cytology departments.

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European Community Atlas of Avoidable Death, edited by W.W. Holland. Pp xxiii + 356. Oxford University Press, Oxford, New York, Tokyo, 1988. £44.

This book is one of a series concerned with health services research, commissioned by the Comité d'Action Concertée (COMA-HSR) of the European Community. It is an attempt to assess the impact of health systems in each country in terms of the prevention of certain diseases and the management and treatment of others.

The concept of avoidable death is based on the original work of Rutstein,¹ who identified a large number of sentinel conditions from the 8th Revision of the OPCS classification of diseases. These conditions were labelled as unnecessary diseases, unnecessary disability and unnecessary untimely deaths. This work was developed and refined by Charlton *et al.* in 1983² and their list of conditions formed the basis for this new Atlas. The term avoidable death is intended to provide warning signals of potential shortcomings in health care delivery which can be further investigated by local studies.

As is proper in the work of a group of epidemiologists, there are numerous caveats about the reliability and comparability of data. As they say, 'observed variations in data collection (diagnosis, certification and coding of death) may be an artefact'—a point previously made by Kelson and Heller,³ who demonstrated wide differences in the recording and classification of acute respiratory diseases across eight EC countries. On the other hand, the mortality differences between countries may be due to differences in disease prevalence in service provision and/or effectiveness.

The authors suggest several steps which might be taken in studying geographical variation. One is to see how these differences change over time; another is to map individual deaths and to investigate clustering. A different approach is the 'confidential enquiry' into individual deaths to 'identify' actual avoidable factors. This approach has been used successfully for many conditions—the most recent example being the confidential enquiry into peri-operative deaths.⁴ It is at this stage that the concept of avoidability which appears in the Atlas title can be transformed into the reality of avoidable factors. It is also at this stage that matched