Book Reviews

Atherosclerosis Reviews. Vol. 13. Arachidonic Acid Metabolites, edited by Ruth Johnsson Hegyeli. Pp. xiii + 166 illustrated. Raven Press, New York, 1985. \$49.50.

This volume contains a series of up-to-date reviews on the significance of arachidonic acid metabolites (mainly the cyclo-oxygenase products) in atherosclerosis. This work was presented at a symposium in September 1985, and it is refreshing to see it published so quickly.

Various aspects of eicosanoid research are covered, including the effects of prostanoids in the kidney (e.g. mediating the effects of drug-induced naturesis) and their possible role in diabetes mellitus and renal disease. Particular emphasis is placed on prostacyclin and thromboxane AZ.

The role of prostacyclin in physiological and pathological conditions in man is discussed, and the clinical uses of prostacyclin and its stable analogues are explored. There is a useful review chapter on 6-oxo-prostaglandin E1, a stable anti-aggregatory prostacyclin metabolite. The inhibition of platelet thromboxane A2 synthesis, and the 'aspirin dilemma' are well covered. This is especially timely in light of recent findings on the rapid recovery of endothelial prostacyclin synthesis after aspirin treatment.

The influence and potential clinical benefits of increased dietary eicosapentaenoic acid are considered in light of the formation of the 3-series prostanoids and the consequent changes in platelet aggregability and decreased vascular reactivity in man.

Lipoxygenase products (leukotrienes) are briefly discussed in relation to their effect in granulocyte – vascular wall adherence and also in glucose-induced insulin release.

In summary, this book covers an exciting area of research, and should serve as a useful introduction to the role of prostanoids in atherosclerosis.

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Basic Histopathology: a Colour Atlas and Text, by Paul Wheater, George Burkitt, Alan Stevens and James Lowe. Pp. v + 217 illustrated. Churchill Livingstone, Edinburgh, London, 1985. £17.50.

Atlases of pathology are much more useful for students than for those involved in diagnostic activities. They present carefully chosen photographs of those 'typical' appearances that are so elusive under the microscope, married to a text so compressed, yet so full of may, oftens and usuallys, as to be horoscopic. It is the rare work in this genre that communicates the practical experience of its author and is written and illustrated in such a way as to find a place in the reporting room. The writers of this excellently printed, medium priced soft back have prudently aimed at a largely non-pathologist readership – medical and dental students, laboratory scient-

ists, surgeons. They divide their text into the traditional two sections, basic pathology (as a subject, in its classical sense, does this exist today outside examinations and Walter and Israel?), and the pathology of tissue systems. It would be unfair for me to judge, as a surgical histopathologist, such an attractive and inevitably successful book written for student use. I must however state that I did not care for some of the pictures, and perhaps the authors might consider replacing one or two photomicrographs, or if impossible, changing the text, in their next edition.

Figure 19.5a is barely recognisable as papillary thyroid cancer, while fig. 22.8 looks like oligodendroglioma to me, not ependymoma.

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Bedside Cardiology, Third edition, Jules Constant. Pp. xiii + 458, illustrated. Little, Brown & Co., Boston, Toronto, \$39.95.

This text describes in detail aspects of history taking and the scientific basis of physical diagnosis in cardiology. History taking takes up only a small proportion of the text and follows a 'check list' format. This is comprehensive and may prove useful to undergraduate students in their early stages, but understanding the nuances of many of the questions implies a very comprehensive knowledge of cardiology and when that has been achieved the check list should prove unnecessary. Most of the text relates to the detection and assessment of physical signs. This is covered in enormous detail (29 pages on the first heart sound) and the early work on which much of this is based is very well referenced. It will prove a valuable reference source to the cognoscenti but is likely to prove too detailed for the practising cardiologist. The question and answer format that is used in much of the text does not make for easy reading, but does help as a teaching aid. It does have the disadvantage however of not readily distinguishing the important from the less important and even a postgraduate student is likely to be overwhelmed by some of the questions. 'What is a Reynolds number and how does it apply to murmurs in humans?'

Perhaps the major disadvantage of this book is that it does not teach integration of physical findings with other information such as the history, chest X-ray and ECG. Most clinicians recognise the deficiencies of each of these when taken in isolation. At \$39.95 this book will have difficulty in competing with simpler texts on clinical diagnosis.

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