Medicine and Books

AIDS is not the only transfusion hazard

Progress in Clinical and Biological Research. Vol 182. "Infection, Immunity, and Blood Transfusion." [16th Annual Scientific Symposium of the American Red Cross, Washington DC, 9-11 May 1984.] Ed R Y Dodd, L F Barker. Series editors N Black, G J Brewer, V P Eijsvoogel, et al. (Pp 490; figs; £52.) Alan R Liss. Distributed by John Wiley and Sons. 1985. ISBN 0-8451-5032-4.

This volume contains the proceedings of the 16th annual scientific symposium of the American Red Cross, held in Washington DC in May 1984. The conference theme varies each year, and the choice of "transfusion associated transmissible disease" was both fortuitous and timely.

One might be forgiven for imagining that transmission of the acquired immune deficiency syndrome is the only serious potential problem of transfusing blood and its products; in a political sense this is undoubtedly true, but the total morbidity and mortality associated with less fashionable transmissible agents is much greater, if less dramatic. AIDS has captured the imagination because of the apparent suddenness of its emergence and its virulence.

After an introductory review on hepatitis B virus there are eight sections dealing with transfusion associated hepatitis, parasitic disease, herpes viruses, human T cell leukaemia virus, epidemiology of AIDS, AIDS and transfusion, immune function and blood transfusion, and prospects for control of this form of spread of infection. The story of the discovery, epidemiology, and ultimate production of a vaccine against hepatitis B virus makes fascinating reading, even if the bias is transatlantic and the role of the δ agent is all but ignored. Since the introduction of third generation screening tests there have been few cases of transfusion associated hepatitis attributable to hepatitis B virus. It is not appreciated often enough that non-A non-B hepatitis is a much greater problem, accounting for about 10% of those recipients of transfusions who go on to develop persistent biochemical abnormalities, about half of whom develop chronic active hepatitis and one fifth cirrhosis confirmed by biopsy of the liver. Thus non-A non-B hepatitis results in progressive disease that presents at a time remote from the initial transfusion and may be a major cause of mortality and morbidity from chronic liver disease. Furthermore, it is a disease for which there is no suitable screening test.

The section on parasitic disease concentrates on malaria and South American trypanosomiasis (Chagas' disease). Syphilis is not considered in any detail; indeed the risk of infection via blood or its products is so remote that experts question the necessity of the mandatory screening test for syphilis that is currently carried out by transfusion services in the developed countries. It is not cost effective by any criteria, but it has been of some help as a surrogate test for identifying promiscuous homosexuals—before the development of tests for antibodies against the human T cell lymphotropic virus (lymphocyte associated virus).

The section on herpes viruses contains reviews of the role of cytomegalovirus and the Epstein-Barr virus, the latter being the more speculative. The section on cytomegalovirus neatly summarises the present state of knowledge and the results of various prospective studies and emphasises the limited indications for transfusing cytomegalovirus negative blood and blood products. Much of the book is taken up with papers on adult T cell leukaemia and AIDS and the identification and epidemiology of the respective retroviruses. Although now clearly overtaken by the rapid accumulation of information over the past year—particularly in relation to the role of blood and blood products and the high risk groups—the presentations are useful historical documents, particularly since both Gallo and Montagnier are contributors. The sections on blood transfusion and transplantation and on interleukin 2 seem rather out of place. The final section on prospects for control includes the application of screening, prospects of inactivating viruses in blood products, and possible ways to avoid the whole problem by using biotechnological techniques for the production of specific blood components such as factor VIII.

The presentation and format of this book are what might be expected from a facsimile production of authors' manuscripts. Nevertheless, the typeface is reasonable and the review chapters have comprehensive references.

The information on the infections that may complicate blood transfusions is widely scattered and includes articles in inaccessible journals and those written in languages other than English. There is only one other book that comprehensively covers this topic (Tabor, *Infectious complications of blood transfusion*. Academic Press, 1982), and the present volume carries much more information of clinical relevance as well as much new information on relevant viruses. I strongly recommend it as a useful reference book for specialists in transfusion medicine, transfusion microbiology, and infectious diseases.

S J URBANIAK

In defence of the haggis

The Good Scots Diet. What Happened to It? M Steven. (Pp 200; figs; £13.90 hardback, £7.90 paperback.) Aberdeen University Press. 1985. ISBN hardback 0-08-032429-0, paperback 0-08-032433-9.

If you said that the rural Scots before the industrial revolution were a big, braw, healthy people someone would jump down your throat in a trice, telling you that this was a typical romanticised myth like the tartans of the clans. Yet in the seventeenth and eighteenth centuries visitors from the south were struck by the height and healthy appearance of the rural population in Scotland. There is in fact convincing evidence that if harvests were reasonable oatmeal, potatoes, milk, ale, and vegetables provided a diet that by modern standards was not only adequate in energy, protein, and minerals but was mercifully free of the elements that harm us today.

The poor quality of food for the urban poor in the industrial revolution is well known: adulterated food with whitened bread that was sometimes adequate in energy but grossly inadequate in almost everything else. Scottish cities shared in this degradation of the national diet. Indeed, the prevalence of severe rickets in Glasgow was such that the disorder was described as "epidemic." A race of rachitic dwarfs was produced and the contracted pelvis of the mothers created such severe obstetric problems that Glasgow pioneered the use of caesarean section for cephalopelvic disproportion. Even the rural diet in Scotland degenerated "to reach a level not substantially different from that of the industrial population."

Inadequacy in the nineteenth century gave way to ill balance in the twentieth, based on "designed consumer foods." Glasgow, no longer the rickets capital (although rickets is still found there), is now sometimes referred to as the coronary capital of the world—not to mention alcohol. Poor old Glasgow. The accusations may not be fully justified but it is difficult to escape the feeling that in Scotland, from the nutritional point of view, it has been downhill all the way for the last two centuries. The author of The Good Scots Diet. What Happened to It? would rightly reject such an oversimple conclusion, even if she agrees with the general trend. She has not only written a useful and often surprising account of the Scots diet but she relates her findings to the problems of the Third World, making suggestions but avoiding the mistake of believing in simple conclusions. Recently I had occasion to write an article on the problems confronting the student of historical morbidity and I put in a plea for combined studies based on historical data and studies of the problems of disease in the Third World; each could, I believe, illuminate the other. That plea should be made even more vigorously for studies of nutrition, and Maisie Steven's work is relevant not just to historians but also to those concerned with present problems, whether of overnutrition or undernutrition.

Drummond and Wilbraham gave us a work of lasting authority in *The Englishman's Food* (1939). The Scottish equivalent has yet to be written, but this book is a step in the right direction.

IRVINE LOUDON

Wholesome, but not wholly digestible

Nutrition in Pediatrics. Basic Science and Clinical Application. Ed W Allan Walker, J B Watkins. (Pp 936; figs; \$75.) Little, Brown and Company. 1985. ISBN 0-316-91831-8.

The burgeoning subject of nutrition in paediatrics continues to stimulate literary effort and there are already several texts on this topic. Hitherto nutrition has been regarded as a small but essential facet of paediatric medicine, so it is disconcerting to encounter not only a new slim volume on the topic (see below) but also a work of such monumental proportions that it threatens to dwarf its progenitors. The 900 sparsely illustrated, double column pages are a daunting prospect even for the assiduous reader and must either elevate, or relegate, this book to a work of reference.

Its intention is to include both basic science and its clinical applications in a format that is accurate, practical, and accessible to all members of the paediatric health care team. The affiliations of the 65 almost exclusively North American contributors suggest, however, that while clinical paediatrics may be well served, basic science is less well represented and this reflects the very real division that persists between nutritional and clinical science—to their mutual disadvantage.

The first of the four major sections begins with general concepts of nutrient requirements, vitamins, energy, and the clinical and laboratory assessment of nutritional status. The remainder deals with concepts and issues that have yet to be fully appreciated in societies less affluent than the United States—for example, malnutrition in hospital inpatients, community nutrition, and the dietary prevention of disease. No doubt the National School Lunch Act and the Food Stamp Program are worthy endeavours but they will have an unfamiliar ring to many readers. Moreover, the injunction that children should eat more cabbage and Brussels sprouts because "they may contain substances... as yet unidentified, that may inhibit carcinogenesis" is unlikely to be welcomed by the intended consumers.

The next section addresses the control of appetite, and the digestion and absorption of the major nutrients in relation to development and adaptation. Brain development, the immune system, and even the humoral regulation of growth are prone, it would seem, to nutritional insult. A most restrained and objective chapter by Levitsky and Strupp on the elusive relation between nutrition and behaviour in children deserves to be widely read and their essay on "Breakfast and cognitive performance" will undoubtedly provide much food for thought.

The next 400 pages cover the nutritional aspects of specific clinical states. The approach is primarily clinical but with a heavy emphasis on subjects that paediatric gastroenterologists, an insatiable group, nowadays tend to arrogate to their specialty. Thus nutrition in disorders of the liver, kidney, pancreas, and even the gut are admirably described but leavened with the management of inborn errors of metabolism, nutritional anaemia and, for want of a better term, dietetic dentistry. Some hitherto neglected subjects, including the nutritional needs of children with cancer and the dietary problems of adolescents engaged in competitive sport, are particularly welcome.

"Nutritional support," the title of the concluding section, is a little misleading and conceals a series of chapters on the properties and provision of human milk and its substitutes, culminating in a brief and pertinent examination of methods of parenteral nutrition.

The editors and contributors deserve unrestrained applause for compiling so much information from so many sources. The book is well produced, reasonably priced, and may be commended to departmental and institutional libraries. Nevertheless, while the distinguished contributors do much to enhance the credibility and content of this book, it has to be said that in some cases verbal as opposed to enteric diarrhoea is one of their less endearing characteristics. Moreover, the lack of a comprehensive consideration of kwashiorkor suggests a certain lack of balance. The adoption of a slightly less parochial style in some chapters would have enhanced the status of the book—and made it more digestible.

DONALD BARLTROP

In brief . . .

The proceedings of international meetings are often indigestible summaries of events that make far from compulsive reading. *Nephrology* vols 1 and 2 (ed R R Robinson *et al*; $\pounds 101.50$, 2 volume set. Springer-Verlag), the proceedings of the IX International Congress of Nephrology held in Los Angeles in June 1984, proves an exception.

The breadth of the subject matter is wide, for both clinical nephrology and renal physiology are covered. The fact that physiology and medicine are included together reflects not only the American dominance of the contributors but also the deep interest of nephrologists in the fundamentals of their subject. The drawback of these books is that they are neither textbooks nor strictly original papers, but collections of state of the art lectures, symposia, and summaries of workshops, shaped into a uniform style by an editorial team headed by Roscoe Robinson. Many articles are excellent, with extensive bibliographies, but many summaries of the workshops contain no references. Certain sections are particularly recommended, including "Hydrogen ion transport" by Rector; "Progress of renal disease" by Brenner and Mayer; "Pathogenesis of uraemia" by Ritz; "Treatment of glomerulonephritis" by Cameron; and "Current status of renal transplantation" by Morris. Workshops that warrant attention include those on tubular transport, renal metabolism, atrial naturetic factor, renal injury, monoclonal antibodies as probes of renal structure, intestinal transport of minerals in renal failure, and immunological monitoring in renal transplantation.

Contributors

S J URBANIAK is regional director of the Aberdeen and North East of Scotland Blood Transfusion Service, Aberdeen.

IRVINE LOUDON is a Wellcome research fellow at the Wellcome Unit for the History of Medicine, Oxford.

DONALD BARLTROP is professor of child health at Westminster Children's Hospital, London.

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