55°, so that exact information of the dimensions of the pulmonary artery, the veins, and the segmental vessels is obtainable. The bronchial branching is also extremely well seen. The authors do not ignore the obvious values of frontal (coronal) and lateral tomography but make a very good case for the use of 55° oblique tomography. The present reviewer, having used the technique over the past five years, would urge its more general use but regards all three positions as complementary. The illustrations throughout (216 in number) are excellent and convincing. The work is really a long article rather than a book, and the text and legends are triplicated in English, French, and German.

THOMAS LODGE.

Oral Surgery

Principles of Oral Surgery. By J. R. Moore. (Pp. 243+xi; illustrated. 45s.) Oxford, London, Edinburgh, New York, Paris, and Frankfurt: Pergamon. 1965.

There has long been a need for a textbook on oral surgery written for the undergraduate dental student, and for that reason alone the publication of this book would be welcome. It has no pretensions to be exhaustive, but deals fully in a reasonably short text with all aspects of oral surgery of importance to the undergraduate. In addition, it describes more advanced surgical procedures briefly but in sufficient detail to provide an understanding of the purpose and nature of such operations. Information is presented rather dogmatically but succinctly, precisely, and in unambiguous English. One well-tried and acceptable operative procedure is described in detail rather than a series of alternative methods of achieving the same end. The book emphasizes valuable practical details of oral surgical treatment and care, and has obviously been based on the considerable practical experience of the author both as a regional dental consultant and later as a teacher.

This book is likely to become a standard textbook for undergraduate dental students and dental house-surgeons, but will also appeal to many general dental practitioners owing to its up-to-date information. When it runs to a second edition it could be improved by lengthening the text of the chapter on the extraction of teeth and roots, from which a few points of practical importance are omitted, and by including a small section on applied anatomy in the chapter on extraction of unerupted teeth. The quality of the reproduction of some *x*-rays could be improved, and in some cases their value would be increased by appropriate labelling.

The book is well bound. Most but not all of the illustrations are clear and simple.

J. L. HARDWICK.

Studying Malaria

Laboratory Technique for the Study of Malaria. 2nd edition. By Percy G. Shute, M.B.E., F.R.E.S., and Marjorie E. Maryon, F.R.E.S. (Pp. 112+xii; illustrated. 20s.) London: J. & A. Churchill. 1966.

The second edition of this invaluable little book, like the first, comprises four sections: (1) preparation and staining of blood films; (2) miscellaneous laboratory procedures relating to malaria; (3) establishing and maintaining colonies of *Anopheles* mosquitoes; (4) practical hints. It is written dogmatically, with the assurance and authority of decades of experience, and is all the better for it.

It has now been expanded and brought up to date, containing 112 pages against the original 86, without a superfluous word. There are many new illustrations, including two beautiful coloured plates of malaria parasites painted by B. Jobling, of the Wellcome Laboratories. There are many amendments, and older techniques have been freely superseded by newer and more effective methods.

In the laboratory diagnosis of malaria technique is all-important. The authors have won an international reputation as perfectionists in the art of staining parasites, and in this modest little book they describe their materials and methods in the clearest of language, so that any serious student can master them. To those not constantly practising the staining of malaria parasites recognition is difficult; with badly stained slides it is impossible, and the results of missed diagnoses can be tragic. Malignant tertian malaria is still encountered in people returning to Britain from the tropics; it is a dangerous disease.

But diagnosis occupies only part of the book. The extensive miscellaneous laboratory procedures include descriptions of techniques for research, particularly the preparation and examination of the mosquito and liver phases of the parasites. There is also a section on the maintenance of colonies of anophelines in the laboratory, which proved essential for the critical experiments which led Shortt, Garnham, Covell, and Shute to the discovery of the tissue phase of human malaria parasites.

Every doctor in countries where malaria exists, and every laboratory in countries to which it may be introduced, should possess this book as an essential laboratory tool.

CHARLES WILCOCKS.

Protean Pathology

Lupus Erythematosus. Edited by Edmund L. Dubois, M.D. (Pp. 479+xi; illustrated. £11.) New York, Toronto, Sydney, and London: McGraw-Hill. 1966.

As long as the essential nature of lupus erythematosus continues to elude the investigator the frontiers of this clinicopathological syndrome will shift as the accepted diagnostic criteria are modified. So diverse are the manifestations of this disease that its victims may be first referred to almost every hospital department. Each specialist tends to form his own concept of lupus erythematosus based on the selected cases of his own experience. Although it is not rare, it is not common enough to allow the average clinician in any specialty to acquire really extensive experience of the complex problems of diagnosis and management.

Dr. E. L. Dubois has been engaged in the study of this disease for many years, and has based over 50 papers on his investigations. Yet even he has appreciated the need for a collaborative approach, and has included in the team of authors of his excellent book pathologists, immunologists, and dermatologists as well as distinguished colleagues in internal medicine.

The book is well edited and well written, and provides a comprehensive and balanced account of every aspect of lupus erythematosus. The full discussion of the relationship between discoid and systemic lupus erythematosus, and between the latter and rheumatoid arthritis, is of special interest. About 10% of patients with discoid lesions eventually develop significant dissemination, and there are many transitional forms. About 10% of patients with rheumatoid arthritis have lupus erythematosus cells. Dubois suggests that rheumatoid arthritis may be a syndrome of multiple causation, and that in perhaps 20% of cases the cause is lupus erythematosus. In general the author's conclusions and recommendations are not controversial, but one would consider very high initial dosage with antimalarial drugs hazardous and unnecessary.

This authoritative and very readable book can be strongly recommended. Most of the many illustrations are excellent, and there is a useful bibliography of 1,453 references.

A. J. ROOK.

Portal Phlebography

Splenoportography. Diagnostic Phlebography of the Portal Venous System. By Lucien Leger, M.D. (Pp. 121+ix; $8.50.) Springfield, Illinois: Charles C. Thomas. 1966.

Leger is one of the pioneers in this field of diagnostic radiology. The portal venous system had been visualized by direct injection of contrast medium into a radical of the portal vein by many surgeons before Leger pointed out that injection into the spleen could be undertaken in man reasonably safely and give a valuable picture, and that this injection could be done under local anaesthesia as a diagnostic measure. The present monograph of 118 pages is a summary of his work in this field.

Part one, of 26 pages, is devoted to technique, accidents, the normal picture, and the normal pressure obtained by manometric needling of the splenic pulp. This is straightforward instructional writing, and should certainly be studied by anyone, radiologist or surgeon, practising the method if they wish to follow the master. The risk of tearing the spleen to such an extent that splenectomy is necessary is given by Leger as 1%—20 cases in 2,000 splenoportograms. Splenectomy in these carries a mortality of 20%. The morbidity from minor degrees of trauma is difficult to assess from this book. Contraindications to the investigation and the deficiencies of the method are clearly stated.

Part two consists of the findings in pathological conditions. The reflux of contrast medium in various directions when there is obstruction to the normal flow of portal blood is described carefully and illustrated beautifully. This is the part of the book that has the most direct application to the surgery of portal hypertension. But Leger goes on to describe the value of the method in the elucidation of diseases of the pancreas and liver, and in other conditions where the splenic and portal veins and the branches of the portal vein may be distorted, compressed, or obliterated.