narrow-spectrum drugs does not convey the fact that co-trimoxazole or amoxycillin are the drugs of choice in the treatment of most chest infections in patients with sex-linked or late-onset hypogammaglobulinaemia. The suggestion that pentamidine might be used in the prophylaxis of *Pneumocystis carinii* pneumonia is wrong. In fact, co-trimoxazole is the only drug suitable for prophylaxis and is the drug of choice for treatment.

The section on malignancy makes the important point that the raised incidence occurs mainly in patients with ataxia telangiectasia and Wiskott-Aldrich syndrome. British experience does not bear out the comment that 6-9% of patients with sex-linked hypogammaglobulinaemia develop tumours.

The old WHO term of 'common variable immunodeficiency' has now been changed to 'varied immunodeficiency.' The reviewer believes that most of the patients previously described under this heading should now be described under the term 'late-onset hypogammaglobulinaemia.' This refers to patients with hypogammaglobulinaemia of unknown aetiology affecting IgG and IgA and usually IgM, which starts after the first 2 years of life with a normal percentage of T cells by E rosetting.

Some of the conclusions are debatable. Gammaglobulin injections have been disappointing in the treatment of selective IgA deficiency. This removes much of the value in preparing gammaglobulin for injection which is free from IgA.

G. L. ASHERSON

Clinical Aspects of Neuroimmunology. By E. A. Neuwelt and W. Kemp Clarke. Pp. 277. Williams and Wilkins: Baltimore, Maryland. \$38.50. 1978.

The authors, who are from the department of neurosurgery of the University of Texas in Dallas, say in their preface that 'Since we are not currently aware of any other introductory text or reference book solely dealing with neuroimmunology, we hope this volume will be useful to its readers'. In fact 2 books entitled *Clinical Neuroimmunology* have been recently published in the United Kingdom. Interestingly enough all 3 are complementary, and surprisingly there is not much overlap. This particular one is selective. The largest chapter, of nearly 50 pages, as would be expected by the neurosurgical interest, is on tumour immunology. The book is well produced and should be read by serious students of the field.

F. CLIFFORD ROSE

Immunological Diseases. 3rd edn. Vols. 1 and 2. Ed. M. Samter. Pp. 778 and 770. \$35 per vol. Little, Brown: Mass, 1978.

This latest edition of *Immunological Diseases* comes in 2 volumes and is a comprehensive account of the theoretical and practical basis of clinical immunology. It is divided

into 5 sections, each edited by one of 4 distinguished workers in the field, the whole under the general editorship of Max Samter.

The 5 major sections are (i) basic immunology, (ii) nonatopic immunological disorders, (iii) atopic diseases, (iv) allergic reaction patterns in the skin, and (v) diseases with immunological features. This selection and presentation of clinical immunology is somewhat unusual, but then all large books on the subject are idiosyncratic in their approach owing to the basic difficulty of trying to fit clinical immunology into the existing organ-system-dominated perspective of medicine. While one may cavil at the ordering and segregation of chapters, most are models of clarity, with plentiful references and with well-drawn, appropriate figures and relevant tables—except for the few which surprisingly contain neither. Inevitably there is some repetition, but this seems unavoidable in a multi-author book of this size.

As with all such textbooks it starts with a sound account of basic immunology, in which is included not only the nature of the immune response, its control, and detection, but also the underlying mechanisms of some pathological responses. The chapters which explain antibody specificity, the regulation of antibody responses, and the major histocompatibility complex are particularly good; though the chapter on the detection and measurement of antigen-antibody reactions is less good than the section deserves, since it tries to be more complex and erudite than necessary. While it contains no reference to enzyme-linked antibody tests, it is surprising in these days of health and safety consciousness to see the P-K test described for use in man.

The second section is concerned with a mixture of diseases, including drug sensitivity, allogenic reactions, immunodeficiency, lymphoproliferative disorders, and the immunological aspects of infection. It contains much useful information not ordinarily found in immunological textbooks.

The third and fourth sections are both edited by Frank Austen and underline his particular interest in mediator pathology. The chapters on the allergic reaction patterns in the skin are particularly helpful to those trying to make sense of the varied clinical presentation of immunological problems. They should be compulsory reading for practising dermatologists.

The final section discusses a mixture of autoimmune diseases, including the so called 'connective tissue' diseases, haematological and endocrine diseases, and a variety of conditions with immunological features.

The fact that most of the clinical chapters contain only very short sections on treatment (with the notable exception of bronchial asthma) underlines the imbalance between theory and practice in clinical immunology today. It is regrettable that no attempt was made to draw the current attempts at therapeutic manipulations of the immune response into a single chapter, if only to analyse their shortcomings and provide authoritative guidance to clinicians looking for immunological straws. Nevertheless this is a very impressive book, which is highly recommended, and a 'must' for all departments with a serious interest in clinical immunology.

R. A. THOMPSON