

- 21 Oksenhendler E, Harlic M, Le Roux J, Rabian C, Clauvel JP. HIV infection with seroconversion after a superficial needlestick injury to the finger. *N Engl J Med* 1986;**315**:582.
- 22 Kaplan JE, Spira TJ, Fedrino PN, Warfield DT, Fishbein DB. HTLVIII viraemia in homosexual men with generalized lymphadenopathy. *N Engl J Med* 1985;**312**:1572-3.
- 23 Miller D, Jefferies DJ, Green J, Willie Harris JR, Pinching AJ. HTLVIII: should screening ever be routine? *Br Med J* 1986;**292**:941-3.
- 24 Ayliffe GAJ, Coates D, Hoffman PN. *Chemical disinfection in hospitals*. London: Public Health Laboratory Service, 1984.
- 25 Frazer JH, Donald KJ. Proceedings of the International Conference on Acquired Immunodeficiency Syndrome (AIDS). *Med J Aust* 1985;**143**:31-4.

Book notices

Organization and Practice in Tuberculosis Bacteriology. C H Collins, J M Grange, M D Yates. (Pp 124; £16.00, hardback.) London: Butterworth, 1985. ISBN 0 407 00296.

This presentation of the organisation and practice of a tuberculosis bacteriology laboratory is based on the authors' life-long experience. It is a practical manual that describes in detail the laboratory methods used in the diagnosis of mycobacterial infection and the control of chemotherapy. The methods described range from simple side room microscopy for acid fast bacilli to culture of mycobacteria and identification of species, a facility usually available only at national level. A wide range of methods are presented, including the formulae of media and reagents, and considerable attention is given to the description of the apparatus and procedures necessary to prevent laboratory acquired tuberculosis. It includes a short but adequate description of methods used in the diagnosis and control of the treatment of leprosy. From the point of view of the clinician the presentation of the technical aspects is somewhat remote in the context of the practice of thoracic medicine in Britain. For practice in the developing world, however, it is essential. What is of much greater interest to the physician in Britain is the concise and clear presentation of the taxonomic principles applying to the classification of the mycobacteria and the criteria for the identification of the species and variants that are of medical importance. These two chapters and the one on drug sensitivity testing should become recommended reading for training in thoracic medicine. The wide range of methods presented makes this book as applicable in developing countries as in Britain and, with the sole exception of the failure of chapter 5 to emphasise that it is essential to use new slides for smear examinations under all conditions, the methods described are reliable and acceptable. The detailed discussion of the advantages and limitations of the different techniques allows a choice of methods to meet even the most restricted budget. This book is therefore an essential bench manual for all microbiologists and a useful reference book for chest physicians, particularly during their training and when working abroad.—JBS

Essentials of Thoracic and Cardiac Surgery. K Moghissi, C P Aber. (Pp 408; £39.95, hardback.) London: Heinemann Medical Books, 1986. ISBN 433 22131 3.

When a textbook is entitled *Essentials of Thoracic and Cardiac Surgery*, and in it 61 pages describe cardiac surgery and 402 pages the rest, the reader is entitled to expect a script

enlivened by quirks: a break in the dullness of medical publication. The quirks may not be evident to the junior or "training" surgeons to whom this book is addressed. They will find a detailed account of the day to day management of their patients, cardiac patients excepted. The so called simpler (but so difficult to describe) essentials, such as what to do with pleural drains and when to operate on haemothorax, are dealt with in an unambiguous way. The more arcane is stated with equal clarity. A trainee on reading this book will know what Mr Moghissi and most thoracic surgeons would expect of him or her. The section on cardiac surgery, written with Dr Aber, could be read by a registrar the night before he starts work for the first time in cardiac surgery. It is none the worse for that but is not, nor is it meant to be, all embracing or even embracing. With regard to the quirks: any practised surgeon has his own way of going about things and those oddities, too often hidden from print, are of value when controlled by the general rules of surgery. Both rules and quirks are present, to the advantage and interest of readers.—EC

Surgical Diseases of the Pleura and Chest Wall. R M Hood. (Pp 269; £52.50, hardback.) Philadelphia: W B Saunders, 1986. ISBN 0 7216 1401 9.

The aim of this book, according to the author, is to instruct residents and fellows in general and thoracic surgery and provide a basic knowledge of disease and surgical care and techniques. To do this requires clear decisive instruction with a plan of management. This has been done with flow charts, which are quite useful. The selection of topics is, however, a little surprising in a book with this title. In the 250 pages there are only 22 pages of chest wall tumours yet 15 pages on spontaneous pneumothorax, more a disease of the lung than pleura. The first chapter gives a brief account of chest wall anatomy and a page on physical examination, suitable for a first year clinical student. In the second chapter there is an interesting account of computed tomography although very little on standard radiography, which might be more useful for the intended readers. This emphasis presumably is due to the availability of computed tomography in North America. The next chapter discusses the causes and diagnosis of pleural effusion. Thoracoscopy is only briefly mentioned and only after open biopsy. The next 93 pages discuss pleural infection; a quarter of this section is on bronchopleural fistula. For surgeons in training a discussion of causes and prevention of fistulas would be more useful. Further chapters on chest wall injuries and particularly mesothelioma are disappointing. The title of this book is misleading and, although written in a readable style, the book cannot be recommended as essential reading for surgeons in training.—REL