Treatment of Radiation Injuries
Edited by D. Browne, J.F. Weiss, T.J. MacVittie and M.V. Pillai, New York: Plenum, 1990, 249 pp. $75.00.

This reviewer has a bias against conference proceedings, particularly those published over 18 months after the actual conference they report, but this turned out to be a very useful exception which one can highly recommend. American conference organisers have a penchant for 'consensus'. This meeting in May 1989 brought together some 95 participants — many from the US military and nuclear establishment; but with contributions from the UK, Canada, Brazil, Germany, Italy, Japan, the Netherlands and Spain. The discussion was organised in three major sections: Haemopoietic Injury Complications, Infectious Complications, and Combined Injury Complications each of which concludes with a consensus panel. The final section is devoted to recording and exploring this consensus. It begins with two useful review papers: A historical perspective on the therapy of total body radiation injury, by the much respected Eugene Cronkite of Brookhaven National Laboratories, the other a 'warts and all' presentation, on the acute effects of radiation exposure following the Chernobyl accident by Professor Angelina Guskova and her colleagues. A further review paper explores the most exciting of the new prospects for treatment of radiation injury by human colony-stimulating factors, by Dr William Peters of Duke University.

Most doctors, even radiologists who are daily users of ionising radiation, and occupational and public health doctors are by and large badly informed on radiation casualty management. A general acquaintance with the problems — and the true magnitude of the hazards — which allows doctors to be well enough informed to reassure those who are not at significant risk, is available from slim and easy to read volumes such as the National Radiological Protection Board's 'Living with Radiation'. Treatment of Radiation Injuries fulfils a different function; it is a worthwhile 'state of the art' review, albeit at May 1989, well-presented and sufficiently comprehensive to be of real value. Not least, it has inside the back cover (as well as in the text) a simplified 'flow chart' which could be of use to any physician confronted with the problem of management of radiation casualties. It is unemotional, it is practical, it contains some very sound science sanely presented, and I can certainly recommend it to occupational and public health physicians as a sufficiently inexpensive part of their personal library.

R.J. Berry

Chemotherapy of Gynecologic Cancer
2nd Edition, 1990. Gunter Deppe. New York: Wiley-Liss. 518 pp. $165.00

This book aims to provide up-to-date guidance about adjuvant, curative and palliative chemotherapy treatment of all malignancies of the female reproductive tract, and breast cancer as well. The first quarter of the book details basic principles of cancer chemotherapy, adverse effects of treatment and interpretation of clinical trials. Chemotherapeutic management of the various gynaecologic tumours is reviewed in turn, and the final quarter of the book comprises a pot pourri of 'special interest' chapters including immunotherapy, monoclonal antibody therapy and intraperitoneal therapy.

Unfortunately the merit of this book is severely compromised by the artificial separation of chemotherapy from the other modalities of treatment of gynaecologic malignancy, and by the often superficial manner in which this difficult subject is addressed.

Firstly, gynaecologic oncology is a specialty which is critically dependent upon the integrated use of surgery, radiotherapy and chemotherapy. To present a 'comprehensive' study of one of these modalities in isolation is a contradiction in terms.

Secondly, the manner in which chemotherapy treatment is reviewed in this book is unhelpful. It is a fact that with very rare exceptions, ideal chemotherapy does not exist, and thus firm guidelines cannot be generally issued. Nevertheless, simply to summarise briefly selected reports of chemotherapy trials and provide little or no interpretation or criticism is to err too far in the opposite direction. For example, the treatment strategy for epithelial ovarian cancer is summed up as follows: 'Stage III and IV disease patients require optimal debulking followed by chemotherapy, cisplatin-based combination chemotherapy is currently used'.

Although it is a useful source for a large number of pre-1988 references relating to the chemotherapy of gynaecologic cancer, this book has little else to recommend it.

R. Osborne

The Cytotoxics Handbook
Edited by M. Allwood and P. Wright, Oxford: Radcliffe Medical Press, 1990, 239 pp. £29.50

This extremely useful and clearly written book has been produced by The Cytotoxic Services Working Group, which is made up of 27 pharmacists, pharmacy technicians and representatives of the pharmaceutical industry. The stated aims of the group were to produce a manual on how to set up and operate pharmacy-based cytotoxic services with specific detail on equipment, facilities, Health and Safety, documentation and training; and a compendium of cytotoxic drugs detailing their pharmaceutical properties, reconstitution details and stability in secondary packaging systems based upon an informed review of the literature. The book is primarily written for pharmacists involved in establishing or updating centralised cytotoxic services.

The first section of the book deals with cytotoxic services. It starts by considering the sort of information that should be collected and considered before beginning to set up a cytotoxic reconstitution service and goes on to detail the type and level of service that it is possible to provide. These services range from pharmacy-controlled centralised units through pharmacy-controlled satellite units, to nurse/doctor operated, ward/clinic based, controlled or uncontrolled environments. Commercial services, either industrial or NHS based are also briefly considered. For each of these options potential advantages and disadvantages are presented. The next section deals with facilities, including equipment selection and types of working environment. The various types of laminar flow cabinets and isolators are considered. It should be emphasised that this book does not provide a blueprint as to how an ideal reconstitution service should be set up and neither should it be expected to have done so. It does however provide a useful starting point by detailing the various factors which must be considered prior to embarking upon the establishing of a successful service, the level of which will be very variable from centre to centre depending upon a multitude of individual factors. The next part of the book considers protective clothing and disposables. There follows a useful chapter on ambulatory infusion pumps which is for some reason separated by 40 pages from a chapter on Home Based Cytotoxic Chemotherapy. In between are chapters on Health and Safety Aspects of Cytotoxic Services; documentation including consideration of methods of prescribing and ordering drugs, clinical protocols, drug monographs, worksheets, labelling, information documents for ward/clinic staff and pharmacy patient records. The next chapter considers