which will be of interest and great value to workers in a variety of disciplines. It has been carefully edited, its presentations are well referenced and it contains a useful index.

G. WEBBE

Progress in Clinical Parasitology Vol. I

According to the editor’s preface, this book is aimed at an American readership newly alerted to the importance of parasitic diseases by the seriousness of AIDS-related protozoal infections. This is to be the first in a series of monographs on clinical parasitology, produced to “bridge the gap between journals and textbooks by presenting comprehensive reviews soon after basic advances are made”.

Volume I is a mixed bag of six diverse topics, three on protozoa and three on helminths. The chapters vary greatly in length, 14–46 pages, and subject matter—from a historical review of schistosomiasis control in China to an ultrastructural study of Cryptosporidium. The first two chapters are concerned with malaria. In the first of these W. A. Krotoski gives a scholarly, blow-by-blow account of the discovery of the hypnozoite stage in the malaria life-cycle. This important discovery, in which Dr Krotoski played a leading part, led to an understanding of the cause of relapses in P. vivax and P. ovale malaria and an appreciation of the clinical and therapeutic implications.

The second chapter is a multi-author review by L. William Scheib and collaborators on Ca\(^{2+}\)/calmodulin (CaM) functions in P. falciparum and their implications for drug design. Evidence for the importance of Ca\(^{2+}\) and CaM to malaria parasites is reviewed and this is followed by a discussion of the cause of relapses in P. vivax and P. ovale malaria and an appreciation of the clinical and therapeutic implications.

The third chapter is a multi-author review by L. William Scheib and collaborators on Ca\(^{2+}\)/calmodulin (CaM) functions in P. falciparum and their implications for drug design. Evidence for the importance of Ca\(^{2+}\) and CaM to malaria parasites is reviewed and this is followed by a discussion of the cause of relapses in P. vivax and P. ovale malaria and an appreciation of the clinical and therapeutic implications.

The final chapter, by Ribeiro and colleagues, is an electronmicroscope study of the developmental stages of Cryptosporidium as seen in a human duodenal biopsy. This type of study can provide important insights into the intractable nature of the infection in the immunocompromised host and suggest possible reasons for its great severity. For example, the lack of sensitivity of Cryptosporidium to drugs may be related to its demonstrated intracellular, extracytoplasmic localisation, and the occurrence of an apparently auto-infective type of oocyst may contribute to the persistence of the infection in the immunocompromised host.

M. G. TAYLOR