Torch Screening Reassessed - The Laboratory Investigation of Congenital, Perinatal and Neonatal Infection. pp 68. *Price £ 6.50. Public Health Laboratory Service (PHLS) 61 Colindale Avenue, London NW9 5DF, U.K.*

The acronynm TORCH devised in 1971 by Andre Nahmias succeeded in focussing the attention of medical fraternity on the problem of infections acquired *in utero*. A working party of the British PHLS reviewed the diagnostic tests for congenital infections and have recently published its recommendations. This book is concise but provides many practical tips for diagnosis of these disorders. It recommends that TORCH studies should be abolished and should be replaced by requests for tests for specific infections relevant in an individual case. It is a waste of resources to do all the tests in the mother and the baby in every case. They recommend routine screening in the pregnant mother for rubella and syphilis, and selective screening for hepatitis B surface antigen. Investigation for detection of other agents is recommended only if the patient is symptomatic or has a definite history of contact. For the Indian situation, tests for syphilis are done routinely, while tests for other agents are done only in selective or high risk cases. Many laboratories in India are only doing IgM assays during pregnancy. It is well to remember that IgM alone may be falsely negative, or may be falsely +ve due to antibodies to other agents or rheumatoid factor. Therefore IgG should also be done. In case of high titres a repeat test should be done 2-3 weeks after the first one.

The group recommends that the appropriate investigation to exclude congenital rubella in first 3 months of life is rubella IgM in serum. For CMV infection, diagnosis can only be made with confidence if the virus is detected in urine or throat swab or CMV–specific IgM is defected in serum within the first 3 weeks of life. Exclusion of toxoplasmosis requires serology in both mother and infant, with follow up for the first year. For herpes, swabs or CSF for culture are the appropriate specimens.

The booklet also briefly reviews prenatal diagnosis of these infections. At the end there are algorithms for clinical diagnosis of congenital infections with reference to low birth weight, purpura, jaundice, microcephaly and neonatal seizures. A few minor points of difference I have with the algorithms are : For low birth weight, rubella is shown to have absence of congenital abnormalities, while it is not. On pp 50, there is a misprint of WBC > 40,000 alongwith absent radii. This might refer to platelets < 40,000.

This book would be useful to all pediatricians and obstetricians. As it is not available through booksellers we have given the postal address of Public Health Laboratory Service.

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