method and 4503 by the radiometric technique. Indeed, the radiometric method, being less cumbersome, allowed twice daily examinations where appropriate. The species distribution of 333 isolates detected by the manual method during 1976-83 were similar to the 173 isolates detected by the radiometric method during 1984-85. The proportionate distribution of the isolates were *Escherichia Coli* 25%, *Staphylococcus aureus* 15%, *Proteus* sp 11%, *Streptococcus pneumoniae* 10%, *Staph albus* 10%, *Streptococcus* sp 7%, *Haemophilus influenza* 6%, *Bacteroides* sp 3%, and others 12%. The antibiogram of the strains isolated since 1980 showed that 96.4% of the strains were sensitive to augmentin, 89.4% to cefuroxime, 83.4% to cephradine, 82.4% to co-trimoxazole, and 57.5% to amoxycillin. One out of nine *Pseudomonas* sp isolates was resistant to gentamicin. The remaining strains were sensitive to aminoglycosides and uridipencillin.

Isolates by both techniques were obtained from patients suffering from diseases of similar clinical spectra. They included 28% with fever of unknown origin, 19% with septicæmia, 9% with gastrointestinal aetiology, 12% with bronchopneumonia, 8% with meningitis, 6% with urinary tract infections, and 23% with other diagnoses. Bacteraemia occurred at all ages, being predominant at the two extremes of life (< 1 yr: 10%, and > 60 yrs: 35%). On the whole, there was no prominent seasonal variation in isolation rates. *Strep pneumoniae* isolation, however, showed a peak during November to March and a trough in June and July. Similarly, *E Coli* isolates peaked during July to September.

Blind subculture of blood cultures is time consuming, tedious, and increases the chances of contamination. The results obtained by the Bactec system were no different from the manual technique in rate of isolation. Even when seasonal variation, agent, and host factors were compared, isolation rates remained more or less identical. The manual system allowed us to increase our throughput by at least 58% without any increase in technical time.

The epidemiological analysis is of value for advice on blind treatment. It was also interesting to note that most of the strains were sensitive to cheap and currently used antibiotics.

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Donor Screening for Anti-HBs

Although we support English attempts to introduce large scale donor screening for antibody to hepatitis B surface antigen (anti-HBs), we feel that Lake *et al*¹ are unfair to radioimmunoassay methods.

We have been screening on a large scale for several years, and our current method is a modification of a solid phase inhibition radioimmunoassay,² standardised to detect plasma with anti-HBs content > 10 IU/ml. The labelled anti-HBs is recycled from our routine hepatitis B surface antigen testing, and the cost per test is roughly 3 pence. For daily screening overnight incubation is not possible or necessary.

Specific advantages are: that no sample dilution is required; the method suits existing radioimmunoassay technology; and an objective result is easily processed by computer. When a strong antibody is identified its content is estimated by a modification of the Bureau of Biologics Method, which gives the accuracy and precision required to ensure suitable material is forwarded for fractionation. Using the above strategy for random screening in conjunction with a plasmapheresis programme, 96 kg of suitable plasma was obtained in the year 1984-85.

Finally, we do not support the use of a modified haemagglutination method for clinical purposes, unless it is capable of detecting antibody values of 0.01 IU/ml—a value obtained by radioimmunoassay methods.

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Book reviews

Tumor Markers in Cancer Control. Ed HE Nieburgs, JH Holzner, VE Valli. (Pp 360; £52.) Alan R Liss Inc. 1985.

This ambitiously titled volume comprises the proceedings of the second international conference on tumour markers. Like its predecessor published two years ago, most of the contributions relate to one or more monoclonal antibodies raised against tumour associated proteins, none of which is in any way specific for cancer. It is perhaps important that carcinoembryonic antigen continues to figure so prominently in a book of this kind, still seeking recognition as a tumour "marker" some 20 years after its discovery. It is, however, pleasing to see a trend against this pattern, with more chapters on biochemical and chromosomal changes in cancer. Pathologists working with tumours will find this a useful book, but at £52, which represents a 20% increase in price, they might be best advised to request their library to buy it.

PG ISAACSON

Tumors and Tumorlike Conditions of the Ovary. Contemporary Issues in Surgical Pathology. Ed LM Roth, B Czernobilsky. (Pp 296; £57.) Churchill Livingstone. 1985.

The stated aim of this book, one of a north American series of texts on surgical pathology, is "to present a state of the art assessment of ovarian cancer for the practising surgical pathologist and gynaecologist." Solid workman like chapters on the various types of primary ovarian neoplasms, secondary ovarian tumours and tumour like conditions are followed by chapters devoted to aspiration cytology, ultrastructure, immunochemistry, and steroid hormone receptors. There is, unusually but refreshingly for a surgical pathology book, an excellent chapter on the treatment of ovarian cancer.

Sound and accurate throughout, the book is lifted well above the norm by a scholarly, though highly selective, historical survey of ovarian pathology. It is fascinating to learn that the Stein-Leventhal syndrome was actually reported by Irving Freiler Stein and Michael Lee Levanthal and that Fritz Brenner spent most of his life as a general practitioner in South Africa, completely unaware that there was such an entity as a Brenner tumour.

I can thoroughly recommend this book: it is a little short on conceptual approaches to pathology, possibly does not fully convey the intellectual excitement which can be evoked by ovarian neoplasms, but does, nevertheless, provide an excellent and authoritative guide to the histopathologist who has to deal with ovarian neoplasms.

H FOX

Thyroid Function Tests in Clinical Practice. RJ Mardell, TR Gamlen. (Pp 124; soft cover £9.95.) Wright. 1985.

This is a very useful small book at a very reasonable price for everyone who is interested in the investigation or treatment of patients with thyroid disease. The authors cover most current laboratory methods available in hospital service laboratories, and much of the discussion is based on the personal experience of the authors. The effects of drugs on laboratory tests is adequately covered, as well as the effects of drugs of endogenous thyroid hormone binding antibodies which may also produce facitious results. The references are pertinent and the standard of printing and graphical presentation is high. This book will also be of help to candidates for postgraduate examinations.

MG RINSLER

Clinical Problems in Sexually Transmitted Diseases. New Perspectives in Clinical Microbiology 11. Ed D Taylor-Robinson. (Pp 337; £55.50.) Martinus Nijhoff. 1985.

The editor of this book is a distinguished microbiologist in sexually transmitted diseases and has assembled an equally distinguished group of clinicians and laboratory workers who provide an up to date clinicomicrobiological approach to their subjects. The expansion of knowledge of sexually transmitted diseases parallels the increase in their incidence. As stated in the preface, any comprehensive textbook will therefore require to be of massive proportions. Instead, this book covers a series of clinical problems including those of the more rapidly growing areas.

A major problem in clinical practice in many parts of the world is persistent or recurrent non-gonococcal urethritis. The need for careful clinical assessment and microbiological investigations of patient and partner is emphasised here; and the important point is made that antimicrobial

treatment is unnecessary for mild microbiological negative relapse. In the chapter on vaginitis and vaginosis the tone seems to dismiss the role of the recoverable anaerobic organisms in anaerobic or bacterial vaginosis. It is rightly pointed out that sexual transmission in this condition and its treatment also remain controversial. One of the most useful reviews is that of cervicitis, providing an up to date summary of current thinking on cervical intraepithelial neoplasia and carcinoma.

In general, the different contributors have written in a remarkably uniform style. The useful chapter on proctitis includes a few more personal views than do the others. The author seems to recommend that physicians dealing with sexually transmitted diseases undertake sigmoidoscopy and biopsy. Although some of the problems are covered, the need for suitable training is not mentioned. Each chapter has a comprehensive list of references.

Some chapters such as that on HTLV III infection will rapidly become out of date, but as the preface suggests any current text on sexually transmitted diseases should include information on this topic. At a price of £55 it will probably not reach the size of readership it deserves, despite its usefulness.

RN THIN

Notices

XIV World Congress of Anatomic and Clinical Pathology

Vistas in Immunopathology 21-26 June 1987 Washington, DC, United States of America

Sponsored by the College of American Pathologists and the American Society of Clinical Pathologists, this Congress will highlight current world concerns and challenges in areas such as cancer, infectious diseases, and genetics. More than 1000 physicians and scientific investigators are expected to attend the many poster and plenary sessions, seminars, technical exhibits, and other events. The Congress will also include spouse auxiliary tours, social events, and hospitality.

For more information about the XIV World Congress of Anatomic and Clinical Pathology please contact: World Congress Coordinator, College of American Pathologists, 5202 Old Orchard Road, Skokie, IL 60077-1034, USA, 312/966-5700.

Current concepts in pulmonary pathology 20-24 October 1986

Postgraduate course at the Massachusetts General Hospital, Boston, Massachusetts
Director: Eugene J Mark.

Direct inquiries to: Department of Continuing Education, Harvard Medical School, 25 Shattuck Street, Boston, Massachusetts 02115, USA. (617) 732-1525

ACP Symposium

THE FUTURE OF PATHOLOGISTS IN AN AGE OF COST CONTAINMENT AND TECHNOLOGICAL CHANGE

The Association of Clinical Pathologists is organising a two day symposium with the above title to be held at the Barbican Centre, London on the afternoon of Thursday 16 and Friday 17 October 1986.

The Thursday session will cover the policy of the DHSS and its impact on the service specialties, the allocation of resources, the management of laboratories, and the need for information technology and performance indicators. The Friday morning session will cover future trends dealing with each discipline in turn—namely, histopathology, clinical chemistry, microbiology, haematology, and forensic pathology. There will also be sessions dealing with the future of private practice and on the effects of training, teaching and research. Dr H Derman will speak on the changing role of the pathologist in America and the programme will probably include a similar lecture dealing with pathology in Europe.

Speakers from the United Kingdom will include Professor ED Acheson, Chief Medical Officer, DHSS; Professor B Clayton, President of the Royal College of Pathologists; Professor R Dyson, University of Keele; Mr B Edwards, Trent Regional General Manager; Dr PM Emerson, Consultant Haematologist; Professor FV Flynn, Consultant Chemical Pathologist; Dr AC Hunt, Consultant Histopathologist; Dr L Lommel, World Association of the Societies of Pathology; Dr AR Morley, Consultant Histopathologist; Dr JWG Smith, Director of the Public Health Laboratory Service; Mr C Spry, District General Manager, Newcastle Health Authority; Dr EW Walton, Consultant Histopathologist; and Mr G Wasserman, Assistant Under Secretary of State at the Home Office.

Further details may be obtained from: the Association of Clinical Pathologists, 25 Lower Belgrave Street, London SW1V 0LR.