recurrent infection. The strains of *Bacteroides* tested also showed considerable susceptibility to Josamycin and erythromycin; however, these drugs excited a bacteriostatic effect only—a feature which might be important when treatment of immunosuppressed patients is being considered. Finally, although resistance arising after a single exposure to an antimicrobial agent is very uncommon, this has been observed with clindamycin—a phenomenon that merits further investigation.

The relevance of these in vitro findings for the treatment of *B fragilis* infections in immunosuppressed patients requires further investigation.

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Accuracy of morphological diagnosis of lung cancer in a department of respiratory medicine

In a recent paper¹ we suggested methods for improving the quality of specimens taken at fiberoptic bronchoscopy. We now report two techniques which have resulted in an increased yield of malignant cells and tumour tissue.

Withdrawal of the cytology brush through the specimen channel of the bronchoscope may deposit tumour cells on the side of the channel and secretions aspirated from around a tumour may be retained in the channel and thus not be obtained for cytology. In a series of 50 patients with primary bronchial carcinoma we examined as an additional specimen, the material obtained on cleaning the bronchoscope channel.² This resulted in an 88% yield of malignant cells compared with a 78% yield when brushings and aspirates only were examined.

The yield of malignant tissue from bronchial biopsies in our original series was poor

(53%) and specimens were usually taken with the "standard" Olympus biopsy forceps. The use of Olympus forceps with alligator (toothed) jaws with their better "bite" has improved the overall yield to 71% and in patients with incontrovertible evidence of endobronchial tumour, a yield of 86% has been obtained.

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Book reviews

Pathology of Granulomas and Neoplasms of the Nose and Paranasal Sinuses. Imrich Friedmann and Denis A Osborn. (Pp 306; illustrated; £30.) Churchill Livingstone. 1982.

This attractively produced and reasonably priced volume is based on the extensive experiences of two experts working at the Institute of Laryngology and Otology of the University of London. The book is divided into 24 chapters covering Granulomatous Diseases (9) and the bulk of the volume (14) covering Neoplasms. An opening chapter provides a useful description of the normal histology of the region. Though giving extensive coverage many of the chosen subjects are rare and even esoteric. Each chapter is written with a common format combined with a historical introduction including aetiology and pathogenesis, which to the reviewer should be at the beginning and not towards the end of the chapters. The gross appearances of the lesion is briefly described with the main emphasis on histology. Each chapter is extensively illustrated including many electron micrographs with very adequate historic and recent references.

Surprisingly Nasal Polyposis is grouped with rare miscellaneous granulomas including Eosinophilic Granulomas and the exceptionally rare Myospherulosis, which appears to be collections of red cells con-

tained within petroleum based ointment "bags." As expected the majority (90%) of up to 600–700 polyps seen in one year were allergic. Though now very rare Tuberculosis merits a short chapter as does Sarcoidosis, though in the latter there is an over-emphasis on the possible infective nature of the disease. Leprosy, Syphilis and Yaws are included. Rhinosporidiosis and Rhinoscleroma also perhaps surprisingly merit a whole chapter, though rarely going to be met by hospital pathologists. Other mycotic and parasitic infections are adequately covered. The chapter on midfacial granuloma syndrome was read with interest as being a speciality of the senior author who concludes that the condition is inflammatory and not neoplastic, though no consistent single organism has been isolated. They distinguished Wegner's granuloma by the presence of vasculitis and involvement of other organs.

The extensive coverage of tumours is preceded by the authors' own classification which is broadly in line with the 1978 WHO publication. In the description of papillomas the term "transitional type" obviates confusion with the non-existent transitional cell though the term "transitional cell carcinomas" is still used—perhaps "basiloid" would be a better term. Overclassification is often apparent. Tumours of mucous glands are subdivided into nine histological types, though 60% are considered malignant. Again in the tumour section rare and very rare lesions are described at length for example malignant fibrohistiocytoma. There is a useful account of fibrous dysplasia and the distinction between giant cell reparative granuloma and giant cell tumour.

Despite the above comment this volume is a useful reference book for general histopathologists and a "must" for specialists, pathologists and surgeons in the field.

W JONES WILLIAMS

Radioimmunoassay of Antibody and its Clinical Applications. D Parratt, H McKenzie, KH Nielsen, and SJ Cobb. (Pp 156; illustrated; £15.) John Wiley & Sons Ltd. 1982.

An attempt to bring together the practical and scientific aspects of radioimmunoassay for antibody is successfully achieved in this book. The first chapters explain in commendable detail the concept behind such assays and provide a practical guidance for the worker with no experience in this field. Detailed recipes are provided which are backed up by useful bibliographies. The second part of the book reviews in detail