Moreover, they should do so quickly before they and their laboratories find themselves, willy-nilly, at the receiving end of chaos and countless 'routine' smears (from hospital gynaecology and obstetric clinics, V.D. clinics, general practitioners, family planning clinics, local authority well-women clinics, and maternity clinics).

It is this concern which prompted me, at the Annual General Meeting, to move a motion, which was carried, to the effect that the Council of the Association should consider the formation of a committee to review the position on our behalf and make recommendations. The result of the Council's deliberations is awaited with great interest.

R. A. MCINROY

REFERENCE

McInroy, R. A. (1966). *Brit. med. J.*, 1, 1472-1475.

CAPREOMYCIN

Sir,

In May this year a new anti-mycobacterial drug, capreomycin, was put on the market in Britain. There are one or two points about this antibiotic and its use which have prompted queries from some clinical pathologists and which might be of interest to others.

Although its antimycobacterial activity is, *in vitro*, only slightly less than that of streptomycin, capreomycin is for all practical purposes devoid of activity against other organisms. Its *raison d'être* is that in tuberculosis cross resistance does not develop between it and streptomycin, nor between it and I.N.H., P.A.S., cycloserine, and ethionamide. It does, however, in varying degree show cross resistance with viomycin, kanamycin, and neomycin so that patients previously treated by these drugs should not be given capreomycin until sensitivity testing has been carried out. In this connexion it may be stated that choice of medium has a very great effect on the minimum inhibitory concentrations obtained. Capreomycin should of course only be used in conjunction with at least one other active agent. Middlebrook no. 7H10 appears to be the best. Egg protein binds capreomycin and media containing it should not be used.

The toxicity of the drug, again, is somewhat similar to that of streptomycin. In the usual dose of 1 gram daily (one million units) eighth nerve involvement is less frequent and overt signs of allergy are less often encountered than with streptomycin, though eosinophilia occurs quite often. The principal toxic effect is on the kidney so that urine analysis and blood urea estimations should be performed at intervals. In the presence of renal disease, capreomycin accumulates rapidly and it is clearly inadvisable to use the drug in such circumstances. Otherwise the drug is less toxic and less prone to give rise to disagreeable side actions than most of the currently available reserve drugs (*Tubercle*, 1966).

W. H. LYLE

REFERENCE

Tubercle (1966). 47, 234.

Book reviews

PATHOLOGY OF BONE By the late H. Collins, O.B.E., M.D., F.R.C.P., F.C.PATH., (Pp. xii + 254; 116 figs.; 72s. 6d.) London: Butterworths.

The present volume will be welcomed for two reasons. The first is the affection and esteem in which Douglas Collins was held by all pathologists: the second is the fact that it fills a much-felt need for a brief introductory textbook on bone diseases. It is not a comprehensive reference book, and it does not, because of Collins' sudden and unexpected death, include a section on bone tumours and dysplasias, but it very usefully presents information on the structure and function of bone and on the morphological and biochemical changes in a variety of bone diseases, including osteoporosis, osteomalacia, endocrine and metabolic conditions, renal osteodystrophy, infections, chemical and radiation-induced diseases, and Paget's disease. The sections on osteoporosis and Paget's disease will be widely read because of the important work carried out by Collins on these topics.

H. A. SISSONS

TUMOURS OF BONE AND SOFT TISSUE 8th Annual Clinical Conference on Cancer 1963. University of Texas M.D. Anderson Hospital, Houston, Texas, (Pp. 448; illustrated. 98s.). Lloyd-Luke (Medical Books) Ltd., 1965.

This little book takes the form of a series of papers presented to the 8th Annual Conference on Cancer at the University of Texas M.D. Anderson Hospital and Tumor Institute, Houston, Texas.

The section on bone tumours reviews information on the histogenesis of bone tumours by means of a panel discussion in which the participants are Murray M. Copeland, Mary Sherman, David C. Dahlin, Charles F. Geschickter, and Henry L. Jaffe, and includes several papers describing the effects of surgery and radiotherapy for bone tumours. Quite apart from the present volume, 'histogenesis' is a much misused term; it properly relates to the tissue, or the cell, of origin of a tumour, but, as noted by Dahlin: 'Proving the cell of origin of any given neoplasm of bone is usually impossible, and current assumptions on histogenesis are based on cytological characteristics of the neoplastic cells, or the products of these cells, or on both factors'. In fact, the discussion on histogenesis in the present volume serves largely to air current ideas on the nomenclature and classification of bone tumours, and shows a reasonable, although not utterly complete, degree of agreement on the meaning of the diagnostic terms in current use following the work of Jaffe and Lichtenstein.

The comparison of the effects of surgical and radiotherapeutic treatment for malignant tumours of bone and soft tissues is still a subject for lively discussion: more information is clearly required. An interesting

paper by Herman Suit deals with radiotherapy under conditions of local tissue hypoxia (readily produced in the distal part of a limb by the application of a pneumatic tourniquet) in the hope of eliminating differential radiosensitivity of normal and relatively anoxic areas of tumour tissue. It still remains to be shown, however, that better results are obtained than with more conventional methods.

The section on tumours of soft tissues is of outstanding interest to the surgical pathologist in that it directs attention to a number of recently recognized entities—variously known as ‘infantile fibromatosis’, ‘calcifying aponeurotic fibroma’, ‘nodular fasciitis’, and ‘desmoid fibrosarcoma’—which are not infrequently confused histologically with frankly malignant lesions but are relatively benign. The papers of Enzinger and of Butler, in the present volume, are commended as a source of useful information on these interesting and important lesions.

H. A. SISSONS

PROGRESS IN CLINICAL PATHOLOGY Edited by Mario Stevanini. (Pp. ix + 654; illustrated. \$23.75). London and New York: Grune and Stratton. 1966.

It would be hard to conceive a volume for which a greater need exists than this, in view of the astonishing rapidity with which new methods of laboratory diagnosis are introduced and become indispensable. Against a background of continually increasing requests, chronic staff shortage, and claims and counterclaims about the value of computers, the subject of clinical pathology has become highly charged with *angst*.

This book consists of 15 chapters each written by an expert or group of experts consisting of university staff, hospital staff, and one medical student. Nine chapters are devoted to clinical chemistry, two to bacteriology, one to haematology, one to the scope of clinical pathology, one to normal values, and finally an excellent, but perhaps over-condensed, chapter on computers. It is plain that the book is not comprehensive and there are obvious gaps, *e.g.*, the investigation of non-haemolytic anaemias and in virology. The preface, however, explains that further volumes are planned. Most of the material is first class, but particular mention should be given to the chapters devoted to plasma proteins.

The standard of production is high: each chapter includes a full bibliography and there is a good index. The book would be invaluable reading for all those interested in hospital laboratory investigations, which should include a very large proportion of the medical profession.

W. G. SPECTOR

PRACTICAL PHOTOMICROGRAPHY By J. Bergner, E. Gelbke, and W. Mehliß. (Pp. 228; 174 figures. 63s.). London: Focal Press. 1966.

This book is based on the collective experience of three scientists working on microscopy in the East German factory of Carl Zeiss. The first 50 pages are devoted to a pedantic consideration of optical principles probably too detailed for the average practical worker. The section that distinguishes this book from others is the lucid treatment of macrophotography, low-power photo-

micrography, and associated special forms of illumination. Most other special techniques are usefully if briefly covered. The index is not as comprehensive as it should be for practical reference and the range of equipment described is necessarily restricted. Most of the illustrated examples are apposite and useful.

PETER HANSELL

PHOTOELECTRIC COLORIMETRY IN CLINICAL BIOCHEMISTRY By G. E. Delory. (Pp. xi + 80; illustrated. 25s.). London: Hilger and Watts. 1966.

This short book of little more than 70 pages consists of two almost equal parts. The first gives an account of the principles of colorimetry, ending with a few pages on how to use library facilities; the second considers examples of colorimetric methods for 15 commonly determined substances, though for only eight are full details of the technique included. There are four pages of references.

This is a rewritten version of a similar book by Dr. Delory, ‘Photoelectric methods in clinical biochemistry’, published in 1949. At that time this was useful in drawing attention to what was a relatively new type of instrument. One wonders if now it would have been better to concentrate on the first part on ‘Principles and instrumentation’ and to expand this, for example, by including fuller descriptions of instruments in use today?

H. VARLEY

THE CRIME DOCTORS By Robert Jackson. (Pp. xiii + 236; illustrated. 28s.). London: Frederick Muller. 1966.

This book is written by a journalist but it is reasonably free from some of the extravagancies one might expect from a journalist writing on a sensational theme. It is an account of 22 murder trials in which British forensic pathologists, ranging from the late Sir Bernard Spilsbury to those practising today, have given important or material evidence.

These are not all famous cases but, as pathologists well know, some of the most interesting scientific and legal problems are found in trials which do not achieve notoriety. Pathologists will find interesting light reading in these accounts, which are well written, and may even be led to seek further details of some of the points discussed. The book has seven pictures of forensic pathologists.

G. STEWART SMITH

BROADSHEETS

The list of Broadsheets published for the Association of Clinical Pathologists will in future be found on the inside back cover of the Journal. Kindly note revised prices and where orders should be placed.