had been inflated to midway between systolic and diastolic blood pressures. Total protein was estimated by the Technicon SMA 12/60 biuret method which had a within-batch coefficient of variation of 1.1%. ETR determinations (Mincey *et al.*, 1974) were performed in duplicate and had a within-batch coefficient of variation of 1.4%. The results are shown in the Figure.

Although venous stasis can increase serum total thyroxine concentration it has no significant effect on the ETR or on a free thyroxine index (Judd *et al.*, 1975) because these latter methods have a 'built-in' adjustment for changes in protein binding. It is reassuring to know that the avoidance of stasis when collecting blood although ideal, is not essential for an accurate ETR.

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Book reviews

Colour Atlas of Gynaecological Cytopathology. By Chandra Grubb. (Pp. 72; 318 figures; £15.00.) Aylesbury: HM + M Publications. 1977.

Dr Grubb has produced an eminently practical Atlas for cytologists in the field of gynaecology. With 318 colour illustrations she has had ample scope to take the trainee through the characteristics and pitfalls of diagnosis in her inimitable way, born of years of practice in one of the most successful training schools in the country. It is a pity that some of the plates seem to lack colour balance. The choice of some of her illustrations of severe dysplasia and invasive cancer seem to be closely similar and demand full histological confirmation, but this is probably the purpose of a full treatise on such a subject.

Her text is again characteristic of her teaching style and presents clear and definite criteria for malignancy and other changes which bring to the surface the weakness and confusions in cytology terminology. Many cytopathologists do not like to use the word 'malignant' as she does for a carcinoma *in-situ* cell, and still others (though not she) will no longer use the term 'dyskaryosis' to describe the nuclear changes of dysplasia and malignancy. I feel that there is an error in the definition of adenocanthoma in Figs 21.9 and 21.10 where such a tumour should by right not display malignant squamous cells. There is a great need for the English cytopathologists to establish a standardised nomenclature to which all could adhere. The classification of invasive squamous cancer used by Dr Grubb is particularly British and does not meet any of the international, WHO, IAC, or American viewpoints.

In all, the volume is an excellent addition to any cytologist's library and a most useful reference book for those needing to review the wide and confusing range of cytological change in disease.

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WHO Working Group on the Organization and Methodology of Cytology Laboratories (Moscow, 16-20 November 1976). (Copies of the final report will be available later from the World Health Organisation)

This meeting and its report relate to one of the periodic reviews by the WHO of areas of public health laboratory activity.

It accepts that cytology has proved its worth as both a cancer detection and a diagnostic system, involving a wide range of organs and sampling methods, and its use in hormone assessment, infectious conditions, monitoring drugs, radiation and cytotoxic effects.

The organisation of cytology laboratories is given consideration, especially in relation to screening programmes, clinical diagnosis, research, and teaching, and laboratories are divided into the routine and academic types. Cytogenetics and other investigations, such as biomedical research and automation (for both data processing and cell scanning), may involve either type of laboratory, but the academic one would be responsible for teaching and fundamental research.

It is stated unequivocally that the cytology laboratory must be under the direction and control of a medically qualified pathologist and that training of the latter (as for a histopathologist) should be for not less than four years, with cytology included in the syllabus, or should be a 6-12 months' attachment to a cytology department after higher qualification. Similarly, the training of a technician should be well grounded in general technology and last at least three years, one year of which should be devoted to practical work.

Much of the primary data utilised by the conference has come from the three documents on the code of quality practice and the curricula for both cytopathologists and cytotechnologists prepared by the British Society for Clinical Cytology, even though none of these proposals has been put into practice in this country.

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Platelets in Biology and Pathology. Edited by J. L. Gordon. (Pp. xv + 389; illustrated; US \$53.95.) Amsterdam: North Holland Publishing Company. 1976.

This is the first volume of a new series 'Research Monographs on Cell and Tissue Physiology' and it sets a suitably high standard. It consists of 14 chapters by international experts and treats in great detail with platelet physiology which is fully related to that of other cells. It is well