AgNOR staining time for cervical biopsy specimens is about 30 minutes.

The design of my study was limited to investigating the possible usefulness of the AgNOR technique on the diagnosis of cervical biopsy specimens showing CIN. The wider investigations reported by Egan et al and by Mr Wood suggest that my results are unduly pessimistic. Perhaps further investigation using the AgNOR technique in this situation is called for.

**References**


**Book reviews**


Previously published laboratory manuals for Legionella are American. This well produced hard backed book details methods used by microbiologists at the fore-front of the subject from London, Paris, and Porton Down. Between them these workers have a wealth of practical experience with the serological diagnosis of Legionnaire’s disease (LD) and the isolation of legionellae. The manual is completely up to date and contains 10 chapters, two appendices, and a bibliography covering the clinical features of LD; demonstration, isolation, culture, and identification of legionellae from clinical and environmental specimens; serological diagnosis; DNA probes, monoclonal antibody subtyping; and virulence markers. There is even mention of five proposed new species in Appendix 1. The chapter on culture from clinical specimens should remove some of the mystery and encourage more laboratories to attempt this than at present. Serodiagnosis of LD is very well done and includes a helpful table of the various antibody responses found but this is somewhat spoilt by not being on facing pages. There is no doubt that this informative laboratory handbook will be of use to all hospital microbiologists and others seriously involved with legionellae.


This textbook on pathology covers 600 multiple choice questions with referenced explanatory answers.

There are sections on general pathology, cardiovascular system, gastrointestinal system, hepatobiliary system, respiratory system, genitourinary system, endocrine system, skin and breast, central nervous system, and musculoskeletal system and case studies.

The bias of the book is clearly towards histological pathology rather than the other aspects of pathology. The questions are concise and clear cut and the explanations valuable. The book is a good way of sharpening the student’s ability to answer multiple choice questions. It does not provide a substitute for a standard textbook of pathology.

The book is intended to prepare students for the National Boards Part I, the Federation Licensing Examination (FLEX), and the fact that it is now in its ninth edition speaks for itself.

**RN PEEl**


The title of this book is something of a misnomer as most of the chapters deal with the relative merits of radiological techniques in current use for staging urological tumours and are written by urologists and radiologists. There is much repetition. Aspiration cytology is recommended as a method of evaluating radiologically equivocal or even normal lymph nodes and the techniques used for obtaining material for cytological diagnosis are described. The advantages and limitations of aspiration cytology in diagnosis, grading, and staging of urological tumours and assessing response to treatment are considered in detail. It is generally agreed that the immediate risks of the procedure and the danger of needle track seeding are minimal while a positive result saves the patient the time, trauma, and cost of staging lymphadenectomy.

While several chapters include useful sections on cytological diagnosis, only part of the book is primarily of pathological relevance. It is, however, a book of interest to all involved in urological oncology with an extensive bibliography to compensate for the relative lack of pathological material.

**WILMA HIGHMAN**

**Notices**

**12th INTERNATIONAL CONFERENCE ON BIOCHEMICAL ANALYSIS**

**Annual Meeting of the German Society of Clinical Chemistry**

**Munich, May 8–11, 1990**

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