the video cassettes can be used to record findings and procedures, introduction of a video printer will additionally produce instant polaroid photographs which are useful both in research and as a permanent record of findings for case notes. These systems are not necessarily expensive and the advantages they provide make them an important, if not essential, addition to basic colposcopy.

Referring to accessory instruments, I find that while the Kogans endocervical speculum is useful in most situations, it is of limited use if the cervical os is small as either it cannot be introduced in to the os or, having been introduced, will cause bleeding when retracted due to tearing of the cervical os and thus obscuring the view. In these situations I find the Curihara endocervical speculum invaluable as an aid to visualising the canal.

I wish to add to his list of learned societies The Northern Genitourinary Physicians Colposcopy Group (NGUPCG) which was inaugurated in 1988 of which I am secretary, and not withstanding its regional reference, now has a wide membership within the UK.

A B ALAWATTEGAMA
University Department of Genitourinary Medicine,
Royal Liverpool Hospital,
Prescot Street,
Liverpool L7 8XP, UK.


Choosing equipment for colposcopy in genitourinary medicine

Mr M J Hare’s article on choosing equipment for colposcopy in Genitourinary Medicine was an excellent contribution to what will become a valuable series. I should like to add some comments to item 2 in the article regarding “The Colposcope”.

A video camera and television monitor are invaluable additions to the basic colposcope. They provide full involvement of the patient in the process of colposcopy, allowing a psychologically invaluable imaging of her disease, or lack thereof. As a teaching aid for other staff they are an excellent investment and cost need not be prohibitive. A good system needs high resolution and this is helped by not having the monitor too large a size. Clarity may be lost and exaggeration of the cervix obtained with any bleeding providing a negative image. (A high resolution 14” screen provides the best picture in my opinion.)

Visualisation allows the patient to “divorce” herself from the process of examination, biopsy and even loop or laser treatment by showing there is no pain. This aids maximal patient compliance. For those patients not wishing to observe procedures, a movable trolley is preferable to the on/off switch. This permits the assisting nurse to continue her anticipation of the operator’s requirements, and teaching can still be performed.

The clear advantages accrued when performing loop diathermy or laser treatment, or just colposcopy and biopsy alone, with video facilities, lead to the conclusion that this equipment is a mandatory addition to basic colposcopy.

The article did not mention cervicography. Such cameras are available for less than £1000 and in busy departments minor degrees of cervical abnormality are often photographed using basic colposcopic techniques by nursing staff. This allows later observation of film thus obtained by an experienced colposcopist, who can decide which is worthy of more formal colposcopy, and those which can be returned to repeat cytology.¹


BOOK REVIEWS


This book brings together the contributions on AIDS and the lung previously published as separate papers in Thorax and represents a mine of useful information to all concerned with caring for HIV patients. Since respiratory infections are particularly common in this patient group, this book is of value to thoracic, genitourinary and general physicians alike.

The book is logically organised and the first chapter is concerned with infection control which is clearly of paramount importance. I am sure that the comprehensive infection control procedures that are outlined are sensible, although I have doubts that the average bronchoscopist will be easily persuaded to use a visor and face mask when bronchoscoping elderly ladies in Scunthorpe. A particularly important point that is stressed in this opening chapter is the great effectiveness of careful cleaning of bronchoscopes in reducing the HIV contamination. This is a simple and very important message, as are the data on the remarkable effectiveness of glutaraldehyde. The chapter on non-invasive investigation is particularly well written. Perhaps the most useful message of the chapter is that the chest radiograph in pneumocystis pneumonia is often typical as are the clinical findings and that when this is the case the sensitivity of these clinical data approaches 87%, with a specificity of 90%. The third chapter deals with making a definite diagnosis of pulmonary problems and centres around induced sputum and bronchoalveolar lavage. Lavage is clearly an excellent technique, whereas many centres continue to have problems with induced sputum. It is likely that except in centres with a very large work load, lavage will be preferred to induced sputum, which requires such obsessive attention to detail to yield good results.

The chapter on treatment is full of fascinating data, although occasionally there are inconsistencies. In this chapter the mortality from pneumocystis
pneumonia is said to be 10–30% but in practice it is probably considerably lower than this in most centres in the UK. The comment is also made that the mortality is “over 90% in those who present in respiratory failure”, I rather doubt that this is true and I presume that the authors mean that the mortality is over 90% in those who require assisted ventilation. This chapter discusses the various therapies in considerable detail and is of great practical value. It makes the important point that nebulised pentamidine should probably only be used in patients with mild disease. The authors conclude that the first line treatment for pneumocystis pneumonia is co-trimoxazole or pentamidine, whereas in truth it is likely that co-trimoxazole is superior to pentamidine and indeed the authors present data to support this. A further discrepancy arises over the treatment of *Mycobacterium kanssii* which the authors say responds well to standard chemotherapy. In practice it is usual to treat kanssii with a regime that includes ethambutol because the organism is resistant to isoniazid and pyrazinamide. It is, therefore, probably misleading to say that it responds well to standard therapy, which most physicians would regard as being rifampicin, isoniazid and pyrazinamide.

Chapter 5 is a fascinating description of the management of respiratory failure in patients with pneumocystis pneumonia. My only quarrel would be with an early statement “despite . . . diagnostic advances and increased awareness the mortality of pneumocystis pneumonia has not fallen.” The reference that the authors quote in support of that statement is a 1986 paper and as the authors note elsewhere in their book the mortality from pneumocystis has indeed fallen in recent years. Chapter 6 of the book is concerned with the very important issue of the prevention of lung infections in patients with HIV and is a particularly valuable contribution from Dr Hopewell of San Francisco. Dr Hopewell makes the compelling case for knowledge about HIV status and the degree of immunosuppression (particularly the CD4 count) so that patients can be correctly “staged” and offered prophylactic therapy at an appropriate time. The effectiveness of prophylaxis against pneumocystis pneumonia is very impressive, and it is probable that prophylaxis against tuberculosis and bacterial pneumonias is relevant in some patients. The chapter on anti-retroviral treatment in HIV disease is by Dr Pinching and is an enormously authoritative account of the present situation. It is a pleasure to read a chapter that is so obviously written by an expert in the field.

Overall this volume is concisely written in excellent linguistic style. I think that it will be a useful addition to the bookshelf of all of us caring for patients with HIV infection. This is a rapidly evolving field and I do hope that the excellent editors are given the opportunity of producing a second edition in a few years time.

JOHN MOXHAM

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This is a useful short text which provides a comprehensive introduction to all aspects of modern day genitourinary medicine. It is aimed at medical students doing their clinical attachments. Different medical schools attach different degrees of importance to GU medicine and some students may feel the subject too small and specialised to be worth purchasing a specific text, although medical school libraries should acquire it. It will, however, appeal to newcomers to the speciality and to General Practitioners looking for brief guidelines to differential diagnosis and management.

The first half of the book is divided into chapters based on common clinical presentations such as genital discharge, ulceration and skin problems. Each section then has relevant MCQs with a topic discussion and the answers. This style appeals by capturing the reader’s interest with a challenge followed by an immediate explanation. This avoids the frustration of other similar texts where discussions and answers can be either difficult to locate or simply absent. There is always the problem of the perfect MCQ, particularly in a biological subject, with simple true/false questions and answers. For example in one question about conditions producing genital itch one answer is genital warts. The listed response is a definite “False” but the discussion goes on to say “usually” not. Another problem with short texts is oversimplification of more controversial topics. Diathermy loop excision (DLE) of the transformation zone is a relatively new technique currently in vogue. It has not been fully evaluated and may be associated with long term complications. The author suggests DLE is the treatment of choice for CIN without differentiating between grades of abnormality. There is no mention of the high frequency of low grade abnormality, usually not requiring treatment, in clinic attenders.

To help the reader select important versus less important information, each topic has “CORE” or “ADDITIONAL” at the foot of the page. In a book of this size subselection is probably unnecessary. Furthermore some of the “ADDITIONAL” topics, such as Behcets disease or lymphenopathy, may be more relevant to medical students, geared towards examinations, than conventional STD topics.

A third of the book is devoted to HIV/AIDS which reflects the size and significance of the problem. The section provides a balanced overview for the non-specialist and is also a useful introduction for medical students.

All in all this is a well presented “user-friendly” book which can be recommended to a broad range of specialist and non-specialist doctors as well as non-medical staff working in the field. It will appeal to overseas doctors revising for the diploma of GU medicine and, thinking of 1992, to those in other European countries where venerology and dermatology have not been separated.

ANNE EDWARDS

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**Strong Medicine** is of compelling interest for Old Londoners and those working in sexually transmitted disease. It is entertaining and remarkably frank so that it grips attention. It is the story of the elder two brothers of a family of six children born in Hackney, London in 1902. The first two jointly written chapters tell of their English father building up a modest laundry into a flourishing business. The brothers helped with