

diagnosed by this combination of ZN (19 positive cases) and AR (18 positive cases) staining techniques, eight of which were pulmonary tuberculosis (two cases of miliary tuberculosis). Only four cases were not detected by these techniques, probably as a result of sampling error (no granulomatous tissue), the diagnosis being later established by bacteriological examination. There was only one sputum positive case.

Our data demonstrated the superiority of the AR method over the ZN method, but they were also complementary and used in combination allow faster screening for the organism. The sensitivity and efficiency were substantially enhanced when the two stains were combined and were done on serial sections.²

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- 1 Kuper SWA, May JR. Detection of acid-fast organisms in tissue sections by fluorescence microscopy. *J Pathol Bacteriol* 1960;79:59-68.
- 2 Kommareddi S, Abramowsky CR, Swinehart GL, Hrabak L. Nontuberculous mycobacterial infections: comparison of the fluorescent auramine-O and Ziehl-Neelsen techniques in tissue diagnosis. *Hum Pathol* 1984;15:1085-9.

Book notice

Surgery of Coronary Artery Disease. DJ Wheatley. (Pp 676; £47.50 hardback.) London: Chapman and Hall, 1986. ISBN 0412270102.

This new book represents a landmark in coronary surgery—the subject has come of age to be encapsulated in a compendium like this. Professor Wheatley has fulfilled this heavy responsibility admirably. We are reminded of the anatomy and physiology of the coronary circulation and the myocardial cell, and the pathology, epidemiology, and clinical features of coronary disease. We are fully informed of traditional and new investigatory techniques. All aspects of the surgery of coronary disease, with associated skills, technical options, and varieties of clinical situations, are described in a practical way and we are brought up to date with the latest long term results. This book is beautifully printed and bound; at today's prices £47.50 is good value for a non-recurrent expense like this, which will support a surgeon's working decisions for much of his active lifetime. It contains the manifestos of the cream of the world's authorities on each topic, which are unlikely to change for a generation. It enables a surgeon to support his decisions confidently against the better rehearsed arguments of less practically committed physicians. The authors leave few arguments unanswered or controversies undisputed. There are still no answers to the questions not answered in the book. There

can be few complaints. To succeed in sounding like operating room conversations of the world's top coronary surgeons, colonial levels of split infinitives and adjectival nouns must be expected. There is only one transposed photo caption; today's aspirin treatment makes bleeding time more relevant; the value of echocardiographs in post-infarction papillary muscle rupture or ventricular septal defect and of risk factor reduction in conjunction with surgery could both be said to be underemphasised. This book has all the well established information a coronary surgeon needs in his working lifetime. It should be bought rather than borrowed, and is an excellent investment.—AHB

Notices

Henry Blair and Asthma Society essay prize

A prize funded by friends and colleagues of the late Dr Henry Blair is intended to stimulate improvements in the care of patients with asthma. Dr Blair worked as a general practitioner and a hospital allergist with an active clinical and research interest in asthma, and in the outcome in children with the disease. The prize, worth £250, will be awarded annually for the best essay on the subject "Delivery of care to the patient with asthma." The competition is open to nurses, doctors, and other health professionals in hospital or the community, and entries will be expected to describe work or practices that may be used by others to improve the care of patients with asthma. Essays should be 1500–3000 words in length and the closing date for the 1987 prize will be 20 September. Full details for the prize and entry conditions are obtainable from the Director of the Asthma Society, 300 Upper Street, London N1 2XX.

European Society of Pulmonology congress

The European Society of Pulmonology is holding its seventh congress on 5–9 September 1988 in Budapest, Hungary; with the collaboration of the Hungarian Society of Pneumology "Korányi." The main topics of the congress are prevention of and screening for lung diseases and the lung and infection. Further details from the Congress Bureau MOTESZ/SEI Congress, H 1361 Budapest, POB 32, Hungary.

Symposium on Surgical Stapling

The First British Symposium on Surgical Stapling will be held on 22 and 23 October 1987 in Manchester. The chairman will be Professor WD George. Further details from Conference Co-ordinates, Confer House, 69 Kingston Road, New Malden, Surrey KT3 3PB.

Corrections

Predictive value of sputum cytology

The paper by Dr J Benbassat and others (March 1987;42:165-72) contained miscalculations in two areas. The first relates to the calculated age and sex specific annual incidence rates (per 100 000 population) of cancer of the lung and bronchi by smoking habit in table 3. This should read as in the table below.

The second error relates to the calculation of the prevalence of presymptomatic squamous cell lung cancer in the population. In calculating it the authors did not consider the fact that almost all occult cancers are squamous cell cancer, which comprises only 40-60% of all histological types of

lung cancers. Thus the correct calculation of the pretest probability of squamous cell lung cancer in a 60 year old non-smoking woman would be 10.2 (incidence of lung cancer in general per 100 000 non-smoking women aged 60-64) divided by 2 (to obtain the incidence of squamous cell cancer) and multiplied by 4.48 years (the estimated duration of detectable preclinical disease from exfoliation of cells with marked atypia to detection of lung cancer), which equals 22.8/100 000. The corrected likelihood that a non-smoking 60 year old woman with positive sputum cytology actually has lung cancer is therefore 24.9% and not 20.1% as erroneously calculated in the paper.

The authors point out that these corrections do not invalidate their conclusion that exfoliative sputum cytology is not a definitive diagnostic test for lung cancer.

*Age and sex specific annual incidence rates (per 100 000 population) of cancer of the lung and bronchi by smoking habit**

Age (y)	Annual incidence per 100 000 population					
	Men			Women		
	All	Non-smokers	Smokers	All	Non-smokers	Smokers
50-54	48.1	10.6	105.6	16.6	5.3	53.0
55-59	84.9	18.6	186.4	33.3	10.6	106.3
60-64	110.2	24.2	241.9	31.8	10.2	101.5
65-69	176.9	38.8	388.4	50.2	16.0	160.2
70-74	247.6	54.4	543.6	60.9	19.4	194.4
75+	283.1	62.2	621.5	80.5	25.7	256.9

*These figures apply to Israel and they are based on the assumptions that (a) the relative risk for lung cancer in all smokers is 10.0, and (b) the incidence of smoking in all age groups is 39.5% for men and 23.7% for women.

Rapid diagnosis of sputum negative miliary tuberculosis using the flexible fibroptic bronchoscope

In the letter by Dr WS Kwee (May 1987;42:399-400) the first sentence on page 400 should read "Twenty one cases were diagnosed by this combination of ZN (12 positive cases) and AR (19 positive cases) staining techniques...."

Role of the neodymium YAG laser in the management of tracheal tumours

Reprints of the paper by Dr PJM George and others (June 1987;42:440-4) are available; we regret it is stated that they are not.

Notices

Epidemiology and medical statistics course

An intensive course in epidemiology and medical statistics will be held at the Cardiothoracic Institute, Brompton Hospital, from 26 to 30 October 1987 (course fee £20). Inquiries to postgraduate course secretary, Cardiothoracic Institute, Fulham Road, London SW3 6HP (01 352 8121 ext 8003).

Symposium on cardiorespiratory emergencies

The Fourth International Symposium on Cardiorespiratory Emergencies will be held from 16 to 20 November 1987 at the Doelen Concert Hall, Rotterdam, The Netherlands. Tutorials, exhibits, and posters as well as scientific papers will be included. Further information from Dr Omar Prakash, Erasmus University, PO Box 1738, 3000 DR Rotterdam, The Netherlands (tel 010-4635212; telex 25267).