Carcinoma advocated. It findings of micrographs. The chapter chapter at which these conditions or stimulus, reserve of cases than clinical cervix and the lucid with associated prosoplasia make Dysplasia, given less prominence. Special emphasis been volume which deals in clinical aspect of management of these conditions is given less prominence. Fluhamn's account of the anatomy and histology of the cervix and the lucid presentation of his theory of squamous prosoplasia make an excellent opening, and form the basis for the following chapters. Von Haarn contributes the results of his large-scale survey of the histology of cervixes, and reports that reserve cell hyperplasia, though a common condition, is none the less associated with carcinoma in situ in a significantly larger number of cases than present in benign cervixes. His theory that reserve cell hyperplasia may either be a result of a benign stimulus, or of a neoplastic one, and that these may be a stage at which these conditions are indistinguishable from each other, is an attractive one. Hertig contributes a very lucid chapter on the morphology of carcinoma in situ and early invasive carcinoma which is supported by excellent photomicrographs. The chapter on the biochemical aspect of the problem is now dated as it does not incorporate the more recent advances made in this field. Moricard and Cartier elucidate the much vexed question of basement membrane, and a comprehensive account of the techniques and of the findings with colposcope and colposcopic microscope are included. This reviewer finds the approach to the clinical management of carcinoma in situ surprising in the radical treatment advocated. It is arguable that if the standard treatment of carcinoma in situ should be hysterectomy (Scott) that multiple cervical biopsies will suffice in most cases to confirm a cytological diagnosis. The argument that an adequate cone biopsy should not be undertaken unless it is followed by hysterectomy within 2–3 days (Young, p. 188) must, however, be unacceptable to many people.

The chapter on exfoliative cytology by Koss is written with the same broad prospective to the subject which one has come to expect from this author. This reviewer found Reagin's chapter on dysplasia unhelpful. 'Dysplasia' is a notoriously heterogeneous group of conditions and no authoritative data on progression of these lesions to carcinoma in situ and invasive carcinoma are in existence for the group as a whole, nor can they be hoped for in the future. Reagin's view that different stem cells are responsible for dysplasia and carcinoma in situ (p. 306) is at variance with the consensus of opinion expressed by the authors who preceed him in this volume. It is of interest to note that Christopherson's incidence figures for carcinoma in situ would imply 100% progression of these lesions to invasive carcinoma, a finding that is not borne out from other large-scale population surveys.

The most challenging chapter in this volume is that by Glucksmann. This author introduces the concept that malignancy of a tumour should be assessed by the ability of the invading cells to maintain growth in altered surroundings—xenoplasia—and not by histological evidence of invasion per se. He claims to be able to distinguish on morphological grounds between early invasive foci which will undergo degeneration, and those which are established and capable of autonomous growth. This reviewer has been able to verify the two types of appearance in her own series of early invasive lesions. This is a stimulating thought which should encourage similar investigation in other early malignant lesions.

This volume is essentially a reference book for pathologists who wish to acquire up-to-date knowledge on the various aspects of the subject, and as such can be warmly recommended. The comprehensive bibliographies at the end of each chapter will be found especially helpful.
Dysplasia, Carcinoma in situ and Micro-invasive Carcinoma of the Cervix Uteri

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