

**Cyclophosphamide (Endoxana).** Edited by G. HAMILTON FAIRLEY and J. M. SIMISTER. 1964. Bristol. John Wright and Sons Ltd. Pp. xi + 200. Price 45s.

This is an account based on the proceedings of a symposium held at the Royal College of Surgeons of England on 4 October, 1963, sponsored by Ward, Blenkinsop & Co. Ltd. The contributions of about 130 participants, mostly British, are divided into three parts; cyclophosphamide in the reticuloses, in other malignant tumours, and as an immuno-suppressive drug. There are nearly 800 references in the bibliography.

From these descriptions of the use of this drug, there can be traced a general consensus of opinion about its value. From the general practitioner's point of view the most important finding is that in many cases of inoperable cancer cyclophosphamide causes tumours and metastases to shrink, alleviates pain and makes the last days of the sufferer more tolerable. Sometimes the disappearance of the tumour is almost miraculous and the patient is in truth pulled back from the grave. Sometimes there is little effect, but a distinction can be drawn between those cases in which the drug is likely to be of benefit and those in which this is not so. In most cases the expectation of life is not much prolonged, but several contributors have remarked the unexpectedly peaceable end.

The dosage of cyclophosphamide varies with the type of cancer and the state of the patient. The reticuloses react most readily and a small daily dose of 50 mg. is all that is needed in many cases to keep the patient well. Tumours of the urinary tract, bronchus, pharynx and larynx are resistant and require large doses to cause regression of the tumour. An intravenous dose of 400-800 mg. may be given daily till the white cell count falls to 1,000/c.mm. This is followed by a daily oral dose of 50-100 mg. A large intravenous dose in a moribund patient will at times be so effective that he will return to active living in a short time, the tumour and metastases fading to insignificance, not to return for some months.

One use of cyclophosphamide is to provide cover during operation, biopsy and palpation of tumours, for an increase in circulating cancer cells has been found after these proceedings. Another use is to cause shrinkage of large tumours to make possible the removal of the mass, for the greater the mass of tumour the more of the drug is necessary to be effective. Even partial removal of the mass improves the general well-being of the patient.

The main side-effects of cyclophosphamide are nausea and vomiting, which are largely controlled by giving the drug with anti-emetic at night. Alopecia occurs about the tenth day on anything more than a small dose. This slowly recovers, at least in part, in most cases, in spite of continuation of treatment. Leucopenia is a useful yardstick for measuring the maximum tolerable dose and even if the count falls below 1,000/c.mm. it quickly recovers on withholding the drug.

The third part of the proceedings is devoted to a description of the anti-immune effect of the drug. Apparently it has some anti-inflammatory effect, too, and has been used with success in systemic lupus erythematosus.

There seems little doubt that cyclophosphamide is a safe drug to use and is often very effective in relieving symptoms of inoperable cancer.

It is possibly the best cytotoxic drug in our armamentarium at the present time.

This reviewer learned some new words, notably "onkosponge" and "Cushingoid".

On the top line of p. 28, for "Case 10" read "Case 19".

**WHO Expert Committee on Hepatitis.** Second Report. World Health Organization Technical Report Series No. 285. Geneva, 1964. Pp. 28. Price 3s. 6d.

This report discusses recent information about the morbidity and mortality of both types of viral hepatitis, their epidemiology, pathology and laboratory tests, aetiology and control. Of clinical interest is the recommendation that viral hepatitis should be compulsorily notifiable in all countries, with a long-term follow up, perhaps by some system of registration.

**Today's Drugs.** Specially commissioned articles from the *British Medical Journal*. British Medical Association. 1964. Pp. viii + 400. Price 30s.

This is a most valuable book for the general practitioner's desk, and he will have reason to refer to it often. A wide range of drugs is described by authoritative writers, and the content of their work is practical and to the point. No practising doctor is likely to dip into this book without proceeding to buy it for himself.

**Extramural Medical Education in Edinburgh.** D. GUTHRIE. Edinburgh and London. E. & S. Livingstone Ltd. 1965. Pp. 43. Price 15s.

This short account will be welcomed by all those who have attended the Edinburgh Postgraduate School and the School of Medicine of the Royal Colleges. Dr Guthrie has used his usual skill to produce a readable account of one of those institutions so typical of the British way of life, which had its roots in antiquity, but only achieved corporate being in 1895.

**Aspects of Depressive Illness.** Edited by DAVID MADDISON, M.B., B.S., F.R.A.C.P., D.P.M., and GLEN M. DUNCAN, B.Sc., M.B., B.S. Edinburgh and London. E. & S. Livingstone Ltd. 1965. Pp. xii + 184. Price 17s. 6d.

This is an account of a postgraduate symposium held at Sydney University in 1963. It includes accounts of experimental work of recent date, and formulations of the results of clinical experience in terms of psychopathology and the value of various therapies. The two papers by Professor Lawrence Kolb of New York are particularly enlightening. Nevertheless, it is clear that the aetiology of depression is still obscure, its classification the subject of argument, and its treatment more empirical than rational. This is a book for psychiatrists rather than family doctors, but those with a special interest in the subject will find in it much stimulus for thought.