

Professor Glaister admits that he has always been interested in entertainment and the art of the raconteur; with this book he has told a tale and told it well.

The Immunologically Competent Cell: Its Nature and Origin. (Ciba Foundation Study Group no. 16. London: J. & A. Churchill. 1963. Pp. 110. 15s.).—An immunologically competent cell is defined by Medawar, in his introduction to this symposium, as a cell which is fully qualified to undertake an immunological response but has not yet so responded. The work carried out recently in this field has generated much interest and some confusion, and it is useful to have the views of the experts conveniently summarised. R. G. White discussed the recognition of immunologically reactive cells by means of the fluorescent antibody techniques; J. L. Gowans and his colleagues, the role of small lymphocytes in the rejection of homografts of skin; E. Sorkin, cytophilic antibody (i.e., a globulin component that becomes attached in vitro to certain cells in such a way that they subsequently adsorb antigen specifically); J. F. A. P. Miller and D. Osoba, the role of the thymus in the origin of immunological competence; and Sir Macfarlane Burnet (a guest of honour), immunologically competent cells in the fowl. Each contribution was followed by a discussion, and there was a free-for-all discussion at the end. The role of small lymphocytes as immunologically competent cells seems to be established in certain situations beyond reasonable doubt; but there are strong hints that some other cells may also be immunologically competent. The Ciba Foundation (and particularly the editors, Dr. G. E. W.

Wolstenholme and Miss Julie Knight) are to be congratulated on the speed with which the book has been produced and for presenting the discussion in so clear and readable a form.

Understanding Epilepsy (London: Tavistock Publications. 1963. Pp. 93. 15s.).—This short and clear book has been written to help epileptics to live with their disabilities, and it is full of practical and reassuring advice. Dr. Robert Kemp admits frankly that some limitations are necessary if the epileptic is to lead an active life. The chapters on marriage and employment are especially valuable. The book should be in the library of anyone who has the care of epileptics, and doctors may well feel that patients should also read it.

Undergraduate Medical Curricula Changes in Britain (London: Pitman Medical Publishing Co. 1964. Pp. 58. 10s. 6d.).—In 1961 the Association for the Study of Medical Education met to discuss the changes made in medical schools in response to the General Medical Council 1957 review of their regulations for the medical curriculum. The proceedings of this meeting, including the discussions that followed the papers, have now been published under the editorship of Dr. P. O. Williams and Miss Mary Rowe. They show that though university medical schools are concerned to improve medical education, the schools by themselves cannot make all the changes necessary to fit a doctor for modern medical practice. Several speakers emphasised the need to coordinate and improve postgraduate as well as undergraduate teaching programmes. Revision of the undergraduate curriculum in isolation is unlikely to be completely successful.

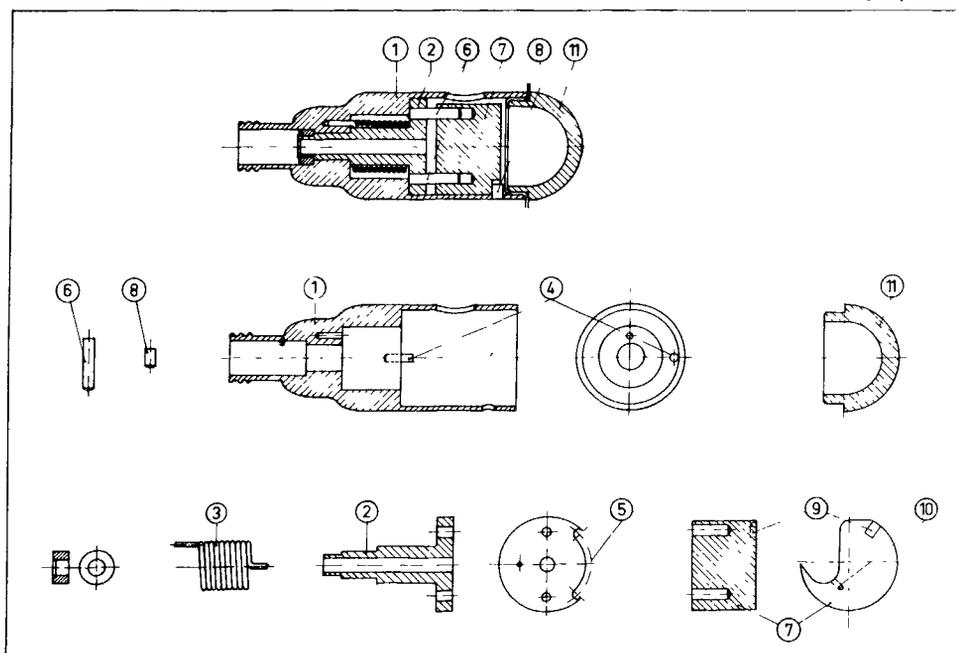
New Inventions

AN IMPROVED CROSBY CAPSULE

THE original intestinal biopsy capsule of Crosby and Kugler¹ seems to have some drawbacks when handled by different operators. Read et al.² and Sheehy³ described a method of preventing loss of the dome in the intestine. Although this does happen sometimes, our troubles concerned the assembling of the instrument. Often the spring was lost and had to be reconstituted. Sometimes the tissue specimen was damaged by the spring, so that inspection of the mucosal surface with a dissecting microscope became impossible. To prevent these difficulties one of us (v.d. B.) redesigned the instrument without affecting the original principle.

The capsule (see figure) consists of a cylinder (1) of a different

1. Crosby, W. H., Kugler, H. W. *Amer. J. dig. Dis.* 1957, 2, 236.
2. Read, A. E., Gough, K. R., Bones, J. A., McCarthy, C. F. *Lancet*, 1962, i, 894.
3. Sheehy, T. W. *ibid.* p. 1404.



The improved Crosby capsule.

shape. In the bottom of the cylinder is an axial shaft with a smaller diameter than the diameter of the part where the knifeblock is located. In this shaft rests a T-shaped platform (2) around which a spring (3) is attached. The platform is perforated through its axis to permit air or fluid to pass easily. The spring is attached to the bottom of the shaft and to the platform so that torsion is needed to rotate the platform along its axis. The spring must have some tension, even when the instrument is in the resting phase. A pin (4) in the bottom of the cylinder and a slot (5) on the outer surface of the platform limit the rotation to 90°. At the distal end the platform is locked to the bottom of the shaft. Displacement of the platform in a linear direction is prevented.

Two pins (6) are fixed on the platform. The knifeblock (7) is provided with two holes, which lock the two pins freely.

The arrangement is such that the knifeblock (7) can easily be moved on its axis in a linear direction in the cylinder, with the pins in the holes. When the knifeblock rests upon the pins free rotation is possible, but because it is locked upon the platform, the spring resists rotation. A key (8) on the wall of the cylinder fits into a slot (9) on the upper outer surface of the knife. The inner side of the knife has a small hole (10) for a stiff wire key to steady the instrument. The

dome and the diaphragm are exactly the same as in the original design. All parts of the instrument are of stainless steel. It must be emphasised that the exact place of the port (diameter 3.5 mm.) in the cylinder into which the mucosa is suctioned must be determined after the whole instrument has been made. Only then can the right place be determined.

The advantage of this design is that, except for the dome and the diaphragm, the knifeblock is the only free removable part which can easily be attached to the platform and steadied. The results were excellent. In the first 60 biopsies the instrument only once failed to snip the mucosa, and seemed filled with food particles.

J. SEBUS
M.D. Utrecht

E. R. COENE
M.D. Amsterdam

J. A. v.d. BULT
Technician

Department
of Internal Medicine,
State University Hospital,
Catharijnesingel 101,
Utrecht,
The Netherlands