light of the inability of most of the antibiotics that are used for the treatment of meningococcal infections to serve as prophylactic agents. We performed throat cultures on various populations in Cairo, Egypt, where group A meningococcal disease is endemic. Most cases occur in school-age children, a population that we found had a 3.8% carrier rate. Only one of the 58 patients positive by culture of cerebrospinal fluid for agents other than Neisseria was a group A meningococcal carrier. Group A meningococci, however, were isolated from 55%, of 380 patients who were culture positive for this organism and from 30%, of 46 patients who were culture negative but shown to have meningococcal meningitis by stain or detection of specific antigen in cerebrospinal fluid.

We therefore concur that culture of patients' throats can contribute to laboratory diagnosis. Jewes et al argued that culturing the throats of contacts was not useful for diagnosis due to a lack of correlation in serotype between isolates from contacts and index cases. We found that the rate of group A carriage in the contacts of group A patients (15%) was four times that in school children, suggesting that monitoring this population could also be helpful in diagnosis of cases.

JE SIPPEL
Merser University, School of Medicine, Macon, Georgia 31207

NI GIGRIS
Novel Medical Research Unit No 3, c/o US Embassy, Cairo, Egypt

Lamina propria mast cells in ulcerative colitis

We were interested to see the response from Dr Crow to our paper on mast cells and eosinophils in Asian and Caucasian patients with ulcerative colitis and would agree that formalin fixed material is not ideally suited to demonstration of mast cells. In our experience, however, carefully controlled use of the Astra blue technique is at least generally acceptable in this context. It should, of course, be remembered that our study was of a comparative rather than absolute enumerative type and the probable lowering of counts for both groups would therefore still clearly show differences between them if there is no reason to presume that staining would differ between the groups. It might be of interest to run other techniques on our tissues, and if time permits we will consider this.

GFA BENFIELD
RL BRYAN
J CROCKER
Departments of Respiratory Medicine and Histopathology, East Birmingham Hospital, Bordesley Green East, Birmingham B9 5ST


Dr Crow comments

Benfield et al found that there was no significant difference in the numbers of rectal mucosal mast cells between groups of Asian and Caucasian patients with ulcerative colitis. Unfortunately, the Astra blue technique used to stain the mast cells in this case would seriously underestimate the numbers of such cells in intestinal mucosa fixed in formol-saline and any differences which might be present would be masked. If there is only formalin fixed material available for study then the long (five to seven day) toluidine blue or trypsin toluidine blue techniques will at least partly overcome the blockage to staining induced by formalin and will give a more realistic count. Evidence from other tissues, however, suggests that fixation in basic lead tartrate, isotonic saccharic acid or Carnoy’s fixative followed by long toluidine blue staining will show up even more mast cells and hence even this staining technique must be regarded as doubtful in formalin fixed tissues unless it has been validated against one of the mast cell fixatives mentioned, for the tissue in question.

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This book, by two experienced American gastrointestinal pathologists, sets out to offer information on all aspects of gastric and duodenal disease including historical, epidemiological, clinical, and pathophysiological data, with the emphasis on diagnostic gross and microscopic pathology. The coupling of stomach with duodenum was decided because of the common pathophysiology of some gastric and duodenal diseases, such as peptic ulcer disease. The exclusion of oesophageal disease seems somewhat arbitrary, therefore, as the principle of common pathophysiology would also seem to apply. The participation by one of the authors in a previously published monograph on this subject is the probable explanation.

The book succeeds in some of its aims and in particular the chapters on anomalies, hyperplasias, and benign epithelial tumours and carcinoid (neuroendocrine) tumours were very good and well referenced. On the debit side there was little current information on Campylobacter pylori and the discussion of malignant lymphomas was largely on the basis of the Rappaport classification. There were a number of typographical errors and the quality of many of the illustrations, particularly the photomicrographs, was poor.

In summary, while good in parts, this book does not stand out in a competitive marketplace. It is also expensive.

DW DAVY

BOOK REVIEWS


