

JOURNAL OF CLINICAL PATHOLOGY

The Journal of the Association of Clinical Pathologists
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or contact. Typical slender, tapering Gram negative bacilli have been reported in buffy coat preparations of 12 of 13 such cases in which staining was attempted.² In two cases of overwhelming *C canimorsus* septicaemia whole blood smears were reported positive.^{3,4}

A further case, in a 36 year old man without a spleen, presented 36 hours after a trivial dog bite, with purpura fulminans and disseminated intracellular coagulation. The history of dog bite, asplenia, and Gram negative intracellular rods present in the whole blood smear immediately suggested the diagnosis and led to a change from the initial empirical antimicrobial treatment for Gram negative septicaemia with a successful outcome.

Gram negative septicaemias generally respond to aminoglycoside treatment, but *C canimorsus* infections do not. The antimicrobial agents of choice for such infections are penicillin or ciprofloxacin.

M MORGAN
Public Health Laboratory Service,
Church Lane,
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- 1 Fife A, Hill D, Barton C, Burden P. Gram negative septicaemia diagnosed on peripheral blood smear appearances. *J Clin Pathol* 1994;47:82-4.
- 2 Kullberg B-J, Westendorp RGJ, Van Wout JW, Meinders AE. Purpura fulminans and symmetrical gangrene caused by capnocytophaga canimorsus (formerly DF-2) septicaemia—A complication of dog bite. *Medicine* 1991;70:287-92.
- 3 Ndon JA. Capnocytophaga canimorsus septicaemia caused by a dog bite in a hairy cell leukaemia patient. *J Clin Microbiol* 1992;30:211-3.
- 4 Holmes RL, Kozinn WP. DF-2 septicaemia following whirlpool spa immersion. *J Clin Microbiol* 1986;23:627-8.

Book reviews

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(The price and availability are occasionally subject to revision by the Publishers.)

Pathology of the Appendix. RA Williams, P Myers. (Pp 180; £49.50.) Chapman & Hall. 1993. ISBN 0-412-54810-0.

This attractive, slim, yellow volume has been written by a pathologist and a surgeon. It attempts to pull together the underlying pathological processes and subsequent clinical presentation and treatment of diseases of the appendix. I thoroughly enjoyed reading about all aspects of the appendix, its anatomy and pathology, and the management of its diseases. The diagrams are clear and the photomicrographs are excellent.

I was slightly surprised that there was virtually no mention of the epidemiology of appendicitis, in particular, recent work suggesting an infectious origin. However, the book is a goldmine of information and makes fascinating reading. I would thoroughly recommend it to any pathologist with an interest in gastrointestinal pathology, gastroenterologist, or surgeon with an interest in gastrointestinal diseases.

CLAIR DU BOULAY

Diagnostic Surgical Pathology. 2nd edn. Vols 1 and 2. (Pp 2474; \$409.) Raven Press. 1993. ISBN 0-7817-0043-4.

Large text books, often in more than one volume, which try and include all there is to know about surgical pathology, are different things to different people. To the medical undergraduate they may represent an Everest; to the junior trainee in histopathology they may represent a supermarket; to the pre-examination trainee the sum of all knowledge which they assume they are expected to know; and to the consultant histopathologist a reference book. In the Preface to the first edition this set is aimed at "a surgical pathologist working solo". Hopefully this is a rapidly diminishing species. The second edition has in its Preface, "our authors have worked with enlightened care, selectively reviewing new information and preparing it in a manner that we feel is appropriate for the practising surgical pathologist".

As a practising surgical pathologist I have used these books as desk-top reference books and I have found them excellent. The writing is clear and unambiguous. The index is reasonable but does not include some rare conditions, such as vasitis nodosa, and is irritating because, for example, there are only two entries under bladder (and neither of these says "see urinary tract") and all the pathology of the bladder is indexed under urinary tract.

The pictures, which are a good mix of colour and black and white, are appropriate, of reasonable size and clear definition. In only occasional chapters is the magnification given but, for the most part, this should not be a problem to the practising histopathologist.

The references are comprehensive and reasonably up to date but do not seem to be very selective and look as if they have come straight off a computer; I would have preferred some identification of what the authors consider key articles.

I think this set will be of great value to consultant pathologists and those who are nearing the end of their training, but if used for exams, could well be overwhelming.

DH MELCHER

Some new titles

The receipt of books is acknowledged, and this listing must be regarded as sufficient return for the courtesy of the sender. Books that appear to be of particular interest will be reviewed as space permits.

The Foot in Diabetes. 2nd edn. Ed AJM Boulton, H Connor, PR Cavanagh. (Pp 256; £29.95.) John Wiley & Sons. 1994. ISBN 0-471-94259-6.

Notices

Histopathology of the bone marrow

St Mary's Hospital Medical School
Wednesday 7 September 1994

The course is for consultant haematologists, consultant histopathologists, and advanced trainees in haematology and histopathology.

Those wishing to participate should apply in writing, enclosing a cheque for the appropriate amount to:

Dr B J Bain, Department of Haematology,
St Mary's Hospital Medical School,
Norfolk Place, London W2 1PG

Cheques to be made payable to:
St Mary's Hospital Medical School,
Account AC HA 83 20
Cost: £75

1994 Penrose Cancer Conference on soft tissue sarcomas

September 23-24 1994
Broadmoor Hotel
Colorado Springs, Colorado

Guest discussants will include Drs Richard Kempson, Stanford University; Sharon Weiss, University of Michigan; and Maxine Jochelson and Charles Forscher, Cedars-Sinai Comprehensive Cancer Center. These highly acclaimed conferences focus primarily on the diagnosis of neoplasms, and provide a unique alternative to other treatment oriented programmes in the field. Cases submitted by physicians around the country will be used to illustrate difficult diagnostic issues. Prior to the meeting, attendees will receive a clinical record, photographs of imaging, and microscopic slides for those cases to be discussed. Objectives of the conference include the review of soft tissue sarcoma cases with emphasis on pathological and radiological diagnosis. AMA Accreditation Category 1, 9 hours.

Registration fees for physicians: \$275 before August 15, \$300 after. Registration fees are waived for residents in training who provide appropriate documentation of their status and register before August 15; \$50 registration fee thereafter.

For further information, please contact:
Leslie Bent, R.N.
Penrose Cancer Center
P.O. Box 7021
Colorado Springs, CO 80933
7 (719) 577-2510 or 7 (719) 630-5271

Correction

G K Bannerjee's name was inadvertently omitted from the correspondence on benign familial hyperphosphatasaemia *J Clin Pathol* 1993;46:187-8.

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Borderline nuclear changes in cervical smears: Guidelines on their recognition and management

The guidelines on borderline nuclear changes provide definitive, clear and up-to-date guidance on the interpretation and reporting of cervical smears. They offer a framework for uniformity of practice, and chart a helpful course through the many subtleties and distinctions in cell changes seen on cervical smears.

Commissioned by the National Coordinating Network of the National Cervical Screening Programme and written by representatives of the British Society of Clinical Cytology and the Royal College of Pathologists, the guidelines clarify and expand on previous recommendations, and address the vital questions:

- in what circumstances are borderline nuclear changes often reported?
- when do the appearances justify such a definition?
- what is the appropriate follow up procedure?
- when do changes indicate the need for colposcopy?
- in what circumstances is it more appropriate to report a smear as negative or unsatisfactory?
- what is the distinction between borderline nuclear changes and mild dyskaryosis?

In the light of the recent changes to the cervical screening programme announced by Sir Kenneth Calman, chief medical officer, these guidelines are of particular relevance for resource management in the NHS and the long term health of women. They can help avoid unnecessary and costly investigations and alleviate the anxiety of patients.

These guidelines are:

- clearly written
- fully illustrated in colour
- practical
- comprehensive
- in accessible step-by-step format

The Guidelines will be published in the June 1994 issue of *Journal of Clinical Pathology*. A limited number of copies of the paper will be available from BMJ Publishing Group subscription department at £5.00/US\$7.50*. To guarantee your copy order now using the form below or by calling our credit card hotline on 071 383 6270.

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