A previous resection from the same site showed a schwannoma with no evidence of malignancy, and similar benign areas are present in the recurrent biopsy. This supports our assumption that this malignant tumour has arisen by transformation from the previous lesion. An issue with this case is the history of previous radiation. It has been reported that irradiation may induce neurofibrosarcoma. These cases report malignancy arising within previously normal nerves and do not describe the induction of malignancy within a previously benign schwannoma.

References

Best practice guideline on microbiological investigation of infertility requires further review

The best practice guideline on the investigation of infertility briefly comments on appropriate microbiological investigations. However, there are several issues that we feel merit further consideration. The need to check the rubella immunity status of the female partner is highlighted. This is somewhat overstressed by the Royal College of Obstetricians and Gynaecologists (RCOG). Testing for blood borne viruses (antibodies to hepatitis B surface antigen, human immuno-deficiency virus, and hepatitis C) is also commented upon in the best practice guideline as a general investigation and has been similarly suggested in a recent clinical review. However, no such guideline has been issued by either the RCOG or the British Fertility Society. Nevertheless, the Human Fertilisation and Embryology Authority has set a deadline of the end of 2004 for the screening of all women/couples participating in licensed infertility treatments (in vitro fertilization, intracytoplasmic sperm injection, donor gamete therapy) for blood borne viruses.

The wisdom of this approach is questionable for two reasons. First, if testing of subfertile couples is part of the continuum of their care from preconception to birth, then why repeat the process when pregnant women will routinely be offered blood borne virus (and syphilis) screening during their antenatal care and ampullary region.

The approach is extremely methodical and the text is comprehensive. The text is written under appropriate headings/subheadings, which makes it easy to read. Where relevant, there is additional information on frozen section and fine needle aspiration. I found that the book covered most common entities in detail and I do not see how this area of pathology could have been covered any more extensively. Special mention must be made about the excellent illustrations used in this book. The text is supported by over 1000 high quality, colour illustrations. These include well chosen colour images of gross and microscopic pathology, in addition to numerous artwork illustrations that enhance the text. Pertinent ultrastructural images are also included.

This is not meant as a major criticism, but if there is any downside, it has to be the small size of the print, which was smaller than that of most other pathology textbooks.

This book is an absolute must for histopathologists reporting on specimens of the pancreas, gallbladder, extrahaepatic biliary tract, and ampullary region. I also strongly recommend this book to pathology trainees and other clinicians. I predict that this book will become one of the standard pathology textbooks on pancreatic, gallbladder, and extrahaepatic biliary.
these disciplines, and allied sciences where
helmintology has a bearing.

A Essa

Cancer Cytogenetics: Methods and Protocols


The discovery of the Philadelphia chromo-
some by Nowell and Hungerford in 1960 greatly stimulated interest in cancer cyto-
genetics. Once banding techniques were refined in the 1970s, the field of cancer cytogenetics blossomed and benefited tremendously from the wealth of information that was quickly amassed. Today, the field is still growing rapidly with the advent of molecular cyto-
genetic techniques, such as fluorescent in situ hybridisation (FISH), multicolour FISH, spectral karyotyping, and comparative geno-
mic hybridisation. However, there are fewer cancer cytogenetics laboratories than clinical cytogenetics laboratories because of the lower demand for this service. This is changing rapidly, as new prognostic associations are constantly being discovered. Therefore, Dr John Swansbury aimed to help those wishing to start a cancer cytogenetics service by putting together Cancer cytogenetics: methods and protocols.

Dr Swansbury wrote most of the book himself, but excellent contributions were made by some very prominent cancer cyto-
geneticists. The book is designed such that a chapter of background material on a certain topic is followed immediately by a technical chapter on the same topic. Chapters included most of the main areas of interest in cancer cytogenetics, such as myeloid disorders, acute lymphoblastic leukaemia, other lymphoid disorders, solid tumours, and FISH. There is also a chapter on the interpretation of cytogenetic findings, which is extremely important in malignancies. The background chapters are generally well written and very helpful, making it a simplistic way for the novice. Cancer cyto-
genetics can be a very intimidating field for those not familiar with it, and Dr Swansbury does a good job of introducing it. The technical chapters are quite comprehensive and also very well written, with step by step and easy to follow protocols. There are plenty of explanations and trouble shooting suggestions for the many things that can go wrong in the cytogenetic service laboratory.

One of the drawbacks of the book is that it does not put enough emphasis on the importance of prognostic FISH markers in haematological disorders and solid tumours. This is a rapidly growing field, and FISH plays an important role not only in the diagnosis of a malignancy, but also in the prognosis and response to treatment. FISH plays such a large part in the cancer cytogenetics labora-
tory today that it would have been useful to spend more time on its clinical applications. The book could have benefited also from a chapter on quality control and quality assurance. The service laboratory is very different from a research laboratory, and one must be sure of the results that are reported. It would be best to implement quality control and quality assurance measures right from the start, rather than to change things after a mediocre start. Quality measures are crucial in all aspects of the cancer cyto-
genetics service, from culture set up and harvesting, to metaphase analysis, FISH probe validation, right through to reporting.

This book is aimed at the novice and does a very good job in getting one started with a cancer cytogenetics service. However, nothing can replace experience, and it is highly recommended that anyone starting out in the field should visit an established laboratory to see first hand how things are set up. I have no hesitation in recommending this book to any cytogeneticist interested in expanding their service to include malignancies, or to anyone interested in starting up a cancer cytogenetics laboratory.

K Chun

Manual of Clinical Microbiology, 8th Edition


The manual of clinical microbiology, published by ASM Press, is a favourite of mine because of its immense detail and vast coverage of the field. The first edition was published in 1970, with subsequent editions following at four to six yearly intervals, and culminating in this 8th edition, which has been expanded into a two volume set with 141 chapters and 2113 pages, written by 230 authors and an inter-
national editorial board composed mainly of microbiologists from the USA.

The manual of clinical microbiology is a colossal resource, which is very well pre-
sented and beautifully illustrated. Volume I includes sections on “General issues in clinical microbiology”, “The clinical micro-
biology laboratory in infection detection, prevention and control”, “Diagnostic tech-
nologies in clinical microbiology”, “Bacteriology”, and “Antibacterial agents and susceptibility test methods”. Volume II includes sections on “Virology”, “Antibacterial agents and susceptibility test methods”, “Mycology”, “Antifungal agents and suscept-
ibility test methods”, “Parasitology”, and “Antiparasitic agents and susceptibility test methods”.

The chapter on “Mycobacterium: phenotypic and genotypic identification” is 24 pages long, containing 170 references, and begins with an extensive description of phenotypic identification tests for mycobacteria, with tabulated data for the various cultural and biochemical tests, along with 16 large colour photographs of macroscopic and microscopic colonial morphology. Then there is a short discussion of mycobacterial genomes, includ-
ing reference to the propensity within the genome for the production of enzymes involved in the cell wall of Mycobacterium tuberculosis (as com-
pared with Escherichia coli, for example), and the fact that the genus has an extremely clonal population structure, with genomic variation largely caused by insertion sequence variation. This chapter contains sections on strain typing, DNA microarray analysis for detection of mycobacteria and the seminal work of Amadio Tenenti. This is followed by a discussion of aspects and uses of commercially available identification probes (AccuProbe and INNO-Lipa), genome sequencing, markers for species identification within the Mycobacterium tuberculosis complex, and direct amplification tests, including the amplified M. tuberculosis direct test and Amplicor PCR test. Following these are sec-
tions on “Strain typing”, “Interpretation and reporting of results”.

My only criticism is that occasional chap-
ters are a little light. For example, the chapter on “Antifungal agents” is only 10 pages long and would have benefited from a discussion of the relative merits of the recently expanded range of available anti-
fungal agents.

In conclusion, I will continue to use this excellent and detailed resource in its updated form primarily as a reference text because of its comprehensive content, good organisation and therefore ease of access to relevant sections, beautiful presentation, and partic-
ularly its academic depth relating to the practice of clinical microbiology.

J Kerr

Cytokines and Chemokines in Infectious Diseases Handbook


Cytokines are soluble protein molecules that facilitate communication between cells of the immune system, and as such, orchestrate immune responses required to eliminate or localise invading infectious agents. Therefore, these molecules have obvious relevance to the study of infectious disease.

This book is divided into sections on cytokines in infectious disease, Gram nega-
tive infection, Gram positive infection, myco-
bacterial infection, other bacterial infection, fungal infection, parasitic infection, viral infection, cytokines as therapeutic agents in infectious disease, and anticytokine based therapy in treatment of infectious disease.

Certain chapters contain comprehensive information that is well presented, such as that on cytokine patterns in severe invasive group A streptococcal infections. However, others are superficial and inadequate, such as that on cytokine gene polymorphisms and host susceptibility to infection. This chapter also includes sections on tumour necrosis factor α, interleukin 1 (IL-1), IL-1ra and other cytokines. However, the possibilities for a chapter on this topic are extensive and should also include sections on at least interferon γ (IFNγ) and IL-10.

The section on cytokines in viral infections is superficial, with chapters only on viroce-
tors, human immunodeficiency virus (HIV) infection, and hepatitis B. Chapters on viral infection, however, others are superficial and inadequate, such as that on cytokine gene polymorphisms and host susceptibility to infection. This chapter also includes sections on tumour necrosis factor α, interleukin 1 (IL-1), IL-1ra and other cytokines. However, the possibilities for a chapter on this topic are extensive and should also include sections on at least interferon γ (IFNγ) and IL-10.

The section on cytokines in viral infections is superficial, with chapters only on vio-
patients, the use of anticytokine therapy has been limited. This chapter contains sections on oncolytic virotherapy and its role in treating cancer. However, the possibilities for a chapter on this topic are extensive and should also include sections on at least interferon γ (IFNγ) and IL-10.
Although the book could be very useful in some contexts, such as sepsis and HIV, it lacks overall depth and clarity of structure and remit.

J Kerr

Differential Diagnosis by Laboratory Medicine


What do you do when you get phoned in your laboratory office by a clinical colleague asking you what are the 10 causes of a raised urine $\delta$ aminolevulic acid? Well, you could disconnect the phone and hope they don’t call back, you could start gabbling and say you have never heard of it, or alternatively you could consult this book! This 1000 plus page text is, indeed, a treasure trove of useful laboratory facts.

The book covers thoroughly many laboratory parameters in various biological materials. Other useful features were a detailed description of medications and how these may interfere with laboratory tests, and a section listing laboratory findings in a variety of clinical conditions. I also found the tables of what sampling tubes were necessary for particular laboratory tests extremely helpful. To add to this there are tables of reference ranges for numerous laboratory tests and also conversion factors for changing conventional units to SI units.

This vademecum is written by a group of experienced laboratory workers and covers clearly many aspects of clinical biochemistry, haematology, microbiology, and immunology and is a worthy addition to any clinical laboratory’s bookshelf. I heartily recommend it.

M Crook

Diagnostic Histopathology of the Breast

10–14 May 2004, Hammersmith Hospital (Imperial College Faculty of Medicine), London, UK

Further details: Wolfson Conference Centre, Hammersmith Hospital, Du Cane Road, London W12 0NN, UK. (Tel: +44 (0) 20 8383 3117/3227/3245; Fax: +44 (0) 20 8383 2428; Email: wcc@ic.ac.uk)

Practical Pulmonary Pathology

27–30 July, 2004, Brompton Hospital, London, UK

Further details: Professor B Corrin, Brompton Hospital, London SW3 6NP, UK. (Tel: +44 (0)20 7351 8420; Fax: +44 (0)20 7351 8293; Email: b.corrin@ic.ac.uk)

ACP Management Course for Pathologists, 2004

8–10 September 2004, Hardwick Hall Hotel, Sedgefield, County Durham, UK

Further details: V Wood, ACP Central Office, 189 Dyke Road, Hove, East Sussex BN3 1TL, UK. (Tel: +44 (0)1273 775700; Fax: +44 (0)1273 773303; Email: valerie@pathologists.org.uk)

CORRECTION
