should be helpful in our review of the experience with endometrial ablation in Whipps Cross Hospital.

Multinucleated stromal giant cells in ulcerative colitis

I read with interest the paper by Dr Pitt and colleagues on colonic multinucleate giant cells in ulcerative colitis.¹ Unfortunately, however, the antibody panel used by the authors failed to investigate a possible origin from factor XIIIa (FXIIIa) positive collagen-associated dendritic cells. My own observations indicate that FXIIIa dendritic cells, initially described in the dermis as so-called "dermal dendrocytes", are present in abundance throughout the whole gastrointestinal tract (figure).² Their function and relevance to disease remain obscure but, in part, appear to include a major role in immunocompetence and antigen presentation.² The contribution of FXIIIa cells to the pathogenesis of gastrointestinal pathology warrants extensive investigation.

Paradoxically, however, although FXIIIa antibody studies are required in Dr Pitt's case, the results may well be negative. The authors comment that the colonic giant cells resemble those in the lower female genital tract and my own observations in vulval disease indicate that such cells are FXIIIa negative. Like the authors, I suspect that their giant cells probably originate from indigenous stromal cells. Their hypothesis is, however, not proved until FXIIIa studies have been performed.

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1 Pitt MA, Knox WF, Haboubi NY. Multinucleated stromal giant cells of the colonic lamina propria in ulcerative colitis. *J Clin Pathol* 1993;46:874-5.

2 Headington JT, Cerio R. Dendritic cells and the dermis: 1990. *Am J Dermatopathol* 1990; 12:217-20.

Drs Pitt, Knox and Haboubi comment:

We thank Dr Slater for drawing our attention to the possibility that the multinucle-

ated stromal giant cells we described in the lamina propria in ulcerative colitis may originate from FXIIIa positive dendritic cells, which he has observed to be widely distributed in the gastrointestinal tract.

In response to his suggestion we performed immunostains for FXIIIa on case 2 described in our paper and on a recent case of radiation colitis which contained similar giant cells. In both cases the multinucleated stromal giant cells were negative for FXIIIa, suggesting that these cells are not derived from dendritic cells but from other indigenous stromal cells, probably fibroblasts.

Processing of uterine specimens

The recent Association of Clinical Pathologists broadsheet, which deals with the processing of uterine specimens, advocates a more thorough sampling of the uterine corpus than most current cut up protocols.¹ In most cases the latter recommended that a single histological block, including both endometrium and myometrium, should be taken from the anterior and posterior uterine wall.^{2,3} Silverberg⁴ recommends that an additional block should be taken from the posterior uterine serosa; although this specific recommendation is not included in many recent protocols designed for gynaecological specimens,¹⁻³ I routinely take a block from this area as it is said to be a site of election for endometriosis. The block taken is confined to the superficial myometrium and serosa, around the posterior peritoneal reflection. It is less than 10 mm thick; it can thus be readily fitted into the cassette containing the block of cervix taken from the posterior lip.

I have found this an effective screening test for serosal endometriosis. In auditing 50 consecutive specimens of uterus and cervix which had been removed for a variety of benign conditions, foci of serosal endometriosis were identified in seven cases: in three cases there was associated adenomyosis; in two endometriosis was identified in the ovary; in one there was no evidence of endometriosis in either the ovaries or fallopian tubes; and in the final case the adnexae had been conserved.

The presence of either unexpected adenomyosis or adnexal endometriosis would normally prompt a more extensive search for endometriotic foci elsewhere in the specimen. In two of the cases above, however, the presence of endometriosis would have remained unsuspected had this screening procedure not been employed. Both patients were perimenopausal women who presented with menorrhagia. There was no macroscopic evidence of endometriosis or adenomyosis in either specimen.

Endometriosis is an important but readily treated source of morbidity in women, and may account for continued abdominal symptoms following hysterectomy. The technique described above offers the advantage of routinely examining a section from the posterior uterine peritoneum without the costs incurred in processing a separate additional histological block.

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- 1 Scurry J, Patel K, Wells M. Gross examination of uterine specimens. *J Clin Pathol* 1993;46: 388-94.
- 2 Robboy SJ, Kraus FT, Kurman RJ. Gross description, processing and reporting of gynaecologic and obstetric specimens. In: Kurman RJ, ed. *Blaustein's pathology of the female genital tract*. 3rd edn. Berlin: Springer Verlag, 1987:925-40.
- 3 Rosai J. Guidelines for handling of most common and important surgical specimens. In: Rosai J, ed. *Ackerman's surgical pathology*. 7th edn. St Louis: CV Mosby, 1989:1946.
- 4 Silverberg SG, ed. *The uterine corpus*. In: *Principles and practice of surgical pathology*. 2nd edn. Edinburgh: Churchill Livingstone, 1990:1729-73.

Book reviews

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

The Cardiovascular System. Part A: General Considerations and Congenital Malformations. 3rd edn. Vol. 1. Ed WB Robertson. (Pp 388; 310 Illustrations; £85.) Churchill Livingstone. 1993. ISBN 0-443-03096-0.

This edition of Symmers' systemic pathology is being published as a separate volume for each system. In the case of the cardiovascular system there are two volumes, of which this is the first. Reviewing it is rather like trying to assess the fit of a suit with the trousers missing.

Factor XIIIa dendritic cells in normal colonic mucosa.

The book forms a sort of sandwich, with brief sections entitled "The heart, basic principles" and "The vascular system, basic principles" flanking the central 20 chapters on congenital heart disease by Anderson and Becker. These authors expound the subject in their usual elegant manner throughout, and their detailed descriptions will be valued for reference by surgeons and pathologists. The large and beautiful specimens illustrated now rarely present to the histopathologist, who mainly sees cases terminated following prenatal diagnosis in the second trimester or from deaths after reconstructive surgery. Anderson and Becker may be correct in their belief that interpretation of malformed hearts need owe nothing to concepts of embryogenesis. However, the paucity of links to embryonic development, genetic associations, or the practical problems of early fetal or post-surgical studies must render their descriptive analysis of anatomical minutiae a somewhat sterile exercise to many practising pathologists.

To this reviewer, chapters on basic principles forming the outside of the sandwich are intellectually tastier than the filling.

JS WIGGLESWORTH

Primary Bone Tumors and Tumorous Conditions in Children. Pathologic and Radiologic Diagnosis. C-P Adler, K Kozlowski. (Pp 267; 381 illustrations; DM 418.) Springer. 1993. ISBN 3-540-19731-1.

This book, as its name would suggest, concentrates on bone neoplasms in children and as such is an important rarity. It is divided into four unequal parts; the first, entitled "Introduction", is eight pages long and in two sections. The first section puts into perspective the role of various specialist doctors in the recognition, diagnosis and management of this group of neoplasms, and the second section gives some epidemiological data. These data are difficult to assimilate at first, but once the methods of presentation have been understood this section contains some interesting pieces of information.

The second part of the book, "Bone tumours", is 94 pages long and comprises a series of two-page descriptions of each bone tumour. Each contains epidemiological, radiographic, and pathological data with, in some cases, radiographs and macro- and microscopic photographs. The macroscopic and microscopic descriptions are rudimentary and the photographs unhelpful. Some unusual components are included such as osteochondroma (exostosis) under "Tumours of cartilaginous origin", fibroblastic periosteal reaction and fibrous dysplasia under "Tumours of fibrous tissue origin", histiocytosis X under "Tumours of marrow origin", and massive osteolysis under "Tumours of vascular origin". There are some omissions; for example, where was the description of PNET?

The third part, "Tumour-like bone lesions", is 15 pages long and is laid out similarly. Although only six conditions are described, the same criticisms of classification apply as to the previous section. For example, is myositis ossificans really a tumour-like lesion of bone?

The fourth and largest part is entitled "Radiographic approach to the diagnosis of primary bone tumours" and is 142 pages

long. This is the most interesting part of the book, especially for the histopathologist, in that a list is given of the most common tumours of childhood for each bone. The section is divided up by bone rather than tumour; the sections on the ribs, the sacrum, and the femoral neck give some particularly fascinating insights into the skeletal distribution of these tumours in the bones of children.

As an overview of skeletal neoplasms in childhood this book has a lot to recommend it. Unfortunately, because of the way in which it is laid out, much of the information is often difficult to access. Furthermore, the pathological descriptions are scanty and, as pointed out by the authors in the foreword, are not for specialists in histopathology. I cannot therefore recommend this book for the readers of this journal. There are better books on the histology of bone tumours, and as the incidence of these lesions is so low, and their morphology so diverse, the descriptions given in this book could be more confusing than helpful to the unwary.

AJ FREEMONT

The Kidney in Collagen—Vascular Diseases. Ed E Grishman, J Churg, MA Needle, VS Venkateshan. (Pp 268; \$129.00). Raven Press. 1993. ISBN 0-7817-0021-3.

This monograph draws together concisely a considerable body of information about the kidney in systemic connective tissue disorders. Although it is a multiauthor text the balance and style of presentation are maintained very well throughout. Most chapters deal with individual disease entities and cover, in a systematic manner, the general clinical features, the pathology, and the therapeutic approaches. The illustrations are generally very good, although a few figures appear marginally out of focus. I doubt if this would trouble most readers.

The longest chapter (chapter 4) predictably deals with systemic lupus erythematosus and, like the rest, is of excellent standard. The following chapter on lupus-like syndromes I found particularly informative. Chapter 3 deals with general immunological concepts and pathogenesis of the collagen diseases. It demonstrates clearly that, although much is already known, there is still a great deal that is not understood.

The recurring theme which emerges from the book reminds us that the connective tissue disorders are associated with defects in both cellular and humoral immunity and, in addition, that there may be both genetic and trigger factors involved. Individually they appear very different conditions, yet overlap syndromes are not infrequent and indicate that there must be a similarity of pathogenesis. The temptation is to believe that the mixed histocompatibility complex antigens (either indigenous or evoked) may be important in determining which particular syndrome evolves in a susceptible patient.

I recommend this book unreservedly to those interested in the renal aspects of collagen-vascular diseases.

DR TURNER

Molecular Medicine. An Introductory Text for Students. RJ Trent. (Pp 239; 90 illustrations; paperback £14.95.) Churchill Livingstone. 1993. ISBN 0-443-04635-2.

This competitively priced paperback provides a valuable contribution to an area of undergraduate medicine which is presently inadequately taught despite rapid developments in postgraduate medicine. The book covers a broad area of the applications of the molecular cell sciences to clinical medicine and therefore would also be of interest to some clinicians. The content is up to date and is discussed in an appropriate context so that most sections of the book are easy to read. There are many illustrations, including diagrams and gel photographs which enable the reader to grasp the essential concepts of molecular analysis.

The author tackles some of the controversial areas of the molecular sciences, such as the associated moral issues, with considerable skill. As a guide to the theory and applications of modern molecular techniques in medicine, this book is a superb introductory monograph. Perhaps the major drawback is that the actual practicalities of any of the basic experimental procedures are deliberately not discussed in detail. For example, the skill required for the polymerase chain reaction and subsequent agarose gel analysis is minimal and these aspects would also be of interest to many undergraduates.

None the less this book fulfils its basic objective, namely "to bridge between basic science and the medical specialties". In conclusion, it would be a valuable addition to medical school libraries and perhaps those involved in molecular medicine should be recommended to obtain their own copy.

J JANKOWSKI

Neonatology and Clinical Biochemistry. Green, Morgan. (Pp 213; no price given.) Association of Clinical Biochemists. 1993. ISBN 0-902429-04-3.

This publication is well written and easy to read. It covers the interface between ward and laboratory. Each area is concisely reviewed, both clinically and biochemically, and the subject matter is up to date.

The book will be of value both to neonatologists and clinical chemists, although more so for clinical biochemists and other laboratory workers. The neonatologists are spoilt for choice as they already have competing and established books of similar size, including Robertson's *Manual of Neonatal Intensive Care* and the *Neonatal Vade-Mecum* from Bristol.

This area is one of rapid advance, and the authors are recommended to start working on their second edition now.

R DINWIDDIE
M HJELM

Diagnostic Histopathology of Neuroendocrine Tumours. Ed J M Polak. (Pp 290; 420 illustrations; £95.) Churchill Livingstone. 1993. ISBN 0-443-04480-5.

There is more to this book than the title suggests: as well as providing excellent morphological descriptions of neuroendocrine tumours in different sites, it is an opportunity to view this fascinating group of