T cells in idiopathic hypereosinophilic syndrome

Following the recent publication by Dr Metz and colleagues, I have corresponded with regard to the possibility that the hypereosinophilic syndrome (HES) may be a manifestation of T_H2 cell clonal proliferation.^{1,2} Just before the publication of my letter, substantial proof for this hypothesis was provided by Cogan *et al.*³ Investigations on peripheral blood lymphocytes from a 30 year old man with the HES identified a monoclonal rearrangement of the T cell receptor β chain. The cultured T cell clone also showed a pattern of cytokine synthesis (interleukins 4 and 5) consistent with a T_H2 origin. This important case report adds further documentary evidence to the rapidly increasing proof that human T cells have T_H1 and T_H2 subsets analogous to their established murine counterparts. Furthermore, this division seems to be highly relevant to the classification and pathogenesis of human T cell associated disease.

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- 1 Metz J, McGrath KM, Savoia HF, *et al.* T cell lymphoid aggregates in bone marrow in idiopathic hypereosinophilic syndrome. *J Clin Pathol* 1993;46:955-8.
- 2 Slater D. T cell lymphoid aggregates in bone marrow in idiopathic hypereosinophilic syndrome. *J Clin Pathol* 1994;47:287.
- 3 Cogan E, Schandene L, Crusiaux A, *et al.* Brief report: Clonal proliferation of type 2 helper cells in a man with the hypereosinophilic syndrome. *N Engl J Med* 1994; 330:535-8.

Book reviews

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Percutaneous Breast Biopsy. Eds SH Parker, WE Jobe. (Pp 192; \$94.50.) Raven Press. 1993. ISBN 0-7817-0010-8.

At the onset I must state that this book is principally written for radiologists. There are sections covering histology and fine needle aspiration cytology, but the bulk of the book concerns technical and practical aspects of obtaining satisfactory image guided biopsy samples and patient management.

The authors are arguably the world's

leading proponents of image guided needle biopsy sampling of impalpable breast lesions. Although somewhat evangelical in their promotion and enthusiasm about this technique, there is no doubt that the results obtained in their clinical setting are excellent. Their detailed approach and development of the techniques and promotion of multidisciplinary communication are laudable.

The process promoted by the authors makes use of a specialised prone table for stereotaxic localisation couples with the Bard biopsy gun and needle. I suspect the cost of purchase of a prone table specifically for this procedure without a comparative trial between FNA and needle biopsy histology is likely to hinder its acceptance in the cost conscious UK environment. There is no doubt, however, that those wishing to try out this technology in an appropriate setting would find this book extremely valuable, particularly for the practical tips it provides. The manufacturers of the prone table should be encouraged to provide prospective purchasers with a free copy.

This is a guide book for radiologists wishing to use stereotaxic guided needle biopsy. I suggest pathologists who are approached about this technology by their colleagues in radiology could suggest they peruse this book but I could not recommend its purchase for histopathology laboratories.

IAN O ELLIS

Histological Typing of Bone Tumours. 2nd ed. F Schajowicz. (Pp 128; 166 figs.; Softcover DM 89.00.) Springer. 1993. ISBN 3-540-56460-8.

This book is part of the well known series *International Histological Classification of Tumours* which was a collaborative effort, organised by the World Health Organisation, to facilitate the widespread adoption of a uniform cancer nomenclature. The first edition (No 6 in the series) was produced in 1972 and this second edition is now published by Springer. Sadly, Dr Schajowicz died suddenly during the final stages of preparation of this book.

The book starts with a short section on the histological classification of bone tumours, with SNOMED and ICD-O codes, and a section of definitions and explanatory notes. The classification now contains new entities described since the first edition, such as intra-osseous well differentiated osteosarcoma, round cell osteosarcoma, and clear cell chondrosarcoma. Although still firmly based on routine microscopy, the revision also benefits from the inclusion of immunohistochemical findings when these are helpful in diagnosis. The bulk of the book is taken up by 166 figures of histopathological sections, mostly in colour, with some accompanying radiographs and specimen photographs. These are well selected and reproduced and represent classic examples of each tumour type.

The changes made in this new edition reflect the advances that have been made in the diagnosis and classification of bone tumours over the intervening 20 years. It should prove of interest to all involved in bone tumour diagnosis.

J R SALISBURY

Atlas of Diagnostic Cytopathology. Barbara F Atkinson. (Pp 685; 1500 full colour illustrations; £143.00.) Harcourt Brace Jovanovic Inc. 1992. ISBN 0-7216-3528-8.

This multiauthor colour atlas is intended for those embarking on cytopathology, and for established cytopathologists. It is a well written, comprehensive book with 664 pages divided into 19 chapters. There is a clearly written text at the beginning of each chapter. No references are included in the text but there is a short bibliography at the end of each chapter. Differential diagnoses and pitfalls in diagnosis are outlined and where relevant, aspiration techniques and methods of specimen preparation are included. The authors have included not only basic lesions but also some unusual or rare lesions presenting in a particular site.

The first chapter on general cytological principles deserves special mention. It explains fundamental aspects of cytology in detail and lays the ground for the recognition of cytological features described in the rest of the book.

There are over 1500 colour illustrations. Most of the pictures are of high quality and the figure legends provide detailed information with tips on diagnosis. Not only are the classic appearances of a particular lesion highlighted but the cytological variations encountered are also shown.

Sampling by skin scraping is mentioned in connection with the diagnosis of vulvar lesions. This method is also applicable in the diagnosis of superficial skin lesions elsewhere in the body and is of particular benefit in the diagnosis of basal cell carcinomas.

Many books and atlases on cytopathology have been published recently and interest in this specialty is growing. To achieve excellence in this field the basic groundwork has to be sound. This atlas will be a stepping stone towards that goal.

R OOMMEN

An Introduction to Cervical Cytology. Video produced for the British Society of Clinical Cytology by Sheffield University Television. (60 minutes running time; £150.) BSCC Secretariat, Hayes, Middx. 1993.

In the present climate of concern about the widely publicised problems with the cervical screening programme, professional training and education need to be addressed. The British Society of Clinical Cytology has followed up its previous excellent video *Taking Cervical Smears* (1989) with *An Introduction to Cervical Cytology*.

The video was produced as an adjunct to training courses for cytoscreeners, trainee medical laboratory scientific officers, and junior pathologists. It also purports to be a video reference library. The presenter has a good speaking manner and his pace is easy to follow. The material is presented in sections. The first one starts with the rationale and practice of screening, the basic anatomy and histology of the female genital tract, sampling techniques and laboratory organisation. The second section takes the viewer through the contents of a normal cervical smear, inflammation, dyskaryosis, invasive carcinoma and glandular disease.

In the first section, which gives a good basic description of a normal cell, there are