concurrency of RDD in a lymph node alternating with areas of atypical mycobacterial infection in an HIV negative patient. The areas typical of RDD comprised a population of S100 positive histiocytes showing emperipolesis, while the other area showed the presence of sheets of S100 negative histiocytes, with areas of necrosis and suppuration, admixed with lymphocytes and plasma cells. Atypical mycobacteria were identified, in this latter area, but not in the area of RDD with appropriate special stains.

Although necrosis has been demonstrated in RDD,² the coexistence of mycobacteria and RDD has not been previously documented. Mycobacteria have, however, been cultured from RDD in bone (Miettinen, Philadelphia, USA, personal communication). Mycobacterial infection may also, uncommonly, manifest as a mycobacterial spindle cell pseudotumour.³ This may be mistaken clinically and histologically for a neoplasm.

Thus it is feasible that both RDD and mycobacterial spindle cell pseudotumour may be linked by a common aetiological process—mycobacterial infection. Clearly this possible pathogenetic link warrants further investigation, with special stains and molecular techniques.

S J NAYLER
K COOPER

Department of Anatomical Pathology,
School of Pathology,
University of Witwatersrand, and
South African Institute for Medical Research,
Johannesburg 2000, South Africa

- 1 Govender D, Chetty R. Inflammatory pseudotumour and Rosai-Dorfman disease of soft tissue: a histological continuum? *J Clin Pathol* 1997;50:79–81.
- 2 Hayes MMM, Daya H, Uys CJ, Samson RI. Sinus histiocytosis with massive lymphadenopathy. *Arch Pathol* 1985;109:151–2.
- 3 Chen KTK. Mycobacterial spindle cell pseudotumour of lymph nodes. *Am J Surg Pathol* 1992;16:276–81.

Drs Govender and Chetty comment:

We thank Dr Nayler and Professor Cooper for their interest in our paper. In the South African context it is mandatory to perform a Ziehl Neelsen stain in almost every lesion that has an inflammatory appearance. The breast lesion that we described was no exception and the stain was, in fact, done three times. We regret not mentioning that we sought acid fast bacilli in our article. Since publication, we have encountered two additional cases of inflammatory pseudotumour of the breast.¹ Neither of these cases contained Rosai-Dorfman areas and were Ziehl Neelsen negative. While we concede that the spindle cells in an inflammatory pseudotumour may morphologically resemble the mycobacterial induced spindle cells, the two are histogenetically discrete: one being of myofibroblastic origin and the other being of the mononuclear phagocytic system. In addition, the case of Nayler and Cooper had areas of acute inflammation and necrosis that harboured atypical mycobacteria. No spindle cell areas were described and no mention is made of acid fast bacilli in spindle cells.

We feel that Rosai-Dorfman-like areas represent an inflammatory response to several immunological triggers (including mycobacteria). It is not a histological tocsin of any particular antigen. Lastly, polymerase chain reaction evidence of mycobacterial infection must be interpreted cautiously, especially in

laboratories where tuberculosis is rampant, as is the case in South Africa.

- 1 Chetty R, Govender D. Inflammatory pseudotumour of the breast. *Pathology*. [In press.]

Book reviews

Haines and Taylor Obstetrical and Gynaecological Pathology. 4th edn. Fox H, Wells M, eds. (2 volumes, £330.00.) Churchill Livingstone. 1996. ISBN 0 4430 4537 2.

The first edition of this book was published under the title *Gynaecological Pathology* by Magnus Haines and Claude Taylor in 1963. Now a two volume, multiauthor work *Obstetrical and Gynaecological Pathology* has expanded in just about every dimension with an exponential growth in the number of pages from 507 to the current 1851 (parabolic regression $r = 0.99$).

This, the fourth edition includes nine additional chapters that clarify our understanding of the morphology of premalignant and malignant glandular lesions of the cervix, metastatic tumours of the cervix and endometrium, and the pathology of the peritoneum and secondary Müllerian system. A chapter on the pathology of the secondary yolk sac, an organ that I suspect few pathologists in this country encounter in routine practice, is also welcome. Inevitably, I expect that rapid scientific advance will ensure that the chapters on quantitative pathology, molecular biology, and immunohistochemistry will become rapidly dated and doomed to obscurity long before a fifth edition of this work will be available.

The standard of photography is somewhat variable but this is probably a common problem in multiauthor texts, as is the delay between the author completing the chapter and publication—the most recent reference I could find was from 1994. These were the most obvious flaws in what is set to be a standard bench book, essential in every diagnostic anatomic pathology laboratory dealing with gynaecological specimens.

M B HEATLEY

Principle and Practice of Medical Laboratory Science. Volume 1. Leong A S-Y. (Pp 172; £25.00.) Churchill Livingstone. 1996. ISBN 0 443 05369 3.

The expected chapters for a book entitled “Principle and Practice of Medical Laboratory Science” are all here and include section preparation and staining, as well as microscopy. There is a helpful exposition on specimen cut-up procedures, which should appeal to junior pathologists and medical laboratory scientists alike. The overall flavour of the book is one of practical guidance, linked to diagnostic usefulness. Confusingly, the most substantial chapter entitled “Preparation of Tissue Sections” contains the staining methods. These also give the principles of the various reactions, but for some obscure reason this laudable precept seems to have been abandoned in the section on “Miscellaneous Stains”. Equally perplexing is why some solutions appear with the appropriate

method, while others are shown only in the Appendix.

Particularly useful chapters are those covering light and electron microscopy, and diagnostic immunocytochemistry. The “Laboratory Safety” chapter addresses the topic helpfully and succinctly, but it is unfortunate that it fails to make the vital point that chlorite disinfectants are unsuitable for tuberculous material.

It is a rare text that is without error and this book is no exception—for example, on page 58 the reference for Harris’s haematoxylin would, by my calculations, result in Dr Harris being 115 when he concocted his well-known nuclear stain; and on page 65 an incorrect formula for the standard alcian blue solution would result in a too strong a stain by a factor of 10.

The book is soft-back with a reasonably large page size making it easy to use on the bench. A bold typeface is used for the main text but, irritatingly, a smaller, less distinct typeface is employed for legends to figures and technique detail. This tends to make for arduous reading and was exemplified by the algorithm on page 116 (fig 6.6) that was virtually incomprehensible.

In summary, the book is well written in an authoritative style that engenders a feeling of confidence that the author knows what he is about. The price is a relatively modest one. On the other hand, its appeal is always going to be a limited one—given its restricted subject coverage. Therefore, it is unlikely to serve as a reference book, either in laboratory or college terms. As a bench book its value is readily apparent but it is not quite comprehensive enough to be used alone. The main appeal will undoubtedly be to newcomers to histology who require a straightforward, reliable, and above all comprehensible guide to its mysteries. The trouble is that this type of publication tends to be passed on by the possessor to oncoming neophytes, as opposed to their purchasing a new copy; a scenario guaranteed to engender melancholia in publishers.

H COOK

Clinical Practice of Transfusion Medicine. 3rd edn. Petz LD, Swisher SN, Kleinman S, Spence RK, Strauss RG, eds. (Pp 1115; US\$159.95.) Churchill Livingstone. 1996. ISBN 0 443 08981 7.

The first two editions of “Petz and Swisher” firmly established this text as a standard for the field of transfusion medicine. This third edition encompasses three additional editors, many more chapters, and a complete revision in its approach to the readership.

The emphasis, even more firmly than in the first two editions, is on clinical practice, with the result that some of the traditional topics have virtually disappeared—including those that pertain to the development of the laboratory aspects of transfusion that no longer need appear in a treatise dealing with clinical practice, prime examples being lectins and polyagglutinability. These, together with the traditional description of erythrocyte metabolism and its relationship to blood preservation, have disappeared between the second and third editions, but in return we have a much more structured approach to the subject.

After an introduction dealing briefly with history and giving a general overview, specific sections deal with biological principles such as blood groups and the HLA system, practical and organisational aspects, transfusion in spe-