

results have justified the adoption of the rapid schedule as the standard method for processing in our laboratory. Material under investigation by special techniques such as cytochemistry, autoradiography, peroxidase- and ferritin-labelled antibody tracing, has been shown to be unaffected by the compressed processing schedule. No evidence of artefactual redistribution of label has been observed in any of the above cases.

It seems probable that provided the inherent problems of adequate sampling are borne in mind, there is a great potential for utilizing electron microscopy in diagnostic pathology. Rapid processing schedules such as those outlined here, will fulfil an important function in this development, until such time as alternative methods like cryoultramicrotomy (Morgenstern, Neumann, and Werner, 1973) are more readily available.

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## Letters to the Editor

## Mycoplasma Antibodies in Sarcoidosis

In an earlier study (*J. clin. Path.*, 1972, **25**, 837-842) we reported successful attempts to isolate mycoplasmas from sarcoid tissues. Elevated antibody titres

against an isolated mycoplasma were found to be quite common in sarcoidosis. Titres  $\geq 16$  were encountered in 14% of the patients with sarcoidosis, in 8% of the patients with other diseases, but only in 0.6% of the blood donors.

Most of the sera in that study were collected after Kveim testing the patients. In order to study the effect of Kveim suspension injected intracutaneously, antibody titres against two strains, 215-M and 336-M, both obtained from

Group	No. of Cases	Before Kveim Testing				Five Weeks after Testing
		Antibody Titre $\geq 16$				
		215-M		336-M		
No.	Highest Titre	No.	Highest Titre			
<b>Sarcoidosis</b>						
Subacute sarcoidosis + erythema nodosum	15	1 <sup>1</sup>	16	0	16-256 <sup>1</sup>	
Subacute sarcoidosis - erythema nodosum	27	2 <sup>2</sup>	128	2	128-1024 <sup>2</sup>	
Sarcoidosis, duration unknown	28	3	256	2	64	
Chronic sarcoidosis	15	2	16	1	16	
Possible sarcoidosis	17	2	256	1	32	
Total	102	10		6		
<b>Other diseases</b>						
Non-sarcoid erythema nodosum	15	1	128	1	16	
Iritis, uveitis	10 <sup>3</sup>	1	1024	0	8-256 (215-M) <sup>3</sup>	
Chorioiditis	4	1	256	1 <sup>4</sup>	16-512 <sup>4</sup>	
Non-definite panniculitis	6	2	128	1	16	
Tuberculosis	11	2	256	1	32	
Fever of unknown cause	3 <sup>5</sup>	0		0	8-32 <sup>5</sup>	
Collagenoses	8 <sup>7</sup>	1	32	1	16	
Cutaneous periarteritis nodosa	1	1	32	0	8-64 (215-M) <sup>6</sup>	
Mediastinal cysts	1	1	64	1	16	
Malignancies	6	1	512	1	512	
Primary hypercholesterolaemia	1	1	512	1	64	
Others	24	0		0		
Total	90	12		8		

Table Antibody titres against two mycoplasma strains (215-M and 336-M) obtained from sarcoid lymph nodes

sarcoid tissues, were determined just before Kveim testing and five weeks later. The same indirect haemagglutination technique (IHA) was used as before. The results are to be seen in the table.

The number of the high titres ( $\geq 16$ ) was approximately the same as in the earlier study. Rises of more than two dilutions were seen in six cases, but falls of more than two dilutions were encountered in two cases. It seems evident, therefore, that Kveim testing had hardly any influence on the mycoplasma titres.

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**Modification of an Incident Light Microscope for Fluorescence**

Since our technical method appeared (*J. clin. Path.*, 27, 253-254), we have been able to examine the new barrier filters now produced by E. Leitz (Instruments) Ltd. These have improved optical characteristics and they can be used efficiently with sharp cut-off exciter filters of the interference type.

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**Book reviews**

**The Prevention of Laboratory Acquired Infection** By C. H. Collins, E. G. Hartley, and R. Pilsworth. Public Health Laboratory Service Monograph Series No. 6. (Pp. vii + 59; illustrated. 50p.) London: Her Majesty's Stationery Office. 1974.

No. 6 in the Public Health Laboratory Service Monograph Series is a strictly practical book written by authors with a knowledge of the risks run and the compromises which have to be made by all who undertake laboratory work. The relative risks of the various procedures are realistically assessed and suggestions are given of how they may be minimized.

There is a section on the source of equipment referred to in the text, a valuable review of primate disease hazards, suggestions for protective inoculations for laboratory workers, and a large bibliography and list of references. At 50 pence no laboratory can afford to be without a copy and a companion manual on laboratory hazards other than infection would be valuable.

M. PATRICIA JEVONS

**Bacteremia. Laboratory and Clinical Aspects** Edited by Alex C. Sonnenwirth (Pp. xiii + 106; illustrated. \$7.95.) Springfield, Illinois: Charles C. Thomas. 1973.

This small book contains six chapters by different authors. The editor introduces the subject, with data which confirm the increased incidence of bacteraemia in hospitals in the United States, and then follow four contributions in which laboratory aspects rather than clinical are prominently discussed. Finally there is a useful review of the infection hazard of intravenous infusions.

The papers are amplified contributions to a symposium held by the American Society for Microbiology in 1971. The book has the weaknesses and the strengths of such publications. It cannot be regarded either as a reference work, as details of methods are not given, or as a comprehensive review of the subject; in particular clinical considerations are not well covered. The material in some sections has by now been presented in almost identical or in extended form in readily available journals. On the other

hand, it is stimulating to meet the different approaches of the authors, and there is much of interest here for clinical bacteriologists — not least a critical review of the blood culture practices of a number of proficient laboratories in the United States, which mainly depend on classical methods rather than more recently introduced techniques such as the use of hypertonic media or membrane filtration, which are presented in other chapters in the book.

D. C. E. SPELLER

**Current Techniques for Antibiotic Susceptibility Testing** Edited by Albert Balows (American Lecture Series). (Pp. xiii + 173; illustrated. \$13.75.) Springfield, Illinois: Charles C. Thomas. 1974.

Antibiotic sensitivity tests are among the most frequently but least well performed tests in the diagnostic laboratory. This book, which is one of the American Lecture Series, reports the papers given at a symposium on this subject in Chicago in 1972.

The various techniques which are available for testing the antibiotic sensitivity of fast growing aerobes are described by their protagonists and the advantages and disadvantages of each discussed. There is an interesting contribution on the testing of anaerobes which is an increasingly important part of laboratory work.

The one message from all the papers is that adequate control of antibiotic media, and inoculum is essential and the role of the FDA and NCCLS in the standardization of the techniques is the basis of two of the contributions.

This book is concerned with techniques and the possibilities of automation are explored. It is a pity in the reviewer's opinion that none of the discussion of this symposium is reported. It is a book for the shelves of those laboratories whose library funds run to \$13.75.

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