Letters to the Editor

Elastofibroma

You were kind enough to publish three cases of elastofibroma described by my coauthors and myself (*J. clin. Path.*, 1968, 21, 470). It may interest your readers to know that the patient described in case 1, while remaining in excellent health, has produced an identical elastofibroma beneath the scapula on the opposite side.

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Evans Blue Counterstain for Immunofluorescence

I would like to support the use of Evans Blue as a counterstain in immunofluorescence techniques when fluorescein is used as the fluorochrome, on the basis of experience since 1965 with a wide range of materials. I would also like to make some points not emphasized in the paper by O. Closs (*J. clin. Path.*, 27, 162-167).

First, in line with tradition, Dr Closs mentions the use of acetone dried tissue powder for the absorption of non-specific reactivity in conjugated antisera. On the basis of several trials and ten years' experience I should like to state that such dried powders are very much inferior to a thoroughly washed saline homogenate of the same type of tissue which is to be used as substrate. Immunologically it makes sense that if you wish to demonstrate by immunofluorescence something other than, for example, liver in liver tissue, to absorb the antiserum with (a) homologous liver rather than any other tissue and (b) liver which is immunologically intact rather than partially degraded by organic solvents. In the event, the wet suspension is very much more effective than the dry powder; at the same time reduces the specific titre much less; and besides is much easier to remove entirely after absorption by microhaematocrit centrifugation. Thorough homogenization and centrifuge washing five or six times with 30 to 50 times the packed tissue pulp volume of saline adequately removes the small amounts of immunoglobulins and other serum proteins normally present in raw tissues.

The use of Evans Blue as a counter-

stain has other advantages and one major disadvantage. (1) The dull red colour makes for maximum colour contrast against the green of fluorescein, thus facilitating photography. (2) The background red colour of non-immune reacting tissues, as opposed to quenching as may occur with other counterstains, simplifies orientation within any particular tissue. Without the red background one has sometimes to rely upon either faint autofluorescence or faint non-specific fluorescence in order to locate precisely the specific fluorescent areas in tissues or cells. (3) Also, Evans Blue seems to be particularly effective in counteracting normally bright autofluorescence of such tissues as elastica which can sometimes otherwise cause doubt since the tint of their emission is similar to that of fluorescein with certain filters.

Finally, the major disadvantage of Evans Blue used with fluorescein is that, naturally enough, it causes confusion to a red-green colour blind observer!

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Electrolyte Serum Reference Samples

A limited number of sets of serum reference samples assayed for chloride, sodium, potassium, calcium, magnesium, and lithium content are available from the Clinical Chemistry Division of the Center for Disease Control (CDC). Each set consists of one 5-ml vial each of three to five serum pools which are related in concentration.

Values are assigned for the six constituents in each pool as obtained by CDC with colometric titration, flame emission, or atomic absorption spectroscopic methods. For some constituents, values obtained by the National Bureau of Standards by isotope dilution-mass spectrometry are also available.

The samples will be provided to clinical chemists and manufacturers for selected projects in methods comparisons, particularly of newly developed procedures, for product evaluation, and for validating quantitative information on secondary references or in-house pools. Proposals for use of the samples will be selected on the basis of their potential toward attaining interlaboratory consistency of analyses of these constituents.

Requests for the samples must be accompanied by detailed plans for their proposed use, including the following minimum information: (1) purpose of the study, (2) number of samples needed, (3) an outline of the experimental design, and (4) the way in which the information obtained will be used.

Please address requests to:

Center for Disease Control,
Clinical Chemistry Division,
Bureau of Laboratories,
Atlanta, Georgia 30333

Notices

ACP Locum Bureau

Any pathologist requiring a locum or willing to act as such is invited to write to Dr R. B. H. Tierney, Pathological Laboratory, 75 Boutport Street, Barnstaple, Devon.

Ninth International Congress of the World Association of Societies of Pathology

This meeting will be held in Sydney, Australia, from 13 to 17 October 1975, and the theme will be 'The effects of environment on cells and tissues'. The keynote address is entitled 'Disease - the roles of seed and soil', and the subjects of the seven plenary sessions are (1) 'What keeps tissues normal?', (2) 'Inborn disease', (3) 'The internal environment of the body', (4) 'The external environment of the body', (5) 'The nature of tumours', (6) 'The behaviour of tumours', and (7) 'Modern practices in the clinical laboratory'. All information can be obtained from The Executive Officer, Ninth W.A.S.P. Congress, G.P.O. Box 2609, Sydney, 2001, Australia.