manifestation of CNS tumours were also present.³

Moreover, a personal unpublished case causes us great concern in using donors with a CNS tumour, as sources for organ transplantation. Briefly, in a 36-year-old male who was twice operated for a malignant cerebral astrocytoma, we discovered microscopic metastasis, in a rib sample, taken at random during necropsy. We detected glial fibrillary acidic protein in tumour cells using a technique that has already been published.⁵ This provided us with indisputable proof of their astrocytic origin. We must insist on the fact that this rib had a normal macroscopic appearance and that there were no previous clinical or radiological manifestations to draw our attention to a possible metastasis. It is difficult to know if this microscopic astrocytic spreading would have given way to an apparent costal metastasis, or would have remained in a "dormant metastasis" state.²

However, it seems to us, that whatever is possible for a rib is, unfortunately, also possible for a kidney. Therefore, even though to the best of our knowledge no primary CNS tumour has yet produced a metastasis in the recipient, it seems imperative to us to draw attention to such a possible outcome. In our opinion, using donors with CNS tumours as sources for organ transplantation, involves a risk to the recipient, of metastatic spread which cannot be completely eliminated.

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Classification of lymphoreticular malignancies

Trenchard *et al*.¹ report a patient with angioimmunoblastic lymphadenopathy and immunoblastic leukaemia, the latter defined on the basis of "numerous immunoblasts in the peripheral blood." Leukaemia is a malignant proliferation of haematopoietic cells; these authors present no evidence to support the thesis that their patient had a neoplastic proliferation of immunoblasts. They used surface immunoglobulin as a marker of B cells in the peripheral blood yet make no comment as to whether this was monotypic (as expected in a neoplastic population) or polytypic (as expected in a reactive process). If leukaemia is identified on the criteria given in this paper is infectious mononucleosis diagnosed as leukaemia in Cardiff? The understanding and classification of lymphoreticular malignancies is bedevilled by semantic confusion. The loose use of the terms "immunoblastic leukaemia" and "immunoblastic sarcoma" does nothing to help this problem.

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Drs Trenchard and Whittaker reply as follows:

The term "leukaemia" is always preceded by a clarifying term which takes the definition beyond the Greek implication of excess and/or abnormal "white cells in the blood." Certainly the terms "acute"

and "chronic" are well recognised as implying neoplastic monoclonal proliferations of haematopoietic cells. In other situations however, the initial term defines a cell type followed by the term "leukaemia" which indicates the unexpected pathological appearance of that cell type in the peripheral blood—that is, overspill. Examples include plasma-cell (not haematopoietic) leukaemia, mast-cell (probably not haematopoietic) leukaemia, and lymphosarcoma-cell (neoplastic but not haematopoietic) leukaemia. Semantic confusion can be minimised or avoided by careful definitions, and the "overspill" nature of the term "leukaemia" was clearly indicated by stating in the introduction to the paper that "less common clinical features of ALL may include the presence of numerous immunoblasts in the peripheral blood, which we define as immunoblastic leukaemia if the concentration exceeds $1.0 \times 10^9/l$." It is suggested that haematologists be allowed to continue using the term leukaemia in these ways, already historically established and totally in accordance with the real meaning of the word.

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Book reviews

Microbiology of Human Skin. Vol 2 series Major Problems in Dermatology. WC Noble. (Pp 433; illustrated; £25.00). Lloyd-Luke Ltd. 1981.

This book is one of a collection of monographs which deal with topics of current interest in dermatology. While the text has been enlarged the presentation of the book's contents is essentially unchanged from that of the first edition written by Drs Noble and Somerville.

The author again reviews in detail the physicochemical properties of the skin, the complex nature of its microbial populations, and their changing patterns in health and disease. The chapters covering taxonomy and methods of identification are mainly relevant to the specialist who

those considering the clinical role of these organisms and the many factors which may promote skin colonisation by potential pathogens are of more general interest. The text can be read quickly aided by informative tables and illustrations with a comprehensive updated list of references at the end of each chapter.

Despite its inflated price, no clinical or laboratory scientist whose interests relate to the skin should be without this fine work.

TR RODGERS

Pathology Illustrated. ADT Goven, PS MacFarlane, R Callander. (Pp 866; illustrated; £13.95.) Churchill Livingstone. 1981.

This book is a worthy companion to its predecessors in the Illustrated Series on medical subjects. It consists of more than 2000 line drawings and diagrams accompanied by a clear and factual commentary. The diagrams are of the quality which lecturers dearly aspire to, but rarely produce, on the blackboard. The text though brief is comprehensive and pointed.

This graphic approach lends itself to a subtle but praiseworthy change in emphasis whereby certain common but relatively ignored morbid processes such as varicose veins merit three pages, the same number as Hodgkin's disease.

Pathology Illustrated can be warmly recommended for undergraduate students of pathology and to those preparing teaching material.

F WALKER

The Histology of Borderline Cancer. With Notes on Prognosis. WW Park. (Pp 471; 314 figs; 21 tabs; DM 125.) Springer-Verlag. 1980.

Histopathologists who spend long hours puzzling over examples of borderline cancer will readily recognise the range of diagnostic problems represented by the 390 cases presented and assessed in this book. Each chapter deals with an organ or system—breast, thyroid gland, lymph nodes, soft tissues, bone and cartilage, skin, digestive tract, respiratory tract and female genital tract—giving a brief account of the equivocal lesions encountered, the subsequent clinical course, and a commentary on them. This is followed by a more discursive review

which is less a reflection of the cases described, and more a distillation of the author's extensive experience.

The magpie which exists in most histopathologists encourages us to hoard fascinating problems, but surely few do as assiduously and methodically as Professor Park. The result, though not a systematic presentation, represents a wealth of carefully documented experience. This is an unusual book—probably not the book to reach for in the bustle of the reporting room; perhaps more a source to be consulted in the quiet of one's own room or as bedtime reading.

HM CAMERON

Lymphocyte Circulation. Experimental and Clinical Aspects. Maria de Sousa. (Pp 259; illustrated; £19.50.) John Wiley & Sons. 1981.

This monograph is a worthy attempt to put into perspective the current knowledge of lymphocyte traffic and its significance, not only to specific immunological events, but in a wider biological context to the interaction of cell systems in the body, and the interpretation of clinical observations.

Although the sub-title of the book is "the experimental and clinical effects," it is inevitable that the former dominate the text, and there are excellent chapters explaining the methodology and interpreting the findings of experiments determining lymphocyte distribution and movement. "Lymphocyte traffic in disease" is a single chapter in which the data is more "soft," and the significance of the observations less clear, although in her wide search of the literature Dr de Sousa has instanced many reports of attempts at defining lymphocyte subpopulations within pathological lesions.

There are two chapters by guest authors—a sound chapter by Delphine Parrott on the migration of lymphocytes to non-lymphoid tissue, principally the mucosa of the gut, and an intriguing chapter by ASG Curtis placing the question of lymphocyte interaction and movement within the broader framework of cellular interactions in biological systems.

All in all, this is an informative, well written book of interest not only to immunologists, but to haematologists and histopathologists.

RA THOMPSON

The Medical Mycology Handbook. Mary C Campbell and Joyce L Stewart. (Pp 436; illustrated; £13.30.) John Wiley & Sons Limited. 1980.

This book is dedicated to those who need it the most—the medical technologists—and has been written as an aid to the training of medical mycologists. Part 1 details the general characteristics of fungi, and describes new systems of taxonomy. A general description of fungal diseases is also included. Part 2 deals with laboratory procedures for the isolation and identification of pathogenic fungi. As expected of a handbook the text is essentially devoted to practical procedures. Particularly useful are the references to standard works occurring throughout the descriptions of the fungi. A glossary of terms is included together with Appendices dealing with apparatus, reagents, and media, and a section entitled "Review Questions" designed to test the student's capacity to reflect on the text and on the procedures that have been taught. An illustrated key to over 100 fungi, and a yeast classification chart are also included.

The manual, dealing as it does with tested methods for isolation and identification of fungi, can certainly be recommended to students of medical mycology to whom it should prove extremely useful.

ROSALINDE HURLEY

Haemophilia Home Therapy. Ed P Jones. (Pp 238; illustrated; £12.95.) Pitman Books Limited. 1981.

This attractive slim volume discusses not only the home therapy of haemophilia but also many other problems of haemophiliacs as well as the organisation of a Haemophilia Centre. It is divided into three sections: the background for home therapy, techniques, and back-up facilities. Each section contains practical information on all aspects of care, obviously derived from personal experience; the chapters are uniformly well presented and easy to follow. The first section is of particular interest and deals with many social, psychological, and educational problems in a frank yet objective way. Although there is little new information, the book is a superb manual for all staff involved in the care of haemophiliacs and an excellent text book for haematology trainees.

MILICA BROZOVIĆ