whether primary sensitivity testing is done on the stored urine specimens; if it is delayed until the definitive cultures are read the delay will be still longer.

Lastly, although the method they describe must obviously save money in terms of labour, the cost of their method of definitive culture may well equal that of plating all specimens on one third of a CLED plate.

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Mucosal prolapse syndrome

Dr du Boulay and her colleagues[1] should be congratulated for their suggested rationalisation of what has never been completely satisfactory terminology for the histological picture associated with rectal mucosal prolapse. Their concept that many of the histological features are due to ischaemia, possibly from torsion of submucosal arteries, is almost certainly correct in the case of surface erosion and loss of sulphated mucin from globlet cells. The distortion of crypt architecture may also be related to ischaemia.

I am unhappy, however, about their reference to the "disorganisation of the muscularis mucosae with extension of fibromuscular tissue into the lamina propria." What, in fact, happens in mucosal prolapse is that the chronic stretching and shearing of the lamina propria inherent in the process results in hypertrophy of the smooth muscle fibres which are normally inconspicuously present in the lamina propria. If one carefully examines a histologically normal rectal biopsy specimen moderate numbers of slender smooth muscle cells can always be seen in the lamina propria, in continuity with, but at right angles to, the muscularis mucosae. The muscularis mucosae itself also undergoes hypertrophy (not "disorganisation") in the mucosal prolapse syndrome and, by contracting at the time of biopsy, often causes bunching and spurious thickening of the overlying mucosa.

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Book reviews

Techniques in Immunocytochemistry. Vol. 2. Ed GR Bullock and P Petrusz. (Pp 290; £25.) Academic Press. 1983.

These are the first two of several volumes in a proposed series dealing with the theoretical and practical aspects of immunocytochemistry. The books contain contributions from several authors, each of which represents some of the highest level of authority and expertise in the various topics discussed. At the outset, the objective was to compile a series of volumes in which new techniques could be critically "assessed" as well as established methods presented and progressively revised. Although each volume deals with diverse aspects of immunocytochemistry the editors should be congratulated on having maintained a uniform and easily comprehensible style of writing which makes these books a pleasure to consult.

Within the two volumes each chapter contains details of the methods the individual authors have found most effective, together with protocols for preparing buffers and reagents. Volume One deals with some of the fundamental processes of immunocytochemistry and includes chapters on tissue fixation, double immunoenzymatic labelling, and the application of proteolytic enzymes for the improved localisation of tissue antigens. Volume Two concentrates more specifically on several different aspects of the use of colloidal gold and upon the avidin-biotin system for enhancing immunocytochemical localisation at the light and electron microscopic levels. The references cited throughout all chapters are very adequate and not only provide additional authority but also an enhanced depth of expertise for many of the statements made. These two volumes provide useful and detailed first-hand experience of tackling many of the problems which are frequently encountered in the employment of antibodies (both monoclonal and polyclonal) and lectins as immunocytochemical reagents at the light and electron microscopic level.

I recommend this series of books as a valuable introduction for the novice immunocytochemist and, more particularly, as useful and often enlightening reading for the experienced immunocytochemist.

CS FOSTER

Clinical Aspiration Cytology. Ed Joseph A Linsk and Sixten Franzen. (Pp 386; £58.) JB Lippincott Company. 1983.

With several well known names amongst the ten authors one would expect a very high standard and this is achieved. This book deals with fine needle aspiration cytology of all sites from the central nervous system to the testis, and includes deep lesions accessible only with the aid of imaging procedures.

For each anatomical site in the body the method is described, the appearances of the cells as stained both by Romanowski and Papanicoloau methods are illustrated, and the place of the cytology report in the clinical management of the patient is discussed. All these features are illustrated by more than 600 well positioned black-and-white photographs each with a very helpful legend, together with several diagrams and tables. As an additional bonus there are 17 high quality colour plates including 90 photomicrographs.

Throughout the authors readily acknowledge the histological basis of cytological diagnosis, and this is well illustrated.

This reasonably priced book may well become the standard work on needle aspiration cytology. Pathologists, clinicians, and radiologists will all find this a most useful description of the subject and an invaluable bench book.

JV LEVER