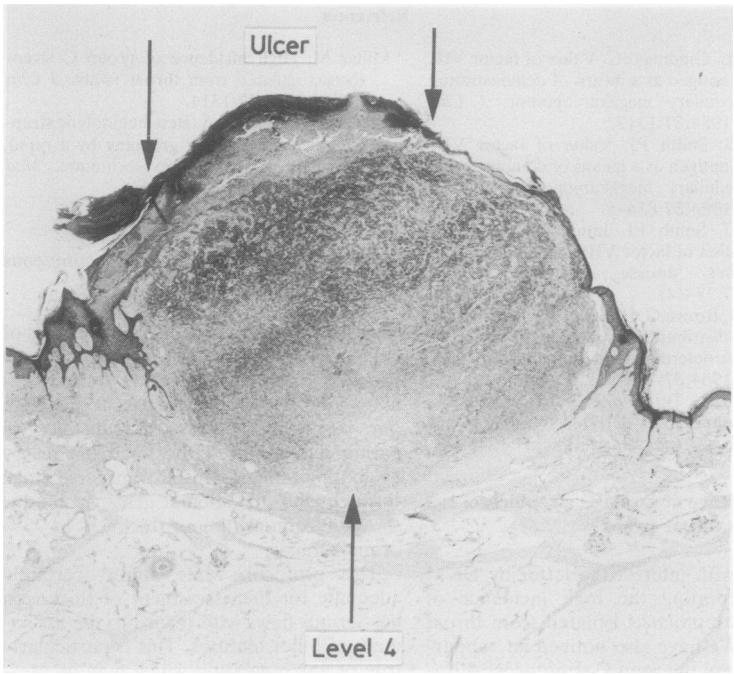
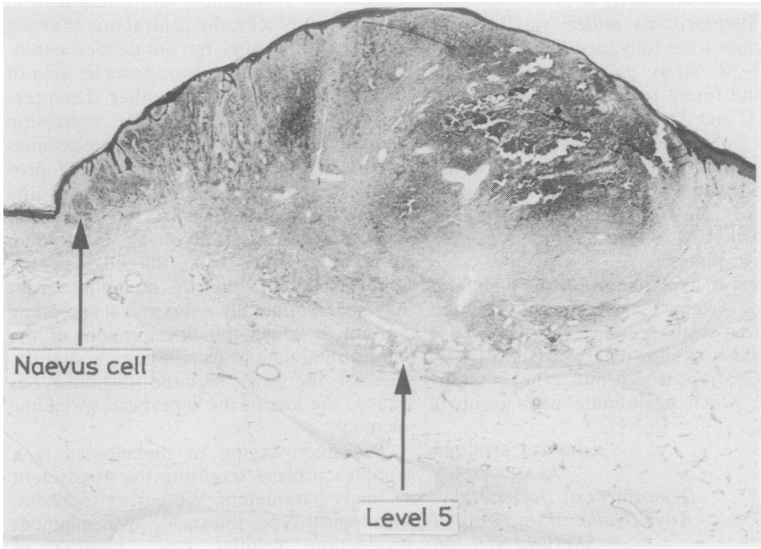


Fig. 1 *Central transverse block of a melanoma. Level 4 invasion and an ulcerated area are shown.*

Fig. 2 *Another of the four transverse blocks showing no ulceration, but level 5 invasion. The thickness revealed is also different from that in Fig. 1.*



mitoses/5 high power fields (= 1 sq mm on our microscopes), presence or absence of ulceration, degree of lymphocytic reaction to tumour, degree of regression, presence of dermal blood vessel/lymphatic invasion, evidence of a pre-existing cellular naevus, and adequacy of excision. These features can be so variable within a given melanoma that we believe that only by blocking the entire lesion in serial blocks can proper assessment be made. In those cases where the basic melanomatous nature of the lesion is uncertain at the time of cut up, not all the lesion is blocked; some is kept back for possible electron microscopy etc. When the melanoma is confirmed the reserve is then utilised to complete the paraffin section series. Such techniques do not add greatly to our workload, even with the number of new primary cases which we see.

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References

[1] Sondergaard K. The intralesional variation of type, level of invasion and tumour thickness of primary cutaneous malignant melanoma. *Acta Pathol Microbiol Scand* 1980;**88**:269–74.

[2] Kopf AW, Bart RS, Rodriguez-Sains RS, Ackerman AB. *Malignant melanoma.* New York: Masson Publishing, 1979.

Book Reviews

Royal Microscopical Society Microscopy Handbooks. 04 **Histochemical Protein Staining Methods.** J James and J Tas (Pp 40; paperback £3·95.); 06 **Lipid Histochemistry.** Olga Bayliss High (Pp 68; paperback £4·50.); 11 **An Introduction to Immunocytochemistry.** Julia M Polak and Susan van Noorden (Pp 57; paperback £3·95.); Oxford University Press. 1984.

The Royal Microscopical Society has produced three handbooks that are of interest to pathologists. All are small, cheap paperbacks with enough staying power to survive for some time on the laboratory bench. Each gives fundamental information about the tissue components that are to be visualised and explains the rationale of the methods which are succinctly stated.

Protein Staining Methods is the slimmest and is mainly composed of classical techni-

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ques without immunocytochemistry; there are no photomicrographs and no index. *Lipid Histochemistry* includes a useful scheme for the identification of tissue lipids 32 technical methods, illustrations, references, and index.

In this golden age of immunohistology *Introduction to Immunocytochemistry* is strongly recommended. The basic facts about antibodies, the essential technical requirements and the theoretical bases of immunofluorescent and immunoenzyme methods are set out with very clear explanatory diagrams. The advantages and disadvantages, together with the non-specific types of antibody binding and the necessary controls, are well described. The applications of immunocytochemistry for histopathological problems are only briefly considered and pathologists must continue to evolve their own operational policies. Everyone who spends an hour reading the text of this handbook before passing it on to the laboratory will not only be better informed and more able to interpret the results of these techniques, but may find that valuable time and expensive laboratory reagents can be saved.

RAB DRURY

Clinics in Obstetrics and Gynaecology. Vol 11, no. 1. Gynaecological Pathology: Advances, Perspectives and Problems. Guest ed H Fox. (Pp 293; £12·50.) WB Saunders. 1984.

The April issue of Clinics in Obstetrics and Gynaecology is devoted entirely to gynaecological pathology. Professor Fox divides the subject matter into Advances, for example in immunocytochemistry and morphometry; Perspectives or critical review articles on current topics such as vulval dystrophies, papillomavirus infection and dysfunctional uterine bleeding; and Problems which still await solutions.

In the last category the chapter on microinvasive carcinoma includes several contentious remarks about the measurement of these tumours and makes very interesting reading. Many of the chapters provide information on prognostic features and treatment of gynaecological conditions which would be helpful in constructing a histological report.

The result is a book similar to the excellent Recent Advances in Histopathology series but with the advantage of being confined to one important aspect of pathology. It should be of use to general as well as gynaecological histopathologists.

D LOWE

Bone Marrow Biopsies Updated. New Prospects for Clinical Diagnostics. Bibliotheca Haematologica No 50. Vol eds B Frisch and R Bartl. (Pp 132; 48 figs & 48 tabs; DM117; US$58·75.) S Karger. 1984.

This volume is based on papers presented at a satellite symposium devoted to bone marrow biopsies held during 1983 at the 7th Congress of the International Society of Haematology, European and African Division. The standard of presentation, including photomicrographs and diagrams, is excellent.

The introductory chapter outlines the techniques that can be applied to studying the routine bone marrow trephine biopsy. The subsequent chapters are divided into two sections, one dealing with bone marrow biopsies in myeloproliferative disorders and the other with lymphoproliferative disorders. The main emphasis is concentrated on the classification and prognosis of these diseases.

This short volume does not represent a comprehensive text. However, it brings together the ideas and results of the European workers interested in the bone marrow histology of haematological malignancies. This is a useful addition, for both haematologists and histopathologists, to the standard books on this subject.

J AMESS

Aids. A Basic Guide for Clinicians. Ed P Ebbesen, RJ Biggar and M Melbye. (Pp 313; £29.) Munksgaard. 1984.

This is an up to date multiauthor account of AIDS with a bibliography extending to 1984. It gives a good description of the epidemiology, risk factors, clinical and laboratory features, and pathology, although there is some reduplication. The role of human T cell leukaemia virus (HTLV) III is more firmly established than the cautious account here might suggest. The disease is less readily transmitted than serum hepatitis, and the high risk factors include multiple homosexual partners and receptive anal intercourse. The transmission through blood transfusion and factor VIII preparations makes it important that blood from persons at risk should not be used. This requires some thought when blood is collected in factories where there is considerable pressure to donate. The diagnosis of frank AIDS with opportunistic infections and of the syndromes (which are occasionally prodromal) of lymphadenopathy and pyrexia of unknown origin is mainly clinical. The absolute lymphocyte and/or polymorph count is usually depressed. The T helper T suppressor ratio is usually inverted but its value is limited as this alteration occurs in 30% of US homosexuals and haemophiliacs, and the ratio is not helpful in the managment of the worried healthy individual. The question whether mild immunodeficiency is an important predisposing factor in clinically important HTLV III infection is still open. Overall this book is a good guide to the practising clinician and to the research worker.

GL ASHERSON

The Direct Detection of Microorganisms in Clinical Samples. Ed JD Coonrod, LJ Kunz, and MJ Ferraro. (Pp 374; $53·00.) Academic Press. 1983.

This book is divided into three sections: the first deals with direct visualisation of micro-organisms; the second with the application of immunological techniques for the detection of soluble antigens; and the third with non-immunological methods for the detection of constituents and metabolites of bacteria. In Part I light microscopy of stained bacteria and fungi is described and also immunofluorescence of bacteria and viruses. For those unfamiliar with immunofluorescence this section provides a useful list of references. Part II is the backbone of the book and covers nearly 200 pages. Several authors deal with counterimmunoelectrophoresis and others with latex agglutination and coagglutination for the detection of soluble antigens in CSF, blood and other body fluids. There is little that is new in this field but the contributions provide an adequate summary of the techniques. There is a certain amount of repetition and although very little attempt is made to evaluate the clinical usefulness of the techniques, there are discussions on sensitivity and specificity. The sections dealing with ELISA and radioimmunoassay for the detection of microbial antigens are rather more informative. The chapter on the diagnosis of Legionella infection is comprehensive and, after deal-

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