was molten. Large pieces of wax were easily lifted from the cut surface without defrosting, but remaining adherent small pieces were removed by placing absorbent paper or cotton onto the cut surface and applying a warmed domestic smoothing iron. The tumour relations, the fracture site, the features of the elbow joint cavity, and the presence or absence of intramedullary tumour deposits were studied, recorded, and sampled. An illustrative sample was now available for preservation as a museum specimen. Excellent histological specimens were prepared.

We have since applied this technique to several other amputation specimens and have found it useful in the handling of these awkward specimens.

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Results of study of seminal vesicles obtained from 22 men at necropsy using extent and severity of nuclear pleomorphism as a subjective indication of polyploidy

<table>
<thead>
<tr>
<th>Pleomorphism</th>
<th>No of cases</th>
<th>Age range (years) (mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ + +</td>
<td>5</td>
<td>62-89 (75)</td>
</tr>
<tr>
<td>+ +</td>
<td>9</td>
<td>60-78 (66)</td>
</tr>
<tr>
<td>+</td>
<td>2</td>
<td>35-48 (41.5)</td>
</tr>
<tr>
<td>None</td>
<td>6</td>
<td>20-79 (51)</td>
</tr>
</tbody>
</table>

found no relation with cancer and suggested a hormonal or degenerative effect due to ageing.\(^1\) In our study two patients aged 78 and 68 also had coincidental prostatic carcinomas, but only the older patient showed polyploidy, which was of mild degree. Arias-Stella and Takano-Moron found no correlation with vascular sclerosis, pigment, prostatic hyperplasia, or atrophy of the testis.\(^4\)

In a review of the 264 prostatic needle biopsy specimens received over the previous 10 years we found that seminal vesicle epithelium was not uncommonly present, being found in 15 specimens (5%).

Seminal vesicle epithelium can be distinguished morphologically from prostatic epithelium by the presence of cyttoplasmic and luminal lipofuscin and occasional eosinophilic stromal nodules. Mitoses are not a feature. Lipofuscin is not, however, always present. Both mucin staining and stains for basement membranes are, in our experience, unhelpful in distinguishing between these two types of epithelium. The immunoperoxidase stain for prostatic specific antigen appears to be the single most specific method for positively identifying seminal vesicle epithelium in prostatic tissue, in the absence of distinctive morphological features (figure).

**References**


**Immunoperoxidase stain for prostatic specific antigen showing positive staining for prostatic adenocarcinoma and unstained seminal vesicle epithelium at margin. Prostatic specific antigen.**