

whenever possible to allow the surgeon to act accordingly with more precision.

ITM KUNG
Institute of Pathology,
Queen Elizabeth Hospital,
Kowloon,
Hong Kong

References

- 1 Kendall CH. Fine needle aspiration of thyroid nodules: three years' experience. *J Clin Pathol* 1989;42:23-7.
- 2 Willems JS, Löwhagen T. Fine needle aspiration cytology in thyroid disease. *Clin Endocrinol Metab* 1981;10:247-66.
- 3 Suen KS, Quenville NF. Fine needle aspiration biopsy of the thyroid gland: a study of 304 cases. *J Clin Pathol* 1983;36:1036-45.
- 4 Kung ITM, Yuen RWS. Fine needle aspiration of the thyroid: distinction between colloid nodules and follicular neoplasms, using cell blocks and 21-gauge needles. *Acta Cytol* 1989; (in press).
- 5 Chan JKC, Kung ITM. Rehydration of air-dried smears with normal saline. Application in fine-needle aspiration cytologic examination. *Am J Clin Pathol* 1988;89:30-4.
- 6 Kung ITM, Yuen RWS, Chan JKC. Optimal formalin fixation and processing schedule of cell blocks from fine needle aspirates. *Pathology* 1989; (in press).

Dr Kendall comments:

I thank Dr Kung for his interest and am pleased to provide further details of the method. Technically, it is not demanding and produces good morphological detail, but I would not claim any special benefit over the many other methods used.

The aspiration is performed using a 10 ml syringe, 21 gauge (venesection) needle, and a syringe holder (Cameco). The aspirate is drawn gently into the barrel of the syringe by washing through with cytospin collection fluid (Shandon Ltd), the needle removed, and the aspirate expelled into the cytospin fluid. After centrifugation, the cell button is resuspended in 2-3 ml of cytospin fluid. Aliquots (0.5 ml) are then introduced into the cytospin chambers (Cytospin II, Shandon Ltd) and the cells spun on to glass slides (1700 rpm for four minutes). If the aspirate was bloodstained, the cell suspension was treated with excess 1% acetic acid, washed twice with saline, and then resuspended in cytospin fluid. The cell spreads are fixed in 95% alcohol and stained with haematoxylin and eosin and Papanicolaou stains.

Cytospin preparations have, in my view, several advantages over direct smears if immediate reporting is not required. A recent letter to the College Bulletin outlined several points,¹ with which I agree. With regard to

the thyroid, aspirates are frequently contaminated with blood and it was this which led me to abandon direct smears as I found adequate smear preparation difficult.

Regarding specificity of diagnosis, my view is that interpretation of thyroid fine needle should be mainly directed at distinguishing between simple and neoplastic nodules. Precise preoperative diagnosis is an additional refinement if available, as in some cases of papillary carcinoma in my series. Follicular neoplasms, for example, are not in my view susceptible to such precision. Lobectomy is generally regarded as the treatment of choice for differentiated thyroid tumours; hence the practicality of a classification into simple and neoplastic. Poorly differentiated tumours form a third diagnostic group, which is useful to identify as the management may be other than surgical.

Reference

- 1 Howat AJ, Anderson G, Dundas SAC, Harris SC, Underwood JCE. Fine needle aspiration biopsies of breast lesions. *Royal College of Pathologists' Bulletin* 1988;64:19.

Notices

bssc

British Society for Clinical Cytology

Certificate of competence in cytology screening

(Recognised by the Department of Health for entry to the Cytology Screener Grade)

Examination dates and venues:

Thursday November 2, 1989;
University Medical School, Leeds

Saturday November 4, 1989;
Birmingham Maternity Hospital

Closing date for applications:
September 22, 1989

Tuesday February 13, 1990;
Northwick Park Hospital, London

Closing date for applications:
December 29, 1989

Further particulars and application forms from: Dr E McGoogan, Chairman BSCC Examination Committee, Department of Pathology, University of Edinburgh Medical School, Teviot Place, Edinburgh EH8 9AG.

IMLS

Triennial Conference

The 19th Triennial Conference of the Institute of Medical Laboratory Sciences is to be held at the University of Warwick, near Coventry, from 2 to 9 September 1989.

For further information contact John Cairns, Haematology Department, East Birmingham Hospital, 45 Bordesley Green East, Birmingham B9 5ST; Tel. 021-766 6611 ext 4280.

Association of Clinical Pathologists

JUNIOR MEMBERSHIP

Junior Membership of the Association of Clinical Pathologists is available to trainees in all branches of pathology for up to six years or until they attain consultant status. The annual subscription is £18, which may be claimed against tax.

All Junior Members receive monthly copies of the *Journal of Clinical Pathology*. Other benefits include membership of the Junior Members' Group and a regular junior members' newsletter, the ACP Newsletter, and all the documents regularly sent to full members of the Association. These include the twice yearly summary of pathology courses included in the ACP Postgraduate Education Programme.

For Junior Membership apply to: Dr JD Davies, Education Secretary, University Department of Pathology, Bristol Royal Infirmary, Bristol BS2 8HW.

ACP Locum Bureau

The Association of Clinical Pathologists runs a locum bureau for consultant pathologists.

Applicants with the MRC Path who would like to do locums and anyone requiring a locum should contact Dr DH Orrell, Department of Pathology, Royal Lancaster Infirmary, Ashton Road, Lancaster LA1 4RP.