the lymph node biopsy specimen showed large cell lymphoma and the bone marrow biopsy specimen showed paratrabeular aggregates of small lymphoid cells.

- 1 Brunning RD, Bloomfield C, McKenna RW, Peterson L. Bilateral bone marrow biopsies in lymphoma and other neoplastic diseases. *Ann Intern Med* 1975;82:35-66.
- 2 Collier BS, Chabner BA, Gralnick HR. Frequencies and patterns of bone marrow involvement in non-Hodgkin's lymphoma: Observations on the value of bilateral biopsies. *Am J Hematol* 1977;3:105-19.

Rapid ELISA for detecting Epstein-Barr virus infection

We read with interest the assessment of the rapid ELISA test (Monolert—Ortho Diagnostic Systems, New Jersey, USA) for detecting Epstein-Barr virus infection¹ and report a case of parvovirus infection which also gave a false positive result with this test.

An 11 year old child presented with spontaneous bruising and had thrombocytopenia (platelets $20 \times 10^9/l$). A bone marrow examination showed increased megakaryocytes, slight haemophagocytosis, and a total absence of red cell precursors. A monospot test was positive and the rapid ELISA test for EBV infection was positive for an acute infection. IgM antibody to parvovirus was present in high titre (greater than 40 units). No EBV IgM antibody was detected, but IgG antibody to EBNA was positive in low titre. Thus despite the positive monospot and Monolert results, there was no serological evidence for an acute EBV infection.

Matheson *et al* found false positive results with adenovirus, cytomegalovirus, and *Toxoplasma gondii* infections. Our case suggests that parvovirus infection may also cross-react and we agree that this test has limitations.

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- 1 Matheson BA, Chisholm SM, Ho-Yen DO. Assessment of rapid ELISA test for detection of Epstein-Barr virus infection. *J Clin Pathol* 1990;43:691-3.

Cerebral aspergillosis

Boon *et al*¹ have reported a seasonal variation in cerebral aspergillosis following liver transplantation, with most cases undergoing post-mortem examination between November and April. The authors state that, "no environmental source was identified," and it was suggested that the seasonal variation may simply reflect a higher concentration of spores outside the summer months. The highest aspergillosis counts, however, are usually found in the autumn²; most of the cases after liver transplantation occurred between December and March.

The possible role of hospital demolition and maintenance work in outbreaks of this condition has been suggested in two recent

papers—one of four patients on a single intensive care unit³ and the other of three immunosuppressed patients on a medical ward.⁴ We therefore wondered whether the apparent seasonal variation in liver transplantation might be related to hospital building work and renovations occurring on a "seasonal basis" rather than to external spore counts. This would have clear implications for the risks of infection in immunosuppressed patients and the planning of hospital rebuilding. It would avoid considering restricting liver transplantation to the summer months.

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- 1 Boon AP, Adams DH, Buckels J, McMaster P. Cerebral aspergillosis in liver transplantation. *J Clin Pathol* 1990;43:114-8.
- 2 Herman LG. Aspergillus in patient care areas. *Ann NY Acad Sci* 1980;353:140-6.
- 3 Harvey IM, Leadbeater S, Peters TJ, *et al*. An outbreak of disseminated aspergillosis associated with an intensive care unit. *Community Med* 1988;10:306-13.
- 4 Dewhurst AG, Cooper MJ, Khan SM, Pallett AP, Dathan JRE. Invasive aspergillosis in immunosuppressed patients: potential hazard of hospital building work. *Br Med J* 1990;301:802-4.

Dr Boon comments:

Dr Clements *et al* have, quite correctly, drawn attention to the possible role of hospital building and maintenance work in outbreaks of aspergillosis. Despite the current stringencies of NHS capital expenditure, such work still occasionally occurs, but was not a factor in our series.¹ In fact, two further cases of aspergillosis occurred in the liver unit at the Queen Elizabeth Hospital in the summer of 1989. This prompted a thorough investigation of possible sources of *Aspergillus* spores by our microbiologists. Heavy contamination of air shafts leading to the liver unit was discovered and the details of this excellent piece of detective work have been presented. (Elliot TSJ, Stone JW, Smith J. Abstract presented at Pathological Society of Great Britain and Ireland, January 1990.)

Clearly, where air contamination is very heavy, *Aspergillus* spores will lead to infection in susceptible patients, whatever the season. This does not conflict with our observations, which are consistent with a greater abundance of *A fumigatus* spores in winter,² wherever the organism might be lurking. One could argue, perhaps, about definitions of "autumn" or "winter," but I suspect there may be variations in the sporulation of *A fumigatus* according to climate, and I note the North American source of the reference quoted by Clements *et al*.³

As others have recently testified,³⁻⁵ aspergillosis is an important cause of morbidity and mortality in many groups of patients. It would, however, be quite as unrealistic to plan hospital rebuilding and maintenance work so as to avoid contamination of specific units at certain times of the year, as to restrict liver transplantation (or treatment of haematological malignancies) to the summer months! The correct approach must surely be effective prophylaxis, avoidance of high dose steroids except where absolutely essential,

early diagnosis, safer antifungal treatment and most importantly, a high clinical index of suspicion. I would also emphasise that without the data obtained from necropsy studies such as ours¹ the true extent of the problem posed by *Aspergillus* would not be apparent.

- 1 Boon AP, Adams DH, Buckels J, McMaster P. Cerebral aspergillosis in liver transplantation. *J Clin Pathol* 1990;43:114-8.
- 2 Seaton A, Robertson MD. Aspergillus, asthma and amoebae. *Lancet* 1989;i:893-4.
- 3 Herman LG. Aspergillus in patient care areas. *Ann NY Acad Sci* 1980;353:140-6.
- 4 Kelsey SM, Newland AC, Van der Walt J, Doran H. Pulmonary aspergillosis in patients with leukaemia. *J Clin Pathol* 1990;43:783.
- 5 Shields ML, Joyner M, Lee R. Invasive aspergillosis in immunosuppressed patients. *Br Med J* 1990;301:1046-7.
- 6 Boon AP, Shetty A. Aspergillosis: a 10 year autopsy review. *J Pathol* 1990;161:340A.

BOOK REVIEWS

Endocrine Pathology. RV Lloyd. (Pp 260; 232 figs; DM 160.) Springer. 1990. ISBN 30540-97166-1

The stated aim of this textbook is to combine classic histological approaches to endocrine pathology with recent developments in immunohistochemistry and molecular biology. In attempting to achieve this aim in a single author textbook, covering the breadth of the endocrine system, Dr Lloyd has set himself a formidable task. He admits that certain areas have not been covered.

The text is variable. For example, there is a useful short, but comprehensive, discussion of the new classification of pituitary adenomas, based on immunohistochemistry and electron microscopy. In contrast, the problematic area of diagnosing malignancy in adrenocortical tumours is incompletely discussed and referenced. The book is extensively illustrated. There are very elegant colour plates of immunocytochemistry and non-isotopic *in situ* hybridisation, but some of the black and white photomicrographs are not as crisp as might be expected.

This volume must be compared with others based on a functional approach to the subject, which incorporate more of the clinical and biochemical aspects of endocrine disease. Perhaps to a greater extent than in any other area of pathology, histological diagnosis cannot stand alone. I feel, therefore, that this textbook will not be seriously competitive.

AM McNICOL

The Renal Biopsy. Major Problems in Pathology. Vol 8. 2nd ed. LJ Striker, JL Olson, GE Striker. (Pp 282; £40.) WB Saunders Company. 1990. ISBN 0 7216 3040 5.

The first edition of this text sits on my shelf but is rarely consulted, for useful information is obtained more easily elsewhere. Two of the authors have changed and this is now virtually a new work rather than just a new

edition, and it is much improved. The chapter headings have been changed and the concepts underlying classification have changed. The stated aim of the text is to provide "a guide to the interpretation of renal biopsies" and it does this by means of text, diagrams, and black and white photographs of light microscopy, immunohistology and electron microscopy. In general it gives a straight account of the changes seen in a particular condition, such as hypertension, rather than giving guidance on how to answer a diagnostic problem—for example, are these changes due to hypertension alone or is there an underlying glomerulonephritis? It gives reference to "selected readings" rather than to detailed documentation of the points made. The text has some high spots—for example, the chapter on renal diseases associated with lymphoplasma-cytic disorders could scarcely be bettered in its 27 pages. It is a pity that the problems of renal transplantation are dealt with inadequately in 11 pages. Whether you are a tyro or experienced in renal histopathology this is not the "best buy", but it has enough virtues to make it a useful addition to the departmental library.

DR DAVIES

Risk and Prevention of Arterial Lipidoses. Peter Schwandt. (Pp 183; soft cover £17.75.) Published by Warren H Green (USA) and distributed by Gazelle Book Services (Lancaster). ISBN 0-87527-232-0.

This is a strange book which, on first looking through it, I wondered whether it even ought to have a review as the bibliography has no reference in it after 1981, although there is a recommended reading list including articles up to 1984. In the preface this situation is accounted for "due to technical reasons", but suggests that the monograph "is a very valuable collection and evaluation of the most important facts in the 'lipid field' up to that time." Peter Schwandt is not the sole author—there are contributions from P Weisweiler, P Janetschek, and WO Richter.

Topics covered include atherogenesis and its effects, risk factors, metabolism of lipoproteins and diagnosis of their disorders, diet, physical exercise and treatment. I have to admit, when I studied its contents again a little later I changed my opinion. I found much of the early work clearly presented, interesting and informative, and well referenced. I hope that this monograph will not only be purchased by libraries but also by all those interested in the "arterial lipidoses".

B ST AVIN

Molecular Biology and Differentiation of Megakaryocytes. Progress in Clinical and Biological Research. Vol 356. Ed J Breton-Gorius, J Levin, AT Nurden, N Williams. (Pp 371; \$98.) John Wiley & Sons Inc. 1990. ISBN 0-471-56822-8.

This is volume 356 in the series *Progress in Clinical and Biological Research*. It is based on the proceedings of the Third International Conference on Megakaryocytes which was

held in Dijon in July 1989. The work is edited by recognised experts in the field of megakaryocyte and platelet biochemistry and physiology.

Recent years have seen considerable advances in our knowledge of the physiology of platelet production, aided by the development of techniques for the isolation of megakaryocytes from bone marrow, the establishment of megakaryoblastic cell lines, and the cloning of growth factors. This, together with the increasing realisation of the central role of platelets in arterial occlusive disease, have led to considerable expansion in research related to megakaryocyte and platelet production. This volume thus serves as a timely review of contemporary theories and observations on the maturation, regulation, and pathology of megakaryocytes. It is, of course, primarily a book for the specialist researcher, and in this context can be recommended as an invaluable reference source, but it also contains much of relevance to the pathologist with a broad interest in the pathogenesis of bleeding and thrombotic disorders.

M GREAVES

Ocular Histopathology. A Guide to Differential Diagnosis. CE Margo, HE Grossniklaus. (Pp 340; £54.) WB Saunders Company. 1991. ISBN 0-7216-3291-2.

This book is a series of 53 cases presented initially as macro- and microscopic descriptions illustrated with black and white photographs. We are then given a "pivot" diagnosis, followed by a list of differential diagnoses, and an illustrated discussion. Only after this is the clinical history given and the chapter closes with a "denouement" and a small further discussion and list of pertinent references. This idiosyncratic arrangement with the concentration on unprejudiced, supposedly objective assessment of the material, before exposure to the bald clinical facts, leads in most cases to a rational pivot diagnosis but occasionally, is analogous to composing "wrong" answers to multiple choice questions; the alternatives are a little implausible.

The authors address themselves to most of the range of fashionable problems in this subspeciality. The chapters on conjunctival melanocytic lesions are particularly clear. Examples of systemic pneumocystis and Kaposi's sarcoma are included in AIDS related phenomena as is the diagnosis of necrotising retinitis. Most of the references are recent but some are unnecessarily parochial referring to ophthalmological bibliography, but elsewhere the authors have quoted from mainstream pathology and medical journals. Grouses? Two: I did not know what the torcular Herophili was and had to go and look it up; and in the introduction the authors refer to a "heuristic void," something which seems to be a philosophical impossibility.

I recommend the book and think that the authors have produced a convincing diagnostic algorithm in most instances. The non-specialist would also enjoy it, gaining in confidence by realising that this is not an isolated or impenetrable field of histopathology.

ACE McCARTNEY

NOTICES

Tenth Annual Scientific Meeting and Exhibition of the Society of Magnetic Resonance in Medicine

August 10–16, 1991

San Francisco, California, USA.

For more information, contact SMRM, 1918 University Avenue, Suite 3C, Berkeley, CA 94704 USA. Telephone: (415) 841-1899. Fax: (415) 841-2340.

First World Congress of Cellular and Molecular Biology

1–7 September 1991

Paris–Versailles, Palais des Congres

This meeting will include about 40 symposia concerning the most promising themes in the field of cellular and molecular biology. All information about the programme, registration, fees, and deadlines for abstracts, will be given on request by letter, phone, or fax:

Mrs Leila Orbecchi, Director
C.E.R.T.

63, Avenue Parmentier
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Prize Biochemical Analysis 1992

The German Society for Clinical Chemistry awards the prize Biochemical Analysis every two years at the conference "Biochemische Analytik" in Munich.

The prize of DM50 000 is donated by Boehringer Mannheim GmbH for outstanding and novel work in the field of biochemical analysis or biochemical instrumentation or for significant contributions to the advancement in experimental biology especially relating to clinical biochemistry.

Competitors for the prize 1992 (conference "Biochemische Analytik", May 5–May 8 1992) should submit papers concerning one theme, either published or accepted for publication, between 1 October 1989 and 30 September 1991, before 15 October 1991, to:

Professor Dr H Feldmann, Secretary of the prize Biochemical Analysis; Institut für Physiologische Chemie der Universität, Goethestraße 33, D-8000 München 2.

If several authors are involved in this work, please indicate the name(s) of the candidate(s).

ACP Locum Bureau

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

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