results originate in two independent centres. Leary et al suggest that as HPV DNA is not always present in glandular neoplasia that HPV might be a cofactor rather than an initiating factor in cervical glandular neoplasia. If this is so then HPV DNA need not necessarily be detected, possibly explaining the discrepant results from the United Kingdom and elsewhere.

To summarise, results from the United Kingdom1 suggest that infection with HPV types 6, 11, 16, 18 and 31 does not necessarily have a major role in cervical glandular neoplasia.

Radiation colitis is another mimic of chronic inflammatory bowel disease 1


Oestrogen receptors in conjunctival malignant melanoma

Paridaens et al claim to have demonstrated oestrogen receptors in parafin wax sections of formalin fixed conjunctival malignant melanomas. It is not unreasonable to expect that these lesions may be susceptible to endocrine factors, but the authors’ results do not support their conclusions.

We have two reservations. First, the cytoplasmic staining they observed conflicts with the known location of oestrogen receptors. Second, although the antibody to ER-D5 recognises an epitope on an oestrogen receptor related protein, several studies have shown that immunostaining with this reagent correlates poorly with the results of ligand binding assays for oestrogen receptors. Furthermore, the authors are mistaken to believe that ER-D5 is "particularly present only in oestrogen receptor positive tissues." Finally, the statement that "a nuclear binding assay, which identifies non-functional receptors, may be more appropriate" makes no sense. Surely it is more appropriate to identify functional receptors by, for example, seeking oestrogen regulated proteins, such as progesterone receptor and cathepsin D.

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Dr Paridaens et al comment:

We thank Professor Underwood for his comments on our paper. We disagree, however, with his statement that "the cytoplasmic staining they observed conflicts with the known nuclear location of oestrogen receptors." An alternative immunocytochemical approach in the detection of the receptor moiety of steroid hormone receptor complexes or unliganded receptors is the use of antibodies directed against receptor proteins. We used a monoclonal antibody which has been shown to be specific to D5 antigen, a non-hormone-binding component related to cytosolic oestrogen receptors, which does not recognize classic type 1 nuclear oestrogen receptor. The cytoplasmic staining we observed therefore reflected recognition of the ER-D5 antigen which has shown to be closely related to oestrogen receptors.

Secondly, a study by Coffer et al showed a significant correlation $(p < 0.001)$ between D5 immunoreactivity assay (IRNA) value and oestrogen receptor (ER) which was not the case with other tumours assayed by (3H)estriadiol binding sites. However, the correlation between ER-D5 immunohistochemistry and ligand-binding assays for oestrogen receptors has been relatively moderate. The authors' results and the interpretive value of the immunocytochemical method using anti-ER-D5 should be interpreted with caution.

Thirdly, the distribution of the antibody (Antar) indicates that the antigen ER-D5 is present only in oestrogen receptor positive tissues, a finding which was confirmed by King et al.

Finally, the aim of our concluding statement was to highlight the importance of identifying the hormone receptors that are biologically active (functional as opposed to non-functional receptors) to predict response to hormonal treatment, because this cannot be assessed by immunocytochemistry alone.


Secretarial services to consultant microbiologists

A questionnaire on the use of secretarial services sent to 21 consultant microbiologists in Yorkshire in July 1991 produced a
response from 19 (90%). Of the respondents, 90% were single consultants in their districts, 2% were consultants in variable time help for juniors in the specialty; on average each managed a catchment of 64,000 specimens a year.

Sixty one cent per had half or less of a secretary's time, most commonly at administrative and clerical grade 3; in all but four cases they had to share their secretary with other consultants. The secretary was located as follows: in the same room as the consultant (5%), next door (26%), at 35 metres or more away (32%), on a different floor (10%) and in another building (5%). At least 85% of the secretaries shared accommodation with other staff, often in small rooms measuring 2.5–5 metres square; 32% of consultants considered the available space to be insufficient. All had some information technology (IT) equipment but it was considered insufficient in 37%; replies included: “five share one word processor,” “one personal computer between four,” and “I gave them my home computer.”

The amount of help given by secretaries to other consultants was variable (Table). Thirty seven per cent of consultants thought that the secretarial provision to deal with these tasks was inadequate, and 37% thought that they did not, or were unable to delegate enough of these tasks. 37% thought that they might benefit from some instruction on how best to work with a secretary.

Arrangements to cover for the secretaries' absence were made by a telephone call from other local staff in 74% of cases, but no cover at all was provided in 10% of cases; the cover arrangements were considered inadequate by 42% of consultants.

This small study shows that there are important deficiencies in the provision of secretarial help to consultant microbiologists in Yorkshire and is probably indicative of the position elsewhere in the country. NHS laboratories seemed to fare worse in their general provision than the local public health laboratories, perhaps because of the wider competition they face when asking for adequate resources. Among the shortcomings found were the generally low levels of secretarial provision to consultants and the often poor location, space, and IT technology available to the secretaries. The current arrangements seem to be very wasteful of consultants' time; many have difficulties in delegating simple and time consuming tasks and in developing a satisfying working relationship with their secretary, often based so far from their office. These things must significantly impair the availability and effectivity of our most senior professional staff, and efforts should be made to set them right, particularly as we become more concerned with business efficiency.

There seems to be considerable scope for freeing up consultant time by improving the levels of secretarial support. This is an item that should be assessed and highlighted in the current laboratory audit and accreditation processes.

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BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Society of Microbiologists. Overseas customers should add 15% to the value of the order for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and full name.


This book is a guide to clinical investigation, a topic that is becoming increasingly important to today's students and young doctors as the number of investigations necessary to confirm a diagnosis is rapidly increasing. Most textbooks concentrate on the clinical features of a condition and place less emphasis on investigations. In contrast, this book concentrates on the logical investigation of common conditions.

The book is arranged according to the major systems; it gives a short synopsis of the clinical features of the conditions and concentrates on the associated investigations. The indications for these investigations, in addition to a description of the method and interpretation of the results, helped in no small measure by the imaginative use of flow charts.

The book is well written and easy to read, and is a useful addition to the large number of available texts for students. It is also small enough to be carried in a white coat pocket. Although it is aimed primarily at medical students, it is also useful to house officers and senior house officers studying for the MRCP. Most of the chapters are written from a medical viewpoint, with less emphasis on surgical specialties, so the book is of more use as an outpatient counselor.

In general, it is useful, reasonably priced, and may help students and junior doctors to develop a logical approach to clinical investigation and management.

JANE Dacre


This is an excellent multiple author book. The chapters are written clearly with sufficient background to interest the "nontransfusionist" and yet they are very comprehensive with valuable references. The title suggests the wider problem: transfusion transmitted infections as opposed to the more general term transfusion transmitted diseases.

Chapter 1, how safe is blood transfusion? helps to place the problem of infection in the wider perspective. The chapters on basic virology are readable and can be understood by non-virologists. The chapters on donor screening procedures and donor testing would need to be read with caution in the United Kingdom because they refer to policies in the USA, some of which are not implemented in the United Kingdom in a similar manner. The problems are well discussed, however, and the aims of all transfusionists throughout the world are the same.

The book would benefit from more tables. Some paragraphs are difficult to read because of the sheer amount of data and could be better presented in tabloid form. Inevitably, the references, although comprehensive, are already in need of updating.

This is a necessary book in any institution associated with blood transfusion.

V James


This volume continues a series entitled Encyclopaedia of Medical Radiology (Handbuch der medizinischen Radiologie). After an introductory chapter on cellular radiobiology there are 14 on specific organs or organ systems and one on the effects of radiotherapy in childhood. Each comprises a detailed, well referenced review of early and late effects of irradiation on normal tissues, both clinically and in experimental models, for which considerable amounts of data are provided. Some of the information particularly early reactions, is inevitably derived from animal work. Apart from clinical radiobiological aspects and discussions of pathogenesis, consideration is given to the effects of chemotherapy and combined modalities. Variously detailed histopathological descriptions are provided; these are usually minimally illustrated (save for a detailed chapter on bone and cartilage), although this is not a great deficiency. Earlier references are extensively quoted, but they are also cited up to 1988 and occasionally 1989. The effects of irradiation on tumours does not fall within the scope of the book but there is a small section on carcinogenesis following childhood irradiation.

This is a comprehensive and well produced volume which, while aimed at (and mostly written by) radiotherapists and radiobiologists, contains quite a lot of experimental pathology, and in spite of the multiplicity of authors good editing has resulted in a satisfying (if rare) uniformity throughout. It is not a diagnostic handbook, but for the pathologist working in a radiotherapy centre, and particularly if he/she is involved in collaborative experimental work, there is useful information not otherwise readily available.

C Fisher