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 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 Kingdom? 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

We read with great interest the article written by Shepherd. 1 This informative review will be of great use to practising histopathologists when they face an avalanche of colorectal biopsy specimens with relatively little clinical information. The article should persuade both pathologists and physicians that clinical information is of great importance in reaching a histological diagnosis. The colorectal mucosa has limited ways of expressing itself in response to injury—a single brick from the Berlin Wall may look identical to one from the long-standing Wall of China.

The article describes the histological features of chronic inflammatory bowel disease, but this diagnosis must be based on a combination of several morphological features such as crypt distortion, metaplasia (Paneth cells or pseudopyloric), fibrosis of the lamina propria associated with loss of crypts and/or significant increase in chronic inflammatory cells. On this basis we believe that radiation-induced crypt/colonic inflammation is not the diagnostic possibilities. Radiotherapy is a common form of treatment for many pelvic carcinomas and the clinical features of radiation enteropathy may appear after many years when the inheriting surgeon may be unaware that the patient has been irradiated. Radiation colitis in the chronic phase demonstrates a very significant crypt distortion, vascular telangiectasia, and fibrosis of the lamina propria, which can easily be misinterpreted as healed or quiescent chronic inflammatory bowel disease, unless the relevant information is of both.

Dr Paridaens et al comment:
We thank Professor Underwood for his comments on our paper. We disagree, however, with his statement that "the cytologic staining they observed conflicts with the known nuclear location of oestrogen receptors." An alternative immunohistochemical 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 the cytosolic oestrogen receptor, ER-D5, which does not recognise classic type 1 nuclear oestrogen receptor. 7 The cytologic staining we observed therefore reflected recognition of the ER-D5 antigen which has been shown to be closely related to oestrogen receptors. 8

Secondly, a study by Coffey et al showed a significant correlation (p < 0.001) between D5 immunoradiometric assay (IRMA) value and oestrogen receptor status in human breast tumours assayed by [3H]oestradiol binding sites. 9 However, the correlation between ER-D5 immunohistochemistry and ligand-binding assays for oestrogen receptors has been found to be inadequate. This may be due to the lack of specificity of the immunohistochemical method using anti-ER-D5 should be interpreted with caution.

Thirdly, the distribution of the antibody (9A10) indicates that the antigen ER-D5 is present only in oestrogen receptor positive tissues, a finding which was confirmed by King et al. 9,10

Our final aim of the 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 immunohistochemistry alone.


Oestrogen receptors in conjunctival malignant melanoma

Paridaens et al claim to have demonstrated oestrogen receptors in paraffin wax sections of formalin fixed conjunctival malignant melanomas. 7 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 cytologic staining they observed conflicts with the known nuclear location of oestrogen receptors. 2 Secondly, 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. 3,4 Furthermore, the authors are mistaken to believe that ER-D5 is "... present only in oestrogen receptor positive tissues." 5 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.

Correspondence


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
tiveness 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.

M BARNHAM
Department of Microbiology, Harrogate General Hospital, Harrogate, North Yorkshire HG2 7ND

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 Medical Association. Members should order by phone (0171 334 3200) or mail (BMJ Bookshop, PO Box 295, London WC1H 9TE). The prices quoted are for personal accounts. The BMJ Bookshop also accepts debit cards and American Express.


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 are given, 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 will also be 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 to consultant than to surgeons.

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 "non-transfusionist" and yet they are very comprehensive with valuable references. The title suggests the whole 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 figures. The book 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 Encyclopædia 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 radiotheraphy 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. The book is well written and clear; 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. Variably 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 radiation 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 used by) pathologists and radiobiologists, contains quite a lot of experimental pathology, and in spite of the multiplicity of authors good editing has resulted in a satisfactory (if rare) uniformity throughout the book. It is 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