Intramammary lymph nodes

We read with interest the paper by Jadusingsh¹ on intramammary lymph nodes and would like to report our experience with such a case.

A 35 year old woman presented with a non-tender lump in the upper outer quadrant of the left breast. On examination she had enlarged axillary lymph nodes as well as the palpable breast lesion, although this was clinically and mammographically benign. Fine needle aspiration of the breast lump led to an erroneous diagnosis of malignancy; carcinoma, possibly medullary, and lymphoma being the suggested differential diagnoses. Despite focal bloodstaining of the smears, the cytological picture appeared to be predominantly that of a mixture of small lymphoid cells and large atypical cells. The large cells were interpreted as malignant and the small cell as a benign lymphoid infiltrate. The lump was surgically excised together with removal of axillary lymph nodes. It measured 1.3 cm in diameter and the largest axillary lymph node was 2.5 × 1.8 × 1 cm. Histologically the breast lesion was an intramammary lymph node showing follicular hyperplasia but no evidence of lymphoma or carcinoma. The axillary nodes showed follicular hyperplasia and prominent sinus histiocytosis. On later review of the cytological material, the population in places was seen to be that of mixed population of lymphoid cells.

This case illustrates the need to be aware of these nodes and the possible changes exhibited by them. It is essential to bear in mind their existence, particularly when the cytological, clinical, and mammographic features of a breast lesion do not agree.

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1 Jadusingsh I H. Intramammary lymph nodes.
J Clin Pathol 1992;45:1023-6.

Farmer jesty and the discovery of vaccination

I very much enjoyed Dr Lakhani's excellent article on Edward Jenner.¹ There was, however, one pertinent detail which might have been included. Jenner was not the first practitioner of vaccination. Instead, that distinction perhaps belongs to a West Country farmer called Benjamin Jesty who successfully inoculated his family with cowpox virus, protecting them from a devastating local outbreak of smallpox. Jenner's later additional contribution was to challenge vaccinated subjects with variola virus, although his work was far from scientifically rigorous.²

My source of information about Jesty is the Jenner Museum in Jenner's old house, The Chantry, in the Gloucestershire village of Berkeley. The house was purchased by the British Trust for Immunology and is open to the public throughout the summer.

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1 Lakhani S. Early clinical pathologists: Edward Jenner (1743-1823). *J Clin Pathol* 1992;45: 756-8.

2 Silverstein A.M. *A history of immunology*. San Diego: Academic Press Inc., 1989.

Book reviews

The titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (MasterCard, VISA, or American Express) stating card number, expiry date, and your full name.

Microbiology Accreditation and Quality Assessment Schemes in the UK: Measuring up to the Standards. Ed C Roberts, MC Kelsey. (Price £3.50.) Association of Medical Microbiologists. 1992.

Accreditation, quality assurance, control and assessment are here to stay and microbiologists need to acquaint themselves with current practice and information. The Association of Medical Microbiologists' monograph on *Measuring up to Standards* is a compilation by 10 groups of workers intimately involved in accreditation and quality assessment schemes. The editors state that the document is "not an exclusive nor an exhaustive account of such schemes". It is, however, a publication which will become a must for all laboratories. It is put together in a logical format. The clear headings and easy reading render this somewhat less than inspiring but important subject readily accessible to all those of us who urgently need it.

HELEN HOLZEL

Laboratory Medicine. Test Selection and Interpretation. Ed JH Howanitz, PJ Howanitz. (Pp 966; £49.) Churchill Livingstone. 1991. ISBN 0-443-08576-5.

This book describes the various laboratory tests requested by the clinician in hospital and the interpretation of the results of these tests. It encompasses most of the major branches of pathology including chemistry, haematology, microbiology/immunology and blood transfusion.

A very attractive feature of this book is that all the analytes are referred to as "tests" as requested by the clinician and are discussed as such and not as part of a wider subject whereby the analyte's merits tend to be diluted and lost to the reader. Each section within each chapter is organised into a set format which includes background information and definition of the test, specimen requirements such as collection and storage procedures, technical difficulties, artefacts, interferences and limitations of the test and the interpretation of the results. It contains high quality plates and the tables and figures are excellent throughout. The inclusion of paediatric reference ranges is particularly admirable. The book is very easy to read and any information required is readily found. I was very impressed by how up to date the book is.

This book should benefit most people involved in laboratory medicine including

medical staff as well as laboratory officers. It should prove to be particularly useful for medical students and junior hospital doctors where interpretation of test results—the strongest point in the book is easily obtainable. In the UK, however, students of higher professional laboratory qualifications such as the MRCPath, may require more specialised information.

There are a few weak points. The relative lack of technological details of tests, laboratory management issues, and quality assurance entails that MLSOs and clinical scientists would have to look elsewhere for such necessary information. There are a rather high number of typographical errors. There is, moreover, a serious error in table 7-1 whereby insulinoma/nesidioblastosis should have been included at the top of the list of causes of fasting hypoglycaemia and not only in the list for reactive hypoglycaemia. Certain aspects of the book could be improved: the omission of a test that practically nobody does nowadays: the tolbutamide tolerance test for the diagnosis of insulinoma; the inclusion of a test that most of us do frequently: the glucagon stimulation test for growth hormone and ACTH functional reserve; the inclusion of contraindications to the insulin tolerance test; the rewriting of plasma catecholamines section; and a note or two on SHBG as a test on its own.

On the whole, I find this book to be a very valuable addition to libraries in most hospital laboratories and wards. It should prove useful to a wide range of the health-care staff including medical students, junior doctors, laboratory technologists and clinical scientists.

S MEDBAK

Colour Aids. General Pathology. IAR More, IL Brown. (Pp 130; soft cover £7.95.) Churchill Livingstone. 1992. ISBN 0-443-04057-5

This volume of *Colour Aids* follows the general style of the series—that of an illustrated, concise text. It is well written, extremely readable, and despite its brevity, covers the main general pathological processes. The illustrations have been well chosen to include appropriate electron micrographs, diagrams, graphs, photographs of gross specimens and photomicrographs of haematoxylin and eosin sections as well as relevant immunohistochemical and "special" stains.

In one or two places a higher magnification would have more clearly shown the process, for example, the polymorphs in figure 27 and the eosinophils in figure 28 demand the eye of faith. As I suspect that many students just flick through the pages to remind themselves of facts which they need to remember, a judicious arrow on some of the illustrations a little more detail in the legends would have helped. Finding the explanation for the figure is difficult in one or two places because the illustrations are not mentioned in the text, and in places the figures and text do not coincide. This is a minor problem, however, as the text and illustrations are for the most part closely linked.

Students are overwhelmed by list of books which are recommended to them. I hesitate, therefore, to add one more to the list. Yet I think that the authors have produced an excellent short text and I shall be

recommending it to my undergraduate students. I think that it will, however, be of limited value to postgraduates.

CH BUCKLEY

Muir's Textbook of Pathology. 13th edn. Ed RNM MacSween, K Whaley. (Pp 1245; £32.95.) Edward Arnold. 1992. ISBN 0-340-55145-3

The new 13th edition of Muir's Pathology retains the familiar, successful division into a general pathology section and a large systematic pathology section, but has been revised and expanded (especially in general pathology). Many of the illustrations will be recognised from previous editions, but a large number of clear new diagrams and line drawings have been added. These work very well, giving cohesion to the volume and illustrating important points in an easy-to-follow manner—for example, showing the main features of the different types of Reed-Sternberg cells. A further elaboration which will make the volume of more use to postgraduates, including those studying for the college exam, is the use of tables which expand on the information in the systematic chapters, for instance, detailing the main features of the bulbous diseases.

There is much more information here than most medical students will ever need, but the text is set out clearly and in such a way that the sensible student should not feel overloaded. As an aid to planning tutorials the edition will also make life easier for pathology lecturers. This book would certainly not be out of place on the bookshelves of the district general hospital pathologist, especially as a quick reference on disease aetiology and the newer scientific aspects of the subject (very much the sort of thing to have a quick leaf through before presenting a case at a CPC). The main target will, however, remain the undergraduate and for many this will be the first and last textbook of pathology ever purchased. As such, it places our subject in a very good light and is a pleasure just to handle and browse through. At £32.00 in hardback, this is exceptional value for money and certainly not an unlucky 13th.

GM KONDRATOWICZ

Case Studies in Transfusion Medicine. LK Hoffstadter, PJ DeChristopher, JT Perkins, LM Berte. (Pp 264; soft cover \$34.00.) Raven Press. 1992. ISBN 0-89189-311-3.

This is a marvellous addition to the few clinically orientated texts available for the teaching of transfusion medicine. The book consists of over 50 case studies in a question-and-answer format, organised in eight sections to cover donor evaluation, blood grouping discrepancies and antibody identification, transfusion therapy and its adverse effects, haemolytic disease of the newborn, therapeutic apheresis and paternity testing. There is thus a good mixture of serology and clinical management, and the answers are beautifully detailed with key up-to-date references. This is a thoroughly practical text, all the way down to the suggestion that samples for cryoglobulin estimation may best be transported tucked into the axilla. There are valuable insights into current US transfusion practice, with considerable emphasis on guideline documents, avoidance of donor blood products, and the legal

responsibilities of providers and prescribers of blood ("what could the physician have done prospectively for protection in the event of a lawsuit?").

The inevitable differences from current UK practices must be borne in mind—the widespread use of antenatal prophylaxis with anti-D, and lifelong deferral of blood donors with documented hepatitis A (here we pursue them for immunoglobulin). There perhaps should be greater mention of transfusion support problems in transplant recipients. There are one or two errors of interpretation/transcription but it would be churlish to detract from an otherwise excellent book.

Who should buy this book? The price is eminently reasonable, perhaps due to the paperback ring-bound format. Some of the chapters are aimed at clinicians, but there is enough serology to make this a good buy for hospital blood banks and transfusion centres. All MRCPath candidates (and examiners) please read!

L WILLIAMSON

A Colour Atlas of Haematological Cytology. 3rd edn. FGJ Hayhoe, RJ Flemons. (Pp 384; £75.) Wolfe Publishing Ltd. 1992. ISBN 0-7234-1586-2.

The third edition of this haematological atlas has increased its clinical appeal with the inclusion of histological sections. The updated and expanded introduction to each of the five sections is comprehensive. Combined with the photomicrograph captions this succinct text deserves recognition with standard haematological text books. The photomicrographs, which are of excellent quality reproduction, offer crisp, well illuminated detail and make this book invaluable.

Although originally written for haematologists, the new edition is an essential for any haematopathologist or cytopathologist. Placing the marrow aspirate alongside the corresponding bone trephine histology with the inclusion of lymph node imprints is of particular interest. Sections cover erythrocytes, granulocytes, monocytes, megakaryocytes, lymphocytes, together with cells of the reticulo-endothelial system and foreign cells. After a brief introductory section each of the subsequent sections discusses first the normal physiology and then the associated pathological processes.

The FAB classification system for acute leukaemias and myelodysplastic syndromes has been used but is limitations are discussed. Using the Kiel system for non-Hodgkin's lymphomas, reference is also made to the Working Formulation. Few well selected examples of immunocytochemical reactions with monoclonal antibodies have been included but there is full reference to cell immunophenotypes using CD numbers in the corresponding text.

One of the only limitations of the atlas is the total absence of photomicrograph labelling. Although the captions give a detailed description, the use of variable sized arrows, etc, would have added substantially especially for the newcomer to haematopathology.

This is a very useful atlas and at its present recommended price is good value considering the store of information together with the number of quality photomicrographs included.

JK MURPHY

Notices

4th International Congress on Trace Elements and Biology

Trace elements and free radicals in oxidative diseases

Chamonix (France) April 5-9, 1993

This Fourth International Congress will be the continuation of a series of meetings focusing on the role of trace elements in humans and animals medicine and physiology (zinc in 1986, selenium in 1988, chromium and trace elements in endocrinology in 1991).

The programme will include plenary lectures, free communications and poster sessions. During the congress several manufacturers will present instrumentation or products related with the topics of the congress.

Contact: A Alcaraz, Labo de Biochimie C-CHU-BP 217 38043 Grenoble Cédex 09-France. Tel: (33) 76 76 54 84. Fax: (33) 76 42 66 64.

Royal College of Pathologists

Histopathology Update

a two-day symposium to be held at the Scientific Societies Lecture Theatre on Wednesday 17 and Thursday 18 March 1993.

Quality Assurance in Pathology

a one-day symposium to be held at Kings College on Wednesday 21 April 1993.

Medical Microbiology Update

a one-day symposium to be held at the Scientific Societies Lecture Theatre on Wednesday 19 May 1993.

Viral Immunology

a one-day symposium to be held at the Royal Society of Medicine on Tuesday 8 June 1993.

Molecular Biology of the HLA System

a one-day symposium to be held at Kings College on Tuesday 6 July 1993.

Further details: Maureen Russell, 2 Carlton House Terrace, London SW1Y 5AF. Tel: 071-930 5861; Fax: 071-321 0523.

Association of Clinical Pathologists Junior Membership

Junior membership of the Association is available to medical practitioners who have been engaged in the practice of pathology for a period of less than four years. Junior members are able to remain in this category for a maximum of six years or on the attainment of consultant status. The annual subscription is £34 for those resident in the United Kingdom and £65 for those overseas. The annual subscription may be claimed against tax.

Junior members receive the *Journal of Clinical Pathology* each month. Other benefits are reduced registration fees to attend ACP scientific meetings, all the documents regularly sent to full members of the Association including *ACP News*, which has a regular column for juniors, and the twice yearly summary of pathology courses included in the ACP programme of postgraduate education. Junior members have their own representative body, the Junior Members' Group, which has a direct input to Council.

For Junior Membership apply to: The Honorary Secretary, Association of Clinical Pathologists, 221 Preston Road, Brighton BN1 6SA. (0273) 561188.