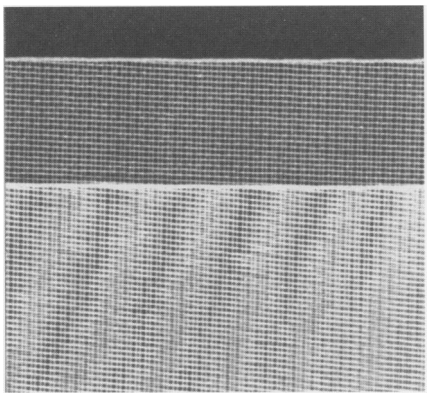

Figure 2 Shandon bag showing similar effect.

(fig 2) showed the pattern of the material to be similar in shape to the defect.

We have now returned to using perm paper and the artefact has disappeared. We have no experience of the use of teabags, but we recommend that perm paper is preferable to Shandon tissue bags (when processing renal biopsy specimens), as the latter may lead to considerable distortion of the tissue.

AM DAVISON
AR MORLEY
Department of Histopathology, Freeman Hospital, High Heaton, Newcastle upon Tyne, NE7 7DN

1 Platt CC, Newman J. Tissue artefacts caused by sponges. *J Clin Pathol* 1993;**46**:780.
2 Farrell DJ, Thompson PJ, Morley AR. Tissue artefacts caused by sponges. *J Clin Pathol* 1992;**45**:923–4.

Dr Platt comments:
We read with interest the letter by Davison and Morley concerning elliptical defects which apparently develop whilst processing renal biopsy specimen in Shandon bags. Shandon bags are used routinely for the processing of small specimens in this department and we have not encountered tissue defects. However, renal biopsy specimens are routinely hand processed in this department and we have no experience of the difficulties that might arise in their processing in Shandon bags. The routine use of teabags remains a theoretical possibility which is cost attractive.

T cell lymphoid aggregates in idiopathic hypereosinophilic syndrome

Dr Metz and colleagues presented fascinating information which suggests that some cases of the hypereosinophilic syndrome (HES) may result from occult T cell proliferation and interleukin-5 (IL-5) secretion.[1] Unfortunately, in the absence of bone marrow genotypic studies, it must remain uncertain as to whether the proliferation in Dr Metz's case had a poly- or monoclonal origin. Interestingly, a relation between HES and cutaneous T cell lymphoma (CTCL) has also been highlighted in French publications, together with evidence that α interferon may be of therapeutic benefit.[2]

Dr Metz briefly discusses the relation between eosinophils and cutaneous T cell disease, but sadly makes no mention of helper T cell subdivision based on cytokine production. Recent evidence indicates that, as in the mouse, human T cells of the T_H1 subset synthesise and secrete interleukin-2 (IL-2) and γ-interferon (IFN), whereas those of the T_H2 subset produce interleukin-4 (IL-4) and IL-5 but not IL-2 and γ-IFN.[3] Furthermore, such cytokine profiles provide a new novel means by which to classify many cutaneous disorders. For example, diseases characterised by the presence of T_H2 cells (such as atopic dermatitis and CTCL) may display raised blood concentrations of IgE, IL-4, and IL-5.[4] Also, based on Dr Metz's findings, it seems reasonable to suggest that idiopathic HES may be a disease of T_H2 proliferation.

As well as HES, substantial cutaneous eosinophilic infiltrates are seen in the spectrum of eosinophilic fasciitis (Shulman's syndrome) and eosinophilic cellulitis (Well's syndrome). For several years, in common with Dr Metz's experience in HES, I have been impressed by the close association of eosinophils and T cell lymphoid aggregates in these conditions. Although there is no known association between eosinophilic cellulitis and CTCL, it is perhaps important that CTCL has recently been described as coexisting with eosinophilic fasciitis.[5] On this basis, investigations are already in progress to assess clonality and cytokine production in eosinophilic fasciitis and cellulitis, to ascertain whether these are additional T_H2 diseases.

The tinctorial brilliance of the eosinophil seems, to date, to have blinded histopathologists from appreciating that T cells may have substantial pathogenetic importance in this group of disorders.

D SLATER
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1 Metz J, McGrath KM, Savoia HF, *et al.* T cell lymphoid aggregates in bone marrow in idiopathic hypereosinophilic syndrome. *J Clin Pathol* 1993;**46**:955–8.
2 Moraillon I, Bagot M, Bournerias I, *et al.* Syndrome hypereosinophilique avec pachydermie precedant un lymphome. Traitement par l'interferon alpha. *Ann Dermatol Venereol* 1991;**118**:883–5.
3 Romagnani S. Human T_H1 and T_H2 subsets: doubt no more. *Immunol Today* 1991;**12**: 256–7.
4 Rook AH, Vowels BR, Jaworsky C, Singh A. The immunopathogenesis of cutaneous T-cell lymphoma. Abnormal cytokine production by Sézary T cells. *Arch Dermatol* 1993; **129**:486–9.
5 Chan LS, Hanson CA, Cooper KD. Concurrent eosinophilic fasciitis and cutaneous T-cell lymphoma. Eosinophilic fasciitis as a paraneoplastic syndrome of T-cell malignant neoplasms? *Arch Dermatol* 1991;**127**:862–5.

Dr Metz comments:
We thank Dr Slater for his comments, and agree that the prominence of eosinophils in conditions like HES has distracted attention from the possible cell of origin: a T cell. We would agree also that the T cells in our patient were probably of the T_H2 phenotype, and we in fact demonstrated detectable concentrations of IL-5. However, although the T_H1/T_H2 cell classification is increasingly applied to murine cells, its clinical relevance in human disease remains to be fully documented.

With regard to the clonality of the lymphocyte proliferation, studies on bone marrow, as we reported, failed to demonstrate any cytogenetic abnormality and genotypic studies on blood showed a polyclonal pattern. We did not consider it warranted to repeat the bone marrow biopsy for the sole purpose of obtaining material for genomic Southern blot analysis. Although it remains possible that a clonal population of T cells was not detected, this would mean that the patient had had a clonal T cell proliferation for 15 years, which seems most unlikely.

We look forward to the results of Dr Slater's investigations to ascertain whether these conditions characterised by eosinophilia represent T_H2 diseases.

Book reviews

The Molecular Pathology of Cancer. Cancer Surveys. Vol 16. Guest Eds. NR LEMOINE, NA WRIGHT. (Pp 239; $69). Published for ICRF by Cold Spring Harbor Laboratory Press. 1993. ISBN 0-87969-389-4.

The title promises much, but in fact this volume in the *Cancer Surveys* series aims to illustrate a series of models for selected cancers, and comprises a mixture of short articles or reviews on experimental and human cell biology, and molecular pathology. Interpretation of "model" includes animal, cell culture, and theoretical systems, so that the collection is a little heterogeneous. Of the 12 chapters, four are concerned with breast cancer (the article on human breast cancer by Drs Walker and Varley is particularly well presented) and two with coloretal cancer. The other half of the book deals with some molecular aspects of thyroid and pancreatic cancers, lymphomas, tumour metastasis and, slightly curiously, prospects for cervical cancer vaccines. There is also a brief review of oncogenes, growth factors, and control of the cell cycle, and a short biography of each of the 26 authors, many of whom are from the Imperial Cancer Research Fund laboratories. There is a certain amount of repetitiveness and, confusingly, the nomenclature for p53 has been changed to TP53 throughout, except in the references. References are mostly up to 1991, with a few from 1992. The book is well produced but sparsely illustrated, mostly with line diagrams and a few photographs of cell cultures or gels. It is difficult to know who buys this sort of book, but the reference lists could be useful to workers in the relevant fields.

C FISHER

Clinical Microbiology. 7th edn. E Joan Stokes, GL Ridgway, MWD Wren. (Pp 398; £26.50.) Edward Arnold. 1993. ISBN 0-340-55423-1.

It is with mixed feelings that I review this book. Having had the privilege of being trained by Dr Stokes, I cut my microbiological teeth on the fourth edition, and have frequently referred to it and subsequent editions. The changes in microbiology in the 90s and the role of the routine clinical laboratory have been addressed in the seventh edition.

The details of a busy routine microbiology laboratory are helpful, particularly in the prevailing climate. A clearer understanding of "value for money" is now

essential, so that the core function of the microbiology department may be modified as needed without loss of standards or quality. Clinicians rely on laboratories for accurate and reliable results—this book helps to enhance this role.

The book is well written and the new method of highlighting relevant aspects is helpful for quick reference. The section on individual bacteria is clear and comprehensive, although some practices, such as the use of Griffith's tubes for crushing tissues, may be frowned on by today's health and safety inspectors. Parasitology and serology are comprehensively covered and should assist any routine laboratory when processing relevant specimens.

The section covering the longstanding tradition of "in vitro" antibiotic susceptibility testing has been significantly updated, with the addition of interpretation and explanation of the relevant routine methods (most useful for examinations). It should be helpful in translating in vitro results into clinical practice. There is not much on the molecular aspects of the subject, but such matters are usually left to specialist laboratories.

In contrast, the chapter on "hospital epidemiology" emphasises the essential bacteria, with great emphasis on methicillin resistant *Staphylococcus aureus* and the role of the laboratory in the management of this problem, but does not give as much detail on other problematic bacteria such as multiply antibiotic resistant Gram negative bacteria. The role of the microbiologist and intensive care nurse in monitoring operating theatres (when, why, and how) would have completed the section. The role of biological indicators used for chemical sterilisation, and the advantages and disadvantages, would also have been valuable, as would material on the interaction with occupational health and health and safety personnel.

This edition has taken recent developments and simplified a complex subject so that it can be understood by anyone working in the field. It is essential reading for medical and non-medical trainees who are either preparing for examinations or who wish to understand routine laboratory procedures. It is especially valuable for trained staff as a quick reference, and is recommended as a useful adjunct to any routine microbiology library. I bemoan the fact that some of the extremely helpful tables found in the earlier editions are replaced by updated versions, but will continue referring to it in times of need.

S MEHTAR

Immunocytochemistry in Diagnostic Histopathology. B Jasani, KW Schmid. (Pp 206; 92 illustrations; £49.50.) Churchill Livingstone. 1993. ISBN 0-443-04018-4.

This slim volume is aimed at the non-specialist and provides a useful, practical guide to immunohistochemistry as applied to diagnostic histopathology. The authors give a brief historical outline of the subject together with general information on the current primary antibodies and secondary detection systems available, detailing their advantages and disadvantages. The discussion on possible technical sources of unsatisfactory reactions should make it possible to discuss these problems intelligently with the MLSO staff (who in our department found the volume useful.)

The main bulk of the book focuses on specific diagnostic areas, drawing on the extensive experience of the authors. There is, for example, a detailed treatment of lymphoreticular tumours and a section on soft tissue tumours which contains superb differential diagnostic tables. A chapter on neuroendocrine tumours is particularly lucid. There is also a short account of the current state of play in the prognostic typing of tumours, including oestrogen receptors in breast carcinoma, and the range and use of markers of cell proliferative activity. These practical chapters are supplemented by useful algorithms dealing with differential diagnostic problems contained in the appendix, which also includes a section on technical methods.

There is certainly a wealth of information here, which, hopefully, should not be out of date for some years, and the volume is well worth having to hand as a bench book, especially in smaller departments which use immunohistochemistry less extensively. On the negative side, the very concise presentation of information with much use of detailed tables does not make it a particularly easy read in places, and rather too much use is made of abbreviations. Printing errors creep in occasionally. Other minor criticisms are the very variable quality of photomicrographs and that, considering the volume is aimed at the non-specialist, it is not always made clear which antibodies can be used on formalin fixed paraffin embedded sections. These problems, however, detract little from a good, useful book.

GM KONDRATOWICZ

Notices

Outcomes into Clinical Practice
7 June 1994
International Hotel, Marsh Wall, Docklands

This conference, organised by the BMA, *BMJ*, and UK Clearing House on health economics, will explore the opportunities for outcome assessment in clinical practice: sharing examples of good practice.

Parallel sessions held by expert speakers will include discussions on:

- using outcome information to improve care
- purchasing outcomes
- dicing with death rates.

The meeting is particularly geared to clinical teams in both hospital and general practice.

For further details please contact: Pru Walters, BMA House, Tavistock Square, London WC1H 9JP. Telephone: 071 383 6518.

Histopathology of the bone marrow
St Mary's Hospital Medical School
Wednesday 30 March 1994

The Course is for consultant haematologists, consultant histopathologists, and advanced trainees in haematology and histopathology.

The course will cost £75, which includes a light lunch.

Course organiser and further information from: Dr Barbara Bain, Department of Haematology, St Mary's Hospital Medical School, London W2 1PG. Telephone: 071 723 1252 extn: 5995. Fax: 071 724 7349.

Lecturers: Dr D Clark, Dr I Lampert,

Royal Brompton National Heart and Lung Institute
in association with
Royal Brompton National Heart and Lung Hospital and St George's Hospital, London

Practical cardiovascular pathology
October 17–18 1994

This practical "hands on" course approaches in detail the problems that face the diagnostic pathologist when dealing with cardiovascular pathology. The approach to a cardiac post mortem and sudden death will be emphasised. Cardiac specimens will be available for dissection and analysis and practical demonstrations; video demonstrations will also feature. There will be a slide seminar, with slides distributed to all participants. The course is aimed at trainees studying for the MRCPath and also senior pathologists who wish to update their knowledge.

Enquiries should be made to: Education & Conference Centre, National Heart & Lung Institute, Dovehouse Street, London SW3 6LY. Telephone: 071-351-8172. Fax 071-376-3442.

Association of Clinical Pathologists

Trainee Membership

Trainee membership of the Association is available to medical practitioners who are in training in pathology. Trainee members are able to remain in this category until they achieve consultant or other career grade status (this includes staff grades). The annual subscription is £32.50 for those resident in the United Kingdom and Republic of Ireland and £75 for those overseas. The annual subscription may be claimed against tax.

Trainee 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 trainees, and the twice yearly summary of pathology courses included in the ACP programme of postgraduate education. Trainee members have their own representative body, the Trainee Members' Group, which has a direct input to Council.

For Trainee Membership apply to: The Honorary Secretary, Association of Clinical Pathologists, 221 Preston Road, Brighton BN1 6SA. Tel: (0273) 561188. Fax: 0273 541227.