medical education. Students will also find the question and answers useful in the last minute revision for pathology finals.

S H GILLESPIE

Pediatric Cytopathology. Geisinger KR, Silverman JF. (Pp 361; \$165.) Lippincott-Raven. 1995. ISBN 0-89189-378-4.

Exfoliative and fine needle aspiration (FNA) cytology are neglected topics in paediatric pathology, and this clearly written and illustrated book may be useful for pathologists wishing to redress this deficiency.

There are several sections on leukaemias, central nervous system lesions and cerebrospinal fluid cytology that, in the UK, are generally the provinces of haematologists and neuropathologists. There is also a short section on cervical exfoliative cytology, which is important only in an age range outside that of most paediatric hospitals and usually dealt with by "adult" cytopathologists. These various specialists would find little new in this text.

FNA of lymph nodes has some advantages in paediatric practice, such as evaluating single enlarged nodes where the diagnosis of malignancy is in doubt, or in following response to treatment when a primary tissue diagnosis is established. However, really difficult problems such as lymph node pathology in immunodeficiency syndromes, and the place of FNA (if any), is not covered. Other topics not discussed, including—for example, urine cytology for metachromatic leucodystrophy, dyschromogenic goitre and the differential diagnosis of vacuolated lymphocytes in storage disorders.

I suspect that the sections on childhood tumours will be of most interest. FNA and exfoliative cytopathology clearly have a place here, particularly as the more discriminating techniques such as immunocytochemistry, electron microscopy and chromosomal analysis used in histopathology can also be applied to cytological preparations. However, as the authors emphasise, many factors influencing management and prognosis can only be adequately assessed in tissue sections, and cytopathology is complementary rather than an alternative to biopsy in most cases.

R A RISDON

Diagnostic Microbiology and Cytology of the Eye. Byrne KA, Burd EM, Tabbara KF, Hyndiuk RA. (Pp 199; £45.00.) Butterworth Heinemann. 1995. ISBN 0 7506 9607 9.

The eye is said to be the window of the soul. Unfortunately, this opening to the external environment also affords a window of opportunity for a diverse range of infectious agents, which can take up residency in the various structures comprising the external eye, to cause in many instances, severe morbidity. Other infectious agents can be translocated to the eye from the systemic circulation or can invade the eye, either directly or indirectly, from tissues adjacent to the orbit.

Correct diagnosis of ocular infection, the essential preliminary stage for proper management, can be fraught with difficulty. One example of this is the often misdiagnosed *Acanthamoeba keratitis* being mistaken for herpes simplex, and treated with a drug regimen which is completely inappropriate. Routine medical microbiological testing of corneal scrapes, biopsy specimens and other ocular samples is often inadequate for identi-

fication and culture of eye pathogens, notable examples being *Mycobacterium chelonae* or *Nocardia*. Byrne and colleagues have addressed these matters in a thorough manner. Their offering will be of benefit to those involved in the identification of ocular infections to make them more aware of the many subtle differences in this setting.

Rare ocular infections, often associated with projectiles or puncture injuries, can and do occur, and the microbiologist must be aware of such possibilities. The most appropriate approach to this, and also for identification of more commonly encountered infectious agents of the eye, is close collaboration between ophthalmologists and microbiologists. Professor Tabbara has already provided a formidable tome concerned principally with the clinical and biological aspects of ocular infection. His latest venture, with his American colleagues, will be a valuable complement to his previous work.

The cytological components of this book are somewhat disappointing, comprising only 12 of the 188 pages of text and most of this is devoted to textbook-like descriptions of cells. There is a useful glossary of terms and the text is well indexed and referenced. Disappointing was the absence of an entomology section featuring a key to dipterans and other arthropods associated with ocular disease. The book should be read by those who aspire to expertise in the complex but rewarding speciality of ocular microbiology.

D V SEALE

High-Altitude Medicine and Pathology. 4th edn. Heath D, Williams DR. (Pp 449; 79.50.) Oxford Medical Publications. 1995. ISBN 0-19-262504-7.

The fourth edition of *High-Altitude Medicine and Pathology* marks a change of publisher, typeface and updates in rapidly developing areas of the field. As with previous editions, this is a scholarly work, the bias inevitably lying with the pathology of high altitude illness. In these areas the book is the best available, and reflects the unrivalled expertise and experience of Heath and Williams. The writing is suffused with the infectious enthusiasm shown by Professor Heath in full lecturing flow. Anecdotes and examples litter the text, often adding colour and context to illustrate the point. This stylistic warmth is not overdone, but I prefer text in which the personality of the author is allowed to show through, and this is not to everyone's taste. Warmth is not a characteristic of the rival textbook *High Altitude Medicine and Physiology* by Milledge, Ward and West. Stylistically dryer, but equally authoritative on the physiological aspects of high altitude medicine, this text has also been recently revised in a new edition. A choice between the two texts rests on the subject bias that you prefer—at least, the pathology and physiology biases are clearly in the titles. The pathologists lighten the wallet by an extra £15 compared with their rivals. If your interest is from a pathological perspective, then Heath and Williams is close to ideal. The chapters on topics less familiar to them are well handled, and are useful summaries. Important practical areas such as the treatment of high altitude pulmonary oedema and acute mountain sickness are now well covered. Controversial topics such as the role of pressurisation bags are deftly and cautiously treated, and the preeminence of descent in treatment of altitude illness is well emphasised.

A warm, enthusiastic welcome then to the fourth edition of *High-Altitude Medicine and Pathology*, but remember to glance at the equally competent, differently slanted *High Altitude Medicine and Physiology*, and see if its rather Teutonic chill appeals. An enthusiast's solution is to buy both, although that is £145 of enthusiasm!

D J COLLIER

Notices

FNA Cytology using the Cytospin Method

October 9 1996

Venue: Royal Preston Hospital, UK

This course, costing £60.00 to include coffee, lunch and tea, is aimed at Consultants and trainees, and MLSOs involved in Cytopathology.

For further information, please contact: Dr A J Howat, Department of Histopathology, Royal Preston Hospital, Preston PR2 4HG. (Tel: 01772 710 141; fax: 01772 710 181.)

Australian Institute of Medical Scientists

National Science Meeting

October 6-11 1996

On behalf of the Organising Committee, I extend a warm invitation to all Medical Scientists, Technical Officers and interested parties, to attend the above conference to be held at the Convention Centre in Adelaide, South Australia.

The Conference theme is Aboriginal Health and will cover this and many other related topics and scientific endeavours.

Persons interested in taking part in the scientific program by presenting a paper or poster should contact: Mr John Stirling, c/o Histopathology Department, Finders Medical Centre, Bedford Park, SA 5042.

For further information, please contact: SAPMEA Conventions, 80 Broughams Place, North Adelaide, SA 5006. (Tel: + 618 239 1515; fax: + 618 239 1566.)

Brian Matthews, Chairperson Organising Committee.

The Royal College of Pathologists

presents

One Day Symposium

Pathology and the Media

Thursday 19 September 1996

to be held at

The Royal College of Pathologists, 2 Carlton House Terrace, London SW1

The symposium is open to members of the College, to trainee pathologists and to workers in other disciplines with an interest in the subject. The programme is approved by the Thames Postgraduate Deans and hospital doctors may apply to their employing authority for study leave under HM(67)27.

The registration fee is £75.00 and includes coffee, lunch and tea.

For further information, please contact: Scientific Meetings Officer, The Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF.

Correspondence

Review of clinical activity by microbiologists

We read with interest the article by Balfour¹ in which the clinical involvement of microbiologists was assessed. We also wished to determine the areas for which microbiology advice was sought (or offered) in one of the hospitals serviced by our laboratory. We present the results of an study in which we examined details of telephone consultations between medical microbiologists and clinicians in a South Manchester teaching hospital and compare our findings with those of Balfour.

During November 1993, details of all telephone consultations between medical microbiologists (two consultants, two senior registrars and one registrar) and ward-based clinicians (all grades) were evaluated prospectively. The intensive care unit, which was visited daily, was excluded from the study. The following information was recorded: date, time, ward, clinician, initiator of the consultation, subject, diagnosis, antibiotic details, and outcome.

In total, 136 telephone calls were recorded, of which 15 (11%) were out of hours. Consultations were evenly distributed over most wards and departments. Fifty two per cent of calls were initiated by clinicians, 46% by the laboratory and 2% by pharmacists. The range of clinical problems discussed is shown in table 1. The majority of consultations resulted in antibiotic advice being offered (65%) or a result being given (42%), or both. Advice was also given on further investigations (29%) and infection control (8%). The antibiotic advice usually involved recommendation of antimicrobial therapy (to be started or continued) in line with antibiotic policy (57%); a non-policy antibiotic was recommended in 16% of consultations. Antibiotics were considered to be not indicated in 19% and were discontinued in 4%. Ten per cent of telephone consultations resulted in a ward visit by a medical microbiologist in order to obtain further information or make a clinical assessment. In 2% of telephone consultations advice was given to contact a further specialist (for example, infectious diseases physician).

In the UK most specialist infection advice is given by medical microbiologists who are not involved directly in patient care and because of geographical and manpower considerations much of this advice is given by telephone. A few studies have looked at the situations for which infectious disease physicians are consulted for assessment and review of hospitalised patients.^{2,3} However, it is less clearly documented how microbiologists are used by colleagues to give advice in the

Table 1 Clinical diagnosis in patients where microbiological advice was given

Clinical problem	Frequency (%)
Bacteraemia	18
Chest infection	17
Soft tissue or bone infection	15
Urinary tract infection	15
Central nervous system infection	10
Diarrhoea	7
Miscellaneous	18

hospital setting. Balfour has usefully recorded the clinical activity of microbiologists at one laboratory, the majority of which (82%) was in form of telephone advice. Our results, in a smaller study to Balfour's but using a comparable methodology, suggest a very similar spectrum of clinical activity in our own laboratory. We did not attempt to measure the impact of our advice to clinicians, but our feeling is that advice is generally well received and acted upon throughout the hospital, as Balfour found (84% compliance).

We thank Drs E Kaczmarek and V Peiris for participating in the audit and Ms D Oliver, Department of Medical Audit, University Hospital of South Manchester, for computing the data.

P R CHADWICK
A BARNES

B A OPPENHEIM
Manchester Public Health Laboratory,
Withington Hospital,
Manchester M20 2LR Dr P Chadwick,
Department of Microbiology, North Manchester
General Hospital, Manchester M8 6RB

- 1 Balfour A. Review of clinical activity by microbiologists. *J Clin Pathol* 1996;49:429-31.
- 2 Wilkins EGL, Hickey MM, Khoo S, Hale AD, Umasankar S, Thomas P, et al. Northwick Park Infection Consultation Service. Part I. The aims and operation of the service and the general distribution of infection identified by the service between September 1987 and July 1990. *J Infect* 1991;23:47-56.
- 3 Wilkins EGL, Hickey MM, Khoo S, Hale AD, Umasankar S, Thomas P, et al. Northwick Park Infection Consultation Service. Part II. Contribution of the service to patient management: an analysis of results between September 1987 and July 1990. *J Infect* 1991;23:57-63.

Book review

Histological Typing of Tumours of the Exocrine Pancreas. 2nd edn. Kloppel G, Solcia E, Longnecker DS, Capella C, Sobin LH. (Pp 61; £46.00.) Springer Verlag. 1996. ISBN 3-540-60280-1.

This book is the latest edition in this series, here dealing with pancreatic tumours, by world experts. The need for histological criteria for defining different forms of cancer permits comparative studies between various centres in different parts of the world by using a uniform terminology.

The introduction contains a table describing various antibodies that have proved useful in diagnosis, as well as definitions and criteria used for TNM classification. The main text considers, in detail, the benign, borderline and malignant variants of epithelial and non-epithelial tumours of the pancreas. There follow sections on secondary tumours and tumour-like lesions including cysts. Common duct changes are described. Various miscellaneous lesions, including heterotopia, are shown. The brief text is complemented by as many pages of colour illustrations at largely appropriate magnifications. Unfortunately, the colour balance is mostly wrong with the background being too blue or too yellow. This probably reflects the original illustrations submitted to the publishers. There follows an index of subjects and illustrations. Colour illustrations are now becoming commonplace in textbooks and monographs and their quality is improving rapidly. Further editions of this book will have to improve this shortcoming.

D HOPWOOD

Notices

Lesson of the Month

The Journal would be interested to receive short reports (maximum 250 words) of lessons to be learnt, mistakes that have been avoided or committed, and fascinating phenomena that readers would find interesting. Halftone illustrations are also welcomed.

These will be carried in the Journal as occasional fillers.

A Two-Day Conference Preparing for the In Vitro Diagnostic Directive – An Update

October 23 and 24 1996

Venue: Hotel Palace, Brussels

This practical, two-day conference will provide up to the minute information on many of the important issues faced by today's manufacturers of in vitro diagnostic devices.

For further information, please contact: Sonja Lloyd, Associated Conference Manager, Advanstar Communications, Conference Division, Park West, Sealand Road, Chester CH1 4RN. (Tel: 01244 378 888; fax: 01244 370 011.)

Postgraduate Course Current Concepts in Surgical Pathology November 11-15 1996

The Department of Pathology, Massachusetts General Hospital, Harvard Medical School, will present a postgraduate course in Surgical Pathology under the direction of Drs NL Harris, RH Young and EJ Mark.

The course is designed for pathologists at resident and practitioner levels. It will provide in-depth review of diagnostic surgical pathology with emphasis on morphological features, newly recognised entities and new techniques, presented by the faculty of the Department of Pathology, Massachusetts General Hospital. Instruction will be primarily be lecture, but will also include discussion periods. Each participant will receive a comprehensive course syllabus.

The course has Category 1 accreditation for approximately 35 hours CME credit by the American Medical Association. The fee for the course is \$845.00 (£545.00) (residents and fellows \$650.00 (£419.00)).

For further information, please contact: Department of Continuing Medical Education, Harvard Medical School, 25 Schattuck Street, Boston, MA 02115, USA. (Tel: 617 432 1525.)

Correction

In the July issue, the book *Diagnostic Microbiology and Cytology of the Eye* was reviewed by Dr J Hay and not Dr D V Seal. Dr D V Seal's name was also spelt incorrectly as Seale.