
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 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, using cytology for metachromatic leucodystrophy, dysmorphic 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 cytopathological 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.


The eye is said to be the window of the soul: opening to the external environment also 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 transmitted 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 herpetic 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 identifying 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 and to those more aware of the many subtle differences in this setting.

Rare ocular infections, often associated with projectiles or puncture injuries, can 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 cytopathological 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 interspersed with references. Unfortunately, the indexing was less than adequate, opening 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 specialty of ocular microbiology.


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. Anecdoties and examples litter the text, often adding colour and context to illustrate the point. This and the premisses is so jargon is in 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 (Miller, Weil 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 the medical pathology, then Heath's book 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 premisses is that 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.

Australian Institute of Dermatology
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: Dr John Stirling, c/o Histopathology Department, Finders Medical Centre, Bedford Park, SA 5042

For further information, please contact: SAMPSEA Conventions, 80 Brougham Place, North Adelaide, SA 5006. (Tel: + 61 8 239 1515; fax: + 61 8 239 1566)

Brian Matthews, Chairperson Organising Committee.

The Royal College of Pathologists presents
One Day Symposium
Pathology and the Media
Thursday 19 September 1996

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 HMRC rules.

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 detailed 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-antibiotic was recommended in a further 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 consultant 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 physicians).

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 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 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 Kaczmarski 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

Manchester Public Health Laboratory, W h i t i n g h o n Hospital, Manchester M20 2LR Dr P Chadwick, Department of Microbiology, North Manchester General Hospital, Manchester M8 6RB


Book review


This book is the latest edition in this series, dealing with pancreatic tumours and cystic diseases. The need for further investigations and the development of immunohistochemicals has led to new understanding of the pathogenesis of pancreatic tumours. The book is intended for pathologists and clinicians involved in the management of pancreatic tumours.

As the introduction states, the book is directed towards pathologists who wish to update their knowledge of pancreatic tumours, and who will find the book of interest. The extensive literature review is detailed and the introduction to clinical aspects of the disease is well justified. The book is well produced and is an excellent addition to the series.

The book contains 15 chapters, each focusing on a particular aspect of pancreatic tumours. The chapters are well set out and are easy to follow. The chapters are extensively referenced and the bibliography at the end of each chapter is extensive. The book is well produced and is an excellent addition to the series.

The book contains 15 chapters, each focusing on a particular aspect of pancreatic tumours. The chapters are well set out and are easy to follow. The chapters are extensively referenced and the bibliography at the end of each chapter is extensive. The book is well produced and is an excellent addition to the series.

The introduction to clinical aspects of the disease is well justified. The book is well produced and is an excellent addition to the series.

Table 1 Clinical diagnosis in patients where microbiological advice was given

<table>
<thead>
<tr>
<th>Clinical problem</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacteremia</td>
<td>18</td>
</tr>
<tr>
<td>Chest infection</td>
<td>17</td>
</tr>
<tr>
<td>Soft tissue or bone infection</td>
<td>15</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>10</td>
</tr>
<tr>
<td>Central nervous system infection</td>
<td>7</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>18</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
</tr>
</tbody>
</table>

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.

For further information, please contact: Sonja Lloyd, Associated Conference Manager, Advanstar Communications, Conference Division, Park West, Sealord Road, Crowthorne, Berks, RG14 2TH. Tel: 01244 378 888; fax: 01244 370 011.

Notice

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. Half-tone 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, Sealord Road, Crowthorne, Berks, RG14 2TH. Tel: 01244 378 888; fax: 01244 370 011.