Correspondence

Histological assessment of liver siderosis

Following the article by George *et al* on the histological measurement of liver siderosis¹ we wish to report our method of assessing heterogeneous liver siderosis. The semiquantitative method that we validated in genetic haemochromatosis² was modified by introducing a coefficient according to heterogeneity of iron distribution. A coefficient of one third was applied in cases of very heterogeneous siderosis (iron deposits in fewer than one third of hepatic lobules), of two thirds in cases of heterogeneous siderosis (iron deposits in one third to two thirds of hepatic lobules), and of one (three thirds) in cases of homogeneous siderosis (iron deposits in more than two thirds of hepatic lobules). The corrected histological iron score was defined as the product of the histological iron score and the coefficient.

This corrected method was validated by studying the correlation between liver iron content measured biochemically ($< 36 \mu\text{mol/g}$) and the result of the histological score in a panel of 254 liver biopsies with siderosis on Perl's stain. The panel comprised 160 biopsies with homogeneous liver siderosis and 94 with heterogeneous siderosis (very heterogeneous in 14 cases and mildly heterogeneous in 80). Correlation between liver iron content and non-corrected score was $r = 0.85$ in homogeneous and $r = 0.70$ in heterogeneous cases. After the application of the corrected histological score the correlation with liver iron content was improved ($r = 0.76$) (fig 1).

The correction of the histological iron score by such a coefficient led to improved correlation between liver iron content and histological iron score. Thus histological quantification was possible in all types of liver siderosis (homogeneous or heterogeneous). George *et al*, using our histological iron score, graded subjectively the "mean pattern" in

cases of heterogeneous iron overload. We have proposed and validated a less subjective method.

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1 George P, Conaghan C, Angus H, Walmsley T, Chapman B. Comparison of histological and biochemical hepatic iron indexes in the diagnosis of genetic haemochromatosis. *J Clin Pathol* 1996;49:159-63.

2 Deugnier Y, Lortal O, Turlin B, Guyader D, Jouanolle H, Moirand R, *et al*. Liver pathology in genetic hemochromatosis: a review of 135 homozygous cases and their biochemical correlations. *Gastroenterology* 1992;102:2050-9.

Book reviews

Essential Clinical Pathology. D V Parums, ed. (Pp 707.) Blackwell Science, 1996. ISBN 0 6320 3088 7.

This book is part of a series of *Essentials* produced by Blackwell Science. Other books in the series include immunology, allergy, haematology, and basic pathology. It is a multi-author book based on material used to teach a 10 week pathology course at Oxford University Medical School during 1991-93. Therefore, it is aimed primarily aimed at undergraduate medical students; however, a basic knowledge of preclinical pathology is assumed of the reader from the start.

It is organised in three sections: part 1 covers the basic laboratory and diagnostic principles of each pathology speciality; part 2 deals with disease processes involving multiple systems; and part 3 covers the clinical pathology of the systems and integrates the different disciplines. The book is beautifully

illustrated with colour macroscopic and microscopic pictures, line drawings, and cartoons. There are trendy coloured boxes with bullet points and summaries.

The books in the *Essentials* series are supposed to contain core material and they are all described as core textbooks. However, I take issue with the authors that this is a core undergraduate textbook. For example, in the section on cardiovascular disease, there are excellent accounts of myocardial infarction and valve disease, but this rapidly extends into some very esoteric detail. For example, Keshan cardiomyopathy is described. This rare disease is apparently endemic in China and doubtless very important to know about if you are a cardiac physician or specialised pathologist, but for undergraduates? I don't think so. Similarly, the WHO classification of the four types of lupus nephritis cannot possibly be justified as core material in an undergraduate curriculum.

With recent changes in the philosophy of medical education promoted by the General Medical Council, the concept of the core curriculum, authors and publishers are keen to produce core textbooks, but very few are actually brave enough to leave anything out. There is a real tension for publishers who commission and advertise books that really do contain core information and being able to sell them. The publishers want books to have lots in them for people to feel they are getting value for money and the books to have as wide an appeal as possible. This textbook, which is supposedly a core textbook for undergraduate medical students, is also according to the authors and publishers suitable for "higher exam candidates".

I like this book and shall refer to it for my own teaching. Junior pathologists in training will find it useful for the MRCPPath examination. It is, however, a misrepresentation to call it a core textbook for undergraduates and as such I shall not recommend it to Southampton students.

C DUBOULAY

Pathology: A Core Text of Basic Pathological Processes with Self-assessment. P Bass, C duBoulay. (Pp 127.) Churchill Livingstone, 1997. ISBN 0 4430 5003 1.

How much do I need to know? This, the opening title in this book, isn't the \$64 000 question; it really is worth a lot more than that. This book is an admirable attempt to answer it and to present core pathological material without the excessive and sometimes unnecessary detail found in many standard undergraduate pathology texts. You could argue that some of the material in the self-assessment sections isn't necessarily core, whatever that is, but that would be nit-picking. The text is wonderfully up to date and presents some newer, more modern concepts in the succinct way that I for one have been trying unsuccessfully to formulate for years. Moreover, by using case histories, it puts pathology firmly where it belongs; at the centre of medical education.

Perhaps even more importantly, the book has taken on board the General Medical Council's recommendations in *Tomorrow's doctors*, taking the emphasis away from factual rote learning and on to the concepts of learning by exploration and discovery in a way that is still lamentably rare in our medical schools. If this attitude is the norm in Southampton, I

Figure 1 Correlation between liver iron content and histological iron score before and after correction by a coefficient according to heterogeneity in 94 patients with heterogeneous liver siderosis.

envy their students, and I think some of my students might too.

Finally, the introductory section, Using this book, should be compulsory reading, not for medical students but for their teachers. As soon as we realise that the "factors that help people to learn are enjoyment, relevance, motivation and feedback...", we might begin to produce doctors who really are equipped with as much as they need to know.

CAROLE ANGEL

Recent Advances in Histopathology. P P Anthony, R N M MacSween, D G Lowe, eds. (Pp 259; £35.00.) Churchill Livingstone, 1997. ISBN 0 4430 5766 4.

New versions of this much respected *Recent Advances in Pathology* series are always awaited with interest and it is pleasant to report that few will be disappointed by this latest edition. Following tradition a wide range of topics relating both to generalised and specialised pathology is addressed. Basic pathology is particularly well served by contributions from two distinguished scientists: Professor Wyllie deftly unravels the complexities of apoptosis, while Dr Tarin looks at prognostic factors in neoplasia and analyses the potentially significant developments in our perception of the ways in which tumours metastasise. The ever increasing requirement for pathologists to encompass specialised areas within their experience is reflected in the excellent chapters reviewing odontogenic tumours, paediatric solid tumours, and interstitial nephritis. The guidance provided by Professor Knight on the legal problems likely to be faced by histopathologists is especially timely in this increasingly litigious age. The interesting chapters on the subclassification of salivary tumours echoes the measure of sophistication now required of diagnostic pathologists, and the same may be said of the highly informative chapter on gynaecological pathology. There are also brave attempts to make sense of the pulmonary lymphoproliferative disorders, and to resolve some of the vexatious problems most encounter in diagnosing malignancy in endocrine neoplasia.

While the format of this edition is broadly similar to its precedents, the introduction of keypoint summaries at the end of each

chapter is, for the most part, a successful innovation; and the tables and illustrations, albeit in black and white, are as usual of a high standard. It is also true to say that in emphasising areas in which important developments have taken place, it justifies its almost lapidary status for trainees contemplating pathology membership examinations. There can, however, be few consultant histopathologists who will not derive equal benefit from scanning the pages of this invaluable publication.

F D LEE

Surgery for Gastrointestinal Cancer. A Multidisciplinary Approach. Harold J Wanebo, ed. (£134.25.) Lippincott-Raven, 1997. ISBN 0 3975 1518 9.

The book is divided into sections, the first being an introduction overview and subsequent parts relating to specific organs. Although 131 world renowned experts contributed to this volume, the overall editing is exceptional leading to a conformity of style that the reader will find useful when using the book as a reference, but this has not stifled healthy debate or the presentation of conflicting views.

Part 1 can be strongly recommended reading for all surgeons and pathologists involved in gastrointestinal cancer management. The clearly written chapters on screening with precise guidelines, the role of laparoscopy, the importance and influence of accurate imaging in staging and evaluating outcome are excellent, and, although invidious, I enjoyed the two chapters relating to biology immensely—it is good for established surgeons to be reminded of cellular biology and the process of tumour metastasis.

The remaining parts will act as a ready reference for the majority of gastrointestinal surgeons who now quite appropriately sub-specialise. The various controversies in assessment and management are presented but, gratifyingly, the authors come to well argued deductions and conclusions.

At £134.25, the book is extremely good value. Because of the excellent editing, I would recommend it to all surgeons and pathologists who specialise in gastroenterology, with the endorsement that the editor achieves his aim in linking together the

unique attributes of the individual authors so that the whole book is both readable and underlines the essential need for a multidisciplinary approach.

ANTHONY PEEL

NOTICE

Cytopathology for histopathologists

9-13 February 1998

Harrow, UK

This is an intensive course in basic cytopathology suitable for candidates preparing for the MRCPPath and Dip Cytopath examinations as well as established histopathologists requiring revision. It is organised by the department of cellular pathology, Northwick Park Hospital (Dr Eamon Leen).

The programme comprises lectures, microscopy sessions, and discussions. Topics include gynaecological cytology and cytopathology of urine, respiratory tract, serous effusions, and fine needle aspiration of breast, lymph node, salivary glands, and other sites.

In addition, keynote lectures will be given by Dr Amanda Herbert (overview of cervical cytology screening) and Professor Sebastian Lucas and Dr Nick Francis (cytology of infectious disease).

The course is limited to 30 participants and carries 30 CME credits. Course fee is £350 including lunch, refreshments, and a course dinner.

For further information please contact Dr Eamon Leen, Department of Cellular Pathology, Northwick Park Hospital, Harrow, Middlesex HA1 3UJ (tel: 0181 869 3311; fax: 0181 864 1933).