Correspondence

Childhood non-Hodgkin's lymphomas in the United Kingdom

In their recent article on childhood non-Hodgkin's lymphomas, Wright *et al*[1] rightly highlight an area of confusion that affects many paediatric oncologists, and some pathologists and haematologists. Within the non-Hodgkin's lymphomas they suggest that there is a need for classification systems to make a clear distinction between Burkitt's and "B lymphoblastic" lymphomas. Even haematologists, let alone clinicians, can be confused by the latter term. When most haematologists use the term "B cell" to describe leukaemia they imply surface immunoglobulin expression, not merely the presence of CD19, 20, and 79a. In other words, B cell acute lymphoblastic leukaemia (ALL), (rather than B cell lymphoblastic lymphoma as suggested in the discussion), the disease we call "ALL-L3", is defined, together with the cytological features and cytogenetic abnormalities, by the presence of strongly expressed, clonal surface membrane immunoglobulin.

I suggest two steps that could be remove some of this confusion. First, the REAL classification[2] recognises an entity "precursor B lymphoblastic lymphoma"; the cell involved is as indistinguishable from that of precursor B-ALL as is that of precursor T lymphoblastic lymphoma from precursor T-ALL, but clearly different from the cell of Burkitt's lymphoma. So an appropriate classification already exists—we should now use it. Second, widespread adoption of formal investigations by flow cytometry of suspensions of disaggregated lymphoma cells for the presence or absence of surface immunoglobulin would allow use of the term "B cell" to have the same meaning to histopathologists, haematologists, and paediatric oncologists. The REAL classification points this out. Such a practice would also allow use of an expanded panel of highly informative antibodies that approached what is now routine in the diagnosis of ALL.

The relatively small and cohesive group of pathologists, haematologists, and clinicians involved in diagnosing, staging, and treating childhood lymphoma would seem an ideal group to grasp this nettle, turn over a new leaf, and reduce the risk of camouflaging quite distinct and eminently recognisable forms of non-Hodgkin's lymphoma. Our example might even have an impact on adult practice.

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1 Wright DH, McKeever P. Carter R. Childhood non-Hodgkin's lymphomas in the United Kingdom: findings in the UK Children's Cancer Study Group. *J Clin Pathol* 1997;**50**:128–34.
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Alanine aminotransferase assay to detect anti-HCV positive subjects in non-selected populations

Screening of asymptomatic subjects at high risk for hepatitis C has been debated recently.[1,2] The questionable point is how to screen people. A study from north east England has shown that only 13 (12.5%) of 104 patients positive for hepatitis C virus infection had abnormally high serum alanine aminotransferase (ALT) concentrations.[3] In the past few months, our group performed a seroepidemiological survey in a non-selected population from an urban area in southern Italy. Fourteen hundred subjects were recruited among the list of residents using a systematic simple random sampling procedure and 1352 (96.6%) accepted to enter into the study. The overall prevalence of anti-HCV enzyme immunoassay positive (RIBA confirmed) was 12.6% (170 of 1352). Hepatitis C virus RNA has been detected by polymerase chain reaction in 144 of the 170 (84.7%) RIBA confirmed anti-HCV positive subjects. ALT serum concentrations were above the reference value (≤ 40 UI/L) only in seven of the 170 (4.1%) anti-HCV positive subjects. These data provide further evidence that ALT serum assay cannot be considered a useful screening test to detect anti-HCV positive subjects in a non-selected population. ALT assay, although rapid and inexpensive, could miss a number of anti-HCV infected patients.

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1 Seymour CA. Screening asymptomatic people at high risk for hepatitis C. The case for. *BMJ* 1996;**312**:1347–8.
2 Allison MC, Mills PR. Screening asymptomatic people at high risk for hepatitis C. The case against. *BMJ* 1996;**312**:1349–50.
3 Watson JP, Brind AM, Chapman CE, Bates CL, Gould FK, Johnson JJ, *et al*. Hepatitis C virus: epidemiology and genotypes in the North East England. *Gut* 1996;**38**:269–76.

Book reviews

Understanding Accreditation in Laboratory Medicine. Burnett D. ACB Publications Committee. 1996. ISBN 0 9024 2920 5.

It is my impression that, at the outset, the concept of laboratory accreditation in the United Kingdom was given a mixed reception, partly regarded as a potentially bureaucratic nightmare, involving a great deal of work and offering questionable benefits. However, talking to laboratory professionals who have embraced and achieved accreditation for their laboratory, one hears a very different story—and not merely because of the success of achieving accreditation. I am sure this change reflects initial ignorance, which has been replaced by an understanding and appreciation of the benefits of accreditation. This book, written by David Burnett, one of the leaders in the development of laboratory medicine accreditation, provides a valuable guide to the principles and practice of accreditation that should dispel the ignorance. In fact, it provides a great deal more in that it sets out the guiding principles of good laboratory management.

In his preface, the author explains that the documentation that illustrates points made in the book comes from a fictional laboratory as having "a clarity of structure beyond belief"; perhaps this is a modest and polite statement reflecting on what the author believes should exist, but has never found! However, it is clear that the subject has been well researched, with evidence produced from relevant sources worldwide, distilled in the light of the author's obvious practical experience to provide a benchmark for good laboratory practice. The book is therefore of value, not only for the laboratory professional embarking on achieving accreditation, but also for the professional aspiring to a managerial position.

After an introduction to accreditation providing a valuable glossary of terms, the bulk of the book is set out in a style that leads the reader through preparation for accreditation. Thus, there are chapters that set out the standard of performance required of an organisation competent to deliver a service. While much of the discussion is about documentation, the author makes it clear that it is not the documentation per se that will ensure accreditation, but the correct use of the procedures described in the documentation; there is little point in having a standard operating procedure if nobody uses it. This is why, in my view, the book is a useful guide to laboratory management rather than simply a "manual for getting accredited". In places, the style in the book can be quite provocative, and I appreciate the fact that the author has not led the reader through what to do to gain accreditation. Thus the sequence of chapters follows logically through policies and procedures in relation to organisation and management, staffing, facilities and equipment, health and safety, operating process activities, quality assurance, and evaluation. The final chapter deals with the process of the inspection itself, giving some valuable tips to those about to be inspected.

The book is extremely well referenced with relevant official documentation vital for any laboratory director or manager to be aware of. Furthermore, the text is well illustrated with useful examples of documentation. Thus while the book might be perceived, and indeed to a degree could be used, as a manual for accreditation, that would detract from its true worth. This is a book that every laboratory professional aspiring to any managerial position should read; it provides valuable guidance and stimulus to an aspect of good laboratory practice where the training is not particularly good.

C P PRICE

Cancer Medicine, 4th edn, 2 volumes. Holland JF, Bast RC Jr, Morton DI, Frei E III, Kufe DW, Weichselbaum RR, eds. (£195.00.) Williams and Wilkins. 1996. ISBN 0 683 04095 2.

"Cancer Medicine" is a very American book with only 12 of the 346 contributors

coming from outside the United States, and only one, Professor Bruce Ponder, from the United Kingdom. However, there is little cultural conspiracy and the text is readily accessible. Each section has a contribution from someone who is considered to be the field leader and all of the main institutions are reasonably well represented. The market offers two main competitors: "Cancer: Principles and Practice of Oncology", commonly known as "DeVita" (JP Lippincott), and "Treatment of Cancer" (Chapman and Hall). To some extent the decision as to which to chose is parochial and lies between the Memorial-Sloan-Kettering in New York, the Hammersmith in London, and this volume that inclines towards Harvard in Boston.

"Cancer Medicine" is contemporary and definitive with respect to the essential cancer curriculum. It is helpfully arranged with clinical cancer medicine in mind. The historical context is presented extremely well and the book lends itself as a resource for undergraduate lecturing. It is comprehensive enough for postgraduates and basic scientists alike. The presentation is a little cheap for the price, and lacks a certain authoritative dignity, but this is deceptive. Weighing more than 7 kg this tome is 45% heavier than the field leaders. If surgeons were still using the family bible for ganglions, then this would be a match for any cancer.

R PENSON

Cells Tissues and Disease. Magno G, Joris I. (Pp 974; £60.00.) Blackwell Science. 1996. ISBN 0 8654 2372 5.

It is regrettable that many generations of medical students have almost traditionally regarded pathology as a rather dull subject to be endured rather than appreciated. This remarkable publication will, beyond question, dispel any such unfortunate perceptions. It is superbly presented and written in a colloquial and eminently readable style that attracts interest from the outset while encompassing a wealth of data. Lavishly illustrated, the text is further embellished by numerous tables and diagrams most of which are readily assimilable. Another notable feature is the emphasis on historical events, with acknowledgement of the diverse sources of the ideas on which our current concepts of disease are based; what also will be found stimulating is the imaginative use of what one might describe as the "obiter dictum".

The central theme of the book is a reaffirmation of Virchows original concept that all pathological processes are related to cellular changes, and that the cell can be regarded as the "elementary patient". The immense value of this cellular approach is particularly evident in the analysis of the inflammatory response, its consequences, and its interrelationships with other cellular events. While a basic knowledge of immunology is presumed, the disorders of immunity are discussed with admirable clarity. The authors also take a refreshing new look at the phenomenon of cell death, and as one might expect the many aspects of neoplasia are comprehensively explored.

The scholarship of this book is undeniable and its reference list is impressive. Only when the authors enter into the more detailed realms of systematic pathology is their touch marginally less sure footed (few pathologist for example now refer to pleomorphic salivary adenomas as mixed tumours). This however is a minor digression and for any jaded pathologist or unresponsive medical student this book will undoubtedly rekindle enthusiasm. It is highly recommended not only for all those who are entering medicine but also for those who want to take up pathology as a speciality, as well as for the many scientists and doctors who seek wider understanding of the diseases with which they have to deal on a day to day basis. It also helps to re-establish the sometimes forgotten truism that without a basic understanding of the pathological sciences there might be little to choose between conventional and alternative medicine.

F D LEE

Gastrointestinal Mucosal Biopsy. Goldman H. (Pp 608, 509 halftones, 26 colour plates; US$95.00.) Churchill Livingstone. 1996. ISBN 0 443 08990 6.

The idea of a single volume dealing with mucosal biopsy of the whole gastrointestinal tract has always appealed to me, and so it was with eager anticipation that I started to read this new book. Of course it would have to be pretty special to surpass or even equal the tried and tested "Biopsy Pathology" series, but I was willing to give it a try. Quite rapidly, however, eager anticipation was replaced by frustrated disappointment as I realised it fell well short of the mark.

The book is volume 20 in the American series "Contemporary Issues in Surgical Pathology". It deals with all sites in the gastrointestinal tract from oesophagus to anal canal in 570 medium-sized pages. Like most large textbooks of gastrointestinal pathology, a functional approach is adopted; individual disease entities are classified and described and their histological features listed. Unfortunately, this approach does not work in a text on mucosal biopsies. The histological descriptions are not nearly detailed enough—for example, the section on idiopathic inflammatory bowel disease is only 12 pages, and acute self-limited colitis is dealt with in a single paragraph. However, the major weakness is that differential diagnoses, which after all are what most of us need from such a textbook, are not even mentioned.

On the positive side, the many tables scattered throughout the book are useful and the numerous illustrations are of good size and quality. These features apart, I found little appealing about this book, even the layout of the text is rather unattractive and the cover bland, reflecting the content within. I'm sticking to the "Biopsy Pathology" series and suggest that others do the same.

P DOMIZIO

Notices

The Leeds course in clinical nutrition

2–5 September, 1997

Leeds, UK

For further information, please contact Ms Samantha Armitage, School of Continuing Education, Continuing Education Building, Springfield Mount, Leeds LS2 9NG. (Tel: 0113 233 3236; fax: 0113 233 3240.)

Technical developments in cancer research

Tuesday 30 September, 1997

Genoa, Italy

The aim of the symposium is to bring together scientists and industrial partners interested in research and development of the new technologies based on DNA microchips.

For further information, please contact Fondazione Internazionale Menarini, Piazza del Carmine, 4, 20121 Milan, Italy. (Tel: +39 2 874932/866715; fax: +39 2 804739.)

Istituto Giannina Gaslini–International Agency for Research on Cancer course in cancer genetics

25–30 September, 1997

Genoa, Italy

Supported by grants from the European Association for Cancer Research and the Swiss Cancer League, in collaboration with the IST, Genoa.

For further information, please contact Fondazione Internazionale Menarini, Piazza del Carmine, 4, 20121 Milan, Italy. (Tel: +39 2 874932/866715; fax: +39 2 804739.)