serological studies reported. Our study and other previous reports show that the sero-positivity for *H pylori* is common in lymphocytic gastritis, while histologically the back- ground may be present in very low numbers, or not be detectable. Histology is thus not a sensitive way to diagnose *H pylori* infection in these patients.

Association with coeliac disease indicates that lymphocytic gastritis is not a disease with a single cause, but rather a reaction pattern associated with hereditary and environmental factors. We agree with Ribeiro et al that it is important to consider possible ethnic and environmental differences in the evolution of lymphocytic gastritis.


**Book reviews**


As an undergraduate and would be microbiologist at St Mary's in Paddington (London, UK), moulds played a very important and significant part in my training—historical, as in Alexander Fleming and then current with Dr Roland Davies.

So why is mycology more important today? The advent of HIV related disease, the ever increasing number of immunodeficient patients, is a result of treatment (bone marrow, renal, liver, heart, and lung transplantsations, and ever more heroic surgery: oesophagectomy, etc), and the wider availability of intensive care medicine have all contributed to bringing mycology to the fore of severe and life threatening microbiological problems for our patients.

This book, written by two leading UK mycologists, is divided into 27 chapters, together with a small but comprehensive select bibliography. The authors have attempted to blend the European practice of dealing with fungal infections, with those found in America and the USA.

One of the early chapters is devoted to laboratory diagnosis with help in how to obtain the best specimens. This is followed by 38 pages on antifungal treatments, including explanations on the ever increasing choice of amphotericin formulation. Six chapters are devoted to superficial mycoses and the remaining 17 to deep invasive disease—those examples being in Western hospitals managing immunocompromised patients, and those met within the tropics.

I found this book a joy to read; perhaps with my background that is to be expected.

However, I believe this text will be of special interest to medical microbiologists, dermatologists, oncologists, intensive care specialists, and those caring for patients with HIV related disease. It should be on the shelf of all practitioners in these disciplines, somewhere close to hand and not just left to gather dust.

R C SPENCER


The book continues the series *Monographs in clinical cytology* and is written by cytologist with great experience in the field of thyroid fine needle biopsy. The format is reasonably conventional, initial chapters providing succinct descriptions of thyroid style of the book inevitably leads to some repetition of the guidelines including the assessment of specimen adequacy. The review of diagnostic accuracy and limitations of thyroid fine needle aspiration is particularly helpful.

Following this there are two main chapters that describe the cytmorphological features of thyroid disease. The first of these details the cellular and non-cellular components of the smear and includes the only colour illustrations in the book. These are somewhat disappointing being in multi-plate format and rather small. The second provides a more conventional description of thyroid lesions including goitre, thyroiditis and neoplasia. The text is concise and clear and the black and white illustrations are of high quality. Each section ends with a very useful summary of diagnostic features and caveats, although the number of the latter might make one wary of ever attempting a diagnosis in some instances.

The final chapter briefly reviews diagnostic pitfalls. As acknowledged by the authors, the style of the book inevitably leads to some repetition in these chapters. The references are helpful grouped at the end of the book and are impressively updated.

In summary, I believe this book has much merit and will provide a useful addition to the bookshelves of any department reporting thyroid cytology specimens. The presence of folded page corners in my own copy attests to its value as a bench book.

A M McNicol


In view of the current interest in the changing epidemiology of group A streptococcal (GAS) infections and indeed the profound increase in the severity of streptococcal diseases reported in many countries, it is essential to have accurate microbiological and epidemiological surveillance for GAS in each country. The WHO has successfully established a worldwide network of collaborating centres to assist in the diagnosis and understanding of haemolytic streptococcal infections. International Reference Centres have provided a greater understanding and control of these infections including the education and training of laboratory personnel; they serve as reference laboratories to other research and service facilities globally and contribute greatly to basic applied and epidemiological research.

Hence, the preparation and publication of this manual, which is the definitive reference laboratory's "bible" for all microbiological and serological techniques concerning the laboratory diagnosis of streptococcal infections, notably Lancefield group A streptococci (*Streptococcus pyogenes*).

The manual has been written by global experts within this field from two WHO Collaborating Centres on Streptococci, namely the centres in Minneapolis and Prague. It is intended for wide use in different countries, therefore, methodologies that may not be applicable—for example, in developing countries, are also included with the aim of promoting and developing laboratory technologies within the international network of Streptococcal Reference Centres and beyond. The protocols have been in use for decades within these centres; there is a comprehensive reference list for both conventional and new molecular typing methods that will enable the trained microbiologist to use these tests and establish a reference facility for streptococci (providing resources are available) almost anywhere.

The manual describes key methods that have disseminated from reference and research centres in Atlanta, London, and New York. The first *Streptococcus Reference Laboratory* was established by the WHO Public Health Laboratory Service in 1946 by Dr Winston Maxted and Dr Fred Griffith with guidance from Dr Rebecca Lancefield (Rockefeller University, New York, USA). From these people has evolved this unique manual comprising decades of science and innovation. It is essential to anybody embarking on group A streptococcal reference or research.

A ESTRATIIOU


The first complete edition of the *TNM classification of malignant tumours* by the International Union Against Cancer (UICC) was published in 1968, although individual site classifications had been available earlier. This system of staging tumours by their anatomical extent has found widespread if not universal acceptance as a means of categorising disease, assisting management decisions, predicting patient outcome, and enabling comparisons between different treatment protocols.

The fourth edition was published in 1987 and revised in 1990; a fifth edition remains pocket-sized and inexpensive. The introduction includes a brief history of the system and the variously named UICC committee responsible for the classifications, a listing of members of which reveals a paucity of pathologists. Substantial differences from the last edition, and new classifications of previously unclassified tumours, continues to maintain its clinical importance, and is adjacent to the relevant text and, while there is still no index, a table of contents is provided. Changes have been made in the classifications of nasopharyngeal, urological, and head and neck tumours; different histological types of paediatric tumours have been deleted. Serum marker concentrations can now be used in staging testicular and gestational
trophoblastic tumours. For gynaecological cancers, comparisons with the relevant FIGO stages are tabulated and the entire UIICC classification—criterion, notation, and stage grouping—is identical to that of the American Joint Commission on Cancer in their 1997 Cancer stage manual. This is convenient but does raise the question of why two separate publications are considered necessary.

As with previous versions, specialist interest groups will, no doubt, analyse and possibly refute some of the changes, and each pathologist will continue to apply the classifications and staging systems demanded by their individual clinical colleagues. However, for all who diagnose tumours and work with clinical oncologists, this is an essential reference.

C FISHER


This is an intriguing book. Its stated intention is to review the growing edge of pathology and it is certainly both enlightening and thought provoking. The sections addressing basic scientific issues, particularly those relating to molecular genetics, are not however for the faint hearted, and for many this introduction into phenomena such as genomic imprinting and microsatellite instability will challenge the imagination, as will the chapter emphasising the important role played by the stromal elements in neoplasia. There are also bold glimpses into the future, particularly with regard to information technology telepathology and the restructing of research activity.

In contrast are excellent chapters that deal with vexing pathological problems such as trophoblastic disease, dermatoses, chronic hepatitis, and synovial fluid analysis—all of which are very much concerned with day to day diagnostic matters. There is also an interesting chapter on the spleen that should help to revive interest in this much misguided organ. Hypertension is another troublesome area in which the traditional views are critically assessed and it is obvious that most of us will have to revise our thoughts about this topic. On the other hand a valuable plea is made for retaining the necropsy, a tradition that should certainly be retained despite the alleged accuracy of imaging techniques. In general this book illustrates the important point that although pathology quite correctly retains time honoured techniques, it should always welcome new ideas, particularly if it is to retain its crucial role in medical education. It is therefore highly recommended not just to pathologists who perhaps have become a bit too set in their ways but also to the generation that will be taking the specialty into the third millennium.

F D LEE


The Royal College of Pathologists of Australasia has a distinguished record in educating the users of pathology services in the correct interpretation of laboratory tests. This book is the second (and much expanded) edition of a manual first published in 1990. There is no questioning its authority—more than 50 pathologists have contributed to it and an independent, more senior group, were involved in reviewing the text.

There are two main sections: one lists conditions and their causes, together with appropriate investigations for diagnosis, monitoring, etc; the second lists individual tests (drawn from all pathology disciplines) and describes their uses and limitations. There is a short introduction describing specimen collection, reference ranges, and predictive values (though not likelihood ratios) but sensitivities and specificities are not quoted for individual tests. An opportunity has perhaps been missed to discuss the concept of critical difference—the extent of change in the result of a test that may be of clinical significance rather than be due to natural variation—a concept with which even experienced clinicians are often not familiar. Appendices include reference intervals and a list of artefactual causes of erroneous results but these are also included in the main body of text.

The introduction does not make it clear whether the book is written primarily for hospital or primary care doctors. In the UK, AGB Venture Publications has recently published a book on Laboratory Medicine and Primary Care and the two books share many features, although the Australian product is more detailed. Indeed, it struck me as being inappropriately detailed for doctors in primary care though no doubt, given the huge effort that has gone into producing it, the Australian College has done its market research and been encouraged by the response to the first edition.

The book is easy to use and lies open flat without the need for weights or an elbow. It will be of value to clinicians who do not have easy access to direct consultation with a clinical pathologist but should not be used as a substitute for expert advice when this is readily available.

WILLIAM J MARSHALL


The previous edition of this tome was large... the latest is even larger and the authors have divided it into four volumes. Fortunately, there is no requirement on reviewers to read it from cover to cover in two weeks, and in reality it is not meant to be read like a novel. This is a comprehensive bench book of the old-fashioned variety, the sort pathologists turn to in desperation when the diagnosis eludes everyone in the department. It has well written chapters on the eye and its adnexae, as well as any condition that has or might conceivably have affected the eye. I found the chapters on conjunctival melanoma particularly helpful, and congenital abnormalities of the anterior chamber angle are covered well. The index is excellent—a necessity for any bench book.

This is a book for serious eye pathologists who expect to spend one or two hours gleaning information from any globe that rolls into their sight. It is a pity that the illustrations are mainly black and white, and even more that the colour illustrations are collected into plates at the end of each chapter. However, this does not really detract from the overall usefulness of the book. In brief, if you are serious about reporting eye pathology, this book must be on your shelf.

I A CREE

UK NEQAS meetings

Octagon Centre, University of Sheffield, South Yorkshire, UK

17 March 1998

One day meeting of the UK National External Quality Assessment Schemes for leucocyte immunophenotyping.

For further details please contact Dr D Barnett, Manager, UK NEQAS Leucocyte Immunophenotyping Schemes, PO Box 996, Sheffield S10 2YD, UK (tel +44 (0)114 271 1736; fax: +44 (0)114 271 1737).

18 March 1998

One day meeting of the UK National External Quality Assessment Schemes for blood coagulation.

For further details please contact Mr T A L Woods, Scheme Manager, UK NEQAS for Blood Coagulation, 105 Western Bank, Sheffield S10 2TJ, UK (tel +44 (0)114 270 0862; fax: +44 (0)114 275 8989; email: neqas@coageqa.demon.co.uk).

Application has been made to the Royal College of Pathologists for Continuing Medical Education approval and for accreditation in the Institute of Biomedical Sciences Continuing Professional Development scheme for both meetings.

Postgraduate course in gynaecological and obstetric pathology

Four Seasons Hotel, Boston, Massachusetts, USA

23-27 March 1998

A five day course primarily for pathologists and pathology residents as well as for gynaecologists with an interest in pathology will be presented by the Departments of Pathology, Massachusetts General Hospital and Brigham and Women's Hospital, Harvard Medical School. The course has category 1 accreditation for approximately 36 hours CME credit by the American Medical Association. Course fee is US$850 (residents andfellows US$650).

For further details please contact Department of Continuing Education, Harvard Medical School, PO Box 825, Boston, MA 02117-0825, USA (tel: +1 617 432 1525; fax: +1 617 432 1562).