morphology in patients without any history of lymphoma displayed a consistent positive reaction for bcl-2 protein.[4] We have found considerably higher numbers of bcl-2 positive cells in malignant aggregates (mean value 78% per nodule) than in reactive nodules (mean value 60%). Nevertheless, we have confirmed the presence of numerous bcl-2 positive cells in apparently reactive benign nodules in all of our specimens. There were, however, always some bcl-2 negative cells in lymphoma bone marrow infiltrates in our material.[4]

Thus, in contrast to the conclusions suggested by Chetty *et al*,[1] we believe that bcl-2 expression should not be used as a discriminating criterion for the malignant nature of lymphoid aggregates. Overdiagnosis of bcl-2 positive reactive benign lymphoid aggregates as lymphomatous involvement is a considerable hazard and unnecessary overtreatment of patients cannot be reliably ruled out.

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1 Chetty R, Echezarreta G, Comley M, Gatter K. Immunohistochemistry in apparently normal bone marrow trephine speciments from patients with nodal follicular lymphoma. *J Clin Pathol* 1995;**48:**1035–8.
2 Ben-Ezra JM, King BE, Harris AC, Todd WM, Kornstein MJ. Staining for bcl-2 protein helps to distinguish benign from malignant aggregates in bone marrow biopsies. *Mod Pathol* 1994;**7:**560–4.
3 Neilson JR, Oates JL, Lumley M, Leyland MJ, Crocker J. Patterns of bcl-2 staining in bone marrow biopsies from patients with follicular lymphoma [abstract]. *J Pathol* 1995;**175:**154A.
4 Fakan F, Skálová A, Kuntscherová J. Expression of bcl-2 protein in distinguishing benign from malignant lymphoid aggregates in bone marrow biopsies. *Gen Diagn Pathol* 1996; in press.

Drs Chetty and Gatter comment:

We would like to thank Drs Skálová and Fakan for their comments on our paper. Our intention was not that bcl-2 immunostaining be used as a sole discriminant in separating benign from malignant lymphoid nodules in the bone marrow. The findings in our study are consonant with the staining profile/pattern of nodal follicular lymphoma and reactive follicular hyperplasia.

Reliance on immunohistochemistry alone, without cognisance of morphological and clinical features, is hazardous at the best of times. We are certainly not advocating the use of bcl-2 immunohistochemistry to diagnose follicular lymphoma in the bone marrow without a good index of suspicion. The index of suspicion is heightened by the strong immunoexpression of bcl-2 in follicular lymphoma. It must also be remembered that quantitation of immunohistochemical staining is far from an exact science, but we are heartened to see that Drs Skálová and Fakan found "considerably higher numbers of bcl-2 positive cells in malignant aggregates than in reactive nodules".

In conclusion, bcl-2 immunohistochemistry, taken in conjunction with other relevant markers and the morphological and clinical features, is of use in separating follicular lymphomas from reactive aggregates.

Book reviews

Pathology for Surgeons in Training: an A to Z. Gardner D, Tweedle D. (Pp 408; £27.50.) Arnold. 1996. ISBN 0340 603747.

This book is the second edition of a short text which was originally called *Pathology for the Primary FRCS*. The text remains very similar to the original book although it has been slightly lengthened. Many of the medical dictionary type conditions are well described although special pathology is not a requirement for surgeons in training. Obviously, conditions such as abscess, AIDS, actinomycosis, amoebiasis, ageing, and amyloid are good general pathological conditions that might well be expected for the exam. There are, however, a number of unusual conditions found within the book—for example, antineoplastic drugs, the spine, space and air travel, "sludging of the blood" (a rather slang term), scrotum and retina. The book is well laid out and many important conditions, which will be expected knowledge for the new basic surgical trainee, are well covered.

I think the authors could look through their text again and perhaps extract some of the more specialised pathology, such as lymphoedema and ulcerative colitis (why ulcerative colitis and not Crohn's disease?). If this culling and, perhaps, some appropriate additions were made, this would be a very excellent book for surgeons in training.

K BURNAND

Saunders Electronic Atlas of Dermatology—CD Rom. (£202.00.) Harcourt Brace. 1996. ISBN 0721662242.

As someone who has a computer phobia, unlike my 10 year old son, I felt rather apprehensive on being asked to review this electronic atlas. Remarkably this CD Rom, which works on Windows and Mackintosh, contains over 2500 photographs with more than a quarter as photomicrographs of skin histology. In addition, the accompanying text is concise with definitions and differential diagnoses easily found by clicking simple icons. The information provided is based on the increasingly popular, recently published volumes of *Cutaneous Medicine and Surgery*, rapidly becoming the "bible" for US dermatology residents. Even for me, the disk was very user friendly and access to information was relatively easy. Photographs can be magnified, but tend to lose their definition. Also, for some reason, many illustrations were duplicated which was rather frustrating. Overall, the histology was remarkably good, but better at high power. I was surprised that no histology was available for relatively important disorders such as sarcoidosis, leprosy and leishmaniasis. Nevertheless, the content was extensive and included rare clinical examples, such as angioimmunoblastic lymphadenopathy. Classification of skin disorders was in places unorthodox such as including porokeratoses and Hailey Hailey as ichthyoses. I wondered also why they included lymphoma of the mouth in a dog! Apart from the irritating Texan-like tune that played repeatedly whenever I clicked the mouse too often, I was glued to the screen for quite some time by this well designed atlas. It highlighted the complexity of skin disorders, but I am not sure there is enough histology for the pathologist. It will, however, be beneficial for the connoisseur who wants to specialise in dermatopathology up to DipRCPath standard.

R CERIO

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Notices

Cytopathology for Histopathologists

February 3–7 1997

This is an intensive course in basic cytopathology suitable for all candidates preparing for the MRCPath and Diploma in Cytopathology 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 will consist of lectures, microscopy sessions and discussions. Topics will include cytopathology of the cervic, urine, respiratory tract, serous effusions, and fine needle aspiration of breast, lymph nodes, salivary glands, and other sites. In addition, keynote lectures will be given by Dr Amanda Herbert (Overview of cervical cytology screening) and Professor Sebastian Lucus/Dr Nick Francis (Cytology of infectious disease). The course is limited to 30 participants. Royal College of Pathologists' approval for 29 CME credits is envisaged (as per 1996). The course fee is £350.00, which includes lunch, refreshments and a course dinner.

For further information, please contact: Dr Eamon Leen, Department of Cellular Pathology, Northwick Park Hospital, Harrow HA1 3UJ. (Tel: 0181 869 3312; fax: 0181 864 1933.)

Third International Course on Bone Marrow Biopsy Pathology

May 21–24 1997

Venue: Charing Cross and Westminster Medical School, London

This course, organised by the European Bone Marrow Working Group, is an update on bone marrow disorders in the format of lectures, discussions and slide seminars (precirculated slides). The meeting starts with a short course on taking and reporting bone marrow trephine biopsy specimens and the application of immunocytochemistry. Topics include cellular constituents and kinetics of bone marrow, paediatric disorders, low grade and high grade lymphoproliferative disorders, an update of the FAB classification of MDS, iatrogenic bone marrow problems, detection of minimal disease in BMTB, diseases leading to stromal fibrosis, and disorders of bone modelling.

The course is limited to 100 participants and will attract CME credits. Course fee £350.00.

For further information, please contact: Professor K Henry, Department of Histopathology, Charing Cross and Westminster Medical School, Fulham Palace Road, London W6 8RF (tel: 0181 846 7139; fax 0181 846 1364; email: k.henry@cxwms.ac.uk).