morphology in patients without any history of lymphoma displayed a consistent positive reaction for bcl-2 protein. 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 40%). 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.

Thus, in contrast to the conclusions suggested by Chetty et al., 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 over-treatment of patients cannot be reliably ruled out.

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Drs Chetty and Gatter comment:

We would like to thank Drs Skalova 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 immunexpression 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 Skalova 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.


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. Obscure and unusual conditions are covered. The authors are well known for their textbooks on chest pathology and continue to produce one of the leading series. The book is a very useful tool for any surgeons or trainees wishing to help with a quick check of the anatomy and pathology of a surgical site. The book is succinct and brief and will be a very excellent book for surgeons in training.

K BURNAND


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 Macintosh, 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 guidelines of the World Health Organisation for the classification and nomenclature of skin disease. The book is, however, far from complete 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. The classification of skin diseases 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 ‘dog-like tone’ they 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 DnRpC Path—standard path.

R CERIO

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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 cervix, 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 Lausec/Dr Nick Francis (Cytology of infectious disease). The course is limited to 30 participants. Royal College of Pathologists’ annual fee for 29 CME credits is envisaged (as per 1996). The course fee is £350, which includes lunches, 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: Clarion 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 (precipitated slides). The meeting starts with a short course on taking and reporting bone marrow trephine biopsy specimens and the application of immunohistochemistry. Topics include cellular constituents and kinetics of bone marrow; acute myeloid disorders, low grade and high grade lymphoproliferative disorders; an update of the FAB classification of MDS, iron bone marrow problems, detection of minimal disease in B-lymphoma, role of histology, myelodysplasia, 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 Cross and Westminster Medical School, Fulham Palace Road, London W6 8RF (tel: 0181 846 7139, fax 0181 846 1364; email: k.cross@cxwms.ac.uk).