when: pathologists used this finding of patchiness as a strong mandate for the diagnosis of Crohn's disease: or surgeons became reluctant to do proctocolectomies in ulcerative colitis cases that were indicated clinically, because they were fearful that patchiness of involvement meant Crohn's disease. As the anaesthetists and medical staff, we were not alone: the use of modulatory drugs expands, more specific to one disease than the other, it is critical to recognize this important diagnostic feature of ulcerative colitis.

Our findings were in patients with documented ulcerative colitis whereas Levine et al found predominately normal or borderline biopsies among patients with ulcerative proctitis (10 of 11 cases) rather than ulcerative colitis. Although we have shown that over time rectal biopsies from patients with ulcerative proctitis are indistinguishable from biopsies from patients with ulcerative colitis, it remains a possibility that these diseases may have different pathophysiology. Nonetheless, it is important to realize that in ulcerative proctitis, rectal biopsies may normalise over time. The presence of frankly normal rectal histology in patients with longstanding diagnoses of ulcerative colitis or proctitis often raises the issue of the accuracy of the initial diagnoses. We support Levine et al in their contention that these diseases are dynamic in their expression patterns, and this fact should now be accepted into the new diagnostic dogma of ulcerative colitis.

Why has the conventional wisdom of absolute rectal involvement, and absolute disease continuity in ulcerative colitis persisted so long? We believe that it points to the selectivity of human observation. We only look for what we believe we should find. Patchy rectosigmoid involvement in ulcerative colitis is one example, but even more compelling is that ulcerative colitis is an entity in its own right.

Brain tissue banks in psychiatric and neurological research

We welcomed the article by Cairns and Lantos on brain tissue banks. The importance of such facilities in psychiatric and neurological research has not been adequately appreciated by the wider clinical community, perhaps because collection and storage of postmortem tissue for research is not an emotive issue as requesting organs for donation. However, without such tissue banks little would be known about many debilitating conditions.

The South West Brain Bank in Bristol was established over 10 years ago to collect brain tissue from people suffering from dementia. It is from this experience that we write to emphasise certain points that may not only to potential donors and their relatives but also to the physicians requesting the donation, and those using the tissue for research.

Making the decision to donate tissue for research can be a very difficult one for most people. This can be made even more difficult if it is left to the time when loved ones are close to death or have died. It is far preferable that all arrangements are made in advance of the event, and it is helpful if potential donors and their families can be given information about the procedures involved in a donation (perhaps in the form of a leaflet). The details can be assimilated and discussed within the family and with the coordinator of the facility at a time when bereavement does not cloud the issue. We have found the role of the brain bank coordinator to be a crucial one at this stage. We have one person acting as the coordinator, an MLSO trained in neuropathology. She deals with the donation from the initial arrangements through to processing of the tissue for histological assessment.

Before a histological diagnosis is made, the neuropathologist is provided with as complete a clinical history as possible. This is obtained, using a standardised protocol, from all available hospital and general practitioner notes.

The continuing acquisition of tissue for research purposes relies heavily on an understanding of the importance of such donations by the medical practitioners who must make the request and, perhaps more importantly, by their patients and relatives. The responsibility for giving potential donors and their families adequate information and support regarding a donation lies with the brain banks who must approach this with compassion and sensitivity.

If there is any department that reports trephines and does not own the first edition, then the second edition is an essential purchase. I have tried to do a "spot the difference" between the two editions to decide whether owners of the first edition should upgrade. The chapter titles are unchanged and most of the photographs and tables are the same. This is not a major rewrite but there are significant differences in areas such as immunocytochemistry and lymphoma classification. The REAL classification is included and compared with the Kiel and Working Formulation. Useful new antibodies are discussed, and a technical appendix has been added. Several pages are devoted to a new section on artefacts that should be particularly useful to haematologists who are less likely to be familiar with the artefacts common to formalin fixed, paraffin wax embedded sections.

The book emphasises an integrated approach for reaching a diagnosis. There is no place for a histopathologist reporting the trephine in ignorance of the aspirate's appearance but it is also unsatisfactory if the trephine goes straight to the haematologist. The combination of good quality trephine sections and this book should encourage histopathologists to participate in this fascinating and demanding field. Haematologists reading this book will appreciate the additional information that can be gleaned from good quality sections and this may influence their attitude towards taking trephines.

S DILLY

Notices

Histopathology of the bone marrow
Wednesday 17 September 1997
Imperial College School of Medicine,
St Mary's London, UK

A one day course suitable for career post holders and trainees in haematology and histopathology.

Numbers restricted to 40; CME approved (7 credits); cost £85 (including lunch).

Apply in writing enclosing a cheque (payable to Imperial College) to Jenny Guy, Postgraduate Course Organiser, Postgraduate Medical Centre, 2nd Floor, Mint Wing, St Mary's Hospital, London W2, UK.

Second meeting of the European Study Group on Molecular Diagnoses
Wednesday 15 October 1997
Kurhaus Hotel, The Hague, Netherlands

Registration is free.

For further information contact Prof. Dr. M Altvogt, Department of Microbiology, University of Zurich, Gloriastrasse 30, CH-8028 Zurich, Switzerland. (Fax: +41 (1) 252 8107.)

Correction

Proliferation index—a comparison between cutaneous basal and squamous cell carcinomas

Reference 2 in this letter should have read: De Vico G, Agrimi U, Maiselini P. Nucleolar size and mitotic index in basal cell carcinomas (BCC) and squamous cell carcinomas (SCC) of canine skin. Journal of Veterinary Medicine series A 1995;42:339–43.

and not as published. The error is regretted.