depends on accurate checking and reporting in the laboratory, and can therefore only be carried out as a component of internal quality control. Seeding test slides into routine work is impractical: experienced screeners, trained as they are to detect rare events in cervical smears, would undoubtedly recognise the test slides before even putting them under the microscope.

Yet screeners need to know, for their own self confidence, that they are able to recognise the full spectrum of cytological abnormalities, and can separate negative from inadequate, and low from high grade dyskaryosis. Furthermore, heads of departments need an objective assessment of the tendency of their screeners and biomedical scientists to over or underreport using standardised case material. They also need to be aware of any diagnostic blind spots that would take a long time to show up through rapid review. By its nature, proficiency testing identifies only extreme examples of poor performance in primary screening. This is a positive advantage, leading to well deserved reassurance most of the time. Even without being a test of primary screening sensitivity, proficiency testing for cytology screeners is important, particularly if an educational role can be introduced.

Proficiency testing is a rather better test for pathologists, which is probably the reason that it is us, rather than members of the National Association of Cytologists, who are loudest in criticising the tests. If it is to be used to identify poor performance, it would not be much use if all the abnormal cell groups were clearly and accurately marked on the slides. A pathologist needs to be able to examine the whole slide, identify cell groups that may have been missed, and make his or her own mind up about the presence or absence of significant abnormality. The high proportion of abnormal slides in the proficiency testing set is nearer routine practice for a pathologist than for a screener although a mixture of appropriately and inappropriately marked slides in addition to unmarked ones could make it more reflective of normal practice.

Without some form of external quality assurance or proficiency testing how could poor performance be detected early enough for remedial action to be taken without compromising the career of the person concerned? It must be better to have an objective assessment, with previously agreed protocols, than relying on the much more difficult methods of comparing reporting rates, reviewing reported work, and other investigations that can be highly damaging to all concerned.

Proficiency testing could better reflect routine practice by not excluding borderline and inadequate tests, which account for a considerably greater percentage of laboratory results than all grades of dyskaryosis combined. An external test that included the complete spectrum of cytological change, assessed by correlation with a majority verdict of a panel of cytologists (as well as by correlation with histology and follow up as appropriate) could go a long way towards providing a test that was educational for all grades of staff—as well as providing a test that could detect gross degrees of discordance.

Stewart has aired some reasonable objections to current methods of proficiency testing, and rightly suggests that a revised scheme should be subjected to evaluation and analysis of its intended benefits before being adopted. Perhaps the NHSCSP will develop a revised test that is more acceptable, better than the equally widely criticised tests used in the USA, and worthy of a screening programme that has been so successful in preventing invasive cervical cancer and reducing its mortality.

AMANDA HERBERT

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1 Stewart CJR. Is the proficiency test in cervical cytology proficient? *J Clin Pathol* 1997;**50**:450–2.
2 Slater DN. Quality assurance in cervical cytopathology—time for a more evidence-based approach. *Cytopathology* 1997;**8**:75–8.
3 Valente PT. Government mandated cytology proficiency testing: time for reality testing. *Diagn Cytopathol* 1994;**10**:105–6.
4 Fowkes FGR. Diagnostic vigilance. *Lancet* 1986;**i**:493–4.

cific clinical settings, transfusion transmitted infections, adverse reactions to transfusion, and new and evolving regimens. The layout is extremely user-friendly with respect to consulting the book on a particular bedside problem. At times, perhaps the enthusiasm for clinical matters is carried a little too far, the summary of surgical techniques used in intrahepatic shunts, which appears in the section on surgical blood saving, is fascinating but possibly superfluous in this presentation. In general though the approach of case orientated discussion works well and, where necessary, sufficient laboratory background is given to enable a good understanding of the problems.

This "background" approach could in places have been further developed with advantage, for instance with the reference, in various sections, to leucocyte reduction. Separated as they are, it is less easy to obtain an overview of the basics and drawbacks of this technique, and a small, specific section dealing with mechanisms of filtration and critical factors in the use of filters would have been useful.

The section on new and evolving regimens brings the reader up to date with the subject dealing with response modifiers, adoptive immunotherapy, gene therapy, and peripheral blood stem cell therapy. This text was prepared at a time when allogenic cord blood transfusion was seen as a topic still under development but with an apparently bright future, so one can confidently expect a development of this theme in the fourth edition of this text. Perhaps one of the greatest virtues of the volume is its comprehensive list of references. Admittedly, with a multiauthor genesis, references may be duplicated, but with 6049, readers are hardly likely to be frustrated in their search for knowledge. Any book in which the section on platelet therapy begins with an aphorism to the effect that possession of a thorough understanding of platelet transfusion is indicative of confusion rather than confidence, cannot be all bad. This volume is virtually all good and commends itself to anyone taking an active interest in transfusion medicine at a postgraduate level. No self respecting specialist in the subject should be without it.

W WAGSTAFF

Bone Marrow Pathology. 2nd edn. Bain BJ, Clark DM, Lampert IA. (Pp 328; £79.50.) Blackwell Science. 1996. ISBN 0 865 42647 3.

It was a pleasure to review the second edition of "Bone Marrow Pathology" knowing how useful the first edition has proved. For those not familiar with the book, it is an ideal practical book for all haematologists and histopathologists involved in reporting bone marrow aspirates and trephines.

It has a clear layout with good quality colour photomicrographs of an appropriate mixture of cytological and histological appearances. The chapters work methodically through the normal marrow, infective and reactive conditions, the various haematological and lymphoid malignancies, disorders of haemopoiesis, metastatic tumours, and bone disorders. There are useful tables and graphs of normal values, grading systems, classification of leukaemias and lymphomas, suitable antibody panels, etc. The text is easy to read and with a wealth of practical comments related to the authors' experience.

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 Diagnostics

Wednesday 15 October 1997

Kurhaus Hotel, The Hague, Netherlands

Registration is free.

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

Practical adult cardiovascular pathology course

Monday 17 November 1997

This practical, hands on course approaches in detail the problems that face diagnostic pathologists when dealing with cardiovascular pathology. The approach to cardiac autopsy and sudden death will be emphasised. Cardiac specimens will be made available for dissection and analysis, and practical demonstrations as well as video demonstrations will be highlighted. A slide seminar is also included. The course is aimed at trainees studying for the MRCPath as well as senior pathologists who wish to update their knowledge.

Course fee: £125 including coffee, tea and lunch (£100 for juniors in training).

For further details contact the National Heart and Lung Institute, Dovehouse Street, London SW3 6LY, UK. (Tel: 0171 351 8172; fax: 0171 376 3442.)

Supraregional Assay and Advisory Service

In response to tenders received, the following laboratories have been designated to offer the Supraregional Assay and Advisory Service:

Porphyrin metabolism

King's College School of Medicine and Dentistry, Department of Clinical Biochemistry, Bessemer Road, London SE5 9PJ.

Professor T J Peters, tel: 0171 737 3008; fax 0171 737 7434.

University Hospital of Wales NHS Trust Laboratory, Heath Park, Cardiff CF4 4XW.

Professor G H Elder, tel: 01222 742799 (laboratory); 01222 743565; fax: 01222 766276.

The standard of the responses to the invitations to tender was very high and the Supraregional Assay and Advisory Service Board compliment the laboratories who bid for these assays.

Professor V Marks, Dean of Medicine, Chairman, SAAS Management Executive Board, EIHMS, University of Surrey, Stirling House Campus, Surrey Research Park, Guildford GU2 5RF.

Correction

Proliferation indexes—a comparison between cutaneous basal and squamous cell carcinomas [letter]. Maiolino P, De Vico G. J Clin Pathol *1997;**50**:355.*

Reference 2 in this letter should have read:

De Vico G, Agrimi U, Maiolino 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.