

*Eur J Cancer*, Vol. 29A, No. 6, p. 913, 1993.  
 Printed in Great Britain  
 0964-1947/93 \$6.00 + 0.00  
 Pergamon Press Ltd

## Book Reviews

### Leukaemia and Lymphoma: Reviews 1

Edited by A. Polliack. Harwood Academic Publishers, 1992.  
 ISBN 3 7186 5251 X. £36.00, \$68.00.

I MUST ADMIT that when I initially opened this first edition of collected reviews from the new journal *Leukaemia and Lymphoma* that I doubted that repeating the publication of the two invited reviews in each issue within a single review volume would be of any value. *Leukaemia and Lymphoma* after all has an established place in most medical libraries and it should be possible for a potential reader to find the reviews relatively easily. However, on reading these excellent short reviews I became convinced that their publication in a single volume was most worthwhile. The original journals do not come to hand easily and this collection of articles provides a relatively up-to-date convenient source of information on important current topics in leukaemia and lymphoma for the postgraduate student of haematology and medical oncology. The reviews are well written and cover a wide range of topics within the fields of molecular diagnosis, cytogenetic studies, the biology of haematological malignancy and modern management procedures, including the role of peripheral blood progenitor cell rescue, new biological and chemical agent therapies and there are special reviews on gut and peripheral T-cell lymphomas. I found these reviews informative and a useful reference source. I recommend this collection of short reviews to medical libraries who do not have *Leukaemia and Lymphoma* on their shelves and to serious postgraduate students of haemato-oncology.

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### Histopathology of Non-Hodgkin's Lymphomas

By K. Lennert and A. C. Feller. Berlin, Springer, 1992, 2nd revised edition. 312 pp. ISBN 3 540 51270 5. DM 248.00.

THERE CAN be no doubt that Professor Karl Lennert has made major contributions to the study of lymphoma and fundamentally changed the manner in which pathologists think of lymph node classification. *Histopathology of Non-Hodgkin's Lymphomas* written in collaboration with Professor A. C. Feller is a second edition of their handbook directed at "pathologists in everyday diagnostics". However, the problem with this text is that one needs to know the diagnosis more or less before knowing where to look. Nearly all comparable diagnostic textbooks fail to

appreciate that most "pathologists in everyday diagnostics" are relieved simply to diagnose non-Hodgkin lymphoma. Their ability to sub-classify reliably is distinctly wobbly (but not necessarily much worse than the experts—more of this later!). In fact this book is written for the specialist, and as such it is full of good things to stimulate, provoke, annoy or even outrage. This is the true value of the Kiel as opposed to any other classification that it challenges pathologists to think. Indeed the majority of the first two chapters consists of a vigorous rebuttal of opposition to the Kiel classification.

So why should we all learn and utilise the Kiel classification? A constant argument used by Professor Lennert is that the reluctant among us are basically too lazy to study the literature, prepare high quality slides or attend appropriate workshops. In some of this, particularly the poor quality of much material, he is absolutely right. But do the experts all agree? My major problem with the Kiel classification is that virtually every tumour must be related to a particular lymphoid cell type or stage of development. Large B-cell non-Hodgkin lymphomas are centroblastic or immunoblastic with four sub-types for the former and three for the latter. This distinction has been repeatedly challenged provoking always a robust reply from Professor Lennert. However, he himself has a tendency to move the goal posts. For example, immunoblastic lymphoma is called the most common large cell lymphoma in Stansfeld's original *Lymph Node Biopsy Interpretation* textbook as it is in *The Oxford Textbook of Pathology* by Professor Isaacson. However, in the current text being reviewed, centroblastic lymphoma outnumbers immunoblastic lymphoma by three times. There is no explanation in the current text for this but in the new edition of Stansfeld all becomes clear. The majority of previous immunoblastic lymphomas have now become centroblastic lymphomas. This is because the new definition of centroblastic non-Hodgkin lymphoma "contains at most 90% immunoblasts". No wonder the borderline is unclear and the diagnosis may seem arbitrary. One wonders whether such chopping and changing of imprecise categories does not make a nonsense of the whole concept of looking for seven different sub-types of B-cell large cell non-Hodgkin lymphoma or insisting that every lymphoma cell has a normal counterpart. Why not utilise a less arguable category such as large cell lymphoma of B-cell type until some evidence is brought to demonstrate that clearly recognisable sub-types have some prognostic or clinical value?

The foregoing illustrates my contention that this book is much better suited to a specialist pathologist than an everyday diagnostician. There are plenty of stimulating inconsistencies and unsubstantiated statements such as the following. The section on T zone lymphoma argues that it is difficult and sometimes impossible to distinguish T zone lymphoma from pleomorphic small cell T cell lymphoma. A few pages further it is emphasised that pleomorphic small cell T cell lymphoma must be differentiated first of all from T zone lymphoma. No good evidence is given to substantiate this distinction. The survival tables contain relatively small numbers of cases so that it is debatable whether the difference between T zone and pleomorphic small cell survival is significant. Another example concerns lymphoblastic lymphomas. In the section on T-cell lymphoblastic lymphomas it is pointed out that the most important distinction is that between T lymphoblastic lymphoma and B-cell lymphoblastic lymphoma although no reason is given for this distinction.

So finally what is my recommendation for the book-buying pathologist? If one wants a bench book for diagnostic lymphoma