Haemangioma of the placenta

REFERENCES


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Aseptic addition method for Lactobacillus casei assay of folate activity in human serum

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Method of assay of red cell folate activity and the value of the assay as a test for folate deficiency

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Folic acid deficiency in leukaemia and lymphomas

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Correlation of peripheral white cell and bone marrow changes with folate levels in pregnancy and their clinical significance

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Disinfection of heat-sensitive material by low temperature steam and formaldehyde

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Method for the determination of small amounts of bilirubin in liquor amnii and other body fluids

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Effect of exposure to daylight and air on ethyl acetate used in the determination of 4-hydroxy-3-methoxy-mandelic acid

R. J. FARRAND

New micromethod for lupus erythematosus (L.E.) cell tests

G. BENCEZ and P. WATSON

Book reviews

The Association of Clinical Pathologists: 75th General Meeting

Copies are still available and may be obtained from the PUBLISHING MANAGER,

BRITISH MEDICAL ASSOCIATION, TAVISTOCK SQUARE, W.C.1. price 18s. 6d.
risk of the smaller form being completely overlapped and hidden by the larger. The number of reporting departments in one hospital, and the number of hospitals covered by one laboratory (some highly specialized laboratories in effect report to the whole country) steadily grows, and the only real answer is the firm adoption of a single size throughout the hospital service. For a few special purposes (post-mortem reports, E.C.G.s, and the like) a full-sized sheet (A4) is necessary, but apart from this all reports, even from the most specialized and ephemeral departments, should be of the one size.

The Tunbridge size is too big (too wide, for instance, for comfortable mounting on its own mount sheet) and the committee believes that 7 in. \( \times \) 4½ in. is the right compromise. (The 4½in. height enables three to go to a foolscap sheet, which is convenient for some popular forms of duplication.)

The forms should be redesigned to take account of the need to make the specimen identification visible on the exposed lower margin.

Some consideration should be given to the standardization of request forms. That this should be mentioned at all from the laboratory side is evidence of altruism, for standardization here will often lead to more radical interference with the laboratory's internal record system than will standardization of report forms. But it has already been shown by several hospitals that it is possible to use a single request form for many departments. Here again standardization would bring great advantages to laboratories that receive specimens from many outside hospitals. This is perhaps a reform for which the ground has not been well enough prepared for there to be an expectation of rapid acceptance, but it is one about which pathologists should be thinking, and the subject is one which the Tunbridge Report might well have touched upon.

It is to be hoped that on the whole pathologists will welcome the Tunbridge Report, and do their best to see its proposals brought into effect, after due allowance for the special local circumstances which require local modifications. In respect of the report forms, which are the aspect which most particularly concerns their own laboratories, could it be suggested that they hold their hand for the moment until it can be determined whether the arguments of the A.C.P. committee and the Scottish committee lead to any change in the Tunbridge proposals? Once however it is clear that a size and style of report form is definitely decided upon, it is to be hoped that every laboratory will proceed as rapidly as possible to conform to the standard.

B. LENNOX

Reports and Bulletin prepared by the Association of Clinical Biochemists

The following reports and bulletins are published by the Association of Clinical Biochemists. They may be obtained from Mr. J. T. Ireland, Biochemistry Laboratory, Alder Hey Children's Hospital, Liverpool, 12. The prices include postage, but airmail will be charged extra.

SCIENTIFIC REPORTS


TECHNICAL BULLETINS

1 Data Sheet on Control Sera. July 1964. 1s.


3 Non-recording Spectrophotometers for the Visible and Ultraviolet Ranges. A comparative table of instru-

ments available in Great Britain. May 1965. A. H. GOWENLOCK, P. C. NICHOLAS, and J. H. WILKINSON. 1s. 6d.

4 Control Solutions for Clinical Biochemistry. June 1965. P. M. G. BROUGHTON and A. H. GOWENLOCK. 1s. 6d.

5 Recording Spectrophotometers. A comparative list of low-priced instruments readily available in Britain. July 1965. P. SEWELL. 2s. 6d.

6 A guide to Automatic Pipettes. A list of more than 100 instruments compiled from manufacturers' literature. August 1965. P. M. G. BROUGHTON. 5s.

7 Variability Between AutoAnalyzer Modules. August 1965. B. E. NORTHAM. 1s 6d.
the role of complement in auto-aggressive diseases, in haemolysis, in vivo and in vitro, on immune adherence, on opsonins, on bacteriolyses and on conglutinin and conglutinating complement. Those who don't care a hang will have a happy time counting the number of times people are honest enough to say 'It is not clearly understood how complement . . . .' They may also, and perhaps more usefully, wonder whether all the multitude of substances described really exist, or whether we make them ourselves by our purifying processes—not that this makes them any less interesting.

This is a good book: the contributors to the Symposium have done their best to make the papers on their various subjects interesting and well worth reading, and the discussion is sharp, to the point, and often exciting. Better still, perhaps, is the absence of pointless controversy, the attempts to make the life of others easier by the development of a uniform nomenclature, and best of all, the new-found caution in applying results obtained from one animal's complement system to that of another.

One bit of advice: read Humphrey and Dournashkin first, and enjoy the pictures. You can then savour (or sample) the rest with greater enjoyment.

C. L. OAKLEY

Broadsheets prepared by the Association of Clinical Pathologists

The following broadsheets (new series) are published by the Association of Clinical Pathologists. They may be obtained from Dr. R. B. H. Tierney, Pathological Laboratory, Boutport Street, Barnstaple, N. Devon. The prices include postage, but airmail will be charged extra.

13 The Identification of Serotypes of Escherichia coli Associated with Infantile Gastro-enteritis. 1956. 1s.

16 Preservation of Pathological Museum Specimens. 1957. 1s.

17 Cultural Diagnosis of Whooping-cough. 1957. 1s.


23 The Dried Disc Technique for Bacterial Sensitivity Tests. 1959. 1s.

24 Safe Handling of Radioactive Tissues in the Laboratory and Post-mortem Room. 1959. 1s.

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28 Daily Fatty Acid Excretion. 1960. 2s.

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30 Control of Accuracy in Chemical Pathology. 1961. 4s.

31 Investigation of Haemorrhagic States with Special Reference to Defects of Coagulation of the Blood. 1961. 4s.


33 The Laboratory Detection of Abnormal Haemoglobins. 1961 (reprinted 1965). 4s.

34 Titration of Antistreptolysin O. 1961. 2s.

35 The Estimation of Faecal 'Urobilinogen'. 1961. 2s.

36 Quantitative Determination of Porphobilinogen and Porphyrins in Urine and Faeces. 1961. 2s.

37 The Paper Electrophoresis of Serum and Urinary Proteins. 1961. 4s.

38 The Augmented Histamine Gastric Function Test. 1961. 2s.

39 Investigation of Haemolytic Anaemia. 1961. 2s.

40 Short-term Preservation of Bacterial Cultures. 1962. 2s.

41 Serological Tests for Syphilis. 1962. 6s.

42 The Determination of Glucose 6-Phosphate Dehydrogenase in Red Cells. 1962. 2s.

43 Mycological Techniques. 1962. 3s. 6d.

44 The Laboratory Investigation of Catecholamine Secreting Tumours. 1963. 2s.

45 Diagnostic Test for Hereditary Galactosaemia. 1963. 2s.

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