never high enough to inhibit bone cell function significantly.

The "unrecognised substance that inhibits the aluminium technique" is much less mysterious than it at first appears. The aluminium technique is undertaken at acid pH. Even in the short time that the stain solution is applied to the tissue, the acid conditions initiate decalcification with the result that the local concentrations of calcium and phosphate at bone surfaces (including the cut surface of the trabeculae and cortices) are high. It has been known since 1954 that high phosphate ion concentrations inhibit the aluminium staining reaction and this is almost certainly the cause of the observed failure of staining.

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References

Fungus ball of the urinary tract

I read with interest the account by Morton et al of urinary bladder fungus ball in a man of 71.1 As they comment, there is scant mention of this condition, few cases having been reported, but thrush of the urinary bladder was reviewed by Winner and Hurley2 and, more recently, candida pyelonephritis has been reviewed by Odds,3 who observed that diabetes is the most common single underlying condition. Hurley and Winner published an illustrated account of the pathogenesis of experientially induced renal candidosis, with a brief review of cases in man affecting the upper renal tract.4 Hydronephrosis with formation of fungus ball in the pelvis of the ureter is a feature of this rare disease. The fungus ball described in the bladder by Morton et al may well have had its origin in fungal pyelonephritis.

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Fungus ball of the urinary tract

Rosalinde Hurley

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