to quantify this by weighing, less than 10% loss was observed after two hours. Even when no moist chamber is used, we have not seen any loss of reagent by evaporation during incubations of up to one hour.

We have found that the use of this simple device has resulted in both an improved quality of staining and a two to three-fold reduction in reagent costs.

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References

- 1 Erber WN, Mynheer LC, Mason DY. APAAP labelling of blood and bone marrow samples for phenotyping leukaemia. *Lancet* 1986;i:761-5.
- 2 Mason DY, Erber WN, Falini B, Stein H, Gatter KC. Immunoenzymatic staining of haematological samples with monoclonal antibodies. In: Beverley PCL, ed. *Methods in haematology: monoclonal antibodies*. Edinburgh: Churchill Livingstone, 1986:145-81.

False positive results with heated sera in *Toxoplasma* ELISA for IgG antibody

During the development of an enzyme linked immunosorbent assay (ELISA) for *Toxoplasma* IgG antibody, it was noted that some sera which were negative with the *Toxoplasma* dye test¹ gave positive results with the ELISA. These particular sera had been referred from the same laboratory and had been heated at 56°C for 30 minutes. Subsequently, we were able to show that readings obtained with about 70% of 52 sera more than doubled in value after they had been heated at 56°C for 30 minutes. Further work with commercial ELISA kits for *Toxoplasma* IgG antibody is in progress and will be reported when completed, but preliminary results at the Leeds Toxoplasma Reference Laboratory suggest that false positive results occur with at least one commercial kit when heated sera are tested.

Assays of this type for the measurement of IgG specific for other agents may also be affected by heat inactivated sera. False positive results have been reported by other workers when testing heat inactivated sera by ELISA for human immunodeficiency virus (HIV).² An article by Spire *et al*³ stated that as a safety measure in hospital laboratories

sera from patients with acquired immune deficiency syndrome (AIDS) or AIDS related complex could be heat inactivated before analysis. We think that this practice may cause inaccurate results with this type of assay.

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References

- 1 Fleck DG, Kwantes W. The laboratory diagnosis of toxoplasmosis. *Public Health Laboratory Service Monograph* 13. 5-7. London: HMSO, 1980.
- 2 Jungkind DL, Dizenzo SA, Young SJ. Effect of using heat inactivated serum with the Abbott human T-cell lymphotropic virus type III antibody test. *J Clin Microbiol* 1986; 23:381-2.
- 3 Spire B, Dormont D, Barre-Sinoussi, *et al*. Inactivation of lymphadenopathy-associated virus by heat, gamma rays and ultraviolet light. *Lancet* 1985;i:188-9.

Book reviews

Introduction to Sterilization and Disinfection. Joan F Gardner, Margaret M Peel. (Pp 183; £17.50.) Churchill Livingstone. 1986. ISBN 0-443-02796-X.

This book is a successor to the *Review of Sterilization and Disinfection* published in 1965 by the senior author with the late Professor Sidney Rubbo, a book which was notable for its introduction to microbiologists of the sterilising potential of glutaraldehyde. Although the present book has fewer pages than its predecessor, they are larger and contain a remarkable amount of information. Over two thirds of the book is concerned with various methods of sterilisation, the remainder of the book being devoted to chemical disinfectants and their use. This book is not written to satisfy the needs of any one discipline within the hospital but is a useful relatively small reference text for the wide range of those associated with sterilisation and disinfection processes who will find the various sections relevant to their interests clearly presented in a very

readable fashion. It will be of value to those who teach groups concerned with sterilisation and the provision of central sterile supply services. Although written by two Australians, the views expressed are in accord with current British thinking and teaching, and frequent references are made to official British publications as well as to a wide range of sources in the scientific literature. Indeed, one of the book's very valuable features is the well chosen and comprehensive list of references (with dates as recent as 1984) to be found at the end of each chapter.

RJ FALLON

A Handbook of Exfoliative Cytology. Shirley A English, Donald K McClure. (Pp 76; paperback; no price given.) Igaku-Shoin Ltd. 1985. ISBN 0-89640-111-1.

This small handbook is intended to provide an introduction to cytology for residents and cytotechnologists who already have a basic knowledge of the relevant pathology. The text is limited to two short chapters on cytological concepts and the approach to cytological diagnosis and introductions to the following chapters on four common

tumour types and on repair processes. Most of the volume consists of colour photomicrographs accompanied by descriptive legends. The pictures are of acceptable quality: they illustrate the cytological appearances of the tumours as well as several differential diagnoses.

The authors have successfully presented the essential diagnostic features of some common tumours. They include some valuable comments on less well known details of cytodagnosis. It is an excellent bench book for the newcomer to diagnostic cytology.

ELIZABETH A HUDSON

A Manual of Hemotherapy. HB Anstall, PM Urie. (Pp 486; soft cover £26.65.) John Wiley. 1986. ISBN 0-471-88689-0.

The authors set out to bridge the gap, often a gulf, between transfusion laboratory and clinical user, and in many ways succeed admirably. The chapters dealing with the cellular elements of blood each begin with a summary of basic physiology as it applies to the transfusate, which should help all concerned to develop a logical approach to the indications for transfusion, and what may