Other correspondence

correct protein-bound B₁₂ malabsorption to normal, even in pernicious anaemia.³⁻⁵ Isolated protein-bound B₁₂ malabsorption is associated with achlorhydria⁵⁻⁷ and probably detects a lesser degree of gastric atrophy than that found in pernicious anaemia and in patients with atrophic gastritis with an abnormal Schilling test result.⁸ In the test B₁₂ is bound to an avid but artificial binder such as chicken serum. It is likely that the binder has to undergo peptic digestion before B₁₂ can be released and absorbed. Food B₁₂ is attached to an intracellular binder but is unavailable for absorption until the surrounding cellular elements have been digested. In this way protein-bound absorption tests mimic food B₁₂ absorption and approximate more closely to the physiological state than standard absorption tests in which B₁₂ is presented in a freely available form.

Chanarin questions the clinical value of these tests. We have found them of value in investigating patients with B₁₂ deficiency of no apparent cause who have a normal diet and a normal Schilling test result. We have identified 15 such patients, some with megaloblastic anaemia, and others have described patients with anaemia^{9,10} and neuropathy.^{4,9} These patients are presumably unable to produce enough acid/pepsin to release bound B₁₂ but are able to produce sufficient intrinsic factor to give a normal Schilling test result.

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Dr Chanarin comments:

The purpose of a new test is to provide new information of value in either a clinical or research context. It does not seem to me that this has yet been achieved with B₁₂ bound to chick serum. Binding to chick serum seems to make B₁₂ poorly available to controls as well as to patients. Evaluation of such a test requires in-depth assessment of patients in whom it is being performed. It is not enough to *presume* that there is not enough acid/pepsin; these and other factors that might influence a result need to be measured if the results of such a test are to be interpreted in a meaningful way. Nor is it enough to suggest that the chick bound B₁₂ test *probably* detects a lesser degree of gastric atrophy than that found in pernicious anaemia etc; demonstration of such a claim is a not inconsiderable undertaking.

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Book reviews

Blood Transfusion in Clinical Medicine. 8th ed. PL Mollison, CP Engelfriet, M Contreras. (Pp 1033; £49.50.) Blackwell Scientific Publications. 1987. ISBN 0 632 01649 3.

Publishers are not charities. Any book that reaches its eighth edition must be a success in financial terms and therefore popular. At the same time there is always a risk of laurel resting with only the need to maintain rather than create a readership, so it is important that any new edition should be compared with its contemporary competitors as well as its earlier versions.

The eighth quinquennial "Mollison", as before, is a comprehensive treatise on the transfusion of blood and blood products; the theory, the practice, and the complications. The original author has been joined by three others; two transfusion service consultants

and an anaesthetist. Areas now covered in more detail include plasma exchange, marrow transplantation, and leucocyte antigens. There is a whole chapter about the transmission of infection.

The book is up to date and includes references as late as 1987, and, generally, sets the same high standard as previous editions. There are occasional exceptions and omissions; the section on indications for marrow transplantation, for example, is a little stilted, but is perhaps not relevant to this book anyway. There are a dismissive two pages on the practice of autologous transfusion saying it is "rarely used", a claim that may no longer be true, and which perhaps reflects the understandably reactionary view that blood transfusion services rather than events have overtaken the authors.

Such minor disappointments are only worth mentioning because they are like squeaks and rattles in a Rolls Royce. Certainly the book still offers a rich source of

reference for serological queries, as it always did, and so maintains its unique place as a ward round and seminar argument settler. But competition is very fierce. The authors should bear this in mind as they work on the ninth edition which is doubtless already in preparation.

JS LILLEYMAN

The Patient and Decentralized Testing. Ed JP Ashby. (Pp 128; £25.) MTP Press Limited. 1987. ISBN 0 746 20036 6.

This small volume records the proceedings of a two day seminar, organized by ECCLS in Copenhagen in August 1986, which considered the problems posed by the technological advances that have made it possible to carry out an increasing variety of analyses beyond the confines of the conventional pathology laboratory. Included are overlap-