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The November 1973 Issue

THE NOVEMBER 1973 ISSUE CONTAINS THE FOLLOWING PAPERS

Benefit and mischief from commensal bacteria
R. E. O. WILLIAMS

An assessment of the usefulness of dip slides in a children's hospital T. L. SHRESTHA AND N. E. G. RICHARDSON

The ortho-nitrophenol (ONPG) test and acid from lactose in Gram-negative genera S. P. LAPAGE, ANDROULLA EFSTRATIOU, AND L. R. HILL

Non-flagellate *Pseudomonas aeruginosa* in pathological material F. W. LEE

A guide to the histological identification of fungi in tissues P. P. ANTHONY

Epidemiological and quantitative relationships between mesothelioma and asbestos on Tyneside
T. ASHCROFT

Types of 'reticulin' antibodies detected in human sera by immunofluorescence MARIO RIZZETTO AND DEBORAH DONIACH

Quantitative immunoelectrophoretic analysis of the plasma proteins in the sol phase of sputum from patients with chronic bronchitis H. C. RYLEY AND T. D. BROGAN

Stability of freeze-dried plasma prepared from patients on oral anticoagulants MILICA BROZOVIĆ, D. J. HOWARTH, L. P. van HALEM VISSER, AND E. A. LOELIGER

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A report on the interlaboratory quantitation of haemoglobin A₂ and haemoglobin F J. M. WHITE AND S. M. LEWIS

Acute haemolytic anaemia associated with polyagglutinability of red cells T. BIRD AND J. STEPHENSON

An automated method for the microbiological assay of serum pyridoxal R. E. DAVIS, B. J. SMITH, AND D. H. CURNOW

The Leeds regional quality control scheme for clinical biochemistry: A progress report A. T. HOWARTH, R. L. NOBLE, R. B. PAYNE, A. E. STEEL, AND P. R. TEASDALE

Haematology—trends and opportunities E. K. BLACKBURN

Men and machines N. H. MARTIN

Technical methods

A serial whole-organ slicing technique for examining surgically resected breasts J. DOUGLAS DAVIES, G. ROBERTS, AND P. J. RICHARDSON

Bedside control of heparin therapy by a simple whole blood clotting method. C. COTTON KENNEDY AND M. J. ROCKS

Letters to the Editor

Book reviews/Notices

and swabs. The use of plastic syringes, now readily available, brings this technique within reach of the routine diagnostic bacteriology laboratory.

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Letter to the Editor

Coulter Blood Count

May we comment on the paper by Hamilton and Davidson (*J. clin. Path.*, 1973, 26, 700-705). We are glad that they have pointed out that with the Coulter counter model S

$$\frac{\text{Hb}}{\text{PCV}} = \frac{\text{MCH}}{\text{MCV}} = \text{MCHC}$$

In our experience MCV and MCH normally move together and divergence, other than when due to impaired haemoglobinization of the red cells (iron deficiency, thalassaemia, anaemia of infection), suggests a need to re-calibrate the Coulter. If the lower limit of the MCV is 80 fl, then this corresponds to an MCH of 27 pg. An MCV of 80 and an MCH, for example of 26.7, usually suggests machine error. When both values are still within the normal range, divergence of MCV and MCH may be suggested by an abnormal MCHC as shown in the example in the table.

Change in MCV on storage of blood occurs if the specimens are left at room temperature, but not if they are kept at 4°C, at least for up to 120 hours.

Finally, a fall in the MCV and MCH is the earliest detectable change in the

Coulter blood count in iron deficiency, and precedes any fall in the MCHC.

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Note from Dr Yvonne Cossart

In my review of Professor A. J. Zuckerman's interesting book, *Hepatitis Associated Antigen and Viruses* (*J. clin. Path.*, 26, 728), I commented on his apparent attribution of 'the recognition of post-transfusion hepatitis' to himself. I am pleased to find that this was a misinterpretation of his reference to a chapter in an earlier book, *Virus Diseases of the Liver*, where a number of the original references may be found.

<i>Correct Coulter Setting</i>	<i>RBC Drift</i>	<i>Normal Range when Trapped Plasma Excluded from PCV</i>
Hb	14.5	14.5
RBC	4.93	5.20
PCV	42.3	44.5
MCV	86	86
MCH	29.4	27.9
MCHC	34.3	32.6

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