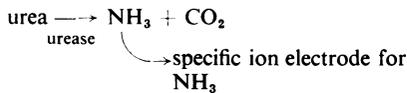


'pNH₃' when using a potentially very accurate method:



but report urea as millimole/litre when using a non-specific measurement of serum diacetyl monoxime reactants? One might also ask en passant whether any of the UK-SI Committee report serum osmolality as millimole/kilogram in their laboratories using instruments which actually measure depression of freezing point. The relevant point is surely that all our ordinary techniques have errors of one sort or another.

We are sure our clinical colleagues want their results expressed in a uniform easily understandable manner (one of the few virtues of the SI) and certainly do not want different units used according to the physical principles underlying a particular technique (colorimetry/flame photometry/specific ion electrodes in the present case).

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Book reviews

A Colour Atlas of Microbiology (Wolfe Medical Atlases, II) By R. J. Olds. (Pp. 288; 398 illustrations. £7-00.) London: Wolfe Medical Books. 1974.

It is not entirely clear for whom this book is intended. The author says that it is primarily for students of medicine and paramedical sciences, but, as the text is very brief, a considerable background knowledge is required to understand it, and the atlas must be used in conjunction with a textbook of methods.

It consists of 279 colour photographs which illustrate the end products of various identification procedures. Some sections, particularly those on fungi and biochemical tests, would be useful to an experienced laboratory worker performing an unfamiliar test or suspecting an unfamiliar organism, but the photographs of bacterial colonies do not always show the differential characteristics as intended. This is a pity, since a useful function of the atlas would be as an alternative to cultures of dangerous pathogens or rare organisms for teaching purposes.

The text is purposely brief, but in some instances needs a little expansion. For example, a photograph of mycobacteria stained by the Ziehl-Nielsen method 'illustrates why treatment with strong acid or alkali is used to decontaminate sputum' without a comment that the stain is selective for acid-alkali-fast bacteria.

In spite of these reservations it is a pleasant book to browse through and find some techniques which are not performed routinely in one's own laboratory and, although it has limited value as a teaching manual, it is worth having as a reference book for occasional use.

B. JAMESON

The Hemorrhagic Diseases and the Pathology of Hemostasis. By Armand J. Quick (P. xiii + 380; illustrated. \$23.75.) Springfield, Illinois: Charles C. Thomas. 1974.

This distinguished man, one of the pioneers in blood coagulation, was working before 1935, and now in his 80th year he still has the wide view of the physiologist and clinician and an appreciation of our old masters—his favourite seems to be William Osler. This is a work for the

expert and the connoisseur and not for the student or physician seeking a moderately balanced view of the subject.

This book is as much a distillation and a defensive justification of one man's work as a review of the haemorrhagic diseases and haemostasis. Almost inevitably it presents these great themes seen through the eyes of one man looking back over a long active life in which history will probably decide that the biggest ideas came early. Over and over again he seeks to elucidate the problems almost exclusively with the use of the prothrombin time, the prothrombin consumption test, the bleeding time, and the aspirin tolerance test. Well presented with a great wealth of clinical detail all culled from this one man's experience, this is a fine valedictory tome by the originator of the Quick prothrombin time.

J. R. O'BRIEN

Anaerobic Bacteria: Role in Disease. Edited by Albert Balows, Raymond M. DeHaan, V. R. Dowell, Jr, and Lucien E. Guze. (Pp. xxi + 655; illustrated. \$27.50.) Springfield, Illinois: Charles C. Thomas. 1974.

This book is a collection of papers given at an international symposium held in Atlanta, USA, in November 1972. It has four editors and 66 contributors of whom six were British, five from other European countries, and one Canadian.

There is much here of great interest on the experimental side, particularly the recent work on the role of intestinal anaerobes in malabsorption syndromes and colonic carcinoma; also the importance of adherence to mucous surfaces in the mouth and experimental evidence of increased pathogenicity of mixtures of anaerobes.

In contrast the clinical side is a little disappointing. It was stated repeatedly that anaerobes will not be isolated without 'good technique' but just what this is was not made clear and no recommendation of how to test one's technique emerged. Indeed, it was implied that a high isolation rate was the best indicator but, of course, this depends very much on the clinical condition of the patients from whom the specimens are received which varies considerably between different hospitals and in different countries.

It was stressed by at least two contributors that specimens in danger of contamination are not suitable for examination.