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- Incomplete anaerobiosis as a cause of metronidazole 'resistance' SHELAGH E. MILNE, E. JOAN STOKES, AND PAMELA M. WATERWORTH
- A simple manganous chloride and Congo red disc method for differentiating *Neisseria gonorrhoeae* from *Neisseria meningitidis* T. O. ODUGBEMI, M. G. MCENTEGART, AND S. HAFIZ
- Astrovirus-associated gastroenteritis in children C. R. ASHLEY, E. O. CAUL, AND W. K. PAVER
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- Haemoglobin A<sub>2</sub> levels in vitamin B<sub>12</sub> and folate deficiency L. A. HENSHAW, J. L. TIZZARD, K. BOOTH, AND M. E. J. BEARD
- A direct binding assay for rheumatoid factor serum antiglobulins using fluorescein-labelled Fc fragment of human immunoglobulin-G IRENE SINGH AND G. E. FRANCIS
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act by LISS antiglobulin test when only 5 minutes' incubation was given.

All antibodies used in the investigation had been stored for varying lengths of time; they had been detected initially using a conventional antiglobulin test. Five weak antibodies had deteriorated on storage to such an extent that they were no longer detectable by the conventional antiglobulin test. However, these antibodies were still detected by LISS antiglobulin test even after only 5 minutes' incubation. These five antibodies were of various specificities, comprising one example each of anti-E, anti-S, anti- $\bar{s}$ , anti-Le<sup>b</sup>, and anti-Jk<sup>a</sup>.

An LISS albumin displacement test (the details of which are given below) was also assessed using the antibodies listed in Table 3.

Table 3 *Number and specificities of antibodies examined by LISS albumin displacement technique*

Anti-D	15	Anti-S	5
Anti-C	2	Anti- $\bar{s}$	1
Anti-E	9	Anti-K	15
Anti-c	5	Anti-k	2
Anti- $\bar{c}$	2	Anti-Le <sup>a</sup>	5

Two anti-E sera and an anti-S serum gave results by this technique only marginally weaker than a conventional albumin displacement test. Otherwise the results obtained were at least as good as the conventional albumin displacement test, and the total incubation time was only 25 minutes.

From a consideration of the results it was decided that the following techniques would form the serological basis of a good emergency cross-matching procedure.

**LISS antiglobulin test:** 2 vol of serum are incubated with 2 vol of a 5% LISS suspension of red cells for 10 minutes at 37°C in a waterbath. Thereafter proceed as in a conventional indirect antiglobulin test.

**LISS albumin displacement test:** 1 vol of serum is incubated with 1 vol of a 5% LISS suspension of red cells for 10 minutes at 37°C in a waterbath. Using a bench-top centrifuge, spin at 1000 rpm for one minute. Add 1 vol of 20% bovine albumin and reincubate at 37°C for 15 minutes.

In conclusion, from our findings we suggest that the minimum incubation time should be 10 minutes using a waterbath rather than an air incubator. We have found the method to be sensitive and suitable for rapid cross-matching of

blood in urgent clinical situations.

R. HERRON AND D. S. SMITH  
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Southampton, Hants, UK

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#### Broadsheet No. 89

The recent Broadsheet No. 89 (Handling and clinical use of blood products) contained the statement that the Plasma Fractionation Laboratory, Oxford, produces Prothrombin Complex Type C. The production of this fraction was discontinued in October 1975.

ETHEL BIDWELL  
Plasma Fractionation Laboratory  
(Oxford Haemophilia Centre),  
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Oxford OX3 7LJ

## Book reviews

**Laboratory and Research Methods in Biology and Medicine.** Volume 1. 'Practical Enzymology of the Sphingolipidoses'. Edited by R. H. Glew and S. P. Peters. (Pp. 321; illustrated; \$34.) New York: Alan R. Liss, Inc. 1978.

This is the first volume of *Laboratory and Research Methods in Biology and Medicine*, and, if future volumes are of the same standard, they will make a significant contribution to medical science. It contains 10 sections: the first is concerned with the general principles and techniques of case identification, carrier testing, and prenatal diagnosis, and the others are devoted to individual clinical conditions such as Niemann-Pick disease, metachromatic leukodystrophy, and Fabry disease, for example. The contents of the sections are wide-ranging and concerned with clinical and pathological descriptions, the enzyme defects, the enzyme assays, the properties of substrates used in assays, recommendations concerning diagnosis and much practical information on the biochemistry.

This will be a very useful volume not only for those who work in the laboratory but as a reference book for the practising neurologist. It fulfills a definite need and is recommended.

B. E. CLAYTON

**Major Problems in Clinical Pediatrics**, vol. XVII. 'Viral Disease of the Fetus and Newborn.' By J. B. Hanshaw and J. A. Dudgeon with a foreword by A. J. Schaffer. (Pp. xvi + 356; illustrated; hardback £14.) Philadelphia, London, Toronto: W. B. Saunders. 1978.

This monograph is the most recent of a very excellent series, which has proved useful to workers in all branches of paediatrics including neonatal paediatrics. This new addition maintains the same high standard. It is very readable and at the same time is scientifically sound with up-to-date bibliographies at the end of each of the 15 chapters.

The more important viral infections likely to affect the fetus and newborn are dealt with in detail, and there are also chapters on differential diagnosis, laboratory diagnosis, and prevention, treatment, and chemotherapy. Additional contributions on pathology of the placenta and cord (W. A. Blanc) and development of

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