cessing to xylol, and does not fade on storage after being mounted in DPX.

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Early detection of folic acid deficiency in elderly patients

The recent paper by Raper and Choudhury (1978) is likely to lead to confusion and provoke unjustified requests for haematological assays. Their method of assigning a mean red cell volume (MCV) to a specimen of blood relies on an arbitrary calibration of their Coulter 'S' by adjusting the MCV potentiometer to give a mean value of 89 fl based on a study of 250 blood donors. No justification for this method of calibration is given and the comparability with MCVs measured in other laboratories is highly suspect.

The confusion is compounded by the patients being divided into groups with (a) red cell folate < 170 ng/ml, (b) B12 < 160 pg/ml and red cell folate > 170 ng/ml, and (c) red cell folate > 170 ng/ml and B12 > 160 pg/ml. As the red cell folate concentration is frequently reduced in B12 deficiency (Hoffbrand et al., 1966) it should be made clear how many of the patients with a reduced red cell folate concentration were in fact B12 deficient. Certainly their statement that 'A low red cell folate is considered unequivocal evidence of folate deficiency' cannot be supported. Significant B12 and folate deficiency is a rare finding in patients with a normal MCV unless there is accompanying iron deficiency, chronic inflammatory disease, or malignancy. No mention of these factors is made by Raper and Choudhury in their patients with normal MCVs and a low red cell folate or B12 concentration, and hence any significance of their findings is masked.

The fact that 18 out of 40 patients with normal red cell folate concentrations and raised MCVs 'developed folic acid deficiency during the following six months' is not surprising, and an appraisal of blood film morphology and serum folate results together with bone marrow examination would have been appropriate. Perhaps more surprising was the finding of a normal B12 concentration in a patient with pernicious anaemia. There would certainly appear to be little justification for repeated red cell folate assays in these patients as seems to be suggested by the authors.

There is still no substitute for a careful evaluation of the clinical and haematological findings in an individual case before requesting B12 or folate assays.

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References


there is accompanying iron deficiency, chronic inflammatory disease, or malignancy, but as we were concerned only with the significance of a raised MCV we did not correlate all the laboratory and clinical investigations of those patients with a normal MCV.

It is suggested that blood film morphology, serum folate estimations, and bone marrow examinations would have been more appropriate in screening all geriatric patients with a raised MCV. The serum folate is too sensitive, being reduced in up to one-third of all geriatric admissions, and a bone marrow examination is impractical as 11% of all geriatric admissions would require one.

We would still advise re-assessment after six months of the folate status of those geriatric patients who have a raised MCV that cannot be explained.

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References


Book reviews


This welcome addition to the other books in the series already published consists of an introductory manual of diagnostic neuropathology. There are 11 chapters, an appendix of practical procedures, a bibliography of key references, and a good index, the figures of which give both the caption number and the page reference.

In the first chapter the histology of the normal central nervous system and the reactions of its main cell types to injury are described. It would have been particularly helpful at this point if an account of the common artefacts 'the dark cell' and 'hydropic change', and the features of the 'respirator brain' had been included. The remaining 10 chapters deal with such important topics as inflammatory disease, vascular, degenerative, and demyelinating diseases, metabolic disorders and nutritional deficiencies, traumatic lesions, congenital malformations and perinatal disorders, and both intracranial tumours and tumours of the peripheral nervous system. Subjects not covered are diseases of peripheral nerve and muscle.

The text is concise, well written, and informative. It is generally comprehensive, even though several common lesions are not mentioned, for example, infarction in the arterial boundary zones and acute subdural haematoma. The atlas contains some 320 illustrations of both necropsy and surgical material, many of which are in colour. Even though the colour in many instances has been faithfully reproduced, I remain unconvinced that the technical quality is sufficiently good to match black-and-white photography.

In spite of these criticisms, some of which could be put right in future editions, this atlas is strongly recommended to pathologists in training and as a useful source of information for those working in clinical neurology, neurosurgery, and psychiatry.

D. I. GRAHAM


This short work is dedicated to the proposition that the central portion of the auditory pathway must be included in the histopathological examination of cases of sensorineural hearing loss. Such a proposition, while laudable, is impracticable. The pathology of the inner ear is just beginning to emerge from an obscurity produced by its position within the dense shell of the petrous temporal bone. Understanding of the higher auditory pathways and their pathology is in an even more primitive state. The author seems to belong to the rare few who are able to pursue the study of both areas. Unfortunately, his book does not contain sufficient material to be of great help to those seeking information in either field.

Almost half of the work is devoted to the basic anatomy, and this is the most useful part of the book. It represents a review of the histology and electron microscopy of the whole auditory pathway, and as such contains material not easy to find within a single article. This section is well illustrated; it is worth having the book for this part alone.

The rest of the volume is divided into short chapters covering developmental abnormalities, infections, injuries, tumours, and metabolic disorders. Much of this material is brief and superficial. It is naturally devoted largely to the inner ear and invites unfavourable comparison with larger recent works on the subject.

The book does not do much to help the author's thesis. Perhaps a future larger work by this author on the same basis may be more useful.

L. MICHAELS


The third edition of Pathology of the Lung by Professor Spencer appears nine years after the second, during which time the popularity of, and demand for the book have been demonstrated by three further reprints. As in previous editions, the emphasis of the book is maintained towards the pathology and pathogenesis of pulmonary disease and, in particular, towards clinicopathological correlations.

The whole text has been revised with pruning of obsolescent text and photo-