Letters to the Editor

The author has commented as follows: Cavill et al. have produced data which agree with the estimate of McSwinney and Woodrow (1969)—"...approximately 3% of everything that one does is a mistake even with very careful organization'. But is the conclusion of Cavill and his colleagues—stop telephoning results on request—the correct way to reduce this error? I do not believe so, and I find it hard to understand how a white cell count of 'three point six', to take one of their examples, could be read back as 'three eight point zero' or 'thirty eight', Welsh accents notwithstanding. McSwinney and Woodrow (1969) stressed the need to double check, and I would suggest that the double checking drill used in Cardiff needs to be re-examined. I (Henderson, 1977) previously suggested that the name of the person taking the laboratory result should be recorded, as the efficiency of the process increases when accountability bears its head!

The fact that Cavill et al. are asked to telephone so many results suggests that their routine means of communication with the wards is basically unsatisfactory. I (Henderson, 1979) bemoaned the fact that we, at University Hospital, were not asked often enough to telephone non-priority results when they were ready, but this maybe is because we issue computer-compiled interim laboratory reports up to five times during the day from 0700 until 2200.

Of course we are all asked, unreasonably, to provide results quickly, but if even a small proportion of these results are really needed for good patient care I believe that we have to grin and bear the consequences. Until we all get equipped with visual display terminals on every ward connected with the laboratory computer, telephoning is still the most convenient method of transferring data rapidly and easily, if not always exactly.

A. R. HENDERSON
Department of Clinical Biochemistry, University Hospital, London, Ontario, Canada

References


Book reviews


Understanding the initiation of thrombosis and possibly atheroma seems likely to come from a study of platelet and their interactions with vascular endothelium. Of the 11 essays in this collection, five are about platelet physiology, one about platelets and the proliferative response of the injured artery and modern jargon for atheroma; others consider transport across arterial endothelium, fibrinogen breakdown products, prothrombin biochemistry, contact factor interrelationships, and the clinical management of dystrophic bleeding.

Many of the essays are very specialised and none is easy to read. An absence of critical comment and a welter of documented details (on average 185 references per chapter) will swamp the general reader. Nevertheless, L. A. Harke's provides a useful chapter on platelet survival time measurements, summarising many previous reviews. Those with stamina should read J. M. Gerrard and J. C. C. White's discussion of how the balance between prostaglandins, ADP, and cyclic AMP modulates calcium flux in the thrombocyte and how microstructure and function interrelate. But the most important chapter must be R. J. Friedman and E. R. Burn's discussion of atheroma as a neo-intimal proliferation of smooth muscle cells which have migrated from the arterial media. Such migration and proliferation is associated with endothelial damage, possibly under the control of a mitogen released from platelets that adhere and aggregate at the site of injury. Such an hypothesis provides ample scope for clinical and pathological investigation and seems a true advance in current medical thought. But why must those who use sterling rather than dollars pay so much for the privilege of reading it?

P. J. HAMILTON


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