

sequently, their results are concurrent with those found by Becton, Dickinson.

It should be noted that all lots of Vacutainer brand tubes with neobutyl rubber formulation used in the published study (lots 9B052, 9C055, 9D149, 9B127, 8B622) compared favourably with the siliconised glass reference method.¹

In summary, the conclusions formed by the authors are valid for the obsolete isoprene-stoppered Vacutainer brand and Venoject tubes. Since 1978, the Vacutainer brand citrate tubes for coagulation studies have had a continuous update programme including the use of special rubber formulations to eliminate erratic results and heparin inhibition, chemical buffering of the citrate molarities for maximum glass/rubber/solution compatibility and a non-soluble tube wall coating to minimise blood/glass activation. Vacutainer brand citrate tubes are supplied with sterile interior. These new improved

Vacutainer brand citrate tubes are the result of a continuous product improvement programme and have all been meticulously documented with normal plasma and that of patients treated with oral and intravenous drugs. The control method used in these evaluations is blood drawn into a polypropylene syringe and aliquoted 9:1 into polypropylene tubes containing freshly prepared citrate solutions.

Copies of the references cited, and further information on the Becton, Dickinson Vacutainer brand Blood Collection System may be obtained directly by writing to me.

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Vacutainer is a trade-mark of Becton, Dickinson and Company.
Venoject is a trade-mark of Terumo Corporation.

References

- 1 Heyns A duP, van den Berg DJ, Kleynhans PHT, du Toit PW. Unsuitability of evacuated tubes for monitoring heparin therapy by activated partial thromboplastin time. *J Clin Pathol* 1981; 34: 63-8.
- 2 Becton, Dickinson & Company. Technical Report. Performance characteristics of improved B-D Vacutainer brand tubes containing 3.8% sodium citrate. March 1977. (Data on file.)
- 3 Becton, Dickinson & Company. Technical Report II. Performance of B-D Vacutainer brand tubes containing buffer 3.8% sodium citrate. August, 1977. (Data on file.)

Book reviews

Synopsis of Pathology. 10th ed. WAD Anderson and TM Scotti. (Pp 804; illustrated; £14.75.) YB Medical Publishers Ltd. 1980.

Significant changes are evident in this new (soft-backed) edition of "Anderson's Synopsis". Most are improvements; the book is enlarged to almost the same page format as the *J. Clin. Path.*, with double columns, permitting the inclusion of even more information in a readable way and allowing the more numerous illustrations and tables to fit more comfortably. However, the quality of printing and of the illustrations is not quite up to the previous high standard. The first 278 pages, on general pathology, are rather dated; throughout the book there is an emphasis on descriptive pathology rather than the scientific basis of disease processes. The character of the book remains unchanged; the approach is definitely North American and, to the medical student reader, the coverage continues to be encyclopaedic rather than synoptic.

IC TALBOT

Methods in Hematology. Vol 1. Iron. Ed JD Cook. (Pp 180; illustrated; £17.) Churchill Livingstone. 1980.

A glance at the distinguished Editorial Board which guides this new series shows why their first thought should have been "Iron". It is difficult to provide definitive methods in a field which is still evolving but the editor has had the benefit of some outstanding contributions. The chapter on serum ferritin assay will be particularly helpful both in routine haematology practice and in research. There are also practical contributions on the measurement of serum iron and tissue iron stores. Other chapters on iron absorption, erythrocyte protoporphyrins, and a unique contribution on electron microscopy will, as the editor says in an extensive preface, be more relevant to research studies. Sadly the chapter on ferrokinetics is somewhat dated. Nevertheless it is generally an advantage to have an expert personal opinion rather than the artificial compromise of a committee. This series should find a place at the bench in every haematology laboratory.

I CAVILL

Renal Pathophysiology. 2nd ed. A Leaf and RS Cotran. (Pp 410; illustrated; £7.95.) Oxford University Press. 1980.

This book gives a concise account of the circulation and physiology of the kidney followed by clear, up-to-date sections on fluid and acid-base regulation, the pathophysiology of upsets in potassium, sodium, calcium, magnesium and phosphate, and oedema, diuretics, and renal failure.

Chapters concerning the morphology, pathogenesis and clinical implications of glomerulonephritis, vascular disease, hypertension, and pyelonephritis, and other tubulo-interstitial diseases are highly condensed and could usefully be expanded. Illustrations, though few, are of high quality.

This is a compact, readable account of a complex field which should be useful to undergraduates and postgraduates, though the latter should supplement it with more detailed text.

HM CAMEROON