contrary to the philosophical objective inherent in determining inaccuracy—that is, the deviation from the true value.

The IFCC recommendations, however, offer an avenue whereby the theoretically unattainable true value may be approximated by direct measurement. The value obtained by a *definitive method* has been defined as having the closest approximation to it while that obtained by a *reference method* approximates it less closely.¹ The practical limitation in assessing inaccuracy directly, it would appear, lies in the difficulty in obtaining control material which has been assayed by these methods. To our knowledge, only one commercial manufacturer (Nyegaard & Co, Oslo, Norway) claims to provide definitive method values and only for the following serum constituents—sodium, potassium, chloride, calcium, glucose and zinc.⁵ The definitive method used is either isotope dilution mass spectrometry or neutron activation analysis, both of which are expensive, difficult to perform and not widely available.

Though definitions for definitive and reference methods are available, the designation of specific procedures into these categories remains an unsettled matter. While an informal consensus may exist for the classification of certain existing procedures into "reference" and "definitive",⁶ the need for a more formal agreement on these matters is imperative. It is therefore incumbent upon bodies such as the IFCC to undertake the task of proposing reference and definitive methods, in the manner it has recommended procedures for some enzymes.⁷

JB LOPEZ

M ZAINI A RAHMAN
Division of Biochemistry,
Institute for Medical Research,
Jalan Pahang,
Kuala Lumpur 02-14,
Malaysia

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Book reviews

Fungal Infection in the Compromised Patient. Eds DW Warnock and MD Richardson. (Pp 260; illustrated; £16.75.) John Wiley & Sons Limited, 1982.

Intended for a wide readership, this book covers clinical and laboratory methods of diagnosis and treatment together with sections dealing with the natural habitat of each type of fungus reviewed. It is extensively supplied with references.

The first two chapters, which review mechanisms of resistance and the immunological defects which pre-dispose to fungal infection, make interesting general reading, though those taking part in patient management will presumably be familiar with the types of immunosuppression found within their speciality.

The UK reader will find it a valuable reference to non-indigenous infections which may occur in patients from overseas.

The chapter on serology is comprehensive but illustrates that, with the exception of cryptococcosis, there are still no very reliable diagnostic tests for immune-compromised patients and that there is an urgent need for their development because of the difficulties of making accurate clinical diagnosis.

It is a well-timed publication on this increasing aspect of the complications of immunosuppression.

BERYL JAMESON

Histological Typing of Kidney Tumours. FK Mostofi. (Pp 26 + 92 colour photomicrographs; Sw Fr 129.) World Health Organisation. 1981.

The major purpose of this series from WHO is to promote uniform nomenclature of

tumours. Within the now familiar format this number provides a systematic classification of tumours and tumour-like lesions of the kidney and a brief morphological description of each, supported by automicrographs in colour. Fortunately, nomenclature of renal tumours is already fairly standard—now that most people have shed such historical relics as "hypernephroma" and "Grawitz's tumour"! Hence there is little that is contentious or debatable in this publication.

HM CAMERON

Luminescent Assays: Perspectives in Endocrinology and Clinical Chemistry. Eds Mario Serio and Mario Pazzauli. (Pp 306; illustrated; \$47.60.) Raven Press. 1982.

Bioluminescence is a widespread phenomenon in nature and recently the systems involved have been harnessed as the basis of extremely sensitive analytical methods, especially in immunoassay where luminescence can replace radioactivity. The chapters in this volume summarise lectures presented by 91 experts, mostly European, at a meeting on luminescent assays held in Florence in July 1981 in collaboration with the Sero Symposia. Inevitably the presentation, though excellent as a meeting report, is not so well structured as might be expected in a single author book of the same title. However, from the content, the newcomer to luminescent assays can obtain all the understanding of the principles and also the actual and potential applications. It is likely to require of this exciting new analytical approach.

FL MITCHELL

Recent Results in Cancer Research. H Lohrmann and W Schreml. Ed Rentchnick. (Pp 222; \$44.70.) Springer Verlag, 1982.

Granulopoiesis can be studied in detail *in vivo* both in man and experimental animals; and the ability to grow precursors (CFU-*in vitro* and to identify more primitive cells (CFU-S) in the mouse adds another dimension of understanding. In this review the effects of 22 different cytotoxic drugs (from nitrogen mustard to cis-platinum) on granulopoiesis are presented and the total 647 references is evidence of a thorough search. Dose and schedule are, of course, critically analysed and the interacting influence of other agents such as endotoxin and lithium are described. What is lacking is a clear exposition of the regulation of granulopoiesis, and the phenomenon