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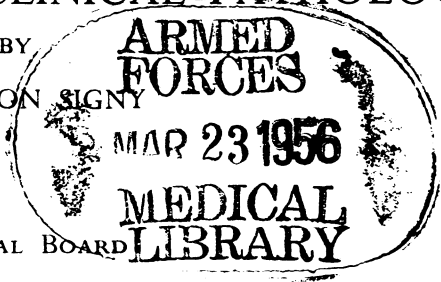
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Since, however, albumin and globulin values obtained by electrophoresis are likely to become more widely used in clinical work, and since Majoor's method gives results said to be closer to those of electrophoresis than Howe's method, this alone would seem to be a good reason for employing Majoor's.

Summary

Howe's (using 22% sodium sulphate concentration) and Majoor's (using 26% sodium sulphate concentration) methods for differential plasma protein estimation were compared by means of parallel assays on a series of normal and pathological plasmas.

We found that there is little advantage in one method over the other, because the reproducibility of results is identical, the normal ranges are equal, and the separation of results into diagnostic patterns is only slightly better when Majoor's method is used. The arithmetic difference between the two albumin levels is relatively constant in the conditions studied, and therefore either albumin level is reasonably predictable from the other.

Since Majoor's method is said to give results closer to those of electrophoresis than Howe's, this, together with the slight advantage indicated by our own results, would seem to be a good reason for employing Majoor's method.

We wish to thank Miss Elizabeth Lahey, B.Sc., for carrying out some of the analyses, and Dr. W. I. Cranston for statistical advice.

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A.C.P. Broadsheets

The notice concerning the price of the broadsheets on page 354 of the previous issue has proved misleading. For the first 25 copies the price is 1s. each broadsheet, and thereafter 9d. for each broadsheet.

The Value of Formol-Ether Concentration of Faecal Cysts and Ova

BY

D. S. RIDLEY AND B. C. HAWGOOD

From the Hospital for Tropical Diseases, London

(RECEIVED FOR PUBLICATION JUNE 30, 1955)

It is recognized that protozoal cysts and helminth ova will be detected in stools more frequently if they have been concentrated before the search is made. Of the methods used for the recovery of both cysts and ova, the formol-ether technique (Ritchie, 1948) avoids the faults in the popular zinc sulphate centrifugal flotation method (Faust, D'Antoni, Odom, Miller, Peres, Sawitz, Thomen, Tobie, and Walker, 1938; Faust, Sawitz, Tobie, Odom, Peres, and Lincicome, 1939) that cysts are liable to distortion while some ova are too heavy to be brought to the surface. The formol-ether method has been evaluated (Wykoff and Ritchie, 1952) and compared favourably with the zinc sulphate method (Ritchie, Pan, and Hunter, 1952); the object of this paper is to draw attention to its value as a routine diagnostic measure and to describe a simplified procedure.

Method

Stools from 670 unselected patients referred to this hospital were examined directly and again after concentration and the findings compared. For the direct examination the whole of one microscope cover-slip was searched carefully for cysts and ova; a concentrated specimen was then searched in the same way by the same technician. A number of highly skilled technicians were employed, all of whom had received at least six months' whole-time training in the searching of stools, and who, in most cases, had had two or more years' experience.

The simplified formol-ether concentration is carried out as follows:

About 1 g. of faeces is thoroughly emulsified with about 7 ml. of 10% formol-saline, and strained through wire gauze (40 mesh per inch) into a centrifuge tube. Ether, 3 ml., is added and the mixture shaken vigorously for one minute. It is then centrifuged, accelerating slowly and gradually over a period of two minutes to a speed of 2,000 r.p.m., and then allowed to come to rest. The debris on the surface and at the interface between the two liquids is loosened from the wall of the tube with a stick and the supernatant is decanted, the last drop or two being allowed to run back. The upper part of the tube is wiped clear of fatty debris. The small deposit is shaken up and poured on to a slide. Some practice is required to obtain optimum results.

The book is well produced, although the price might be considered rather high by British standards. It can be cordially recommended to all interested in the thyroid gland.

N. F. MACLAGEN.

Atlas Zur Spurenkunde der Elektrizität. By Stefan Jelinek. (Pp. viii+78; 94 figures. £6 3s. 6d.) Vienna: Springer-Verlag. 1955.

In this work the author sets out the results of 10 years of personal study and investigation into the destructive effects of electricity. He describes and ably illustrates from his unique collection the large number of different types of injury which may be produced by lightning or electric current on both animal and inanimate matter. He also deals with the associated but less generally known histological changes in various tissues, as well as in the elastic substance and tissue fluid.

The book will be mainly of interest to the medico-legal expert and to those concerned in the prevention of this type of injury.

D. G. RUSHTON.

Practical Section Cutting and Staining, 3rd ed. By E. C. Clayden. (Pp. vii+151; 26 figures. 12s. 6d.) London: J. & A. Churchill. 1955.

This is still a sound book for the young technician and the pathologist in training, and there is so much that is good that the deficiencies are the more unfortunate. The technician of to-day is perfectly fit to be introduced to the standard texts, and it seems sad that the bibliography has neither an American text later than Mallory (1938) nor any reference to Langeron, Romeis, or even *Recent Advances in Clinical Pathology* (Dyke *et al.*, 1951). Mallory's phosphotungstic-acid-haematoxylin is introduced in this edition, but there is no mention of a trichrome other than Heidenhain's. The only Gomori method described is the one for haemosiderin. Admittedly, there is no end to methods, but the Gomori or the Masson-Goldner trichrome, to name but two, are to-day surely more widely (and profitably) used than the Nile blue method or Da Fano's neurofibril impregnation. The periodic-Schiff method is given without any suggestion that it can be followed by a nuclear stain, nor is there any suggestion that methods for staining fungi are a modern

necessity. Mast cells are not mentioned in the index. Safranin is wrongly spelled on page 54. By all means commend this to the young as a collection of valuable information on technique, but warn them that the staining methods chosen for description are not quite so generally acceptable.

A. C. LENDRUM.

Dextran: Its Properties and Use in Medicine. By John R. Squire, J. P. Bull, W. d'A. Maycock, and C. R. Ricketts. (Pp. 91; 7 figures. 15s.) Oxford: Blackwell Scientific Publications. 1955.

This monograph is a survey of the present position of dextran as a plasma substitute. After a discussion on what is needful in a plasma substitute, there is a simple account of the manufacture and chemistry of dextran, followed by chapters on its behaviour in the body and the clinical and experimental uses. In a work such as this, which will be read abroad, it is to be regretted that examples of carelessness occur: for instance, in one place the blood pressure is referred to as 70 mm. without indicating whether systolic or diastolic pressures are meant, and in the bibliography some of the references are incomplete. Nevertheless, the monograph will be of great interest to those concerned with plasma substitutes, with the study of the treatment of shock, or with the use of dextran. The references are invaluable.

ARTHUR JORDAN.

International Congress of Clinical Chemistry

An international congress of clinical chemistry is to be held in New York City from Sunday, September 9, to Friday, September 14, 1956, by authorization of the International Federation of Clinical Chemistry and the Commission of Clinical Chemistry of the International Union of Pure and Applied Chemistry. Additional information may be obtained by writing to the Congress Secretary, Dr. John G. Reinhold, 711 Maloney Bldg., Hospital of the University of Pennsylvania, Philadelphia 4, Pa., U.S.A.

Those who wish to attend are advised to make travel reservations as early as possible.