detecting carriers. Furthermore, reliance on red blood cell indices (MCH and MCV) as a screening process is inadequate. Haemoglobin electrophoresis is essential for the diagnosis of β thalassaemia minor and the haemoglobin variants of clinical significance, the latter being seen with increasing frequency due to recent immigration from Asia, Africa and the Middle East.

Comprehensive testing is advisable to provide optimal detection of couples at risk of having children with severe thalassaemia, so that they can be offered genetic counselling and prenatal diagnosis if appropriate. This means that, at the very least, all antenatal patients should be tested by full blood examination and haemoglobin electrophoresis (or HPLC), plus ferritin in the presence of microcytosis, as early in pregnancy as possible. Ideally, testing should occur in primary care before conception. Partner testing can then be pursued in accordance with the recommendations in the article.

F. Rex Betheras
Specialist in Charge
Thalassaemia Clinic
Royal Women's Hospital
Melbourne, Vic.

Coeliac disease

Editor, – Recently you published articles on irritable bowel syndrome (Aust Prescr 2001;24:68-71) and oesophageal reflux (Aust Prescr 2001;24:110-2). Over the years, these diagnoses have been made by three gastroenterologists as a consequence of my epigastric reflux and colonic pains. A fourth endoscopy has now found evidence of coeliac disease in a duodenal biopsy. Since going on a gluten-free diet I am gaining weight. (Over the years, despite having a healthy appetite, I was close to being almost anorexic in appearance and my mental and physical energy was below average.) Now the pains have disappeared and I am feeling and reacting in a more appropriate way. (Even my tennis has improved!)

I write to tell your readers that coeliac disease is the 'great imitator'. It was late in life (I am 80) that it was discovered. As a student I suggested to a general practitioner that I had a malabsorption syndrome but this was discounted. (Lesson: listen to the patient.) A pathologist tells me that the physiology of the whole gastrointestinal tract is disturbed in coeliac disease. Pains, dysfunction, aphthous ulcers and bowel disturbances are the result. I now hear of increasing numbers of patients like myself being diagnosed late in life, after their symptoms had been diagnosed as something else. One wonders how many patients have had surgery and/or medications when the correct management should have been a small bowel biopsy[1] followed by a gluten-free diet.

Bill Woods
Radiologist
Wahroonga, NSW

REFERENCE

1. Selby W. Gluten enteropathy. Aust Prescr 2001;24:38-40.

Book review

Abnormal laboratory results.
R. Dunstan, editor. Sydney: McGraw-Hill; 2001.
216 pages. Price $32.95 + $6.60 postage.
20% discount for *Australian Prescriber* readers.

Daniel L. Worthley, Medical Resident, Royal Adelaide Hospital, Adelaide

'Abnormal laboratory results' is an established series in *Australian Prescriber*. It provides medical practitioners with current information on the role and implications of commonly ordered tests. These invaluable articles have now been re-evaluated and skilfully edited into a concise compilation.

This conveniently sized manual addresses a deceptively broad range of laboratory tests. Topics include routinely ordered assays such as thyroid function and electrolytes as well as more specialised investigations for hepatitis B and C viruses, autoimmune diseases, and Helicobacter pylori. In addition, the first three chapters provide sound advice about general interpretation of abnormal laboratory results, giving perspective to the notion of 'normality'.

With regard to the relative merit of the articles I shall keep my opinions brief, as all have been previously scrutinized by a far greater arbiter, namely the *Australian Prescriber* readership. This pre-publication validation is a great strength of this compilation, and should reassure potential purchasers.

Some limitations include repetition of information, particularly in the chapters 'Plasma creatinine' and 'Creatinine clearance and the assessment of renal function'. I also found the synopsis, included at the start of many chapters, of little value. Some articles briefly outline therapy, under the heading 'What action is needed if the result is abnormal?' Given the limited space, this is achieved with varying success. For example, in the chapter about potassium there is no reference to the use of intravenous calcium salts, for cardio-protection, or to glucose and insulin therapy for hyperkalaemia. These minor issues are, perhaps, inherent to the book's construction.

This compilation is an excellent guide to understanding the increasingly complicated array of laboratory tests. It is readily digestible yet sufficiently detailed to prove useful to medical students, hospital clinicians, and general practitioners.