
The author states that “the purpose of this text is to prepare laboratory managers and those aspiring to leadership positions for the new roles they must assume in the twenty-first century”. I believe that she met her goal. This book is a practical approach to 21st century laboratory management. This easily readable text presents information in a fashion that is readily understandable by both the student and the experienced laboratory manager.

The book is divided into 12 chapters; 11 contain learning objectives. These address job descriptions, thinking and planning strategically, managing people, business plan development, organization and structure, practical finance and economics, managing under managed care, compliance, productivity, customer service, information management, and moving into the future. The useful case studies scattered throughout are a strong point and set this book aside from many of the other management books that are available. The book gives useful information throughout on how to use the material presented in a managed care environment.

Chapter 3 on “Managing People” is a must read for all involved in laboratory management. The case study about the changing practice environment (p. 73) is very timely and is a useful read and study. In Chapter 6 on “Practical Finance and Economics”, the section on strategies for developing new revenue sources from outreach activities is especially useful. Readers will learn how to determine whether they should pursue an outreach activity. The book contains useful advice on the creation and maintenance of a customer service climate. In addition, useful models for organizing and structuring an efficient clinical laboratory are presented.

The book contains a wealth of information, and each chapter stands alone. This allows each to be read without the necessity to read the book from the beginning. I recommend that everyone involved in laboratory management be familiar with the information in this book. If you read nothing but chapter 3 and the case studies, you will have the information to be a better manager and leader!

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Alternative medicine, complementary treatments, and herbal/natural remedies are of interest to both the layman and the practicing clinician or researcher. This series supplements available resources in these areas and is an interesting addition to such well-known texts as the PDR for Herbal Medicines, Blumenthal’s Therapeutic Guide to Herbal Medicines, Newall’s Herbal Medicines: A Guide for Healthcare Professionals, and Huang’s The Pharmacology of Chinese Herbs.

Ross has incorporated several helpful changes in this second volume, including an alphabetical index and cross-references for common names, scientific name, and countries. The index simplifies determining whether studies of potential side effects and toxicity have been addressed. Volume 2 comprises 24 entries and brings the total number of plants covered to 50. It includes such note-worthy additions as Ephe- dra sinica, Hypericum perforatum (St John’s Wort), Ginkgo biloba, and Echi- nacea. For each plant, the book contains a color plate, a comprehensive list of common names, a botanical description, and a paragraph on the plant’s origin and distribution. All of the subsequent sections within a chapter are summaries of literature citations, traditional medicinal uses in countries around the world, an alphabetical listing of chemical constituents, pharmacological activities, and clinical trials; references complete each chapter.

The abundance of references (more than 3000 in total, ~44% of the pages) is both a strength and a weakness. There is a wealth of information, but the organization of the references is confounding. Literature references are duplicated among chapters, using a curious and inconsistent format; some are duplicated within a single chapter. References appear in no logical sequence; they are not alphabetic, chronologic, or in order of citation. The most recent reference citation for St John’s Wort is Health 1998; an unpublished manuscript and a handbook from 1898 are among the 144 citations. An alphabetic listing by author at the end of each chapter or, better still, a single bibliography arranged by author would simplify further literature searches.

In addition to the chemical constituents of plants, clinical chemists will be particularly interested in the diverse scientific and lay articles and abstracts on pharmacological activities and clinical trials that Ross has condensed to the following information: which plant part(s), the experimental conditions, target (e.g., cell, organism, animal or human subject), and a brief conclusion (e.g., effective, active, inactive, or equivocal). The myriad effects addressed range from abortifacient effect through antibacterial, antiinflammatory, antiviral, to...
immunosuppressant activity, teratogenic activity, and toxicity assessment, to name a few. The studies are not always fully integrated into the given chapter subdivisions. The chapter on *Glycyrrhiza glabra* contains subsections on inhibition of aminotransferases, followed by two subsections with exactly the same names. The content is slightly different, but these should have been presented as one section. In the chapter on *Nelumbo nucifera*, the information on inhibition of alcohol dehydrogenase and aldehyde dehydrogenase is identical; similarly, on page 358, one paragraph appears four times under four different headings: the agent is inactive in all cases, same study, and same reference. These would be best to appear under a combined heading rather than repeating the verbatim information.

This book provides summaries of studies but little in the way of synthesis or analysis. Nonetheless, there is a wealth of information presented; Ross has clearly spent time and talent searching the available literature. To a laboratorian, some of the information provided is colorful, interesting, and thought provoking. If one of the plants covered is the focus of your investigation, this book could be the starting point for your research.

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**Erratum**

In the article by M.A. Mansoor, C. Bergmark, S.J. Haswell, I.F. Savage, P.H. Evans, R.K. Berge, A.M. Svardal, and O. Kristensen, entitled “Correlation between Plasma Total Homocysteine and Copper in Patients with Peripheral Vascular Disease” (*Clin Chem* 2000;46:385–91), there is an error regarding the values for copper. The values reported for copper were overestimated by a factor of 2.0 because of a calibration error. The correct values (µg/g; mean with 95% confidence interval), as given in Table 2 and Fig. 1, are as follows: controls, 9.4 (8.9–10.0); patients, 10.2 (9.4–10.9). The concentrations of the other trace elements measured in plasma samples are correct. The conclusion of this investigation is not affected because of the error in copper measurements.