> 37.5°C and only two out of 25 patients had a leucocyte reaction of 11.0 × 10^9/l during acute phase of thrombosis. Serum CRP did not rise in three cases out of the 19 (15.8%), patients in the iliofemoral group, and only one patient had a temperature of > 37.5°C or a leucocyte response of > 11.0 × 10^9/l. The sensitivity of serum CRP to show the presence of thrombosis was 72% (95% confidence interval 54 to 90%) in group 1 and 32% (12 to 52%) in group 2.

A recent study has proposed a 100% sensitivity of serum CRP for detecting deep venous thrombosis. According to our results, deep lower limb venous thrombosis seems to elicit only a slight or even undetectable acute phase response. The serum CRP was normal in more than one third of the cases with the thrombosis in the tibial or popliteal veins and undetectable in about 16% of the cases of iliofemoral thrombosis. In our series the sensitivity of serum CRP was low in the cases with the thrombosis in the tibial or popliteal vein (32%), but clearly higher (77%) in the cases of iliofemoral thrombosis. Perhaps most cases had femoral or iliac vein thrombosis.

It could partly explain the differences between their results and ours. White cell leucocyte counts and axillary temperatures were usually normal in both of our groups. Thus deep lower limb thrombosis seems to be a weak inducer of the acute phase response and some other cause for induction of the acute phase response should be considered if serum CRP concentration is over 100 mg/l.

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CANCER GROWTH AND PROGRESSION


To try to cover the whole of contemporary knowledge on cancer in a series of 10 books is an audacious project. Hans Kaiser has gathered together nine distinguished colleagues and has tried to do the impossible. There is much in these volumes that will be of relevance to those interested in the biology of human, animal, and plant neoplasia. It should be said at the outset that it is rather difficult to identify the target audience for this series, and that such a project is inevitably going to suffer from the staggering rate at which new data are generated and interpretations of old data change.

In the first volume (Fundamental aspects of cancer. RH Goldfarb, ed), Goldfarb and colleagues have reviewed much of the basic information regarding the biology of cancer seen in most standard texts. In this and in the other volumes some contributions are rather esoteric and some poorly written. For example, what does the sentence, "Phylogeny is the accumulation of many ontogenies in the sense of hologeny" mean? The mechanisms of carcinogenesis are reviewed in volume 2 (Mechanisms of carcinogenesis. EK Weisberger, ed) but it is inevitable that the rapidly moving field of molecular oncology has ensured that many of the chapters are already rather dated. The burgeoning field of antitumour and tumour suppressor genes is scarcely mentioned. In the third and fourth volumes (volume 3 Influence of tumour development on the host. LA Liotta, ed; volume 4, Influence of the host on tumour development. RB Herberman, ed) the interactions between host and tumour are considered. Liotta’s review of the mechanisms of cancer invasion and metastasis is masterful, yet has recently been covered in many other reviews. Similarly, Nicholson’s coverage of the tumour cell surface is admirable, but has also been covered elsewhere.

The major part of the fifth volume (volume 5, Comparative aspects of tumour development. HE Kaiser, ed) is devoted to comparisons of taxonomy and morphology in tumours from different species, including plants. There are fascinating accounts of tumours in molluscs, arthropods, patterns of spread in fish and amphibians, cancer in reptiles and detailed discussion of better known tumours such as...
Light and electron microscopic demonstration of immune deposits in renal tissue.
A D McKinnon and J G Simpson

*J Clin Pathol* 1990 43: 520
doi: 10.1136/jcp.43.6.520-a

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