Letters to the Editor

Lymphangiosarcoma

In J. clin. Path. (24, 524, 1971) you were kind enough to publish an article of mine entitled 'Lymphangiosarcoma arising in chronic congenital and idiopathic lymphoedema'. Through the courtesy of Miss Irene Cade I have recently received follow-up information on this patient.

He remained well for two years and four months. He then developed local skin recurrences, bilateral inguinal node involvement, and a mass in the pelvis. Later a metastasis developed in the neck and he died of his disease three years and two months after his hindquarter amputation.

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Estimation of Fibrinogen

We have read the paper by Drs Giddings and Bloom, in the July number of the Journal, with great interest. We were surprised, however, that they encountered no difficulty in using Ortho Fibrinindex as their source of thrombin for the fibrinogen titre test. We have found this reagent unsatisfactory because of contamination by plasmin, as can be seen from the results of the following tests:

FIBRINOGEN TITRES

Using thrombin of different manufacture, on the same plasma:

<table>
<thead>
<tr>
<th>Source of Thrombin</th>
<th>Fibrinogen Titre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ortho batch 127</td>
<td>1/32</td>
</tr>
<tr>
<td>batch 128</td>
<td>1/16</td>
</tr>
<tr>
<td>Maw</td>
<td>1/128</td>
</tr>
<tr>
<td>Parke Davis (P.D.)</td>
<td>1/128</td>
</tr>
</tbody>
</table>

Plasmin contamination of thrombin is an old observation (see Astrup and Darling, 1943) and these experiments show that Ortho thrombin from three separate batches contains significant amounts of this protease. Unless eACA is used in the test, the contaminant plasmin will cause sufficient proteolysis to give a falsely low fibrinogen titre. If eACA is used the intensity of fibrinolysis originating in the patient's plasma cannot be assessed. For the fibrinogen titre test it would therefore seem more sensible to use samples of thrombin proved to be free of plasmin.

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Reference


Book reviews

Laboratory Diagnosis of Liver Diseases


Most symposia are valuable to the participants, but the volumes resulting from them generally fail to cover current knowledge in the field in either a well-balanced or an integrated manner. This volume, which is the record of a seminar of the Association of Clinical Scientists held in Washington (? in 1966: pre-HAA), is no exception. There are more than 50 chapters of varying length and quality, many on clinical chemistry, methodology, others on biochemistry, clinical aspects, and general diagnostic procedures such as isotope scanning. To the reviewer (a biochemist) the historical chapters appear outstanding but there seems to be little original material, and many space-occupying lesions irrelevant to the main theme. There may well be a place for a book on this subject, and ruthless (> 50%) editorial pruning of these contributions could have been a start. The book costs £12.60 (price not given on the cover) and cannot be recommended.

D. N. BARON

Biochemical Values in Clinical Medicine


The fourth edition of this book contains much new material and has been extensively revised. SI units have been introduced.

There are some inexplicable omissions, such as tests of adrenal stimulation with synthetic polypeptides, whereas certain tests of adrenal inhibition are given. Two pages are devoted to the basal metabolic rate which must surely be rarely used today, but the discussion of the T₄ uptake test refers to methods which are not in common use.

Our clinical colleagues will no doubt be stimulated to ask for tests mentioned in this book. Laboratory workers can only