The concentrations of 25-OHD in young adults estimated by the technique are comparable with those found by workers using other methods where mean values are 68 nmol/l,17 77 nmol/l,11 and 98 nmol/l.12 Studies utilising the technique have included a review of 62 patients admitted to a geriatric unit, assessments of the responses of old people to vitamin supplements and to ultraviolet light, and a large-scale review of 298 old people living at home.13–15 The successful completion of such studies gives further support to the view that the technique described in this paper would be of practical value as a method of screening for vitamin D deficiency.

References


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Letters to the Editor

Failure to demonstrate specificity of the morphological and histochemical changes in mucosa adjacent to colonic carcinoma (transitional mucosa)

We have recently come across a case of primary adenocarcinoma of the caecum invading the appendix, which seems to support the suggestion made by Isaacson and Attwood1 that the morphological mucosal hyperplastic changes seen adjacent to large bowel carcinomas are most probably a secondary effect of the tumour presence.

The patient was a 64-year-old woman who presented with a three-year history of abdominal pain and a recent onset of diarrhoea and general weakness. A mass was found in the right iliac fossa and a malignant tumour was diagnosed, for which a right hemicolecotomy was performed.

The caecum contained a nodular, ulcerated tumour mass that involved the whole circumference of the caecum and extended vertically for up to 6 cm. The tumour was infiltrating the whole thickness of the bowel wall, the ileocaecal region, the base of the appendix, and several mesenteric lymph nodes.

Histologically, the tumour was an adenocarcinoma showing variable degrees of differentiation, some areas being moderately or poorly differentiated and others showing a predominance of 'signet-ring' malignant cells. Stains for argentaffin granules were negative.

Sections of the base of the appendix (Figure) showed tumour tissue, at one side, in lymphatics and invading the wall and adjacent fibrofatty tissue to a variable extent. The appendiceal mucosal epithe-
Letters to the Editor

Reference


Sense and safety in the laboratories

The excellent summary in the May issue prepared by the ACP Working Party is particularly valuable in terms of its commonsense approach and emphasis on the fact that no workplace can be rendered completely safe.

My early experience (1934-40) in charge of a clinical bacteriology laboratory and my subsequent experience (1940-78) directing naval and teaching hospital laboratory services in general made me continuously conscious of safety problems. The most difficult problem has been that of maintaining ‘constant awareness of hazard’ (as stated in the report) and of watching for potentially dangerous short-cuts personally devised by busy technicians. In the hospital laboratories from which I recently retired, this problem was gradually resolved over the last 10-12 years by designating and training a senior technician in each laboratory division as ‘safety officer’ who was given a certain amount of time each week to look things over, to discuss techniques with individual technicians, and to report to the laboratory director. Needless to say, it is important to select a tactful person, not a drill-sergeant type for such a job.

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Further investigation of the specificity and sensitivity of ELISA for rubella antibody screening

We recently reported (J Clin Pathol 1979;32:542) a comparison of haemagglutination-inhibition (HI), single radial haemolysis (SRH), and enzyme-linked immunosorbent assay (ELISA) for the detection of rubella antibody. In a series of 1000 sera we identified 14 sera that were ELISA positive but had no detectable rubella antibody by either HI or SRH. We interpreted this finding as indicating the incidence of false-positive results by ELISA. We have now tested these 14 sera at a single dilution (1 in 10) for rubella IgG antibody by immunofluorescence (IF) using coverslip cultures of BHK21 cells infected with Judith strain virus (Cradock-Watson et al. Ann NY Acad Sci 1975).

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Appendix invaded by caecal adenocarcinoma. The mucosal hyperplasia, to the left, is restricted to the parts of the appendix not involved by the tumour. Haematoxylin and eosin ×12