Editors' Foreword

Recent years have seen many advances in knowledge of the pathological significance of altered lipid metabolism, although in many centres the estimation of plasma cholesterol, which has been practised for many years, is still the only estimation of plasma lipids which is undertaken. In this Symposium, the ninth in the series 'Chemical pathology in relation to clinical medicine' organized by the Association of Clinical Pathologists, experts have highlighted the recent advances in knowledge and have shown further how other relatively simple techniques, well within the scope of most clinical chemistry laboratories, can provide most of the diagnostic information required, although more sophisticated investigations including metabolic studies on tissue biopsies are required in some cases.

It is evident that the most important single aspect of the symposium is that which relates arterial disease, hyperlipidaemia, and diet. This may soon give us the knowledge which will make it possible to reduce the incidence (or defer the onset) of one of the main killing diseases of the affluent society. Whether this knowledge will be used more effectively than the knowledge how to reduce the incidence of lung cancer remains to be seen.

In the text some authors refer to the classification of the hyperlipidaemias by Fredrickson. Others regard its significance as uncertain and prefer not to use it. However, in view of the number of scattered references to it we felt that it would be helpful for readers to be able to refer quickly at any time to the characteristics of these groups. We have therefore provided an Appendix which summarizes the main features of this classification.

We have had some editorial problems in relation to nomenclature and to units. We consider the term 'free fatty acids' to be undesirable, as such acids in the plasma are very largely bound to albumin; they are therefore not 'free' in the sense that we talk of 'free thyroxine'; however, although most workers would probably admit that 'non-esterified fatty acids' is the better term, they continue to talk of 'free fatty acids' and we have accepted this in the text. It is the practice of the Journal to write 'chylomicrons' instead of 'chylomicra' and 'xanthomas' instead of 'xanthomata'. We have accepted 'lipoprotein lipase' and 'clearing factor lipase' as alternative names for the same enzyme. As the new Standard International Units are not yet generally used in clinical chemistry we have continued to accept 'mass concentration' (eg, mg/100 ml) even where molar concentration would have been more appropriate.

On behalf of the Association of Clinical Pathologists we thank all the speakers, in particular Dr Barry Lewis who advised on the choice of topics and speakers and also chaired most of the sessions. We are also grateful to Professor R. Paoletti and Professor I. D. P. Wootton who each chaired one session. Last but not least we thank Dr T. Hargreaves who, as honorary secretary of the ACP Committee on Chemical Pathology, bore the burden of the detailed organization of what proved to be a most successful symposium.

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