Fig. 2

The complete results are given in the Table.

m + Σ	Phase 1	Phase 2	Phase 3
Creatinine clearance ml/min	102.4 ± 8.5	72.4 ± 7.6	74.5 ± 8.8
Inulin clearance ml/min	126.4 ± 14.2	85.1 ± 8.8	89.7 ± 5.4
P.A.H. clearance ml/min	643.8 ± 53.0	429.9 ± 81.2	514.4 ± 70.5

The average blood salicylic acid level was 10.8 ± 6.7 mg/100 ml in sample S_2 and 12.4 ± 0.13 mg/100 ml in sample S_3 .

The exact mode of action of aspirin on renal function remains unknown. A vascular action with perhaps constriction of the afferent arterioles seems possible taking into account the reduction in glomerular filtration rate and renal plasma flow. In common with Beeley and Kendall¹ we found that the renal effects of acetylsalicylic acid were not constant: the glomerular filtration rate and P.A.H. clearance remained unaltered in one of our patients. This fact warrants further study using a greater number of cases. Indeed, it is possible to imagine that, at large, people have widely differing reactions, some being rapid inactivators of aspirin and others slow.²—We are, etc.,

M. ROBERT
J. P. FILLASTRE
H. BERGER
H. MALANDAIN

Renal Unit,
Hôpital Charles Nicolle,
Rouen, France

¹ Beeley, L., and Kendall, M. J., *British Medical Journal*, 1971, **1**, 707.

² Evans, D. A. P., *Pharmacogenetics, Annals of the New York Academy of Science*, 1963, **151**, No. 4, 723.

New Electronic Metal Locator

SIR,—George Bernard Shaw in *The Doctor's Dilemma* made one of the characters say that "all the best inventions are made regularly every 20 years." This appears to apply perfectly to the new electronic metal locator (15 April, p. 157).

In 1941 when in charge of the medical experimental laboratory set up by G.H.Q., Middle East Forces at the 63rd General Hospital in Cairo I discovered the existence of the highly secret mine detector project being developed by the Ordnance Corps. Eventually in collaboration with the late Lawrence Balls, F.R.S., director of the Cotton

Research Board at Giza, a metal locator was developed with two pairs of search coils. A large pair of coils about 5 cm in diameter were used to search for a foreign body over the skin surface. A very small pair of coils were inserted in a test tube and could thus be used under sterile conditions to relocate the metallic foreign body in relation to the actual incision.

I still have the prototype as a treasured possession, but the "production prototype" made by the Ordnance Corps at Abbassia was taken to the South African Casualty Clearing Station at Mersa Matruh and had no sooner been brought into use than General Rommel captured both C.C.S. and foreign body locator.

Mr. M. J. Roper-Hall¹ reinvented the device for use in ophthalmic surgery and now Dr. J. Watson and Mr. H. J. Hambury have invented it all over again. Major-General D. C. Monro, K.H.S., who encouraged the development of my original device, decided not to replace the captured one because he considered it was unwise to tempt surgeons in forward areas to remove foreign bodies. With the invention of antibiotics this still seems to be a sound attitude except within the eye, but there ultrasonic location is proving vastly more satisfactory and will detect non-metallic foreign bodies and pathological conditions as well.—I am, etc.,

DOUGLAS GORDON

Harrow, Middx

¹ Gibson, R., *Journal of Laryngology and Otology*, 1965, **79**, 23.

Prevention of Deep Vein Thrombosis

SIR,—Many have been the concepts concerning disease patterns in Africa. And many times we have seen that so-called non-existent diseases in Africa were in fact quite common. Surgeon Captain T. L. Cleave states (4 March, p. 629) that deep thrombosis and other venous conditions are rare among tribal (a rather unfortunate word) Africans living on unrefined carbohydrates. I do not know the investigations to support this statement, but I know that I see a surprising number of cases of thrombosis and pulmonary embolism—after operations and deliveries—as well as admissions for the symptoms of thrombosis and embolism only.

This notion comes from an isolated area in Kenya where half of the patients are Maasai, living on milk only, and half are

Kisii, living on unrefined carbohydrates only.

While arterial disease is rare indeed, venous disease is, in my experience, quite common, not least among those Africans living on unrefined carbohydrates.

It will be interesting to hear from other countries in Africa whether venous disease is as common there as it is here.—I am, etc.,

A. O. H. TELLEGEN

St. Joseph's Hospital,
Kilgoris,
Sotik, Kenya

SIR,—We are writing in reply to Dr. N. H. Hills and others (1 April, p. 49) about our letter (4 March, p. 628) concerning the use of intermittent calf compression as a prophylactic against deep vein thrombosis. As a matter of record, a preliminary report of our findings was formally presented at an international symposium on venous thromboembolism¹ which was held at King's College Hospital on 10 July 1971, one week before the Surgical Research Society meeting to which they refer.

We would agree that the statement in the report of our trial, that patients were "randomly selected" was misleading. All suitable patients (as defined in our trial report) were entered consecutively into the trial and the treated leg was selected by drawing a card from a pack. Dr. Hills's question on the technique we used for assessing postoperative thrombosis has already been answered in our paper (13 November 1971, p. 394).

The great advantage of our technique is that intermittent compression of the calf applied within the limits we have defined,² need only be applied during the operation. This is the most important finding of our four years' research into this problem.

At last we see hope of preventing a complication of surgery that kills many thousands of patients a year. Let us now stop splitting hairs and get on with conducting large multicentre trials to establish the value of the methods that are now available.—We are, etc.,

V. C. ROBERTS
L. T. COTTON
R. BERGUER

Department of Biomedical Engineering,
King's College Hospital Medical School,
London SE 5

¹ Kakkar, V. V., and Jouhar, A. J., eds. *Thromboembolism: Diagnosis and Treatment*. London, Churchill-Livingstone, 1972.

² Roberts, V. C., Sabri, S., Beeley, A. H., and Cotton, L. T., *British Journal of Surgery*, 1972, **59**, 223.

Parathyroid Hormone Production and Malignancy

SIR,—I read with interest Dr. R. A. Melick and others' Medical Memorandum (22 April, p. 204) on tissue assay for parathyroid hormone in hypercalcaemic states. May I add that the differentiation between hypercalcaemia due to malignant disease and that of hyperparathyroidism can be a difficult diagnostic problem, as is illustrated in the following case.

A housewife aged 46 presented with a fractured right neck of femur after a fall in August 1971. Three months before admission, she had back pain with generalized weakness. She also complained of anorexia, loss of weight, constipation, polydipsia, and poly-