incompetence never exhibit the distressing symptoms or show the gross lesions that are found in patients with incompetence of perforators just above the ankle.

You state that it takes less than an hour to examine both legs by thermography and that this method can be extremely accurate, but you have omitted to state how effective is this method in detecting all incompetent perforators. Mr. K. D. Patil and colleagues (p. 195) correctly detected 79 incompetent perforators in between 62 and 66 limbs, and Beesley and Fegan1 correctly detected 40 incompetent perforators in 32 limbs using thermography and palpation. Neither we nor Mr. Patil investigated how many incompetent perforators were not detected by this method, but I am sure we would all agree that some remained undetected.

The clinical method of detecting incompetent perforators used by Mr. Patil and others revealed 50 sites of incompetence in 62-66 limbs (say 0.9 per limb), and he stresses the importance of palpation to palpat e fascial defects which had previously been missed. This suggests that the examination of the elevated limb was not performed pre-operatively. In our series, using the method described by Fegan2 of palpating the incompetent perforators and in observations of digital control of retrograde filling, we detected 46 incompetent perforators in 32 limbs.

The total number of incompetent perforators diagnosed pre-operatively by Mr. Patil and ourselves is far from satisfactory. Mr. Patil diagnosed in 62-66 limbs 50 clinically and 79 thermographically. We diagnosed in 32 limbs 46 clinically and 40 thermographically. In both series many of these markings were coincident. An estimate could be made of two correctly diagnosed incompetent perforators per limb, which figure is well below the number that, in our experience, is found when extensive operative exploration is performed.

The conclusions I feel emphasize the great difficulties of accurate pre-operative diagnosis of sites of incompetence and the advantages of compression sclerotherapy, where incompetent perforators can be detected and injected at the patient's second and subsequent visits. This is an accepted part of the treatment and is no embarrassment, while a second operation would often be declined.—I am, etc.,

W. H. BEESELEY.

Sir—Your leading article on the perforating veins of the lower limb (24 January, p. 186) is a good example of how misleading the use of percentages can be. Mr. K. D. Patil and others (p. 195) show merely that, in clinical localization of perforating veins in 30 limbs, 17 were correct on 60% of occasions. This is no basis for your statement that “our fingers and eyes will detect only 60% of perforating veins.” Since there is no way of knowing the total number of incompetent perforating veins present in any limb, we cannot know what percentage is found by any method.

Mr. Patil and colleagues were surprised to find that “palpation immediately before exploration revealed fascial defects at some of the clinically missed but thermographically positive sites.” If, as it appears, they were palpating the leg with the patient lying down on the table, they were in fact examining the limb in a manner approaching that described by Fegan1. This finding, far from stressing the fallibility of the clinical method, shows, in their own series, it might have produced better results if more thoroughly applied.—I am, etc.,

J. M. PEGUM.

Bedford General Hospital, Bedford.

REFERENCES

Sir—Read with interest your leading article on the hidden perforating veins (24 January, p. 186) emphasizing the value of thermography in detecting incompetent perforating veins. The article by Mr. K. D. Patil and colleagues in the same issue of the B.M.J. and one by Beesley and Fegan1 are at some variance in their results, which has unfortunately been overlooked by your leader writer. It would seem that most investigators using clinical methods of detection have a 50% ± 10% accuracy. The degree of accuracy by clinical assessment is necessarily influenced by the experience and practice of the examiner. It would seem the Dublin group with Professor W. G. Fegan have the advantage of numbers of patients for examination, yet the successful detection rate is still in the 50% range. Although these workers report a variation of 10% between clinical, infra-red, and phlebographic methods there does not seem to be a statistically significant difference between these methods.

In contrast Mr. K. D. Patil and his colleagues (24 January, p. 195) find a highly significant difference in favour of thermography. If an accuracy of 94% is reproducible by other clinics this will be a valuable asset in the aid of diagnosis and treatment. If the treatment is to be planned surgery, the highest degree of diagnostic accuracy is essential. One cannot agree therefore with the leading article that difficult cases only should be investigated by thermography. The “difficult case” is all too frequently the one which has been inadequately treated previously.

If, as the leading article suggests, lack of finance is the reason for not using better diagnostic methods, then surely a planned procedure such as surgery for chronic venous insufficiency should be reserved for occasions when full diagnostic facilities are available. Compression sclerotherapy in skilled hands offers the alternative of a more economic method with the advantage of assessment of therapeutic accuracy throughout the period of treatment.—I am, etc.,

DERMOT E. FITZGERALD.
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REFERENCES

Fabric Softeners and “Proteinuria”

Sir—This department is responsible for the screening of newborn infants for inborn errors of metabolism using urine-impregnated filter-paper, and recently we have had frequent false positive tests for proteinuria. Positive results for protein were obtained on the filter-paper using a spot test with tetrabromophenolphthalein, but tests using fresh liquid samples from the same child were negative.

We have now ascertained that these anomalous results were due to the mothers using fabric softeners in washing their clothes at home. These softeners consist of mixtures of amino esters, cationic amides, amido-amines, quaternary amonium compounds, imidazolines, fluorocers, colouring