

Any Questions ?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

Serum Lipase and Protease

Q.—What are the normal values of serum lipase and protease (the various trypsin-like enzymes), and what are the approximate values of significance in pancreatitis ?

A.—Normal values of serum lipase are up to 12 units. A definition of the units and details of the method are given by Cherry and Crandall¹ and also by Maclay.² Little of the lipase normally present in serum is derived from the pancreas, but in pancreatitis the pancreatic contribution, and hence the total serum lipase, rises—the latter being roughly parallel to the serum diastase—though declining more slowly as the pancreatitis subsides. On the whole lipase estimations add little information to that supplied by diastase estimations, and for this reason, and also because estimation of lipase is not simple, the method has been little used as a diagnostic test.

Methods for estimating serum trypsin have hitherto proved unsatisfactory. But recently Nardi³ has devised a method in which a synthetic polypeptide (α -benzoyl-L-arginine amide hydrochloride) is the substrate, the amide group being split off: the ammonia so formed is a measure of tryptic activity. Nardi's control group (8 normals and 27 patients without pancreatic disease) is small and needs extending to include a group with extensive tissue necrosis. In this control group serum trypsin varied between 0 and 120 units, except in one case of cholecystitis, where the figure was 260 units. In 14 of 16 cases of pancreatitis serum trypsin exceeded 240 units, although in 6 of these cases serum diastase and lipase were normal. In 7 cases of carcinoma of the pancreas serum trypsin was greatly raised in 6, although in 4 of these serum diastase and lipase were normal. Nardi's data suggest that estimation of serum trypsin provides a more reliable test for pancreatitis and carcinoma of the pancreas than estimation of diastase or lipase. In chronic sclerosing conditions of the pancreas all these tests are likely to be negative.

REFERENCES

- Cherry, I. S., and Crandall, L. A., *Amer. J. Physiol.*, 1932, 100, 266.
- Maclay, E., *Amer. J. med. Tech.*, 1948, 14, 197.
- Nardi, G. L., *J. Lab. clin. Med.*, 1958, 52, 66.

Disinfecting Vehicles

Q.—What is the most effective method of disinfecting a vehicle after transport of infectious diseases ?

A.—The best method, to leave the inside of the vehicle in an acceptable state, is to use a "white" disinfectant (stable emulsions of crude cresol and the higher phenolic constituents of coal tar in water; on dilution they form weaker emulsions) with a fine spray two or three times, or 25% formalin in industrial spirit with oil of lavender *q.s.* The interior is then wiped down and the doors left open.

Wintering Abroad

Q.—Would wintering abroad help a patient who has attacks of bronchitis each winter, and, if so, where ?

A.—A sufferer from winter cough of this character would certainly benefit from avoidance of the climatic conditions that are usual in this country during the first quarter of the year. There is a wide choice of suitable residences abroad. If there is an asthmatic element or any considerable degree of emphysema, altitude demands some attention, since for some indefinite reason, whether physical or biochemical, asthmatic subjects are most comfortable at a critical height, and those with emphysema and any cardiac disability should avoid situations above three or four thousand feet (914–1,219 m.). With these exclusions, the elevated valleys of Davos and Arosa—about 5,000 feet (1,524 m.)—are satisfactory at this time of the year. The banks of the Lake

of Geneva—1,200 feet (336 m.) or so—which are well protected from wind, are also suitable. Of entirely different type are Madeira, the Canaries, Gibraltar, Majorca, the British West Indies, Algiers, and Assouan. The last-named, on the edge of the desert, appeals strongly to me.

There is thus no difficulty in nominating desirable residences: the choice is dependent upon a number of factors apart from climate. Expense may be of crucial importance both in transport and—since a long-term arrangement is contemplated—in residence. Social and psychological considerations demand attention, and into these enter individual tastes and habits. One may be easily reconciled to comparative solitude, and in fact prefer to be left to his own resources, while another suffers intolerable boredom without the provision of social contacts, distractions, entertainments, and recreations. It is clear, therefore, that it is necessary to decide what the patient desires apart from change of climate and to make appropriate inquiries about the circumstances of the various places mentioned, especially if his experience as a traveller has been limited. If I place Assouan in the forefront it is from recollection of my own visits during the months of January–February. I preserve the impression of a perfect climate. This, however, was many years ago and inevitably much alteration in accommodation and other matters must have occurred. Algiers, especially Mustapha Superieur, has attractive features apart from climate, which, although satisfactory, cannot compete with that of Assouan. By the end of March it is sometimes rather uncomfortably hot. The journey is much shorter than that to Assouan. Transport to all places mentioned is naturally a variable feature.

Cresol Vapour

Q.—Is there any likelihood of cresol vapour being carcinogenic when inhaled frequently in the treatment of some respiratory conditions ?

A.—There is no evidence that pure cresol is carcinogenic, and the fraction from coal tar which contains cresols would be unlikely to contain any of the known carcinogenic hydrocarbons in any quantity. Although it is difficult to be certain, it would seem to be unlikely that cresol vapour used in the treatment of respiratory conditions would cause cancer.

NOTES AND COMMENTS

Fibrinosol.—In experimental work to devise a serum test for the early diagnosis of carcinoma use is sometimes made of an organic substance called fibrinosol. Ashe Laboratories Ltd., Ashetree Works, Kingston Road, Leatherhead, Surrey, inform us that fibrinosol is a by-product of their chemical manufacture, and they are willing to supply it free of charge to any hospital on request.

Disclaimer by Professor Aird.—Professor IAN AIRD writes: Would you be kind enough to inform our profession through your columns that the illustrated article which appeared on November 23 in a Sunday newspaper, and in which my name featured, was prepared and published without information from me and without my knowledge, nor did I furnish the illustrations for it.

Correction.—The fifth sentence of Mr. H. H. Nixon's letter on extra skin creases ("Notes and Comments," November 15, p. 1244) should read: "He did not mention that they also had symmetric skin creases . . ." not ". . . asymmetric skin creases. . ."

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