antigenic concentrations of plasma anti-proteases, as protease-antiprotease complexes with no functional activity are still detected immunochemically. Of particular relevance to the above mentioned article were the observations of Teger-Nilsson,⁷ who found that functional antiprotease activities in patients with acute venous thrombosis were normal on the day of diagnosis and that elevated activities were found three and four days after the diagnosis. Another point to be considered is the possible role of platelet antiproteases released during thrombus formation. Platelets contain inhibitors of fibrinolysis,⁸ which would certainly hinder thrombus resolution.

We would like to suggest that chromogenic substrate assays for the estimation of functional antiprotease activities should be included in any protocol for studies on the various plasma protease systems. These assays, which are simple and rapid to perform, give a better indication of the inhibitor status than immunochemical determinations.

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- ³ Amundsen, E, Svendsen, L, and Vefling, A, *IVth International Congress on Thrombosis and Haemostasis*, Vienna, 1973 abstract.
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- ⁵ Gallimore, M J, *et al*, *Thrombosis and Haemostasis*, in press.
- ⁶ Lilleaasen, P, *Scandinavian Journal of Thoracic and Cardiovascular Surgery*, 1977, **11**, 97.
- ⁷ Teger-Nilsson, A-C, in *Chromogenic Peptide Substrates, Chemistry and Clinical Usage*, ed M F Scully and V V Kakkar, p 269. Edinburgh, Churchill Livingstone, 1979.
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Mistaken prognosis

SIR,—During my morning surgery session an 82-year-old man mentioned that he had been born by caesarean section on 20 March 1897. The consensus of the five doctors attending the birth was that he would not survive for more than 24 hours. He was subsequently told that his was only the second caesarean section recorded in this country at which both mother and child survived. I suspect he must now be the oldest surviving baby delivered in this country by caesarean section and is a living reminder of the unreliability of the art of prognosis.

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"Run for fun"—and health

SIR,—Dr T J Bassler's report of four cases of heat stroke during a "run for fun" (20 January, p 197) should not discourage those who hope to use running for risk-factor modification. As Dr Bassler points out, his cases span 11 years and four continents.

We have provided medical support for local races attracting thousands of participants and estimate that the incidence of heat illness averages 1 per thousand during events of 10 km or longer. However, all runners benefit from endurance events if we only concern ourselves with their serum lipids.

Anyone who doubts this is invited to repeat

the following simple study. (1) Obtain samples for total cholesterol and high-density lipoproteins (HDL) from middle-aged marathon runners. (2) Have subjects run 20 km or longer at their usual training pace. (3) Repeat lipid studies immediately. The nine men we studied showed total cholesterol increases averaging 7% while HDL increased 17%. These levels remained elevated until a large meal was consumed.

We suggest that long-distance running acutely elevates HDL levels in all runners, and that this leads to a chronic elevation of HDL—a powerful protection against coronary heart disease. The protective value of HDL has already been observed.¹ The small risk of heat stroke can be avoided if runners are given ample fluids and simple explanations of the hazards.

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- ¹ Kannel, W B, Castelli, W P, and Gordon, T, *Annals of Internal Medicine*, 1979, **90**, 85.

Dialysis for psoriasis

SIR,—Dr S M Breathnach and others have described (27 January, p 236) a case in which psoriasis developed during maintenance haemodialysis and therefore they "counsel caution against optimistic expectations of dramatic benefit from dialysis in patients with psoriasis."

After using peritoneal dialysis 32 hours once a week for 10 weeks in the treatment of severe disabling psoriasis in three patients with normal kidney function, we can report that a substantial improvement was achieved. However, the effect was relatively short lived, lasting about two months in all three patients. The search for a mechanism which can explain the effect of dialysis on psoriasis indicates that a "psoriasis factor" may exist (possibly a mediator of an immunological mechanism) and that this "factor" is dialysable by peritoneal dialysis. In view of these preliminary (as yet unpublished) data we are of the opinion that the psoriatic lesions of the patient described by Breathnach *et al* may well respond to chronic repeated peritoneal dialysis.

We agree with the author that we should not be too optimistic in our expectations of a dramatic, long-lasting benefit. Nevertheless, it is felt that it is important to carry on research in this field with the aim of clarifying the still unknown aetiology of this common disabling skin disorder.

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Fifty years of penicillin

SIR,—I recently enjoyed reading your leading article "Fifty years of penicillin" (28 April, p 1101) and would like to comment on one minor aspect of it.

Some of the Wright-Fleming Institute's vaccines were distributed for many years by Parke Davis and Co, perhaps a unique example of co-operation between a pharmaceutical organisation and an academic institute. The last of these vaccines continued to be marketed until only two years ago in the form of catarrh

vaccine (at one time there was even a "public schools'" version, which was extra potent).

Whether the vaccine is of dubious value I am not sure, for there were many protests from physicians when commercial marketing was discontinued. Moreover, there were sufficient numbers who thought it of value for its private manufacture to be continued by the Charterhouse Rheumatism Clinic.

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Sacroiliac strain

SIR,—Dr R T D Fitzgerald's assertion (12 May, p 1285) that sacroiliac strain is a rare condition seems to be based on his own definition of the sacroiliac joint as consisting of the parts of the sacrum and ilium which are in apposition. The fact is that the term "sacroiliac joint" comprises not only joint surfaces, capsule, and fibres joining the edges of the bony joint but also the dorsal sacroiliac ligament.

This complex of fibres overlies the interosseous ligaments. It consists of several weak fasciculi, which arise above from the intermediate and below from the lateral crests of the sacrum and pass with varying degrees of obliquity to the posterior superior iliac spine and inner lip of the dorsal part of the iliac crest. Also included are the long and short posterior sacroiliac ligaments. Some fibres of the sacroiliac joint merge with the sacrotuberous and sacrospinous ligaments.¹ There can be strain or even rupture of some of the superficial fibres. These lesions are painful and tender and are the "tender spots" referred to in my letter (21 April, p 1085). Tears in ligaments may occur at either end or at the middle of a ligament irrespective of the cause of strain. They are commonly treated with injections of corticosteroids.²

A double-blind trial in progress at Oldchurch Hospital is designed to test the hypothesis that injections of triamcinolone acetonide or methyl prednisolone acetate cure low backache in a significant number of cases. The treatment is based on accurate localisation of tender spots at the sacroiliac joint as defined.³ I see no reason why the diagnosis should not be "sacroiliac strain."

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- ¹ Warwick, R, and Williams, P L (editors), *Gray's Anatomy*, 35th edn, p 443. London, Longmans, 1973.
- ² Watson-Jones, R, *Fractures and Joint Injuries*, 5th edn, ed Wilson, J N, p 52. Edinburgh, Churchill Livingstone, 1976.
- ³ Bourne, I H J, *Practitioner*, May 1979.

The "drug lunch"

SIR,—Over the past decade there has been an expansion in pharmaceutical companies' promotional work in hospitals. It is now commonplace for a film or tape-slide to be shown and the audience subsequently to be entertained to a meal. Such meetings occur almost weekly in this hospital.

We have kept records of eight consecutive Monday lunch-time meetings during the last few months of 1978, when 10 out of 27 members of the junior medical staff attended five or more meetings. Doctors who attended less frequently were not included in this analysis.