Correspondence

Congenital Narcotic Addiction

Sir,

It might interest Dr. G. P. McMullin and A. N. Mobarak (authors of Congenital Narcotic Addiction, *Archives of Disease in Childhood*, 45, 140) and your readers to know that another instance of neonatal narcotic addiction was recorded in this country in January 1968 (*Midwives Chronicle and Nursing Notes*—the details appear on p. 10 in the article on ‘Drug Abuse and Pregnancy’ by Dr. S. Caruana.) The baby was looked after in the Special Care Nursery at St. Thomas’ Hospital, under Dr. Dennis Cottom. Chlorpromazine (and for a short period, phenobarbitone in addition) was sufficient treatment in our case.

C. G. H. Newman
Westminster Hospital
St. John’s Gardens
London SW1

Fibrin/Fibrinogen Degradation Products

Sir,

Uttley, Allan, and Cash (1969) have performed a useful service in determining levels of fibrin/fibrinogen degradation products (FDP) in the sera of normal children. In expressing their results they have, however, neglected the fact that the affinity of FDP for fibrinogen antibody is not uniform but depends on their molecular size (Fox *et al.*, 1965; Catt *et al.*, 1968). Early breakdown products of fibrin have a greater affinity for fibrinogen antibody than the later breakdown products D and E (Catt *et al.*, 1968), and further the haemagglutination inhibition system may not detect the presence of the smallest molecular weight antigenic determinants E if they are not also associated with higher molecular weight split products (Rayner *et al.*, 1969). In view of this, the tanned red cell haemagglutination inhibition assay for FDP is only a semi-quantitative determination and the results are best expressed as the dilution of serum which inhibits agglutination rather than a quantitative measurement, namely ug./ml. It would, therefore, be of value if the authors could express their results in terms of the dilution of sera so that other workers in this field could compare their findings with them.

Henry Eckert*
Institute of Child Health
30 Guilford Street
London WC1

REFERENCES


*Present address: Department of Haematology, Royal Children’s Hospital, Flemington Road, Parkville, Victoria 3052, Australia.

Phenylketonuria Some Current Problems

Sir,

Readers interested in phenylketonuria may be surprised to see Komrower’s statement in this journal (1970, 45, 2) that I suggest that a serum phenylalanine level below 12 mg./100 ml. is satisfactory for intellectual growth. In our paper (1970, 45, 5) my co-authors and

REFERENCES


