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AUTHORS' REPLY

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In reply to the letter of Dr G. N. Hendy and colleagues, which is directed to the inaccuracy of the non-chromatographic methods for measuring serum concentrations of 25-hydroxyvitamin D (25-OHD), the following comments may be made.

Although we agree that the non-chromatographic assay system most probably measures other metabolites of vitamin D besides 25-OHD, particularly 24,25-$(OH)_2D$, the concentration of these compounds in serum over a wide range of 25-OHD values is probably such as not to interfere seriously with the results obtained. Thus Taylor, Hughes & da Silva (1976) found concentrations of 24,25-$(OH)_2D$ in serum to be 10% or less of the particular 25-OHD value over a range of 25-OHD concentrations from 8·8 ng/ml to 186 ng/ml. These results agree well with the figure of 5–6% obtained by Graham and his colleagues and quoted in the above letter. The higher values obtained by Haddad, Min, Walgate & Hahn (1976) are based on very few cases and are well outside the estimates for 24,25-$(OH)_2D$ concentrations obtained by Mawer, Backhouse, Hill, Lumb, da Silva, Taylor & Stanbury (1975) in radioactively labelled vitamin D turnover studies. The relative accuracy of the non-chromatographic method is also confirmed by our studies, which, for the same serum either chromatographed or not before assay, gave a mean concentration of 25-OHD of 21 and 23 ng/ml respectively.

We believe that our simple, non-chromatographic assay is very useful for the screening of large numbers of patients and that the error so introduced is probably not more than 10%. We do agree, however, that for the very accurate measurement of serum 25-OHD concentrations, it may be necessary to chromatograph the sera before analysis.

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Correction

JONES, K. NAISH, P.F. & ABER, G.M. (1977) Oestrogen-associated disease of the renal microcirculation. *Clinical Science and Molecular Medicine*, **52**, 33–42.

Page 34, second column, line 15 below 'Methods': *sentence should read* Platelet-rich plasma was obtained as the supernatant from centrifuging blood, anticoagulated (9:1, v/v) with sodium citrate (38g/l) adjusted with citric acid (100 g/l) to pH 7·3, at 200 *g* for 8 min.