

of diagnosis and level of serum amylase are given in Table III.

TABLE III. PATIENTS WHOSE SERUM-AMYLASE LEVEL WAS OVER 35 UNITS

Diagnosis	No. of patients	Amylase (Street-Close units)
Stab chest	6	36, 40, 47, 52, 64, 92
Fractures:		
Tibia and fibula	4	36, 40, 87, 88
Pelvis	2	36, 36
Concussion	3	36, 39, 46
Amputations (leg)	2	36, 37
Infections:		
Of buttock	1	47
Of finger	1	39
Ulcer of foot	1	72
Urethral stricture	1	46
Cut tendons	1	41
Carcinoma of oesophagus	1	56
Pulmonary embolism	1	38
Total	24	

DISCUSSION

The one factor that was common to the majority of these patients was some type of injury. It could be argued that many may have taken alcohol, and the relation of this to pancreatitis has been well established. However, in no case was the estimation done sooner than 48 hours after admission. The technique was identical to that described by Street and Close, and although many of the African

patients were admitted because of trauma, in no case was there reason to suggest a pancreatic lesion or a lesion of the salivary glands.

The average serum-amylase level was 28.37 units, nearly 10 units higher than the mean of Street and Close. While 76% of these patients fell within the range of 6-35 units, 24% had values which were 36 units or over. In the series of Street and Close only 2% had values over 35 units. Since 94% of the Africans had a serum-amylase level between 6 and 55 Street-Close units, it is suggested that this should be regarded as the normal range for Africans.

SUMMARY AND CONCLUSION

The serum-amylase level has been recorded in 100 hospital patients in whom there were no clinical grounds for suspecting a pancreatic lesion. The mean is 28.37 Street-Close units. Although the majority have a serum-amylase level below 35 units, a significant number have values greatly in excess of this, contrasting markedly with the series of Street and Close in White subjects.

It is suggested that a range of 6-55 units be regarded as within normal limits for African patients.

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