problem of heterogeneity of IgM arises in Waldenström macroglobulinemia, collagen diseases, and chronic liver diseases, for example, in which a variable proportion of the IgM might be monomeric (6). Two problems can arise in these situations: if a single monoclonal fraction is present, one may ask whether it is monomeric or polymeric; a shift in electrophoretic mobility after reduction will indicate the fraction to be polymeric, but the rarity of pure monomeric IgM fractions limits the usefulness of the test. More often—and this is true of all the above-mentioned situations—mixtures of monomeric and polymeric IgM co-exist, and there would be a strong case for developing a method allowing the easy determination of the polymer/monomer ratio. The electrophoretic procedure described by Krollkowski et al. will not allow such a determination, because it is not quantitative.

References

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More Nearly Specific Fluorometry of Theophylline in Serum

To the Editor:

There is some chemical interference with the assay of theophylline by our fluorometric technique (1); this requires an additional step in the procedure to validate the assay. This step can be eliminated by adding ascorbic acid before the fluorescence measurement. In the modified procedure, addition of 2.0 mL of cupric sulfate reagent is elimi-