

## TECHNIC OF THE ERYTHROCYTE SEDIMENTATION TEST\*

In the twenty years since the introduction of the blood sedimentation test by Fahraeus, several modifications have been introduced. Various theoretical corrections for cell volume, cell count, hemoglobin content and the like have been proposed but most who employ the test remain content with the simple technic of one of the more common methods. Hambleton and Christianson<sup>1</sup> have recently reviewed the different technics and have concluded that in the present state of knowledge there is no justification for correcting the observed sedimentation rate for the effects of cell volume, cell count or hemoglobin content. In comparing various anticoagulants, these investigators believe that isotonic oxalate or citrate solutions as used in the original Westergren technic are superior to heparin or to the dry citrates or oxalates. The major disadvantage of the Cutler technic compared with the Westergren method is in the short length of the tube. Finally, they conclude that all the significant clinical data which may be obtained by sedimentation procedures can be found by a single one hour reading by the Westergren technic. The proposed corrections, while theoretically advisable, actually lead in many instances to results of lesser clinical value by making the test more tedious to perform or less clear to interpret. They emphasize, however, that those who use the Westergren technic should take great care that the tubes are perfectly vertical during the test. This conclusion that the most commonly used sedimentation technic, without involving complicated corrective procedures, is the most valuable for clinical purposes furnishes welcome news to the vast majority of those using the blood sedimentation test in their office and hospital work.

\*Editorial note (Current Comment) from the *Journal of the American Medical Association* 113 (1939) 942, September 2, reprinted.

<sup>1</sup>HAMBLETON, A. AND CHRISTIANSON, R. A. The choice of technic for the sedimentation test. *American Jour. Med. Sci.* 198 (1939) 177-187.