any other equipment except a pipette and a test tube, can screen large numbers of children for histidinuria. In this manner the true incidence of histidinemia may be better known, and perhaps by early recognition and by dietary treatment the clinical manifestation may be abated.

ADDENDUM

Since this article was submitted, a case of histidinemia treated with a low histidine diet has been described. In this patient the diagnosis of histidinemia was made at 24 weeks, and the diet was started at 7 months. Although satisfactory therapeutic levels of histidine were maintained for 18 months and there was an initial improvement in growth rate, there was little improvement in development, and the patient died at age 4 years from bronchopneumonia.

SUMMARY

A rapid and simple screening test for histidinuria is described. The test is based on the inhibition by histidine of the blue color formed by the reaction of cupric ion and bis-cyclohexanone oxaldihydrazone. The formation of a colorless solution should identify all urine specimens in which the concentration of histidine is greater than 60 mg/100 ml and most specimens in which the concentration of histidine is greater than 20 mg/100 ml.

REFERENCES

4. Davies, H. E.: Personal communication.

CORRECTION

The telephone number for Abram S. Beneson, M.D. (Pediatrics, 42:989, 1968) should have read 215/829-6916 instead of 215/829-6816.
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