

For class IIa a similar case could be made out, as very frequently the patient is left alone in the house while the other members of the household are going to work. A kind neighbour may bring some food and look in once or twice during the day, but nobody being able to spare the time to go to and queue at the food office each week (missing work means another medical certificate), the patient goes without his or her milk, which would be of particular importance under those circumstances.

The various certifications having been under renewed discussion lately in the *B.M.J.*, I felt that the time was opportune to raise this matter in your columns, and I am sure you will earn the gratitude of many people if you will see that representations are made to the Ministry of Food in this matter.—I am, etc.,

Gillingham, Kent.

K. F. POLLACZEK.

### Pure Anti-E Agglutinin in the Serum of an Rh-negative Woman

SIR,—In connexion with Dr. D. S. Dick's report on pure anti-E agglutinin in the serum of an Rh-negative woman (July 19, p. 95) the following case, taken from the records of the Sheffield Blood Transfusion Centre, may be of interest.

Mrs. C. Multipara. Group A, Rh-negative. Genotype cde/cde (June 11, 1946). Serum agglutinates R<sub>1</sub>R'' and R''R'' cells: weak agglutination 1:512. No agglutination with R<sub>1</sub>R<sub>1</sub>, R<sub>1</sub>r or R'R' cells (Dec. 20, 1946). Children normal except Baby C. born on June 4, 1946 (haemolytic disease of the newborn). No history of blood transfusion or intramuscular injection of blood.

Baby C. Group A, Rh-positive: baby's cells are agglutinated by mother's serum.

Mr. C. Group A, Rh-positive: his cells are agglutinated by anti-C, anti-D, anti-E, and anti-c as well as by his wife's serum.

Mrs. C.'s serum contained pure anti-E agglutinin. The original investigations were carried out by Dr. E. F. Aubert and Mr. I. Dunsford. Their findings were confirmed by Dr. A. E. Mourant, of the Lister Institute.—I am, etc.,

Sheffield.

R. H. MALONE.

### New Treatment of Rheumatoid Arthritis

SIR,—With reference to the article by Dr. Imre Barsi headed "A New Treatment of Rheumatoid Arthritis" (Aug. 16, p. 252), I feel that there are a few points that need further elucidation.

First, there is no attempt to explain why a case of rheumatoid arthritis transfused with 300 ml. of blood from a pregnant woman should have lasting relief, while a pregnant woman with rheumatoid arthritis invariably suffers an exacerbation after parturition. Secondly, it is a pity that the follow-up of only six cases is given—what happened to the remaining 22 cases? Thirdly, there is no mention of any blood grouping having been carried out. Furthermore, three of the six cases reported had febrile reactions; in the other three reported there is no mention of the temperature of the patient just after the transfusion.

If the cases that derived benefit from this "new" treatment were the cases that suffered a febrile reaction to the transfusion, then I suggest that the improvement was due to protein shock, which has been an accepted form of treatment for many years.—I am, etc.,

Romford, Essex.

M. D. WARREN.

### Causalgia of the Face

SIR,—In reply to Mr. Patrick FitzGerald's letter (July 26, p. 150) I wish to thank him for referring me to Dr. F. D. Threadgill's paper (*Surgery*, 1947, 21, 569). While appreciating its value I do not think that the results are conclusive with regard to possible afferents entering the cord via the sympathetic chain. On p. 572 he states: "The possibility that sensation had entered the cord via the anterior roots was recognized and a second preparation was made in order to prove that this had not happened." Later he states: "The result demonstrated that vascular reflex activity may be completed entirely outside the cord." It is not proven that the painful impulses noted prior to section of the anterior roots did not enter the cord by this route.

Mr. J. A. W. Bingham (Aug. 9, p. 228) refers to impulse transmission in nerve fibres following section. That they remain capable of conduction is, as an isolated phenomenon,

common knowledge, but the question of adequacy of stimulation must also be considered. My use of the term "temporary paralysis in their peripheral course and distribution" was perhaps rather loose, but the word "paralysis" is accepted to denote that absence of normal sympathetic activity or tone which follows decentralization of the system, whether this is the result of section or blocking impulse formation or spread by "novocain" or nicotine.

I contend that blocking the sympathetic chain below the superior cervical ganglion as in Mr. Bingham's cases so alters the state in the periphery that stimulation as applied may have been inadequate. Two personal attempts to stimulate the peripheral end of the sectioned chain with a faradic current produced a diffuse pain response that could not be usefully correlated with the causalgic syndrome present.—I am, etc.,

Salc, Cheshire.

C. H. CULLEN.

### Acute Porphyria

SIR,—I have read with great interest the paper by Sir Adolphe Abrahams *et al.* (Aug. 30, p. 327). Acute idiopathic porphyria is not an uncommon disease, I myself having seen ten cases. Besides the finding of the typical urine, clinically the possibility of this disease must be considered in any case of obscure abdominal pain associated with constipation, dysuria, vomiting, and all the signs of spastic ileus, especially if accompanied by hyperaesthesia of the lower limbs before the onset of more marked neurological signs.

Between 1931 and 1933 I examined 141 cases of different diseases. In 65 cases of these (27 men, 38 women) excessive amounts of uroporphyrin or coproporphyrin were found. This group included meningitis, encephalitis, meningo-encephalitis, generalized herpes zoster, disseminated sclerosis, lead poisoning, pernicious anaemia, aplastic anaemia. The group with negative results included tuberculosis, endocarditis, pneumonia, cholecystitis, myeloid leukaemia, tabes dorsalis, diabetes mellitus, cured lead poisoning, thyrotoxicosis, etc. I confirmed these results in further investigations carried out at Westminster Hospital between 1935 and 1939. The number of positive cases during this period was 40.

Here I would like to stress the presence of excessive porphyrin in the urine in certain neurological diseases—e.g., subacute combined degeneration of the cord. In this disease the porphyria disappears when the blood count returns to normal. This was observed in 11 cases; in 8 of these uroporphyrin, and in the remaining 3 coproporphyrin, were demonstrated. In the acute stage of disseminated sclerosis uroporphyrin was found in 2 cases, whereas in the chronic form I was never able to find porphyria. Another group includes acute poliomyelitis, acute encephalitis (7 cases), non-specific meningitis (3 cases), and ascending poliomyelitis associated with the name of Landry. In all these cases excessive excretion of uroporphyrin was found in the early acute stage. Some of the cases of acute encephalitis started as acute idiopathic porphyria and led to Parkinsonism. It would appear therefore that the porphyrin must be neurotoxic and is to be connected with the pathology of the C.N.S.

Lastly, I would like to draw attention to the excessive coproporphyrin or uroporphyrin in the faeces. This can be observed in the acute idiopathic porphyrias. This increase in the faeces can also be found in cases of haemorrhage occurring anywhere between the teeth and the anus. This is of diagnostic value in haemorrhages from the oesophagus and the cardiac end of the stomach, when tests for haemoglobin or haematin, etc., fail. Then there is deuteroporphyrin. The presence of this porphyrin is always proof of a gastro-intestinal haemorrhage provided the patient is on a blood-free diet.—I am, etc.,

London, W.1.

LEO RAU.

### Mind and Matter

SIR,—I have just finished reading Sir Charles Sherrington's foreword to the 1947 edition of his book *The Integrative Action of the Nervous System*, and was provoked by the last few paragraphs to speculate along the following lines.

If we share McDougall's view (1936) "that where there is life there is mind; and that, if there has been continuity of evolution of the organic from the inorganic, there must have been something of mind, some trace of mental nature and activity, in the inorganic from which such emergence took place"; and if, furthermore, we agree with Stapledon (1939) that "it is not wholly inconceivable that every physical unit (say, every electron and proton) is the body of a very simple mind," then it seems reasonable to speculate that the universe is composed of

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