1958). Indeed, Hand (1893) believed his original patient, a boy aged 3 with skull defects and polyuria, to be suffering from tuberculosis.

This report re-emphasizes the importance of considering tuberculosis in immigrants presenting with unusual inflammatory and skeletal lesions.

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Methyldopa and Associated Thrombocytopenia

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Methyldopa has long been successfully used for the control of hypertension. Among the complications of continued treatment with this drug is a positive direct antiglobulin test with or without haemolytic anaemia (Worledge *et al.*, 1966). Reversible leucopenia (Hallwright, 1961; Clark, 1967; Greene and Spence, 1967) and thrombocytopenia (Benraad and Schoenaker, 1965; ten Pas *et al.*, 1966) have been reported as rare findings, but in none of the cases, so far as we are aware, have tests for platelet antibodies been recorded.

Case Report

A 64-year-old Caucasian woman was admitted to hospital in August 1969, having been found unconscious at home. On admission the only significant finding was a left-sided hemiparesis, diagnosed as a cerebrovascular accident. The blood pressure was 160/90. Six years previously she had been admitted with a subarachnoid haemorrhage and angiography had shown aneurysms of the right middle cerebral and anterior communicating arteries. She had a raised blood pressure at that time.

Investigations.—Haemoglobin 14.4 g/100 ml; total white cell count 9,000/mm³ with a normal differential count; blood urea 52 mg/100 ml; C.S.F. normal. She made an uneventful recovery and after two weeks was discharged on methyldopa 250 mg thrice daily.

Two months later she presented with a purpuric rash on her lower limbs and multiple bruises; no other physical signs were found. She was afebrile. Blood pressure was 160/90 and she was still on methyldopa.

Investigations.—Haemoglobin 12.5 g/100 ml; total white cell count 5,000/mm³ with a normal differential count; platelet count 1,000/mm³; reticulocytes 1.2%; serum bilirubin 0.5 mg/100 ml. Tests for antinuclear factor and lupus erythematosus cells were negative. The peripheral blood film showed a few microcytic red cells, but no definite spherocytes. Bone marrow was mildly hypercellular with an increase in the number of megakaryocytes, showing deficient platelet budding. The direct antiglobulin test on the red cells with broad-spectrum and antigamma G antihuman globulin sera were both positive. Tests with specific anti-complement reagents were negative. The serum contained an

antibody reacting with all of a comprehensive panel of genotyped red cells by enzyme techniques only. Investigation for platelet and leucocyte antibodies—Platelets: saline agglutination test at 4°, 20°, 37° C was negative, complement fixation test at 37° C was positive, and Coombs consumption test at 20° C gave an equivocal result. Leucocytes: saline agglutination test at 4°, 20°, 37° C was negative and complement fixation test at 37° C was positive.

Methyldopa therapy was discontinued for 24 hours and the platelet count rose to 94,000/mm³ in this period (see Chart). When the drug was tried again the platelet count at the end of four days was 23,000/mm³ and remained at this level for two more days, when methyldopa was finally discontinued. Two days after withdrawal of the drug the platelet count was 63,000/mm³, and five days later reached normal levels. Platelet and leucocyte antibody investigations repeated after the patient was off methyldopa for four weeks were all negative, but the direct antiglobulin test on the red cells remained positive.

Comment

This patient showed a positive direct antiglobulin test together with severe thrombocytopenia while on methyldopa therapy. The significant finding was a positive complement fixation test for platelet and leucocyte antibodies which became negative when she was taken off the drug.

As red cell autoantibodies are so often encountered in long-term methyldopa treatment, it is worth while extending the serological investigation of such cases to cover leucocyte and platelet antibodies. The discovery of non-specific platelet antibody in a patient on this drug may herald the onset of acute thrombocytopenia.

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