The authors take issue with me that those who inherit porphyria variegata and avoid the drugs that can precipitate an acute attack of porphyria remain in good health except for increased sensitivity of the light-exposed skin.

The evidence for this is that the forebears of porphyria patients with Africa in the seventeenth, eighteenth, and nineteenth centuries had just as large families as average—and the average family was large, usually 8 to 15 children—which is why the porphyrics increased in numbers. But it was the unfortunate with the descendants of the rest of the small nucleus of early South African Free Burghers. If they were having attacks of acute porphyria and died from the attacks before the advent of modern drugs their descendants would not have increased as rapidly as they did. Furthermore, here in the Eastern Cape there is not a doctor with a general practice of any size who has not among his patients men and women who have inherited porphyria variegata, and they confirm that their porphyric patients do not have attacks of acute porphyria after the attack triggers drugs, usually a barbiturate.

In my last letter I ended on the kindly note that their claim was "not proved." This was said firmly by newswriters to "eat my hat" (a paper one) if the authors can produce convincing evidence that they are right.—I am, etc.,

Geoffrey Dean.

Port Elizabeth, South Africa.

Reference

1. Waldenström, J., Acta med. scand., Suppl. No. 82, 1937, pp. 70, 72, 73.

Correspondence

244 27 April 1968

H.M.S.O. 1967.

B.M.J. 2.5598.44 on 27 April 1968. Downloaded from http://www.bmj.com/ by guest. Protected by copyright.

Drugs that remain centuries had just porphyric eighteenth, usually patients evidence sensitivity here and they (6 (1.25 cm.) black and white chequered Stello tape be fixed to the top left-hand corner of the N.H.S. record—that is, when the open end is upright facing the observer—of these patients who do not require measles vaccination. It is realized that this will be a temporary need for the next five years, but full computerization of medical records which would obviate this need is not likely to become feasible during this time.

It should be possible to build up such a coded population by questioning patients or searching through the patients' N.H.S. record envelope for the recorded entry of "measles" at an appropriate stage and/or patient contact.—I am, etc.,

E. V. Kuenssberg

Royal College of General Practitioners

London S.W.7.

Blood for Sale

Sir,—Your leading article (20 April, p. 129) rightly points out the medical disadvantages of adopting a commercial attitude to blood donation. There is another aspect equally important. The urge to altruism is an integral part of normal human personality. The satisfaction of doing something for another out of pure disinterestedness and without hope of personal gain is difficult to achieve in a sophisticated society where everything has its price. That blood donation has proved so widely accepted as a means of fulfilling this yearning underlines its value.

If the money likely to be spent on buying blood were devoted to publicity there would be a ready response from a public starved of the avenues for social dedication previously offered by war, voluntary hospitals, and the poor, all of which appear to be fading away from the contemporary scene.—I am, etc.,

S. L. Henderson Smith.

Huddersfield, Yorks.

Hiatus Hernia

Sir,—One of the methods necessary for the alleviation of symptoms of hiatus hernia is to raise the head end of the bed some four to six inches (10 to 15 cm.). This has usually been done by using bed blocks.

A very simple and efficient way of achieving the same object is to remove the castor-bearing feet from the lower end of the bed and to fix the castors directly to the base.—I am, etc.,

William W. Fox.

Dealing with Bedsores

Sir,—Having read the review in the B.M.J. (6 April, p. 40) by Professor H. Ellis on Mr. B. N. Bailey's textbook Bedsores, I feel constrained to make one comment.

If a large part of the text is both valuable and unexceptional, certain aspects are contrary to the practice and teaching of this unit. In view of Professor Ellis's last sentence I feel I must dissociate myself and this unit from some of the recommendations in Mr. Bailey's book.—I am, etc.,

J. J. Walsh.

Director,
National Spinal Injuries Centre.
Stoke Mandeville Hospital, Bucks.

REFERENCE


Colour Coding

Sir,—The increasing practice of colour coding of National Health Service hospital records makes it essential that, when new needs for such coding arise, such a code is allocated nationally.

The new situation with regard to measles vaccine highlights the need for bed four to six inches (10 to 15 cm.) black and white chequered Stello tape be fixed to the top left-hand corner of the N.H.S. record—that is, when the open end is upright facing the observer—of those patients who do not require measles vaccination. It is realized that this will be a temporary need for the next five years, but full computerization of medical records which would obviate this need is not likely to become feasible during this time.

It should be possible to build up such a coded population by questioning patients or searching through the patients' N.H.S. record envelope for the recorded entry of "measles" at an appropriate stage and/or patient contact.—I am, etc.,

E. V. Kuenssberg

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London S.W.7.

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