powerful antibiotic is sufficient without drainage of an abscess." I would like to question this statement. I have personally cleared out more than one sterile cavity persisting several months after the apparent cure of osteomyelitis with antibiotics alone.

--I am, etc.,

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Vitamin D in Patients on Anticonvulsants

SIR,—Dr. Claus Christiansen and others (23 September, p. 738) showed an increase in bone density during treatment with vitamin D in 10 epileptic patients on anticonvulsants. We have previously shown significantly lower values of bone density in a group of nine epileptic women compared with a control group of 10 psychiatric patients resident in the same epilepsy colony.1 After our initial investigation in June 1971 we reinvestigated our groups of patients in February 1972 to find out if there was a seasonal variation in bone density values, but they were unaltered.

During the next six months both groups were given calciferol 50,000 IU/day by mouth. Bone density was assessed by gamma-ray osteodensitometry after three and six months of vitamin D treatment. During vitamin D treatment no significant alteration in bone density could be demonstrated, but bone density mean values measured both on the heel and elbow remained significantly lower in the group of epileptic patients. None of the patients showed signs of vitamin D overdosage.

The discrepancy between our results and those of Dr. Christiansen and his colleagues might be explained by differences in the epileptic patients studied with respect to sex, age, duration of anticonvulsant therapy, vitamin D dosage, and calcium intake. We are making further studies of bone density in epileptic patients on anticonvulsants during treatment with vitamin D and calcium.

--We are, etc.,

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ABO Blood Groups and Abortion

SIR,—Your leading article on this subject (11 November, p. 314) has drawn attention to the very considerable number of fetal losses which are related to fetomaternal ABO incompatibility. I wish to draw attention to two other genetic systems besides the ABO system which are involved in the blood-group interaction and which may influence not only the outcome of haemolytic disease of the full-term newborn, but possibly also the incidence of early abortion.

It has been shown in extensive family studies on a wide variety of populations that the frequency of the Hp I-1 phenotype is higher and that of the other types lower among the offspring in families where the father possesses an A or a B antigen not present in the mother than in those families where he does not. This is almost certainly related to the higher haemoglobin-binding capacity of the plasma of Hp I-1 individuals than of those of types Hp 2-1 and Hp 2-2,2 which evidently prevents fetal or neonatal death due to haemolysis, either directly by clearing the plasma of haemoglobin or indirectly by conserving iron. It is not clear how far the fetuses saved are those which would otherwise have died or were born prematurely, or on the other hand, those affected by the more classic type of haemolytic disease of late pregnancy and neonatal life. It is therefore desirable that in all investigations of the ABO groups of mothers and fetuses involved in both types of disease or death the haptoglobins of the mother and father, and if possible that of the fetus, should be determined.

Bottini et al.4 have recently shown that in cases where infants have a group B antigen not possessed by their mothers the proportion of infants with serological signs of haemolytic disease is higher than in those homozygous for placental alkaline phosphatase gene PIIH than in those of other types. The effect is not found in cases of group A incompatibility. This effect, because of the small numbers so far tested, is less firmly established than that involving the haptoglobins and has been demonstrated only for the classic neonatal type of haemolytic disease. There is therefore a need for further tests on newborn infants, but it is desirable also that tests on aborted fetuses should include an examination of the placental alkaline phosphatase type.

Clarke and his colleagues,5 by imitating a natural protective mechanism, have been able to prevent maternal immunization by the Rh antigen and its sequel, haemolytic disease of the newborn. Perhaps one may hope that an understanding of the protective effects of the haptoglobins and alkaline phosphatase types mentioned may similarly suggest a means of avoiding not only the relatively few deaths which occur as a result of late haemolytic disease due to ABO incompatibility, but also the probably much more numerous early fetal deaths due to the same cause. I am, etc.,

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3 Takeno, K., and Miller, J. R., Journal of Medical Genetics, 1972, 9, 144.

General Medical Council

SIR,—In 1958, in response to a stimulus that did not need here be described, I read through every volume of the minutes of the G.M.C. from its inception by statute in 1858. Also in that year I attended, as a visitor, a session of the council. These two experiences aroused in me an interest in the General Medical Council which prompts me to comment not so much upon your apt editorial (November 18, p. 377)