Letters to the Editors

"Those Were the Days"

The blood group p (Tj[a−]) has played an interesting role in our service. One of the first cases of a rare blood group that turned up in our newly established National Blood Group Reference Laboratory in Israel in the beginning of 1971 turned out to be a case of p.

Such a rare blood group was known to me from the literature. The blood sent was from a woman who had one live child and a history of multiple abortions in the first trimester. The patient was group B. The serum of the patient hemolyzed all red cells and no blood could be crossmatched. We were almost sure this was a p blood, but we did not have any anti-P\textsubscript{1arks} in our collection. In talking to the patient, she told me that she had a cousin who had a rare blood group. This cousin turned out to be group AB, p, with anti-P\textsubscript{1}arks, and was the first p person described in Israel in 1969 by a Haifa group together with Ruth Sanger and Rob Race. A few drops of plasma from the Haifa relative that had been stored in a deep freeze allowed the positive identification of the p group, and together with the WHO BGRL, which was then in London, we managed to bring 2 units of blood from Umea, Sweden from the service of Bertil Cedergren. One important point I wish to emphasize here is that blood had been requested for this patient on a number of occasions in the past but none had been found, and the blood group remained unrecognized. The patient had been told it would be impossible to provide blood for her. In other words, she could die if she needed to receive blood! She now donates regularly and she and we are able to sleep peacefully, knowing that frozen units are there for her use. Our meetings on the streets of Jerusalem are joyful occasions for us both.

Our second family with a number of p individuals also proved to be interesting. The first family member to be identified needed an emergency transfusion because of complications at the time of delivery. She was found to be group B, p. We had some units available from our first case described above, and investigation of the patient’s family revealed two other siblings who were p, a brother who was group B, and a sister who was group O. So, for this patient, we had blood available and also blood if there was any necessity to transfuse the unborn child.

As mentioned above, the sister who was group O, p, presented with her individual problem. She had repeated miscarriages in the first trimester that had not been explained and no live child. Now this could be explained on the basis of her rare blood group. She kept asking me over the years if there was a solution for her to carry a child through to term, but of course at that time we had no answers. One day she phoned me and said that she had heard the midnight news and it had been announced that a woman from Kuwait who had a blood group problem that sounded similar had been treated in Baltimore [MD], and she delivered a live child, and could this be a similar problem to hers? I did not know, but wrote to Baltimore and received an answer from Dr. Paul Ness. Well, the story was a similar one, and his patient was P\textsubscript{1}arks with anti-P. Dr. Ness has a special name, as “Ness” in Hebrew means “miracle” and as I wrote to Dr. Ness, he was able to help us perform a miracle for our patient.

Our patient was plasmapheresed, the treatment was successful, and she had a lovely, live child. This boy is now in his late teens.

The plasmapheresis treatment in this case was not an easy one, and there were problems in venous access. Now for the personal note of this case. The patient was so appreciative of my help in initiating her treatment that she brought me a lovely leafy plant which I kept at home. I tended it with care, but at a certain point, the plant did not respond too well. The patient was also having problems relating to plasmapheresis at that time! At a certain point I felt the plant was doing so poorly I considered discarding it. My wife was definitely against this and regarded it as a bad omen and would not agree. She insisted that we continue to care for the plant and nurture it until the patient delivered a normal, healthy child. As you read above, this happened, and when we saw that all was well, we felt that our tender loving care for the plant was successful and the story had a happy and successful end.

I know there are other stories, but I will leave them for another time.

Cyril Levene, MD
6 Tchernikowsky Street
Jerusalem 92581 ISRAEL

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Were they the “good old days”? In retrospect—hardly! When I started my medical technology internship at Detroit Receiving Hospital in 1943, the United States had