

**INTRAGROUP INCOMPATIBILITY WITH RESPECT TO THE Hr BLOOD FACTORS AS A CAUSE OF MINOR HEMOLYTIC TRANSFUSION REACTIONS.** *A. S. Wiener.* From the Blood Transfusion Division of the Jewish Hospital of Brooklyn, and the Serological Laboratory of the Office of the Chief Medical Examiner, New York, New York. *J. Lab. & Clin. Med.* 33: 985-997, 1948.

At the author's institution, the frequency of post-transfusion febrile reactions has been reduced from 7.9 per cent in 1936 to only 1.2 per cent in 1947 as a result of the perfection of methods of eliminating pyrogenic materials from blood transfusion apparatus. This virtual elimination of pyrogenic reactions has served to make more prominent mild hemolytic reactions occurring in Rh-positive patients as a result of Hr sensitization by repeated transfusions given over a long period of time. In a series of 23 Rh-positive patients having febrile reactions and at the same time showing evidence of posttransfusion hemolysis, 17 were Hr negative. Among 10 patients with febrile reactions but without evidence of hemolysis none were Hr negative. The author suggests that one should investigate every febrile reaction for evidence of hemolysis. If hemolysis has occurred even though the patient is Rh positive, Hr tests should be done, and if the patient is found to be Hr negative, only Hr-negative blood of a compatible blood group should be used for future transfusions. If Rh-negative patients have reactions despite transfusions of type rh blood, one should search for other sensitizations, particularly against the M factor.

G.E.C.

**SPECIFIC SERUM AGGLUTINATION OF ERYTHROCYTES SENSITIZED WITH EXTRACTS OF TUBERCLE BACILLI.** *G. Middlebrook and R. J. Dubos.* From the Laboratories of the Rockefeller Institute for Medical Research, New York, New York. *J. Exper. Med.* 88: 521-528, 1948.

Sheep's erythrocytes, sensitized with extracts of human tubercle bacilli or products of their culture filtrate, were agglutinated by sera of rabbits previously injected with BCG and by sera of patients with active pulmonary tuberculosis. At least one material capable of sensitizing the red cells was shown to be heat stable and present in the polysaccharide fraction of the tubercle bacillus. Evidence for the specificity of this hemagglutination was obtained from the negative or insignificant reactions observed when the sensitized red cells were tested against sera of experimental animals immunized with other bacteria and against sera of nontuberculous individuals. It was of particular interest that there was no cross-reaction with Wassermann-positive sera.

Inhibition of the specific hemagglutination reaction was accomplished by adding the soluble reactive antigen to the serum before the red cells were introduced into the system. Utilization of both the inhibition test and the agglutination test permitted the detection and quantitation of small amounts of the sensitizing antigen.

The authors have suggested the possibility that this method may be of aid in the detection of a specific antigen circulating in vivo and that there may be even some correlation between the degree of activity of tuberculosis and the titer of the patient's serum in the hemagglutination test.

H.W.B.

## ERRATA

In Wiener, Alexander S., and Wexler, Irving B.: Results of therapy of erythroblastosis with exchange transfusions. *Blood* 4: 1-35 (January), 1949:

Page 8, second line from bottom, "the Rh<sub>0</sub> factor" (instead of "the Rh<sub>1</sub> factor").

Page 12, third line from bottom, "A<sub>1</sub>MRh<sub>1</sub>rh" (instead of "A<sub>1</sub>MRhrh").

Page 35, first word of second line of reference 24, "potent" (instead of "patent").