Letter to the Editor

Sir,

The report on exertional haemoglobinuria in the September 1964 issue of the Journal adds substance to an hypothesis proposed many years ago. In 1903 in the Transactions of the Royal Medical and Chirurgical Society of London (volume 86, page 165), C. W. Ensor and J. O. W. Barratt presented a case of 'Paroxysmal haemoglobinuria of traumatic origin'. The patient, a young man with schizophrenia, would lie on his hospital bed violently slapping his forehead for an hour or two, and haemoglobinuria would appear thereafter. The loss of haemoglobin was equivalent to that in 2 or 3 ml. of blood. This is, I believe, the only reported case of exertional haemoglobinuria associated with exercise of the upper extremities only. Ensor and Barratt proposed that the haemolysis occurred with the injuring of red cells by the violent slapping, a suggestion which anticipates Dr. Davidson's that exertional haemoglobinuria in runners results from mechanical damage to red cells in the soles of the feet.

Sincerely yours,

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CORRECTIONS

Professor I. Friedmann (J. clin. Path., 18, 63-68) writes that his attention was drawn to another case of rhabdomyosarcoma of the ear in a girl of 4 years which was described by Professor Dorothy Russell in her book written jointly with L. J. Rubenstein ('Pathology of tumours of the nervous system', 1st ed., 1959, page 215). This case has not been described separately in any journal.

In the note on page 134 (J. clin. Path., 18, 1965) it is stated that at the Midland Centre for Neurosurgery determinations of creatine kinase are being regularly carried out by Dr. D. A. Ellis with the support of the Muscular Dystrophy Group. While it is quite true that the Muscular Dystrophy Group have most generously supported Dr. Ellis in research on muscular dystrophy, the determinations of creatine kinase are carried out by Dr. R. A. Westhead in the Centre's biochemistry laboratory without assistance from the Muscular Dystrophy Group.

In the September issue of the paper by A. G. Baikie and E. M. Gillis (J. clin. Path., 17, 573-574) we regret that Figures 2 and 3 have been transposed.