conclusion that gastric acidity is not an important factor in the destruction of penicillin, in which case their plea for clinical trial on ill persons has no basis.

With regard to the relative value of oral and parenteral administration, we feel that the matter is one of choice between injecting a personally measured dose once every 24 or 48 hours and the less certain swallowing every three hours of an oral preparation, equivalent amounts of the latter at present costing, if no antacid is given, at least four times as much as the former.

Finally, regarding the comfort of the ill child, it is doubtful if all doctors and patients would agree that it is preferable to wake the child up and force it to swallow medicine or tablets every three hours rather than to give an injection every other day.—We are, etc.,

S. A. DOXIADIS.

J. L. EMERY.

SHEILA M. STEWART.

Sheffield.

Blood Grouping on Blotting-paper

SIR,—Castaneda (1950) has described a new method of detecting certain immunological reactions which he calls "surface fixation." The method consists in mixing one

FIG. 1.

FIG. 2.

Blood Grouping.—One large drop of high-titre (1 : 128 or higher) anti-A and one large drop of high-titre anti-B serum are placed on a strip of blotting-paper (Ford's 248 Mill: white). When the drops have spread fully a small drop of donor's whole blood is placed in the centre of each of the circular patches of antiserum. As soon as the blood has partially dried—i.e., when the sheen has gone—two large drops of normal saline are added and allowed to spread. Positive and negative results are shown in Fig. 1. "Fixation" is immediate and the test takes about 15 seconds: its accuracy is being investigated.

Screening of High-titre Blood Donors.—Two large drops of donor's serum are placed separately on the blotting-paper and allowed to spread. In the centre of one circular patch is added one small drop of A cells (40% saline suspension of washed cells) and in the centre of the other one small drop of 40% B cells. After partial drying two drops of normal saline are added and allowed to spread. A clear positive reaction is seen if the donor's anti-A or anti-B titre is 1 : 128 or higher, a weak positive with 1 : 64, and a doubtful or negative reaction with 1 : 32 (see Fig. 2). Control tests with known anti-A and anti-B sera (titres 1 : 128) are put up for comparison and matched against the tests with donor's serum. The results agree closely with those obtained by tube titration.

—We are, etc.,

R. H. MALONE.

R. R. STAPLETON.

Sheffield.

REFERENCE

Castaneda, Ruiz M. (1950). *Proc. Soc. exp. Biol. N.Y.*, **73**, 46. Abstract in *Bull. Hyg.*, **25**, 805.

Too Much Worry over Blood Groups

SIR,—The complexities of the various blood groups increase and each advance is given great publicity. As one who has to deal with the clinical results of blood group incompatibility, especially between mother and child, may I plead for equal publicity for the fact that danger to the infant from such incompatibility is by no means as common as it is often thought to be?

Not more than 15% of marriages are between a Rhesus-negative woman and a Rhesus-positive man. Of these, no more than 1 in 40 will have an affected child at the second pregnancy, and not more than 1 in 12 at the fifth. The misery caused to parents in certain cases has tended to make some of us lose our sense of proportion and to subject all our Rhesus-negative patients to a great deal of unnecessary worry during their pregnancies.—I am, etc.,

Dublin.

DOUGLAS E. MELLON.

Skin Disease and Psychology

SIR,—The points made in Dr. F. L. Lydon's letter (February 3, p. 249) are well taken, and I am in agreement with many of them. His deduction from them, however, is misguided.

Dr. H. J. Shorvon and his colleagues (December 9, 1950, p. 1300) did not claim to clarify the aetiology of skin disease, but only to offer an alternative method of treatment in certain intractable cases. To avoid employing a treatment when its mechanism cannot be explained is absurd. After all, what is the pharmacological action of Lassar's paste and crude coal tar?

In this "scientific" age, when apparently cause and effect must be fully understood for any treatment to be acceptable, it is well to remember that we are doctors first and foremost, and further that medicine, let alone dermatology, is still an art and not a science. So long as we do not deceive ourselves with spurious explanations, let us accept any therapeutic manoeuvre which will help our patients.—I am, etc.,

Barnet.

PETER BORRIE.

SIR,—Under this heading the interesting article by Drs. H. J. Shorvon, A. J. Rook, and D. S. Wilkinson (December 9, 1950, p. 1300) is unfairly criticized by Dr. F. L. Lydon (February 3, p. 249), who considers their forthright modest discussion (the essence of most great medical contributions) to be pathetic. His admitted difficulty in criticism is revealed by the citation of rosacea as his main example, when only one such case is tabulated in their series of 50. He disagrees with Dr. I. B. Sneddon's attractive theory that the chronic vascular dilatation of rosacea is due to a "reflex blushing of emotional origin" by explaining the distribution of physiological blushing in health. In my experience the patient with rosacea reacts to embarrassment by a vasodilatation of the central third of the face. I, for one, cannot agree that the explanation of some cases of pruritus ani and vulvae on a psychological basis represents a "funk-hole of scientific investigation." Sound physicians invariably exclude