22. Oedema disappears after blood transfusion.

23. He had two blood transfusions at Vizag.

24. However, inspite of repeated transfusions, the parents of the boy have been informed that the survival of the transfused cells is short duration.

25. At present the spleen is enlarged 6", extending almost to the umbilicus.

26. There are pigment patches on the surface of the tongue.

27. Three years after the disease was recognized, the boy began to lose temporary teeth. For a long time he had double rows of teeth. However, there is no abnormality.

28. The slight rise in body temperature is more noticeable in winter than in summer months.

29. Innumerable medicines have been given but without any effect. The only authentic report on the examination of the blood is as follows:

Dr.S.M. Munirathnam Chetty, M.D.
Asstt. Prof. of Medicine
Stanley Med. College
Madras.

Residence
2, Besant Road, Madras-14
Clinic
3/4 Parthasarathy Naidu St., Madras-5

Dear Mr. Somayajulu:

.. ..

Blood Analysis done on Mr. Seshadri (Biochemical analysis - Haemoglobin analysis) reveals Foetal Haemoglobin of 32% in his blood which is indicative of Cooley's anaemia. Splenic puncture, Bone marrow puncture and other tests done by Pathology Deptt. is of non-specific nature and not conclusive. They wanted another test to be done but unfortunately they intimated about the same long after you left this place.

Anyway, so far it is still indicative of Cooley's anaemia. But then what can be done for the boy? As at present there is no need for anything to be done. There is absolutely no treatment required at present. Diet : - Let him take all that he likes. But one thing, very certainly you must do. Donot tell Mr. Seshadri anything about what I have written. It is very important that he should be not told of anything for it may have very bad effect on his mind. After all he should be cheerful and not be bothered of anything at his age now.

... ...

Sd/-

Relevant Clinical History of Mr. Seshadri Sastry, aged 17years.

1. At the age of 1 year 3 months, Mr. Sastry suffered from fever. Following this he lost the capacity to speak, which was regained at the end of four years. He had normal dentition. There are no congenital anomalies.

2. Beyond 4 yrs. of age, he has suffered from fever off and on and once in every four to five months. The fever was unaffected by usual medicine, tonics, injections, etc.

3. At the age 6 yrs. enlarged spleen was noticed. He was given indigenous medicines, including Jammi's liver cure, etc., without any effect. The liver was indeed not to be enlarged even at that age both before and after treatment.

4. The boy was born in 1952. During the first two years the parents were living in the agency tracts of Godavari District during the period 1952-54. However, examination for malaria parasites, which was done at that time, was reported to be negative.

5. By the fifth year the boy was obviously pale and dynamic and was locally diagnosed as suffering from pale jaundice.

6. Since 10 yrs. of age, the boy has been given homoeopathic medicine without any obvious benefit.

7. The daily temperature seems to be half a degree above the normal.

8. Splenic enlargement was noted in the left hypochondrium.

9. The boy was stunted in growth.

10. There are no secondary signs nor the male characteristic of hair. Moustache is not developed.

11. The boy is quite active and energetic.

12. He is good at painting.

13. Even at night he can read well.

14. He can play about actively.

15. He has got good mental acumen.

16. He sleeps well.

17. Digestive function is normal.

18. Earlier examinations at Vizg. revealed a haemoglobin percentages of 6.

19. Stature seems to be small.

20. There is gradual thinning and enfeeblement.

21. On walking for sufficient distance there is slight oedema, which is unrelated to filariasis, otherwise prevalent in that region.

ED/ 4001 /68 May 22nd, 1968

My dear Dr. Sriramachari:

Thank you very much for your letter dated May 16th, 1968.

Regarding Seshadri, Male, 17 years, case of haemolytic anaemia with splenomegaly mentioned in your letter, I shall be glad to do whatever I can in the diagnosis. Ideally we should have a detailed investigation of blood on the patient and minimum both the parents for which it is advisable they come to Bombay. The next best is to have blood samples from patient and both parents collected and sent to me preferably by air freight. Post parcel by air not only involves delay but deterioration during the transit.

Presently we have a Project in progress in collaboration with the University of Illinois and Dr. Reid on their behalf is now stationed at Ramachandrapuram, E. Godavari District. He collects blood samples every week from some population groups and sends to us to reach on every Monday. If your friend, Mr. Samayajulu, can contact Dr. Reid, and go to him alongwith his son and Mrs. Somayajulu on a day suitable to Dr. Reid, he can have the blood samples collected and sent to us along with other samples. These samples arrive here by air freight every Monday and are collected in Vacutainers. If from these investigations we find it necessary to have a detailed examination, then only we shall ask them to come to Bombay.

I am writing to Mr. Samayajulu, the copy of which is sent herewith for your information.

I am glad that you will be in Bombay within a few weeks when I hope I shall have received the samples and can discuss the case in person.

22.V.68

With kind regards,

Yours sincerely,

P. K. Sukumaran.
Scientific Officer.

Dr. S. Sriramachari, M.D., D.Sc., FAMS., F.A.Sc.,
Director, Indian Registry of Pathology,
Department of Pathology,
Safdarjang Hospital,
NEW DELHI.3,

Telephone : 77385

Grams : "PATHREGISTRY"

INDIAN REGISTRY OF PATHOLOGY

(INDIAN COUNCIL OF MEDICAL RESEARCH)

DR. S. SRIRAMACHARI
M.D., D. Sc., F.A.M.S., F.A.Sc.
DIRECTOR

Department of Pathology, Safdarjang Hospital
Postal Address : Post Box No: 3039,
New Delhi-3

Dated May 13, 1968

16 MAY 1968

My dear Sukumaran:

I am writing this letter after a long lapse of time. At least I have completed the report of the Reviewing Committee, which was handed over at the end of March. Since then I am busy with my laboratory work.

Recently, I happend to go home when I met one of our close friends. His son, aged 17 years, seems to be suffering from Cooley's anaemia. He has been partially investigated both at Madras and Vellore a couple of years back. In view of the rarity of the condition, I have suggested that samples of the blood may be re-investigated by you. I am enclosing herewith a detailed history of the patient as conveyed to me.

I request you to kindly suggest the manner in which samples of blood should be sent to you for complete investigations on the type of abnormal haemoglobinopathy that the patient is suffering from. To avoid delay I further request you to kindly write to the father of the boy, whose address is given below, as to the amount of blood, the manner in which it should be collected and the way in which it should be sent to you, so that the material reaches you in proper conditions.

I am likely to come to Bombay during the next two or three weeks in connection with the examination of an M.Sc. thesis. During my visit I shall certainly call on you. I wonder whether it would be desirable for the patient to come to Bombay. Only consideration is the long distance he is to come all the way from Rajamundry. They are quite prepared to come sepcially at the time when I am likely to come over to Bombay. If on the other hand you think that the preliminary screening of blood for abnormal haemoglobinopathy might be helpful, I can ask them to postpone the visit to a later date, that is, during my subsequent visit to Bombay. I shall be grateful if you can kindly let me know, at your earliest, as to the appropriate line of action.

I trust your work is getting on well and you are maintaining good health. More in person.

With every good wish,

Yours sincerely,

S. Sriramachari

Mr. P.K. Sukumaran
Research Officer
Indian Cancer Research Centre, Parel
Bombay-12.

Address of Shri Somayajulu:

Shri S. Somayajulu
Telegu Pandit
Old Town
Koovur
West Godavari Dist.

ED/ 5272 /68 July 6th, 1968

Dear Dr. Sriramachari:

I am sending you herewith the reports on three samples of blood from the family of SESHADRI SASTRY investigated by us as per your request.

It will be seen from the results that SESHADRI SASTRY is having thalassemia major (β-type) with both parents showing evidence of thalassemia trait with increased haemoglobin A_2. No abnormal haemoglobin could be detected in any of them. Most of the cases of thalassemia major we see here are in infancy and childhood and rarely we find in grown-ups. Blood smears from both parents show hypochromia and target cells besides slightly increased alkali-resistant haemoglobin and increased Haemoglobin-A_2-fraction. It would be interesting to know whether there is consanguinity in the parents and how many of the siblings of the patient are carriers of this trait. Use of chealating agents along with blood transfusions might help the patient to carryon for some time. I am leaving to you to write to Mr. SOMAYAJULU about the case and give the report if you find it necessary.

Hope to see you while you are in Bombay.

With kind regards,

Yours sincerely,

P. K. Sukumaran
Scientific Officer

Dr.S.Sriramachari,M.D.,D.Sc.,FAMS,F.A.Sc.
Director, Indian Registry of Pathology,
Department of Pathology,
Safdarjang Hospital,
NEW DELHI-3.

Encl: 3 reports (No. H/940; H/940-1; H/940-2)

cBp/