ED/4298/70 June 26, 1970.

Dear Dr. Wasi,

I read, with great interest, your paper "Hereditary Persistence of Foetal Haemoglobin in a Thai family: The First Instance in the Mongol Race and in Association with Haemoglobin E" which appeared in Brit. J. Haematology (1968) 14 : 501.

Lately we have come across a family from this area, where-in a boy aged 18 years showed Hb E + F in his blood with one of the parents Hb A + E while the other revealed increased HbF (16.0%). The latter showing high F had normal A_2 (2.5%). Acid elution staining in this case revealed a picture simulating hereditary persistence of foetal haemoglobin but very few cells retaining more haemoglobin. If the possibility of - Thalassemia along with iron deficiency responsible for decrease in A_2, is considered in this case, the raised Hb-F(16.0%) is unusual. We have quite a few families with hereditary persistence of foetal haemoglobin either in trait condition or along with - Thalassemia. In all the traits Hb-F varies from 22-28% with Hb-F evenly distributed in red cells. Incidentally I may mention that the first case of such a condition came to our notice in the early fifties but was briefly reported only in 1961. I would like to know your valuable comments on this case with Hb-E in the light of the findings of less than 20% foetal haemoglobin in some of your case.

I find in the papers published from your laboratory that you have very good techniques for detecting and estimating small quantities of Hb-Bart's from cord bloods. Could you be kind enough to send me the exact details of the technique including preparation of haemoglobin solution for this procedure?

I shall greatly appreciate to receive reprints of your recent publications.

Kindly convey my regards to Dr. Na-Nakoran.

Thanking you and with kind regards,

Yours sincerely,

PKS

P.K. Sukumaran,
Scientific Officer.

Dr. P. Wasi,
Division of Haematology,
Faculty of Medicine,
Siriraj Hospital,
Bangkok,
THAILAND.

/snn

MAHIDOL UNIVERSITY
~~UNIVERSITY OF MEDICAL SCIENCES~~
FACULTY OF MEDICINE AND SIRIRAJ HOSPITAL

DIVISION OF HEMATOLOGY
DEPARTMENT OF MEDICINE
SIRIRAJ HOSPITAL
BANGKOK, THAILAND.

July 2, 1970

P.K. Sukumaran
Scientific Officer
Cancer Research Institute
Tata Memorial Centre
Parel, Bombay 12
India.

Dear Dr. Sukumaran,

Thank you for your recent letter. I would first think that the parent of your E+F boy, who has 16 % Hb F could be either a high F (δ_B) thalassemia trait or a heterozygote for hereditary persistence of fetal hemoglobin. If it is the latter, the boy with E+F should be symptom-free. If this is the case, there are then probably more than one type of hereditary persistence of fetal hemoglobin in India; this one is more like the Greek type and the other more common one is more like the Negro type. In our cases the values of Hb F appear to be between those 2 types.

We are happy with the techniques of Hbs H and Bart's estimation by cellulose-acetate electrophoresis. We use the tris-borate-EDTA buffer, and Gelman's cellulose-acetate strips. After one hour run, we cut the strips, hemoglobin being eluted out by distilled water, 1 ml for the small fractions. The eluates are read at 540 mμ. It is important not to stain the strips with benzidine. We tried this before and failed because the high sensitivity of benzidine introduces too much error. Hb solution is prepared by the usual Singer's method, but it is centrifuged at 60,000 rpm in cool to sediment stroma.

Reprints are being sent to you by a separate mail.

I remember you very well. Please send any available reprints you may have. And I wish you the best of success in your works.

With kind regards.

Yours sincerely,

Prawase Wasi

Prawase Wasi

จดหมายอากาศ

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Dr. P.K. Sukumaran

Scientific Officer, Cancer Research Institute,

Tata Memorial Centre, Parel, Bombay 12

INDIA

ชื่อและตำบลที่อยู่ของผู้ฝาก Sender's name and address

Division of Hematology

Dept. of Medicine, Siriraj Hospital

Bangkok, Thailand.

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POSTEARLY

ถ้าสอดสิ่งใดไว้ในซอง จะส่งจดหมายอากาศนี้ไปทางธรรมดา

IF ANYTHING IS ENCLOSED THIS AIR LETTER WILL BE SENT BY SURFACE MAIL

ED/4838 /70 July 14, 1970

Dear Dr. Wasi,

This has reference to your letter dated June 2nd.

Thank you for the valuable comments on the case I referred in my letter. First of all the boy with Hb E + F came to us with splenomegaly and anaemia. Father showing Hb - F (16.0%) did show some what mixed pattern on elution test for foetal haemoglobin. These factors are in favour of branding this to be thalassemia ($\beta\delta$ type) in the father. However I am going ahead with further family studies in this case.

I am grateful to you for all the information given in your letter.

14.VII.70

With kind regards,

Yours sincerely,

P.K. Sukumaran,
Scientific Officer.

Dr. P. Wasi,
Division of Haematology,
Department of Medicine,
Siriraj Hospital,
Bangkok,
THAILAND.

/snn