

has signally failed to shed much light on the cause of this type of renal stone, and the epidemiological approach might prove much more fruitful in this as well as in other "diseases of civilisation".

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NEUROLOGICAL DISORDERS IN 47,XYY MEN

SIR,—Neurophysiological abnormalities have been described in 47,XYY men.^{1,2} Some authors have also drawn attention to a high frequency of epileptic-type seizures and involuntary movements.^{3,4}

In 51 males with this karyotype we have found: (i) 1 subject with a tremor among 22 adults (aged 20 or over) identified in a survey of the general population; (ii) 3 patients with seizures and suspected epilepsy among 23 47,XYY men in psychiatric wards or maximum-security hospitals; and (iii) 1 younger patient with some mongoloid features who had choreiform movements and late sequelæ of acute anterior poliomyelitis. He was 1 of 6 children or teenagers with a 47,XYY karyotype at the Institut Médico-Pédagogique.

These findings suggest that there may be a neurological abnormality in XYY men as well as a mental disorder causing socially deviant behaviour.⁵

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PHILADELPHIA CHROMOSOME IN ACUTE LYMPHOCYTIC LEUKÆMIA

SIR,—To the cases described by Propp and Lizzi⁶ and by Dr Schmidt and colleagues (May 17, p. 1145) we would like to add a third in which Ph¹ chromosome was found in acute lymphatic leukæmia (A.L.L.).

A 7-year-old girl had A.L.L. diagnosed on clinical grounds and on examination of blood-smears and bone-marrow. Chemotherapy was started with vincristine and prednisone. Intercurrent varicella was successfully treated by intravenous cytarabine. Prophylactic irradiation of C.N.S. and intrathecal methotrexate were given. After complete remission was achieved, the patient was put on maintenance treatment with daily 6-mercaptopurine and weekly methotrexate.

Chromosomes were studied before chemotherapy and after remission. Blood cultures were set up with and without phytohemagglutinin and slides were made after 4–72 hours. Metaphases were found only in the P.H.A.-stimulated 72-hour cultures. Before chemotherapy 5 of 12 cells examined clearly showed the Ph¹ chromosome. After remission all 40 metaphases examined had a normal 46,XX karyotype.

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INCIDENCE OF ALCOHOLIC LIVER DISEASE

SIR,—Why are more figures from "other centres around the country" needed; and what purpose is to be served by sending them to Dr Blendis and his colleagues (Sept. 13, p. 499)? Figures are already available,^{1–3} and alcoholism is now the ætiological factor in from two-thirds to three-quarters of patients with cirrhosis in this country.

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COUNTERIMMUNOELECTROPHORESIS IN DIAGNOSIS OF HYDATID DISEASE

SIR,—We were interested in the results reported by Prof. Kelkar and Dr Kotwal (March 29, p. 755) who used counterimmunoelectrophoresis (C.E.P.) to detect hydatid disease. They used a crude agar (Difco Bacto) as the gel and sterile hydatid fluid as the antigen. Clear-cut immunoprecipitates were obtained in 67% of proven cases of hydatid disease. None of the sera from normal volunteers and from 5 cases of other parasitic infections were positive. These findings suggested that the C.E.P. test is very specific, although no more sensitive than other tests commonly used to diagnose hydatid disease. The indirect hæmagglutination test (I.H.), for example, is positive in more than 80% of the cases of human hydatidosis.^{4,5}

We compared the results obtained by C.E.P. and I.H. in 26 cases of active hydatidosis established at operation

DIAGNOSIS OF HYDATIDOSIS BY C.E.P. AND I.H. TESTS

Group	No.	C.E.P. test		I.H. test
		H.F. antigen (no.)	H.F.C. antigen (no.)	H.F.C. antigen (no.)
<i>Active hydatidosis:</i>				
Total	26	13 (50)	24 (92)	23 (88)
Liver cysts	13	7 (53)	13 (100)	12 (92)
Lung cysts	9	4 (44)	7 (77)	7 (77)
Bone cysts	4	2 (50)	4 (100)	4 (100)
<i>Postoperative hydatidosis</i> ..	8	0	5 (62)	5 (62)
<i>Other parasitic infections</i> ..	6	1 (16)	1 (16)	0
<i>Normal</i>	21	0	0	0

Percentages are shown in parentheses.

(19 cysts of the liver, 9 cysts of the lung, 4 cysts of the bone), in 8 patients in whom the cysts had previously been surgically treated for over a year, in 6 cases with other parasitic infections (3 cases of *Tænia saginata* infestation, 3 cases of *Enterobius vermicularis* infestation), and in 21 healthy volunteers.

For the C.E.P. test we used the technique of Prof. Kelkar and Dr Kotwal. The antigens used were a pool of sterile hydatid sheep fluid (H.F.) or the same pool concentrated a hundred times (H.F.C.) by dialysis against polyethylene glycol 4000 (B.D.H.). A barbitone-acetate buffer with a pH of 8.4 and ionic strength 0.05 was used in a continuous electrophoresis system. Electrophoresis was performed at room temperature for an hour using a current of 15 mA per slide. The I.H. test was performed by the technique proposed by other workers^{4,5} using H.F.C. antigen.

The results (see accompanying table) indicate that the

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