eact with all Rh1Rh2 bloods. It is a striking coincience that the percentage of positive reactions in the th<sub>1</sub> group corresponds exactly with the percentage thich we can recognize by means of St serum to elong to genotype  $Rh_1rh$ , and it seems highly probble that this potent anti-Hr serum agglutinates the  $2h_1rh$  fraction of the  $Rh_1$  group. If this is so, it must eact with only a single dose of an St positive gene, and the failure to agglutinate  $Rh_1Rh_2$  cells cannot be attributable to the presence of only a single  $\delta t$ -positive component, namely,  $Rh_2$ .

It is interesting to compare the observed reactions of this potent anti-Hr serum with those predicted or the hypothetical antibody  $\delta$  which Fisher's ormulation anticipated<sup>6</sup>.

	Rh- nega- tives	$Rh_1Rh_2$	' $Rh_1$ blood of white individuals' About 60 per and 40 per cent cent $Rh_1rh$ and $Rh_1Rh_1$
lenetic structure in	cde	CDe	CDe CDe
Fisher's scheme	cde	CDE	cde CDe
)bserved reactions of anti-Hr (Levine)	+		+ with "about 60%"
Predicted reactions of & (Fisher)	+	-	+ with $Rh_1rh$ -with $Rh_1Rh_1$ (60 per cent) (40 per cent)
)bserved reactions of St (or $\gamma$ )	+	+	+with $Rh_1rh$ -with $Rh_1Rh_1$ , (60 per cent) (40 per cent)
The hypothetic	cal o rea	cts with	d. St (or $\gamma$ ) reacts with c.

It was realized when Fisher proposed his scheme that if the antibody  $\delta$  were encountered, it would be easily distinguishable from y because the former would fail to agglutinate  $Rh_1Rh_2$  cells.

The finding by Levine of an antibody possessing the characters of one predicted in Fisher's formulation of the genetics of the Rh blood groups greatly increases the probability that this formulation represents the actual state of affairs. That St serum and Levine's anti-Hr serum contain quite different antibodies is now certain; both react with Rhnegative blood, but with different components in its antigenic constitution.

It seems probable that Levine and Wiener are working with different anti-Hr sera. Levine's powerful anti-Hr appears to be the predicted  $\delta$ , while Wiener's is probably  $St(\gamma)$ .

## R. R. RACE.

Medical Research Council,

Emergency Blood Transfusion Service.

MARJORY MCFARLANE.

## D. F. CAPPELL.

East of Scotland Blood Transfusion Service, University of St. Andrews Medical School,

Dundee. March 26.

<sup>1</sup> Levine, in the "Yearbook of Pathology and Immunology", 509 (1941).

- \* Levine, J. Paed., 23, 6, 656 (1943).
- \* Race and Taylor; Nature, 152, 300 (1943).
- <sup>4</sup> Race, Taylor, Boorman and Dodd, Nature, 152, 563 (1943). <sup>5</sup> Race, Taylor, Cappell and McFarlane, Nature, 153, 52 (1944).

Bace, Nature, 153, 771 (1944).

<sup>7</sup> Wiener, Davidsohn and Potter, J. Exp. Med., 81, 1, 63 (1945).

"Waller and Levine, Science, 100, 453 (1944).

WITH the complete set of six antibodies now apparently discovered, the recognition of rare genotypes will be immensely easier. All the homozygotes of the seven known allelomorphs can be distinguished unambiguously, and nine of the heterozygotes, namely (omitting h's),  $R_0r$ ,  $R_0R_2$ ,  $R_0R_1$ ,  $R_2R''$ ,  $R_2R_z$ , R''r, R'r,  $R_1R_2$ ,  $R_1R'$ . Three pairs of heterozygotes are indistinguishable

$R_0R'$	$R_0R_z$
$R_1r$	$R_1R_2$

These leave little practical doubt, since in each case the genotype printed below is about one thousand times more frequent than that above.

Three more heterozygotes are capable of confusion only with a heterozygote involving  $R_y$ , which has not been discovered, and is unquestionably very rare :

$R_y R_2$	$R_y R_1$	$R_{yr}$
$R_z R''$	$R_z R'$	R'R''

It is among these that  $R_y$  may be looked for.

Finally, a group of three known genotypes, and one involving  $R_y$ , should react positively with all six reagents. These with their approximate frequencies in the British population are shown below:

 $R_2 R'$  $R_1R''$ 

 $R_z r$ R.R. 0.3% very rare indeed. 0.4%

0.8% Thus it is only among these last that genotype recognition will have to rely on pedigree evidence. The interpretation of pedigree evidence also will now be greatly facilitated.

R. A. FISHER.

Department of Genetics, University, Cambridge.

## An Unsuspected Relationship between the Viruses of Vaccinia and Infectious Ectromelia of Mice

IT has been observed that emulsions in saline of the lesions produced on the choricallantois by the virus of infectious ectromelia of mice have the capacity of agglutinating fowl erythrocytes. As is the case with vaccinia virus preparations<sup>1</sup>, only about 50 per cent of individual fowls provide susceptible cells. Cells susceptible to one virus are susceptible to agglutination by the other. Agglutination by infectious ectromelia virus is inhibited by anti-vaccinial immune serum from calves.

The possibility of the infectious ectromelia virus being contaminated with vaccinia virus can be excluded, first by the completely different appearance of the lesions produced by the two viruses on the chorioallantois, and secondly by the fact that liver and spleen emulsions from mice dead of infectious ectromelia give a similar agglutination of susceptible but not of insusceptible fowl cells.

Using a technique similar to that commonly used for hæmagglutination work with influenza virus, the titre of a stock membrane emulsion of ectromelia virus (each chorioallantois ground with 1 ml. of saline) is about 1:200. The same emulsion titrated on the chorical lantois gives approximately  $1.2 \times 10^7$  specific pocks per ml. This corresponds closely to the relationship found between the results with the same two methods of titration of vaccinia virus. Preliminary work suggests that a soluble product rather than the virus itself is responsible for the hæmagglutination.

Although the two viruses differ sharply in hostrange and type of lesion produced, their physical qualities agree closely; and there seems to be no adequate reason why our findings should not be taken at their face value as indicating that infectious ectromelia is the murine representative of the mammalian pock diseases.

F. M. BURNET.

The Walter and Eliza Hall Institute, Sydney Road, Melbourne, N.2. Jan. 24.

<sup>1</sup> Nagler, F. P. O., Med. J. Australia, 1, 281 (1942)-