

Correspondence

Vampires: The Nature (and Number) of the Beast

DEAR SIR,

Herschel Prins claims that the vampire myth “was probably given more tangible reality by such physical explanations as Erythropoietic Protoporphyrin or its variants” (*Journal*, June 1985, 146, 666–668).

The signs listed by Prins (red eyes, skin and teeth, anaemia, and severe skin lesions), are actually typical of the rarer, recessively inherited congenital porphyria, not erythropoietic protoporphyria (Kosek, 1982). Of the latter, latent forms may actually be more common than active ones, because of partial penetrance, and patients are not usually anaemic or exhibiting a taste for blood. In any case, the replenishing of the stores of haem by this route would be minimal because of its poor absorption by the gut (Day, 1984).

It may seem churlish to drive a stake through this attractive but unfounded hypothesis, were it not for the harm such macabre tainting of a potentially fatal group of diseases could cause. Known sufferers, their relatives and the general public need reassurance that they are not predisposed to blood-sucking, sadomasochism or murder. The danger is of course that such sensationalism could discourage those with porphyric symptoms or a family history of such symptoms from seeking medical advice.

While on the subject, it would seem timely to remind your readers, particularly those who set the MCQs for the College examination, that the hoary old chestnut that George III suffered from porphyria has been comprehensively refuted (Dean, 1971).

Finally, I cannot help wondering whether the Editor felt obliged to follow a dictum higher than the College motto in his selection of the title-page number:

“This calls for wisdom: let him who has understanding reckon the number of the beast . . . its number is six hundred and sixty-six.” (*Revelation*, XIII, 18)

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DEAR SIR,

I note with interest that Herschel Prins' article on Vampirism appears on page 666 (the number of “the beast”). Is this more than coincidence?

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Malnutrition and Alzheimer's Dementia

DEAR SIR,

Thygesen *et al* (1970) and Gibberd & Simmonds (1980) have described in former concentration camp prisoners and former Far East prisoners of war a type of dementia with cerebral atrophy which occurred many years after their liberation. They suggested that it was caused by prolonged severe undernutrition which is a cause of cerebral atrophy (Skullerud, 1985) and of intellectual impairment (Leyton, 1946). We have recently seen two patients presenting such a dementia, who fulfilled DSM III criteria for Alzheimer's dementia. These facts suggest a possible identity between these apparently different types of dementia. To our knowledge, existing neuropathological data cannot determine whether they are identical or not. Thus, neuropathological studies should be carried out to this end. If these two types of dementia were identical, this would argue for a nutritional etiology in the Alzheimer variety (Abalan, 1984).

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