

Genetic Theory of the Rh Blood Types.*

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In a previous paper,¹ a classification of human bloods according to their reactions with 2 principal varieties of anti-Rh agglutinins was proposed, in which 3 sorts of Rh-positive blood are distinguished, designated as Rh₁, Rh₂, and Rh'. Furthermore, it was demonstrated that the 3 most common types, Rh₁, Rh₂, and Rh-negative, are inherited by triple allelic genes, *Rh₁*, *Rh₂*, and *rh*. Recently, Wiener and Sonn² described a new variety of anti-Rh agglutinin reacting with about 35% of bloods from white individuals in New York City. The agglutinin detected by this isoantibody proved to be inherited as a simple Mendelian dominant by means of a special gene allelic to *rh*. With the new agglutinin the number of subdivisions within the Rh-positive type has been further increased, and the purpose of the present communication is to present a more complete classification and

genetic theory in order to include these additional types.

In Table I is presented once more the classification of the 4 types of blood defined by the standard anti-Rh serum of Landsteiner and Wiener,³ reacting with about 85% of bloods from white individuals, and the anti-Rh₁ serum of Wiener,⁴ giving about 70% positive reactions. This table is similar to that given in the previous paper.¹ As Wiener and Landsteiner¹ have pointed out, type Rh₁ and type Rh₂ bear a serologic and genetic relation to each other similar to that of the subgroups A₁ and A₂. For example, the reactions of type Rh₁ blood with the 2 agglutinins anti-Rh and anti-Rh₁ are not due to 2 genetically distinct antigens Rh and Rh₁ in such blood, but to an agglutinin Rh₁ containing 2 "partial" antigens inherited as a unit by means of a corresponding gene. The analogy

TABLE I.
Relation Between Agglutinins Anti-Rh and Anti-Rh₁.
(Modified after Wiener and Landsteiner.)

Antiserum	Agglutinins in serum	Types of blood and approximate distribution in N.Y.C. (whites)			
		"Rh ₁ " 67%	"Rh'" 2%	"Rh ₂ " 18%	"Neg." 13%
Anti-Rh* (standard)	Anti-Rh	Pos.	Neg.	Pos.	Neg.
Anti-Rh ₁ †	Anti-Rh ₁	Pos.	Pos.	Neg.	Neg.
Anti-Rh'‡	Anti-Rh and Anti-Rh ₁	Pos.	Pos.	Pos.	Neg.

Quotation marks are used in order to distinguish the 4 types of this table from the more completely classified types of Table IV. Each type in this table includes 2 types of Table IV. For example, the "Neg." type here also includes type Rh'' of Table IV; type "Rh₁" here includes types Rh₁ and Rh₁Rh₂ of Table IV, etc.

* Landsteiner, K., and Wiener, A. S., *Proc. Soc. Exp. Biol. and Med.*, 1940, **42**, 223.

† Wiener, A. S., *Arch. Path.*, 1941, **32**, 227; Landsteiner, K., and Wiener, A. S., *J. Exp. Med.*, 1941, **74**, 309.

‡ Wiener, A. S., *Arch. Path.*, 1941, **32**, 227; Levine, P., Burnham, L., Katzin, E. M., and Vogel, P., *Am. J. Obst. and Gyn.*, 1941, **42**, 925.

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¹ Wiener, A. S., and Landsteiner, K., *Proc. Soc. Exp. Biol. and Med.*, 1943, **53**, 167.

² Wiener, A. S., and Sonn, E. B., *J. Immunol.*, in press; Wiener, A. S., *Science*, 1943, **98**, 182.

³ Landsteiner, K., and Wiener, A. S., *Proc. Soc. Exp. Biol. and Med.*, 1940, **42**, 223.

⁴ Wiener, A. S., *Arch. Path.*, 1941, **32**, 227.

TABLE II.
Relation Between Agglutinins Anti-Rh and Anti-Rh₂.

Antiserum	Agglutinins in serum	Types of blood and approximate distribution in N. Y. C. (whites)			
		I 32.5%	II 0.5%	III 52.5%	IV 14.5%
Anti-Rh (standard)	Anti-Rh	Pos.	Neg.	Pos.	Neg.
Anti-Rh ₂ *	Anti-Rh ₂	Pos.	Pos.	Neg.	Neg.
Anti-Rh''†	Anti-Rh and Anti-Rh ₂	Pos.	Pos.	Pos.	Neg.

*Wiener, A. S., and Sonn, E. B., *J. Immunol.*, in press; Wiener, A. S., *Science*, 1943, **98**, 182.

†Wiener, A. S., unpublished observations. This type of serum is difficult to distinguish from standard anti-Rh serum unless blood of the rare type Rh'' is available.

to the subgroups of A is not complete, however, because rare bloods exist which react with anti-Rh₁ but not anti-Rh agglutinins, and the so-called agglutigen Rh' in these bloods, as will be shown presently, is determined by a special allelic gene. The reason why the anti-Rh' sera (containing both agglutinins anti-Rh and anti-Rh₁) are the most common among the human Rh antisera is that an Rh-negative mother with an erythroblastotic infant of the most frequent type Rh₁ would be apt to possess agglutinins specific for both of the partial antigens in Rh₁ blood. In many anti-Rh' sera, the strength of the two agglutinins is unequal, and most of the so-called anti-Rh₁ sera are really anti-Rh' with very weak anti-Rh agglutinins which do not react under the conditions of the test.

As is shown in Table II, the anti-Rh₂ agglutinin of Wiener and Sonn bears a relation to the standard anti-Rh agglutinin entirely analogous to that of the anti-Rh₁ agglutinin. The agglutigen in blood of type I, like the Rh₁ agglutigen, appears to possess 2 "partial" antigens, and these are inherited together as a unit by means of a special allelic gene. The rare type II is analogous to type Rh'; it reacts with anti-Rh₂ but not with anti-Rh agglutinins and presumably is also determined by a special allelic gene. Human sera containing anti-Rh₂ agglutinins, as a rule, also contain anti-Rh agglutinins (anti-Rh'' serum of Table II), for reasons already presented; in fact, anti-Rh₂ sera are really anti-Rh'' sera with weak anti-Rh agglutinins.

Incidentally, human sera containing both the agglutinins anti-Rh₁ and anti-Rh₂ have not yet been encountered and such sera must be rare. The reason for this is that Rh-

negative mothers cannot have type Rh₁Rh₂ children, although if such a mother has a type Rh₁Rh₂ husband, half the children will be Rh₁ and half Rh₂. At any rate, isoimmunization against both Rh₁ and Rh₂ cannot occur during the same pregnancy. Simultaneous isoimmunization against Rh₁ and Rh₂ could occur, however, in an Rh-negative individual receiving transfusions of type Rh₁Rh₂ blood.

If the reactions of the 3 agglutinins, anti-Rh, anti-Rh₁, and anti-Rh₂, are considered together, five sorts of Rh agglutinogens can be differentiated, each presumably determined by a corresponding allelic gene (*cf.* Table III). These, together with the recessive gene, make up a series of 6 allelic genes, *Rh₁*, *Rh₂*, *Rh*, *Rh'*, *Rh''*, and *rh*. As is shown in Table IV, these six genes give rise to 21 theoretically possible genotypes, corresponding to 8 different types of blood, of which, to date, 7 have already been encountered. The eighth type Rh'Rh'' corresponds to the genotype *Rh'Rh''*, the calculated frequency of which is very low. Therefore, it is not surprising that blood giving the reactions of the theoretical type Rh'Rh'' has not yet been found.

Investigations on family material⁵ to test this theory of 6 allelic genes have been carried out, and the results in 92 families with 267 children conform with the theoretical expectations. A few illustrative observations will be cited:

(1) In every case where a child possesses agglutigen Rh₁ or Rh₂, one or both parents also possess the corresponding agglutigen. Moreover, no instance has yet been encoun-

⁵ Wiener, A. S., Sonn, E. B., and Belkin, R., *J. Exp. Med.*, in press.

TABLE III.
Variants of the Rh Agglutinin and Their Corresponding Genes.

Agglutinin* in erythrocytes	Reactions with Rh Antisera					Designation of genes*
	Anti-Rh	Anti-Rh ₁	Anti-Rh ₂	Anti-Rh'	Anti-Rh''	
Neg.	Neg.	Neg.	Neg.	Neg.	Neg.	<i>rh</i>
Rh ₁	Pos.	Pos.	Neg.	Pos.	Pos.	<i>Rh₁</i>
Rh ₂	Pos.	Neg.	Pos.	Pos.	Pos.	<i>Rh₂</i>
Rh	Pos.	Neg.	Neg.	Pos.	Pos.	<i>Rh</i>
Rh'	Neg.	Pos.	Neg.	Pos.	Neg.	<i>Rh'</i>
Rh''	Neg.	Neg.	Pos.	Neg.	Pos.	<i>Rh''</i>

* See foot-note to Table IV.

TABLE IV.
The Eight Rh Blood Types and Their Theoretical Genotypes.

Rh Type* (Phenotype)	Reactions with Rh antisera					Approximate frequency in N.Y.C. (whites) %	Theoretically possible genotypes*
	Anti-Rh	Anti-Rh ₁	Anti-Rh ₂	Anti-Rh'	Anti-Rh''		
Neg.	Neg.	Neg.	Neg.	Neg.	Neg.	13.0	<i>rh rh</i>
Rh ₁	Pos.	Pos.	Neg.	Pos.	Pos.	50.0	$\left\{ \begin{array}{l} Rh_1 Rh_1 \\ Rh_1 rh \\ Rh_1 Rh \\ Rh_1 Rh' \\ Rh' Rh \end{array} \right.$
Rh ₂	Pos.	Neg.	Pos.	Pos.	Pos.	15.5	$\left\{ \begin{array}{l} Rh_2 Rh_2 \\ Rh_2 rh \\ Rh_2 Rh \\ Rh_2 Rh'' \\ Rh'' Rh \end{array} \right.$
Rh ₁ Rh ₂	Pos.	Pos.	Pos.	Pos.	Pos.	17.0	$\left\{ \begin{array}{l} Rh_1 Rh_2 \\ Rh_1 Rh'' \\ Rh' Rh_2 \end{array} \right.$
Rh	Pos.	Neg.	Neg.	Pos.	Pos.	2.5	$\left\{ \begin{array}{l} Rh Rh \\ Rh rh \end{array} \right.$
Rh'	Neg.	Pos.	Neg.	Pos.	Neg.	1.5	$\left\{ \begin{array}{l} Rh' Rh' \\ Rh' rh \end{array} \right.$
Rh''	Neg.	Neg.	Pos.	Neg.	Pos.	0.5	$\left\{ \begin{array}{l} Rh'' Rh'' \\ Rh'' rh \end{array} \right.$
Rh'Rh''	Neg.	Pos.	Pos.	Pos.	Pos.	—†	<i>Rh'Rh''</i>

* Knowledge concerning the Rh factors is changing so rapidly that the system adopted in the present paper should only be regarded as provisional and temporary.

† This theoretically possible type has not yet been encountered, which is not surprising considering the extremely low value of the calculated frequency of the genotype *Rh'Rh''*.

tered of a type Rh₁Rh₂ parent with an Rh-negative child or an Rh-negative parent with a type Rh₁Rh₂ child.

(2) An Rh-negative mother and type Rh₁Rh₂ father had 5 Rh₁ and 5 Rh₂ children. According to the theory, this father belongs to genotype *Rh₁Rh₂*, and as expected, half the children belong to genotype *Rh₁rh* and half to genotype *Rh₂rh*.

(3) In 2 families Rh₁ × Rh-negative, there was a total of 7 type Rh₁ and 5 Rh-negative children. Here the Rh₁ parents obviously belong to genotype *Rh₁rh*.

(4) In a family Rh₁ × Rh₁, there were 3 Rh₁ and 2 Rh' children. Here, evidently, one of the Rh₁ parents belongs to genotype *Rh₁Rh'*, the other to genotype *Rh₁Rh'* or genotype *Rh₁rh*.

(5) Families $Rh_1 \times Rh_1$ and $Rh_1 \times Rh$ -negative have been encountered in which the children belonged either to type Rh_1 or type Rh . In these families one or both of the Rh_1 parents must belong to genotype Rh_1Rh .

(6) In a Negro family, the husband belonged to type Rh' , the child to type Rh_2 while the wife was Rh -negative, in conflict with the heredity theory. However, the husband was actually not the father of the child because he belonged to type N and the child to type M .

These examples suffice to illustrate how the theory operates and the complete family data will be presented in detail in a separate publication.⁵

An interesting consequence of the theory is that an antigen resulting from the action of a single gene may be indistinguishable serologically from that produced by the combined action of two allelic genes. Thus, gene Rh_1 alone produces the same effect as genes Rh and Rh' together, and gene Rh_2 produces the same effect as genes Rh and Rh'' together. The only way to differentiate the two cases is by family studies. For example, in the mating Rh -negative $\times Rh_2$, if the Rh_2 type is determined by gene Rh_2 , in some families all the children will belong to type Rh_2 , while in other families half the children will be Rh_2 and half Rh -negative (or type Rh). On the other hand, in matings Rh -negative $\times Rh_2$ where the Rh_2 parent belongs to genotype $RhRh''$, half the children will belong to type Rh and half to type Rh'' .

The Rh blood types should prove useful in forensic medicine for criminal identification because they multiply the number of individual differences in human blood. Moreover, the Rh types offer the prospect of

increasing substantially the chances of exclusion in cases of disputed parentage.

In typical cases of erythroblastosis where the mother is Rh -negative and the father is Rh -positive, if the father belongs to type Rh_1Rh_2 the prognosis for future pregnancies is poor because every child must be Rh -positive (either type Rh_1 or type Rh_2). Moreover, should specific desensitization prove feasible as a method of preventing erythroblastosis, it might be found essential to use Rh antigens of the same variety as that to which the mother has been sensitized.

In conclusion, it should be mentioned that the number of Rh types existing is not limited to those described in this paper. For example, occasionally bloods are encountered which give intermediate reactions, and rare bloods have been found which give atypical reactions.

Summary. Three varieties of anti- Rh agglutinins have been encountered, designated as anti- Rh (standard), anti- Rh_1 , and anti- Rh_2 , and agglutinating, respectively, approximately 85%, 70%, and 35% of bloods from white individuals in New York City. Human sera containing agglutinins anti- Rh and anti- Rh_1 together are designated anti- Rh' ; sera containing the two agglutinins anti- Rh and anti- Rh_2 are designated anti- Rh'' . By means of the 3 sorts of Rh agglutinins, 5 varieties of Rh agglutinogens are demonstrable, designated as Rh_1 , Rh_2 , Rh , Rh' , and Rh'' . These in combination give rise to 8 Rh blood types (including the Rh -negative type), of which all but one, the rarest, have actually been encountered. A theory to explain the heredity of the Rh blood types is proposed in which the existence of 6 allelic genes is postulated. Evidence in support of the theory is presented and some of the implications of the theory are mentioned.