

Copy to Lady
19/9/50

National Blood Transfusion Service (Wales Region),
19, Newport Road,
Cardiff.

SUSPECTED CASES OF HOMOLOGOUS SERUM JAUNDICE

A routine survey is being carried out on all cases of suspected homologous serum jaundice. As the disease may prove fatal, it is very desirable to have precise information (for pooling of knowledge) concerning individual cases. Not all cases of hepatitis with jaundice are, in fact, due to transfusion for the patient may have been in contact with a case of infective hepatitis and so have acquired the disease by contact. It is most essential that identity of blood donors, or serial numbers of batches of plasma (or serum) used in transfusions be recorded. Suspected donors can then be traced and removed from the panels (and investigated), while suspect batches of plasma (or serum) can be withdrawn and the incidence of the disease thus greatly reduced.

THE FOLLOWING INFORMATION IS DESIRED:-

1. Surname of patient (block letters) GRO-A
2. Christian Names GRO-A Year of Birth 1925
3. Home Address GRO-A
4. Patient's blood group (ABO and Rh) O. Rh+
5. Primary disease or injury (e.g., lung abscess, compound fracture of femur, etc.)

Post Partum Haemorrhage and Shock.

6. Reason for transfusion (haemorrhage, shock, anaemia, hypoproteinaemia, etc.)

Haemorrhage and obstetric shock.

7. Date(s) of transfusion(s). State material used at each transfusion and give serial numbers of bottles of blood, plasma or serum used (or identity of individual donors)

GRO-A 29.9.49 2 pints of Plasma.

Transfusion was given in the middle of the night at the patient's home. Unfortunately numbers of bottles were not kept, in the excitement of the moment.

8. (a) Date of first onset of symptoms, e.g., nausea, anorexia, vomiting, etc.
Indicate briefly nature and duration of symptoms.
About 24.9.49. Nausea, anorexia, then jaundice came on about a week later - 29.9.49 became more severe with Van den Bergh Direct Positive. No pyrexia or severe illness - was able to carry on household duties.
(b) Date of onset of jaundice, its duration, etc.
29.9.49 continues, but is now fading (26.10.49)

9. Has liver enlargement been noted; if so, to what degree? No.

• How long has liver enlargement persisted? -

10. Present condition of patient (severity of illness, intensity of jaundice, etc.)

Feels fit now. Jaundice still obvious in skin and conjunctivae, but stools
are now normal in colour.

11. Has the patient been in contact, within the six months prior to date of onset of symptoms, with persons suffering from epidemic catarrhal jaundice?

No.

12. Were there other cases of jaundice in hospital at the same time?

No.

13. Has the patient received injections.- N.A.B., Insulin, Penicillin, while in hospital?

No.

14. Ultimate result (recovery/death) Recovering.

15. In the event of death please summarise autopsy (if any) findings here

Hospital

Medical Officer Dr. G.D. Lewis.

Date 26.10.49.

Summary: Onset of Hepatitis and Jaundice about 130th day after transfusion of two bottles of plasma (total 800 c.cm.) for haemorrhage in childbirth. Jaundice preceded by anorexia and nausea for a week. The patient was able to carry on with her household duties. Four weeks after the onset of jaundice the patient was recovering and jaundice, though still present, had abated. Recovering. Serial numbers of bottles of plasma not recorded.