



NATIONAL BLOOD TRANSFUSION SERVICE

(REGION XI—WALES)

Administrative Officer :
C. D. BOWEN-BRAVERY

Medical Director :
Dr. R. J. DRUMMOND

Regional Donor Organiser :
Commander R. S. CHRISTIAN-EDWARDS R.N.

Telephone :
PENTYRCH 302

Assistant M.O. :
Dr. BERYL BEVAN

REGIONAL TRANSFUSION CENTRE
RHYD-LAFAR, ST. FAGANS,
Nr. CARDIFF.

RD/MB.

22nd May, 1962.

Dr. W. d'A. Maycock,
Lister Institute of Preventive Medicine,
Elstree, Herts.

Dear Maycock,

H.S. Jaundice.

We discussed briefly at recent M.R.C. meeting the matter of tracking down cases of H.S.J. It is, I hope, a fair statement of fact that our methods have produced, and are producing, results in the way of cases of post-transfusion serum hepatitis. More cases could be traced, but the work has now become too great to be adequately coped with, as I hinted in a previous letter.

It is worth considering what is involved in a hypothetical case which has had, for example, 7 bottles of blood and 3 of S.P. Dried Plasma (of different batches). Suppose the donors of the 7 bottles of blood have, between them, donated on 30 occasions. The fate of each donation has to be accounted for - that may mean going back 10 years, or more, in some donors. For each donation transfused, the recipients must be contacted. We have to ascertain via the hospital, then G.P., whether patient still survives. If alive, we must ascertain from the patient whether he, or she, had jaundice in the six months following transfusion; several cases have come to light in this way. In the case of donations used for plasma, the fate of the plasma must be ascertained and recipients traced, as above. Finally, in case of S.P. plasma, all the donors (if this region) contributing to the pools must be accounted for and all donations they have given back-traced as above.

If this work is worthwhile, particularly as the machinery for a continuing survey in one region, we must have more hands for the job. As things are, this work must be cut down rather than increased.

I would suggest that for a trial period of one year, we be authorised to utilise the services of one of our bleeding session doctors one full day a week here. She would need clerical assistance and we would

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I think, be able to allocate this (shorthand typist) from R.D.O's department - say 3 afternoons a week. If you agree, the necessary authorisation can go via Culley to the R.H.B.

The work done could, in the usual way, be surveyed annually and might, perhaps, be summarised in our annual report on transfusion in the region.

Yours sincerely,

GRO-C: Drummond