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DEPARTMENT OF  
CLINICAL HAEMATOLOGY  
THE ROYAL INFIRMARY  
MANCHESTER 13

Telephone: ARDwick 3300

GRO-C

12th March, 1969.

MCGI/MGH.

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

Dear Maycock,

I am writing to you in your capacity as Adviser to the Department of Health and as Chairman of the Blood Transfusion Directors' Group.

As you know we have had considerable trouble in getting sufficient anti-haemophilic material to deal with a difficult case - a boy who ruptured an artery in the abdomen and is still in hospital because his wound has given a great deal of trouble with healing and has become infected.

In order to cope with this emergency which occurred on 14th February, we have received the following material up to 10th March:-

From Lister Institute: 36 bottles of anti-haemophilic globulin, each equivalent to 600 ml. of plasma. When this gave out we got on to Edinburgh and they were able to send us 23 bottles, each equivalent to 1300 ml. of plasma.

This, of course, was not sufficient and in the ordinary way we would supplement this by cryoprecipitate obtained from the Blood Transfusion Service. But the Manchester Blood Transfusion Service is quite unique in being unable to supply cryoprecipitate on any scale because the Regional Board have still not provided the facilities for regular preparation of this material. So we have had to prepare it ourselves in our own laboratory and so far we have prepared 108 packs, equivalent to about 200 ml. plasma each.

Dr. Stratton has mobilised his resources to a certain extent and has been able to supply us so far with 18 packs, but in order to keep my patient's A.H.G. level at 30% until the wound has healed we are, from today, going to rely on the following programme:

We are going to prepare in the laboratory 8 units of cryoprecipitate each day and the Blood Transfusion Service will prepare 12; on Saturday each of us will prepare 4.

I am writing to you now because it is clear that this sort of emergency arrangement must be replaced by more permanent arrangements. We are, after all, the second largest Haemophilia Centre in the country and it is surely quite wrong that we should be served by a Blood Transfusion Service which is not fully equipped. Of course, this situation has been appreciated for a long time and I drew Dr. Stratton's attention and the Regional Board's attention to this matter at the time when it was agreed to form major haemophilia centres. Originally it was agreed that by September 1968 the Manchester Regional Transfusion Service would be re-equipped and staffed so as to be able to provide us with a proper supply of cryoprecipitate. It is now March 1969 and as you will see from the arrangements we have had to make they are still hardly in a position even to cope with emergency treatment. The Board has taken some action, but arrangements will not be complete for some time yet.

Under these circumstances I am writing to ask you if in the interim, while the Manchester R.B.T.S. gets properly organised, it would be possible for you to arrange for the Manchester Service to draw on other Services for a supply of cryoprecipitate.

I do not suppose we are going to need it at this rate for very long, but we do need to have an emergency supply so that we are not always having to telephone for anti-haemophilic globulin, and we ought to be able to get the cryoprecipitate supply increased on demand when requested.

I would be glad to know what arrangements you can make to ensure that until Dr. Stratton's laboratories are operative we get the material we need for providing the service of a major haemophilia centre.

You will be receiving from Dr. Watson-Williams full details about the materials we have used for this recent emergency and we will send copies of this to Edinburgh as well.

Yours sincerely,

GRO-C

Copy to:- Dr. F. Stratton, R.B.T.S.  
Dr. F. N. Marshall, Regional Board.