

4/20

LEWISHAM GROUP LABORATORY

(Lewisham Group Hospital Management Committee)

Group Pathologist:

C. A. Holman, M.B., F.R.C.P., F.C. Path.

Consultant Pathologists:

Hannah Barnett, M.B., Ch.B., M.C. Path.

E. H. Bailey, M.R.C.S. L.R.C.P., F.C. Path.

Mary McMillan, M.D., Ph.D., B.Pharm., M.C. Path.

M. O. Skelton, M.B., Ch.B., F.C. Path.

D. N. Whitmore, M.A., M.B., M.R.C.P., M.C. Path.

Consultant Physician:

J. S. Staffurth, M.D., F.R.C.P.

Reference: CAH/NKS

Telephone: 01-690 4311

LEWISHAM HOSPITAL,

HIGH STREET,

LONDON, S.E.13.

8th January 19 70

Dr. W. B. Obank
Medical Officer,
Department of Health & Social Security,
Alexander Fleming House,
Elephant & Castle,
London, S.E. 1.

Dear Doctor Obank,

In answer to your letter of the 19th December, which was not received until the 31st December, the answers to the various questions asked are as follows:-

1. The number of cases registered with our Centre at 30th September 1969: 168
2. The number of incidents of haemorrhage during the year: 654
3. The number of haemophiliac patients not registered with us, but who have attended for treatment: 4
4. The number of incidents of severe bleeding in patients attending our centre: 19
5. The number of major surgical operations undertaken in patients: 3
6. The number of patients from Categories 4 and 5 who have been transferred to the Special Treatment Centre at Oxford: Nil
7. So far as HM68/8 is concerned, we attempt to cover the functions enumerated and believe we do so reasonably satisfactorily. General Practitioners play very little part in the treatment of haemophilia in this area and the patients have direct access at any time to the centre, and are encouraged to attend promptly.

One problem is the distance that some of the patients have to travel for treatment which must place a heavy strain on the ambulance service, which may have to bring patients daily from up to 20 miles or more, as it is our policy to treat all haemophiliacs as out-patients so far as is possible.

/The major

Dr. W. B. Obank

- 2 -

8th January 1970

The major problem, as I am sure you know, is the relative lack of therapeutic material which leads inevitably to a tendency to undertreat individual episodes of bleeding: most of the cryoglobulin we use we have to prepare ourselves from our own donors. (11) -
So far as major haemorrhage is concerned, the lack of therapeutic material is always a worry and at times when technicians specifically trained for coagulation studies are not available, more strain is placed upon the technical resources.

Yours sincerely,

GRO-C

C. A. Holman
Group Pathologist