

18th September, 1947.

Dear Fisher,

I am sorry that I was unable to spend longer with you, but I hope that I may return for another visit or that I will see you over here.

I have abstracted the batch numbers of Canadian plasma associated with homologous serum jaundice. These cover approximately the last 19 months. Unfortunately the documentation is poor, and thus I am unable to give you many details, but there does seem to be a fairly definite relationship between jaundice, and in these cases, the administration of Canadian dried serum. It is not possible always to incriminate a specific batch, as more than one has been given to one patient, except in the instances of No. 386206, in which, as far as we know, 16 patients received the plasma, 1 dying of hepatic necrosis and five more developing non-fatal homologous serum jaundice. It is a real problem here. Since returning on the 15th September I have had notified to me 4 deaths, 2 associated with Canadian material (included under "batch numbers not recorded") and 2, details of which I have not yet received.

Unfortunately we probably do not receive notification of all cases. Likewise we do not obtain accurate returns of the amount of plasma used so that it is impossible to say whether the incidence has increased since the M.R.C. did its survey. I enclose a copy of their report, which, oddly enough, contains no fatal cases.

As I told you, we are most concerned about this problem and so far I cannot see what more can be done unless we turn over to fractionation, it being claimed in Boston that the virus is not present in albumin solution, or substitute a synthetic

Dr. A. Fisher,
Toronto.

Substance/

substance, such as Dextran, on which I am now working. Meanwhile we are now producing small pool plasma (each batch from 10 donors) and this may cut down the incidence.

I shall be pleased to hear what you think about these cases of jaundice.

Yours sincerely,

GRO-C: Maycock