

17th September, 1947.

Dear McMenemey,

Thank you for your letter of 16th September, 1947.

As to the points you raise. Our policy has not been that all ante-natal screening tests must be done centrally; where these are done is controlled by several factors - (a) small supplies of serum (it may be more economical in certain circumstances to centralize tests until supplies are easier); (b) the willingness of laboratories to undertake the screening (there is obviously no difficulty here in your case); (c) the ability of the laboratory doing the screening tests to undertake a syphilis test, for we regard this as an obvious opportunity to get this done (in some instances, laboratories have been unable to undertake syphilis as well as screening tests, so that to avoid dividing samples, or taking two samples, and the extra work and added possibility of clerical errors involved, the tests have been done centrally). Where area or other laboratories are willing to undertake the ante-natal screening tests and syphilis tests, and supplies of Rh sera are available, there is no reason why this should not be done. It is a matter for local decision between the R.B.T.O. and the laboratories concerned.

I would go further than you and say that all transfusions should be Rh compatible, whether a transfusion has been given before or not. It is obviously going to be some time before we can achieve this. These tests can be done in the hospital laboratory concerned or in the R.T.C., depending on local circumstances. A really good pilot tube would be a great help here. This we are working on.

A/

Dr W. McMenemey,  
Worcester.

A panel of fresh blood donors can be provided by Weiner, for use in those few cases which require "on the hoof" blood. I know this is a controversial point but I think it may be considered that the use of "stored blood" (a misleading term) 24 or 36 hours old is adequate for most medical cases requiring transfusion, and many can be given stored blood older than this.

I am sorry to hear that you have had more jaundice and I shall await details. My opinion is that plasma, until we get over this problem, should be regarded as a potentially dangerous fluid and only used when there is a definite indication, or its use is likely to be life-saving. We have tried to publicize its dangers, but I feel that it is still being used too light-heartedly. Will it be possible to trace the donor of the blood given to the G.P.I.?

Yours sincerely,

GRO-C: Maycock