

BLOODLETTER

Staff Newsletter of the Scottish National Blood Transfusion Service



August 1989

No. 40

"WORKING FOR PATIENTS"

It would be true to say that there are many staff throughout the NHS who are concerned by the nature of some of the Government's latest proposals for changes in the management of the NHS. Against this background discussions have taken place which have sought to clarify the future position of the SNBTS.

These discussions have revealed that the government has no intention of changing the basis upon which the SNBTS has provided its services for the Scottish Health Service (SHS). The SNBTS, which of course includes the Protein Fractionation Centre, will remain a direct and integral part of the SHS, and blood and blood products will remain freely available to all NHS hospitals (whether in the future the hospital has opted either in or out). Our commitment to private hospitals will not change either: supply will be contingent on no detriment to the NHS and a charge will be made to cover SNBTS costs.

It is not clear why the SNBTS has

been declared immune from this current round of reorganisation proposals. It may have something to do with our dependence on the voluntary blood donor. Of no less importance has been the success of our efforts to manage the service, particularly over the last decade: we have worked together with an eye on "value for money". This may have contributed to the government's decision that a dose of "market place forces" is not appropriate for an organisation that acts as an efficient conduit by which the healthy in our communities help the sick.

There is increasing evidence that the Scottish Office will be investing substantially in the SNBTS over the next 5 years and it will be all the more important that as the Service responds we ensure that the associated new developments are indeed good value for money and that proof of this will not be dependent on direct exposure to the market place.

John D. Cash

NATIONAL DONOR PROGRAMME MANAGER



Mairi Thornton.

MOVING HOME



The Heart of the matter! Computer room at the new HQ Information Technology unit.

After many months of planning, the new computer building (to be called the Information Technology Unit) was handed over on 23 June. Over the following weekend the computer was moved from the Edinburgh Centre and re-assembled in its new abode. All this was to happen without the user being

aware that anything had changed! In the end we succeeded without too many users being aware of any major problems. Read the next issue of Bloodletter for the inside story of the move that nearly wasn't.

Mike Moores

A new post of National Donor Programme Manager has been created in the SNBTS. This is in recognition of the fact that it is now more difficult to recruit and retain blood donors than it was a few years ago and that the Service needs someone to work full time on a national strategy to maintain and develop the donor programme and provide public relations expertise at national level.

Mairi Thornton is eminently qualified for this role. After graduating in Politics from Edinburgh University she worked for 4 years as Area Tourist Officer in Wester Ross before joining the SNBTS in 1979 as Regional Donor Organiser, Edinburgh & South East Scotland BTS.

While in this very busy post she managed somehow to find time to obtain a postgraduate Diploma in Community Education from Edinburgh University and have a baby!

Welcome to your new post, Mairi: we all wish you well.
MC

The postman hands in a letter. It's an invitation to join old friends at their holiday cottage in the highlands. I'm delighted, and begin to dream how it'll be, while still reading the letter. The final sentence brings me back sharply. 'Hope you can still ride a bike'. RIDE A BIKE? (That's my alter ego or 'other self' AE for short). She represents the gloomier, doubting side of me. She has her uses and on this occasion proves to be the driving force, through sheer provocation.

Of course I can ride a bike, have I not ridden through Scotland and across France from West to East? 'That', says AE 'was years ago when you were young!'

'Yes, but you never forget how to ride a bike.'

'Your calf muscles won't like it and you'll get out of breath.'

'Calf muscles will learn.'

'They'll make it very uncomfortable while they do.'

'Oh, shut up. I'm going and I shall ride that bike.'

'Not without practice, and you don't have one to practise on.'

'I'll borrow.'

'Who's going to lend you a bike?'

'You'll see!'

A kind neighbour does indeed lend a bicycle. A beautiful model it is, all gears and slimline frame and glitter. He invites me to try it right away.

'You'll fall off, growls AE

'No I won't.'

'All right then, show me!'

The best that can be said of this first essay is that I don't fall off, exactly. I

wobble and zig-zag and am not stable, but I don't fall off. An elderly man and his dog stop to watch. The dog is first to laugh. I return, full of excuses about the height of the saddle, the length of the handlebars, the unaccustomed gears. My friend's face shows a hint of doubt but he decides to leave the bike with me.

'You made a right mess of that' hisses AE.

'Maybe, but he left the bike, didn't he?'

'Mm...'

Clearly a lot of practice is needed and soon (not to lose courage) and when the roads are quiet. An overtaking car is enough to induce dreadful wobbling.

Early Sunday morning.

'I'm tired' complains AE 'and want to sleep on.'

'No you're not... you're longing to be off on the open road'

'Open road? hm. Hills. Sore legs and out of breath.'

'Nonsense. The wind in your hair.'

'Sore ears.'

'Oh, get lost, I'm off.'

This time it's clear that progress, though slow, will be cumulative. I'm a lot better. A nearby car park and the sole company of seagulls provide a grand training circuit. I become bolder and attempt new manoeuvres.

'You'll come off if you try that.'

'Wait and see.'

I do come off.

'Let's go home.'

'No... we're trying the street now, a roundabout or two, some traffic lights and the long hill.'

The roundabout is not a success. The traffic lights are mixed, the hill not at all bad. I overtake a pair of young, panting runners and negotiate some parked cars, peddle up a slope or two and freewheel down.

'Look, no sore calves.'

'Not yet.'

'Or sore ears.'

'It's a warm day.'

'Not out of breath.'

'Not very.'

40 minutes and 10 miles later I turn confidently into my own street. Elderly gentleman and dog are there. 'Good morning' he calls. The dog wags an approving tail.

'Not bad' says AE

'NOT BAD!'

Just you wait. Highlands, here I come.

MC



Cartoon by J. Riley, PFC.

THE EIGHTH WONDER?

For months the thought of a visit to India had filled us with both excitement and apprehension — after all we'd read of all the countries in the world, it was the most different.

We had chosen Rajasthan for our travels but arriving at Delhi airport at 6.30am in the freezing cold could well have been Scotland — there was even a haar — but there the similarities ended.

By bus into Delhi we had our first taste of Indian traffic — absolute mayhem; no traffic signs just blaring horns and mind reading. We rattled and bounced into the centre along streets full of people — blankets up to their beautiful eyes — coming alive at the start of the day. From there we were ushered into a pedal rickshaw and while we hung on to each other and clutched our bags we realised later this was the perfect introduction to Indian street life — pavement stalls selling hot chai (tea), snacks, barbers giving early shaves, blanketed bundles stirring to life, people streaming to work, all intermingled with cattle, donkeys, dogs going about their daily business. By now the sun had struggled through the



January '89 — on the way up to Mehrangarh Fort, Jodhpur.

mist and hung, a huge orange ball, giving light and warmth to the city.

From there India never ceased to surprise and amaze us — a land of contrasts in every way.

Jewelled walls appeared amidst crumbling buildings; poverty bedecked in bright, rainbow colours; bare feet with ankles encircled in silver; pungent incense and aromas of exotic food rivalling the stench of excrement; arid Rajasthan with red and gold desert forts shimmering in the hot distance; palm trees and fiery sunsets over still lakes; vultures circling overhead searching out another camel or dog supper;

wedding processions led by crazy brass bands; blocks of cheese and dates decorated with rose petals and at night the streets belonged to the dogs, howling their messages to the moon and stars.

Half-way into our month's visit we began to feel more in tune with our surroundings, almost accepting India and by the time we saw the Taj Mahal, white marble perfection floating against its blue backdrop, we realised that if it was one of the seven wonders of the world, India itself must be the eighth.

Jane Anderson

Blood Transfusion in Tanzania

by Dr A.D. Farr, Aberdeen & N. East Scotland BTS

Tanzania is situated 1° south of the Equator and has a population of just over 21,000,000. During a recent WHO workshop in the capital, Dar-es-Salaam, I was able to see how its blood transfusion service is organised, and to study some of its problems.

Organisations and blood donors

Tanzania is almost the only country in east central Africa without a National Blood Transfusion Service. There is a central blood bank at the University of Dar-es-Salaam's Muhimbili Medical Centre, and other blood banks are operated independently by regional and district hospitals and health centres throughout mainland Tanganyika and in Zanzibar, as well as by some private hospitals.

In most African countries the minimum age for donors is 17, and many donors are recruited in the schools. In Dar-es-Salaam most blood comes from voluntary donors — all male — who account for some 10,000 of the 60,000 donations collected annually in Tanzania. Donors are bled at the central blood bank at Muhimbili and also by mobile units which visit factories, local communities and schools. However, low haemoglobin levels — a result of malaria, hookworm and sometimes malnutrition — result in some 75% of all volunteers being rejected on health grounds.

In peripheral hospitals the blood bank is generally part of the general laboratory, bleeding donors and testing them for HIV, as well as cross-matching. In these areas blood comes almost entirely from replacement donors (i.e. those giving specifically for the immediate needs of a relative). Replacement donations are more likely to be HIV-positive than are those of voluntary donors.

Technical procedures

In most developing countries the main problems are financial (and sometimes bureaucratic), rather than technical. There are tight restrictions on foreign exchange and reagents and other consumables are in short supply. In Tanzania blood is collected into ACD in non-reusable bottles (purchased commercially from West Germany), because they cost only half as much as plastic packs: consequently, few components are prepared. Consumable stores are purchased by civil servants, who consider only the direct cost and not the greater flexibility of packs.

Laboratory tests

The frequent use of blood from replacement donors means that few blood banks can maintain a stock to meet unforeseen contingencies.



Scene at a donor session in a Dar-es-Salaam factory.

Consequently, in an emergency it is often necessary to transfuse blood without sufficient time to perform the usual tests.

Donations are always ABO grouped, although reverse grouping is not always possible due to the shortage of reagent red cells, particularly in peripheral laboratories. Tile techniques are common in peripheral laboratories, but tube methods are used at Muhimbili. For financial reasons, anti-D is frequently unavailable, and as 95% of the population are Rh(D)-positive it becomes necessary to omit Rh(D) grouping on cost grounds, and to accept the (small) risk of immunising an Rh(D)-negative patient.

There is widespread awareness of the risk of transmitting AIDS by transfusion and (time permitting) tests for HIV antibody are performed in all blood banks. However, the reagent kits and hardware are gifted by the WHO, and there is concern for the future when these costs have to be borne locally. The incidence of HIV in Tanzania is about 5-8% of the population and in Dar-es-Salaam four or five HIV-positive donations are detected each day. However, some 10% to 30% of hospital patients are already HIV-positive, and it is being questioned whether all potential recipients of blood should be tested for HIV in order to protect against potential litigation should a transfused patient subsequently develop AIDS.

Tests for hepatitis B are generally omitted, on financial grounds. The rationale is that while 10% to 15% of the population are HBsAg positive, some 85% of patients have anti-HBs. The incidence of syphilis varies from 2% in country areas to 4% in towns and cities. However, tests for syphilis are also often omitted for financial reason, and where sufficient blood is available it is stored for two days at 4°C to inactivate the spirochaete.

Malaria is 85% endemic in coastal areas and is ignored in transfusion practice. Malaria is treated with drugs when it occurs following transfusion and anti-malarial drugs are given when transfusing anyone known not to be infected (such as visitors from non-malarial areas).

Transfusion practice

The main use of blood is in obstetrics, when acute haemorrhages in peripheral hospitals often require replacement donors to be bled for immediate transfusion, frequently with no testing other than an ABO group. The severity of the problem is illustrated by one District Hospital visited, where of around 30 deliveries a week four or five require a Caesarian section due to congenital pelvic defects, and ante-partum and post-partum haemorrhage is common. In the same hospital's surgical unit there were 31 deaths last year due to non-availability of blood.

Staffing

Blood banks are staffed by technologists and technicians trained at a 3-year full-time course in the University of Dar-es-Salaam. After at least one year's experience following their period of National Service, selected students undertake a further year's course for the University Diploma. These technologists are first class, and could take their place easily in any British transfusion laboratory.

The central blood bank in Dar-es-Salaam has three full-time donor organisers and a nursing staff seconded from the hospital, who bleed the donors. In the periphery, however, all these functions fall to the blood bank technician.

In conclusion

Conditions in Tanzanian blood banks are undoubtedly difficult, but they must be seen in the context of the problems of general health care (and the shortage of foreign exchange). Malnutrition is common — especially in rural areas — while malaria and hookworm, and a host of other problems, absorb much of the total health care budget. Great efforts are being made with vaccination programmes, but there is still much disease amongst the population: one typical District Hospital laboratory visited saw an average of 20 cases of tuberculosis a week.

Given this background, while the transfusion services in Tanzania need much help, they are to be commended for the level of service which they provide, and the standards which they achieve, with such limited resources.

NEW HIV LABORATORY

The HIV Immunology Unit was established in 1988 in recognition of the academic and clinical challenge offered by the emerging problems associated with HIV infection in Lothian. A joint initiative by the Scottish Home and Health Department, Edinburgh University, The Lothian Health Board, the Darwin Trust and the Common Services Agency provided finance for the conversion and equipping of a containment laboratory in the Edinburgh Transfusion Centre. Dr Graham Bird was appointed in September 1988 to head the laboratory, which was completed and commissioned in November of that year.

The functions of the Unit are threefold. It provides immunological investigation services for HIV infected individuals under follow-up or care in the various clinics and Health Centres in Lothian. The investigations allow the degree of immunological impairment in individuals to be determined. Sequential results will enable the clinicians involved in patient care to determine more accurately when clinical or therapeutic intervention is required. The laboratory will be involved in the development and



Jim Whitelaw at work in the new HIV Containment Laboratory.

evaluation of more sensitive and accurate definitions of the stage of HIV disease. Clearer description may offer the early assessment of promising new approaches to therapy or vaccination.

The second role of the laboratory will be to provide information about the overall progress of HIV infection amongst the infected population within the City of Edinburgh. This should allow more accurate forecasting and

planning of the future clinical and community needs of HIV infected patients in the Lothian Health Board area.

Finally, the laboratory has a research programme to examine the immunological consequences of HIV infection. A major opportunity is provided in Edinburgh by the presence of significant numbers of HIV infected individuals whose actual time of HIV infection has been established. This gives unique opportunities to study the interactions between the HIV virus and the immune system at different stages in the disease. In particular it will allow studies of whether the immune responses which normally protect against viral infections are mounted against HIV and if so, why they become ineffective. Such understanding is critical to the design and evaluation of possible vaccines against HIV infection and may also help to direct more effective therapy during the course of the disease. A research programme headed by Dr Karin Froebel, (ex BTS Aberdeen), and funded by the Medical Research Council is scheduled to commence in August 1989.

Graham Bird

FURTHER, FURTHER EDUCATION

In 1983 I decided that I wanted to try finishing off my formal education (FIMLS and Open University B.A.) with some post graduate business or management studies. As I am aware that others within the SNBTS have had similar inclinations I will relate how I pursued that end with the financial support of the NHS — surprise! surprise!

Enquiries of the CSA regarding the availability of funds from the Personnel staff training budget met with no success. But, in 1984, notice of a small resource allocation to be distributed as bursaries to support such studies was circulated. Applications for funds were to be submitted to the Management Education and Training Division (now Management Development Group) in July and those short listed would be interviewed later in the year. I applied as directed then wrote to Edinburgh and Strathclyde Universities seeking enrollment on their Masters Degree in Business Administration (MBA) courses.

Acceptance from Strathclyde for their "distance learning" course to commence in October was unconditional while Edinburgh wished to have an aptitude test result (of all applicants) before making an offer.

I was fortunate enough to be selected for interview in September for the bursary and had to address the panel on how post graduate studies would relate

to my career development in the health service. I took as my text the increasingly competitive ideology governing the NHS with its drives for value for money and economic efficiency. Consequently exposure of this public servant to current commercial practice, albeit as interpreted by academics, would be both a personal asset and a suitable training investment for the service. They must have believed me because I was granted £450 per annum towards my fees for the duration of my studies on an approved course. Conditions were that resits would not be funded, reports on progress were obligatory and that a proportion of the spent bursary could be recovered from me should I leave the NHS.

Having only just survived five years of "distance learning" at the O.U. I opted for the conventionally taught course at Edinburgh. Successful completion of the aptitude test secured admission with commencement in January 1985.

The course was modular, based upon seven required subjects and nine electives, undertaken over eight terms. Each topic was covered in nine weekly lectures of two and a half hours duration with, almost always, an examination on the tenth. Although results were given as a grade; A to F, an average of C (60-70%) or better was required overall to secure a Masters

Degree pass. Additionally the submission of a dissertation running to approximately 15,000 words was mandatory to graduate and was assessed as equivalent to two modules with the same level of grade required.

With two nights of classes plus 4-6 hours of reading and occasional continuous assessment work per week it represented a considerable time and work load commitment. However, the subjects of the course were very diverse with Management Accounting, Organisational Behaviour, Industrial Relations, Marketing, Business Law, Economics and Business Strategy as some examples. Despite the rigour of the studies the social aspect was not forgotten with apres-class refreshment in the post graduate Union and regular class dinners and nights out at the end of term.

The class I joined comprised 44 persons at the outset with Engineers, Lawyers, Personnel Officers, Civil Servants, Salesmen, Accountants and Local Government officers all feeling a little awkward on their return to studies but with a common objective, differences in occupation soon departed. Two years later 30 of the original complement graduated as MBA.

Whether the investment made by the NHS ever achieves a reasonable rate of return I do not at present know but it certainly changed the way I think.

AD

LOOK OUT
SUSAN'S ABOUT!

This space should have been filled by another photograph in the series of 'Please Give Blood' carrier bags around the world. However, publication would now seem inappropriate since my holiday in May this year was in China. The photograph was set in Tianamen Square, Beijing, the site of the massacre of unarmed Chinese only three weeks later; a tragically ironic follow-up. Although this was a most dramatic example, the connection between my annual holiday and some kind of traumatic event goes back a few years.

In 1984 Mrs Gandhi, the Indian Prime Minister, was assassinated two weeks before I was due to visit India and the resulting strife between the Hindus and Sikhs meant altering the departure date. In 1986, having booked to go to Egypt, I received a letter from the tour operator saying our hotel in Cairo had been attacked by terrorists and would not be available. However, since America had just bombed Libya, I had already decided Egypt was too close for comfort and cancelled the trip. Second option that year was a trip to Lapland (nothing ever happens in Lapland I thought!). Only a month after booking, the tragedy of Chernobyl hit the headlines, with its devastating effect on the animal life and vegetation in Lapland!

However, the catastrophic upheaval in China this year has finally made me re-assess the requirements of a holiday and for the first time "a-day-here-and-there" seems to be growing in attraction.

Susan Eddie

Editor's Note: Anybody wishing advance warning of Susan's next trip should ask to be added to the mailing list already in operation in the North-East.

RAFT RACE



"All aboard!"

The day of the race dawned bright and sunny which, unfortunately, meant shallow but warm water. Would the raft float? Would we manage 7 miles? Would we develop hypothermia? This was the end of all our efforts of building the raft, collecting sponsors and, more importantly, obtaining life jackets.

Well, the raft did float rather well and at 11am our crew of Neil Fraser, Derry Campbell, Jackie Forbes and Jennifer McWilliam set off. The race consisted of paddling in the deeper bits and one, or all of us, getting off to lift the raft over the shallow parts. We lost one paddle which broke and also lost various crew

members at different points, but fortunately they always climbed back on — eventually!

We arrived at the first bridge, congratulating ourselves on reaching at least three-quarters of the way, only to find ourselves at the half way point and in second last position — last position after having a hasty repair done on the broken paddle and some "light" refreshments. We then took aboard our reserve, Furkhunda Rafiq, to give us an extra bit of power.

We didn't reach 7 miles, but we did manage 6 before the raft capsized and we were too bushed to try and refloat it right way up. We had lots of fun and laughter along the way with our rendition of "It's a Long way to Inverurie".

We all arrived at work next day covered in bruises and badly sunburned wanting quiet corners to curl up in, but Dr Farr allowed no excuses. The things we do just to wish Aberdeen & North East of Scotland BTS a happy 50th birthday!

Our consolation was £102 raised for Kidney and Cancer Research. We also won £10 for two third prizes — best decorated raft and best dressed crew.

Jennifer McWilliam

FITBA!

LAW BTS 1 EDINBURGH BTS 0
The Andrew Crosbie Memorial Shield returned to Law after an absence of three years.

An understrength Edinburgh side struggled from the kick-off with Law pressing for the opener. Poor finishing from the Law forwards kept the score sheet blank until the 15th minute when Kevin (Rambo) Burt headed home a Steven Black cross past keeper Willie Newlands.

This proved to be the only goal of the game although both sides came close.

After the match a social evening was

held in the Law Village Masonic Hall where the shield was presented by Eric Taylor to goal scorer Kevin Burt.

IT IS NOT TRUE THAT:—

- 1 Ron Wyskowski avoided a booking in the match because the ref couldn't spell his name.
- 2 Kevin McCall had been asked to play for the Saudi Arabia under 16 team.
- 3 John Duncan's performance in goal had Andy Roxburgh speechless.
4. Next year's game has been labelled as an "old crocks" match.

Peter B. Crilley

FISHING

On Thursday 22 June staff and friends from BTS Law took to the Banks of Stabellake, near Douglas, to participate in the annual Trout Fishing Competition for the Alistair Watt Memorial Rosebowl and the BTS Social Club Cup.

In a cold and blustery east wind which made casting difficult, very few fish were being caught and thoughts of bumper catches soon disappeared.

However, 12 fish for a total weight of 18lb 12oz were caught.

The overall winner of the Competition was John Allan whose fine 2lb rainbow was good enough to secure both trophies.

The prize for the guest with the best catch went to Allan Howieson whose 5

trout tipped the scales at an excellent 7lb 6oz.

After the competition most of the anglers returned to Law where everyone



John Allan receives prizes from Dr Mitchell.

enjoyed the hospitality provided by the Social Club. For most, it was the first bite they'd had all night!

Raymond Allan



Allan Howieson, Best Guest receives prize from Dr Mitchell.

STAFF NEWS

APPOINTMENTS

PFC

Dr H. Hart — SSO
Mrs A. Hall — MLSSO
Mr S. Scott — Building Craft Operative
Mrs J. Dickson — Ancillary
Ms C. Reid — Ancillary
Mr A. Stevenson — HCO
Miss M. Houston — Personal Secretary
Miss C. McCall — Ancillary
Miss D. Lynch — Shorthand/Audio Typist
Miss S. Mackay — Lab Assistant
Mrs T. McCafferty — Shorthand/Audio Typist
Mrs S. Middlemas — Ancillary
Mr H. Cameron — Trainee MLSSO

West

Peter Benson — CO
Mark Calder — BDA
Janet Downie — CO
Cordelia McAvoy — Lab Assistant
Marianne McGeough — BDA
Gerard McLaren — BDA
Lindsay Mitchell — CO
Irene Quinn — BDA
Agnes Racklin — BDA
Alison Smith — BDA
Veronica Stevenson — BDA
Roger Turnbull — MLSSOI
Alison Ward — Sister

South East

Christine Newton — P/T Donor Attendant
Thelma Ferguson — P/T Donor Attendant
Gail Ford — Canteen/Domestic Assistant
Susan Hewitt — Mobile receptionist
Caroline Neilson — P/T Donor Attendant

North East

Louise McKay — Secretary
Cheryle Slater — Laboratory assistant

RESIGNATIONS

PFC

Mrs J. Dykes — MLA
Mr A. Holligan — Ancillary
P. Reid — Ancillary
P. Docking — Ancillary
W. Woolard — Personal Secretary
Y. Fizzle — Personal Secretary
K. Jenkins — HCO
M. Craig — Ancillary
M. Rankin — Ancillary
I. Riley — Trainee MLSSO

West

Elizabeth Campbell — BDA
Marian Christie — MLSSO
George Connolly — MLSSO
Mary Donnelly — BDA
Mary Draper — Domestic
Julie Dunlop — CO
Sandra Mathieson — BDA
Isobel Miller — Domestic
Phyllis Mills — Domestic
Marie Partridge — Domestic
Elizabeth Watson — BDA
Linda Wilson — Domestic

South East

Fiona Gibson — Research Assistant
Alison Gibson — Staff Nurse
Jocelyn Kydd — Donor Attendant
Jean Livingstone — Staff Nurse
Lisel Micklem — PSO

North East

Clifford Brown — MLSSO
Angela Masterton — MLSSO
John Mercer — Trainee MLSSO

PROMOTION

PFC

Dr K. Reid to QA Audit Manager

West

Lynne Aitkenhead — BDA (A) to BDA (B)
Annette Craig — BDA to Team Leader
Linda Horne — BDA to Team Leader
Mary McLeod — Domestic to CO
Patricia Melly — Shorthand Typist to Personal Secretary
Margo Murphy — Biochemist to Senior Scientist
Dr Myrtle Peterkin — Senior Registrar to Consultant
Mary Pidgeon — BDA (A) to BDA (B)

MARRIAGE

West

Jennifer MacMillan to Hugh Grant.

BIRTHS

West

Robert and Janet Stillie — a Daughter — Laura.
Alistair and Rhona McInnes — a Son — Neil.

EXAM SUCCESSES

William Murphy — MRCPath.

DR GEORGE GALEA

On the 4th of April, Dr George Galea took up his appointment in the new post of Consultant with responsibility for donor affairs in the North East Region. Dr Galea, who is originally from Malta, graduated from Guy's Hospital in London and, after a brief spell in Hartlepool, came north to Aberdeen. After spending a total of 4 years in the Departments of Medicine and Haematology he joined the Blood Transfusion Service in 1984 as Senior Registrar.

HOLIDAY WORDSQUARE

M	C	R	A	T	B	C	E	E	F	Q	U	N
K	F	E	L	I	L	G	P	G	A	S	O	H
I	R	P	G	M	C	K	S	A	L	U	Y	R
H	T	R	A	V	E	L	A	G	E	N	T	P
A	I	P	S	S	G	U	R	G	U	T	A	R
N	C	F	A	N	S	H	E	U	B	A	S	D
D	K	N	O	I	X	P	S	L	T	N	D	S
B	E	M	G	B	E	N	O	W	I	S	D	M
Y	T	H	V	C	D	E	R	R	K	U	N	E
A	T	O	U	R	I	S	T	E	T	F	N	O
S	A	V	J	K	D	G	G	Y	D	I	R	Y
S	Y	I	M	V	X	S	F	L	J	B	X	R
U	Z	T	R	O	P	R	I	A	M	V	Y	H
H	N	U	R	S	E	K	W	Z	X	K	I	D
E	V	T	D	E	G	B	F	Y	I	L	T	J

If you're in a holiday mood try to find the following hidden words in the square.

LUGGAGE

AIRPORT

SUNTAN

TRAVEL AGENT

TOURIST

SIGHTS

TICKET

PASSPORT

DUTY FREE

RESORT

DR MYRTLE PETERKIN



Dr Peterkin was born in Georgetown, British Guyana, on the East Coast of South America. She attended the University of the West Indies (UWI) which is unique in that it has three separate campuses on Jamaica, Trinidad and Barbados, spending most of her time at the Medical Faculty in Jamaica.

After graduation, Dr Peterkin worked at UWI for three years. She came to Britain in 1978 and worked in Manchester for 15 months before being appointed Registrar in the Haematology Department of Glasgow Royal Infirmary in July 1979. Five years later she joined BTS West as a Registrar, a year later became Senior Registrar and in May 1989 took up the post of Consultant replacing Dr Gabra.

NEW CORRESPONDENT — Edinburgh

We're very sorry to see the departure of Liz Boyter who has been Bloodletter Correspondent in the S. East for almost 5 years.

Welcome to Aileen Baxter who has stepped into her shoes with much enthusiasm.

LC

Your Bloodletter Correspondent

Inverness	Margaret Fraser
Aberdeen	Susan Eddie
Dundee	George Brown
Edinburgh	Aileen Baxter
West/Glasgow	Kennedy McCraith
West/Law	John Duncan
PFC	Alan Dickson

LC