MEDICAL RESEARCH COUNCIL

93017/1/5.

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Miss Butterfield
PRIVY COUNCIL
237/SR. 93017/1/5

Please Quote S.282/11

26th June 1957.

Mrs. Pazera, 2/3/53

Dear Charles,

The Council's Haemophilia Committee and the Sub-Committee appointed to consider the preparation, distribution and use of animal and human anti-haemophilic factors have recently met to review the progress which has been made in this field, and I am writing to let you know their conclusions, which may be of particular interest to your Department.

Their first recommendation concerns the animal product. It appears that the very potent preparations of bovine anti-haemophilic globulin of Macfarlane et al., and Wilkinson's pig anti-haemophilic factor, continue to be invaluable in controlling haemorrhage in haemophiliacs; and the commercial preparation and supply of this material is now practicable in sufficient quantity for small amounts to be issued to the twenty-two existing Haemophilia Centres for use in grave emergencies. The question has accordingly been raised whether the Ministry might be prepared to make provision for the purchase of the material now that its routine use as a therapeutic substance at the Centres is possible.

Secondly, the Committee and Sub-Committee discussed the value of Kekwick and Wolf's human anti-haemophilic factor, the preliminary clinical trial of which was reported in the Lancet, 1957, i, 647, and the preparation of which had been reported to the main Committee in December 1956. While the animal factor is, as you know, antigenic and can only be used on one occasion when the patient's life is at stake, the human factor has been given on several widely separated occasions to the same patient without reaction.

Sir John Charles, KCB,MD,FRCP,DPH,
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The human factor has not yet been prepared in such potent form as the animal material: however, its present degree of concentration is such that 100 ml. are approximately equivalent to one litre of human citrated plasma, and its use has allowed operations such as the extraction of two teeth and twenty-one roots to be performed at one sitting without abnormal bleeding. Its preparation is hampered by the necessity for using blood which is less than 24 hours old, and the consequent necessity for organising a rigid time-table in order to produce a plasma pool of the requisite size.

Both the Haemophilia Committee and the Sub-Committee consider this human preparation to be a most important advance in the treatment of haemophilia and are anxious that everything possible should be done to facilitate its manufacture in larger quantities so that a more extensive clinical trial can be made. We should accordingly be very grateful for any assistance you may be able to give in furthering this matter.

Yours sincerely,

GRO-C