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1st July 1977

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Dear Dr Burrell

I thank you for your letter of 21st June and I have enjoyed reading the manuscript of the paper which you enclosed.

I have made some notes in pencil on the paper and herewith amplify these:

1. Synopsis. It is not correct to state that all patients received exclusively replacement Factor VIII material prepared within one local centre since it is quite clear from the text of the paper that these patients received both cryoprecipitate and Factor VIII Concentrate. The cryoprecipitate would have been prepared at the Edinburgh Regional Transfusion Centre from Edinburgh plasma but the Factor VIII would have been made here using plasma drawn from all over Scotland. There is no way in which we can separate plasma from the different regional centres under normal processing conditions.
2. Page 2. This is a reference to the same statement and is equally incorrect. I also take some exception to the title "Edinburgh Protein Fractionation Centre". The Protein Fractionation Centre is, in fact, exclusively a Scottish enterprise in the national sense of the word and I would hope that the final version does not include reference to Edinburgh.

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- 2 -

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3. Page 3. Antihaemophilic Factor as you describe has never, to my knowledge, been made in Scotland and certainly not during the periods under discussion. The reference which you required is Blombäck (1958) Arkiv. För Kemi. 12: 387. And reference should also be made to the Cohn Method 6 which was also used during the period 1971/72.
4. Page 3. The title "New Intermediate AHF" or the acronym NIAHF appear very strange to me and I certainly have never seen them in current use. The usual term is Factor VIII Concentrate to distinguish from AHF Concentrate which was the terminology used by Cohn. There are, in practice, three different Factor VIII Concentrates which are termed low, intermediate or high purity. Among fractionators, transfusionists and others the term Factor VIII Concentrate followed by the references which you give would naturally be referred to the intermediate product.
5. Page 4. The figures quoted here should read 30 and 800 donations respectively.
6. Page 5. From the text of your paper the deduction given in this sentence is not clear. I would argue that the evidence presented suggests that at least one donation must have contained HB Ag since you do not state categorically how many patients received material from one batch of Factor VIII Concentrate or AHF. Allowing for your earlier statement that some material was given to more than one patient (usually two) the highest figure which you can provide here is that there must have been at least 4.5 donations containing HB Ag, but, nevertheless, this is not clear from the text of the paper. This statement also occurs later in the paper and equally is not correct unless all of the nine patients concerned received only cryoprecipitate during the period of sero conversion.

I trust that you find my observations of interest.

With kind regards

Yours sincerely

JOHN G WATT
Scientific Director