

Dr. Thomson

What about this? Can we speak pl - I would like your comments

H.Yellowlees 1.8.68

Dr. Yellowlees

I called you without success. The policy worked out by Dame Albertine, Prof. MacFarlane, Dr. Rosemary Biggs, Professor Blackburn, Dr. Maycock, etc. with Dr. Archibald as Secy. has only just been promulgated in an H.M. (No. 8 of 1968) and takes account of the extreme shortage of Human Anti-haemophilic Globulin pending the opening of the three Production Centres in Oxford, Within the year and in Elstree and Edinburgh in the early 1970s.

The published policy authorises a large no. of Haemophilia Diagnostic and Minor Treatment Centres, and only 3 Major Treatment Centres at Oxford, Sheffield and Manchester, apparently on the grounds that only 3 centres could be kept supplied with adequate amounts of globulin and the 3 nominated should already be doing a very large amount of this kind of major surgery.

The Haematologist in B'ham recently made a plea for the Queen Elizabeth Hospital but it was clear that the number of cases being done was not great and he was told that any change must await the availability of adequate supplies of antihaemophilic globulin. This was on Dr. Maycock's advice. He stated then that London must come before Birmingham.

There is a lot more to this which we could discuss, including overseas patients, purchase of globulin from Paris etc. at great cost.

Perhaps we should have a progress meeting of the original group - possibly with London representative in the autumn. I don't think the time is ripe to change our policy.

J.G. THOMSON 5.8.68

Dr. Thomson

Arrangements for Haemophilia

Since I had your minute of Aug.5th I have spoken with Dr. Rosemary Biggs on the telephone and she tells me that she feels that we should be considering a change in the London area along the lines with Professor Dacie set out in his letter and that she has sympathy with his three-tier organisation ideas.

I am not sufficiently familiar with the arrangements to perceive at once how much change if any in our policy this would be and I haven't time to get further into this before I go away on holiday.

Dr. Biggs proposes to have this sort of thing discussed at the meeting which she is arranging of the Directors of Haemophilia Centres at Oxford on Oct.1st. She has asked me to go to this and I think I will if I can manage it and I understand that if she has not already asked you she is just about to do so.

I think we should get out ideas straight here about the suggestions which Professor Dacie has put forward and about our general line on sticking to the policy in HM(68)8 and that we should then attend this conference and listen to the views of those concerned, giving any comment which seems appropriate. I understand that Prof. Dacie himself won't be there but his number two from Hammersmith will be attending. I believe you are planning to take some leave in October and I do hope that you will be able to come to this Conference before you go.

H. YELLOWLEES 12.8.68

cc.Dr.Eley

Meeting - March '69?

Dr. Maycock. Can we discuss. I think we need a meeting. You are also in touch with the London and Dr. Dormandy is pressing on at the Royal Free.

J.G.T. 19.8.

Dr. Eley to see

Dr. Thomson

I'm sorry we couldn't discuss on Wed. last.

The three tier system in Dacie's letter was in fact, if my memory is correct, originally proposed - or very nearly so - in the memorandum from Biggs & MacFarlane to Dame Albertine some time ago. Their idea was that the three major centres (Oxford, Sheffield and Manchester) should be supported by what they called regional centres where the type of case mentioned by Dacie would be treated.

HM(68)8 was a long time in preparation and really represents, in my view, a tidying up operation following the hand over by M.R.C. to Ministry of the original Haemophilia Diagnostic Centres designated by the Council plus the 3 major centres.

I agree that another move is now required to develop the 3 tier system.

I in fact suggested to Dame Albertine that London might well rate a major centre, but there were obvious difficulties arising from the Teaching Hospitals. It should certainly have centres of the type described by Dacie. I would agree with these mentioned, but the omission of the Middlesex, where they have treated some quite remarkable cases, might occasion some argument.

W.d'A.M. 22.8.68