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GD14/18/1/49 (1)

**THE EDINBURGH AND  
SOUTH-EAST SCOTLAND  
BLOOD TRANSFUSION ASSOCIATION**

Affiliated to



**FORTY-NINTH  
ANNUAL REPORT**

of the

EXECUTIVE COMMITTEE

and

**ACCOUNTS**

For the Year ended 31st March, 1985

### **THE EDINBURGH and SOUTH-EAST SCOTLAND BLOOD TRANSFUSION SERVICE**

There are five Regional Transfusion Services within the umbrella of the Scottish National Blood Transfusion Service and since April 1974 these have been administered and financed through the Common Services Agency.

The Edinburgh and South-East Scotland Blood Transfusion Service covers Edinburgh and the Lothians, the Borders and South-East Fife. The aim of the Blood Transfusion Service is to assist in the saving of life by meeting the demands for blood and blood products made by any Hospitals in this part of Scotland.

### **THE SOUTH EAST OF SCOTLAND BLOOD TRANSFUSION ASSOCIATION**

is a voluntary body whose aim is to continue the work of the Holyrood Conclave of the Order of Crusaders, begun in Edinburgh in 1929, by promoting the interests of voluntary donors of blood and voluntary helpers, and by encouraging and supporting the Blood Transfusion Service in this and other Regions of Scotland. The Annual Meeting of the Association is usually held in the autumn and anyone interested is invited to attend.

#### **Research and Comforts for Blood Donors' Fund**

This Fund pays for tokens such as fruit or flowers to be sent to donors and other voluntary helpers who may themselves be ill. In this way we can acknowledge in a special way that the great service they have given to the community is not forgotten. The Fund also provides a means not otherwise available for the conduct of research. Contributions to the Fund may be sent to the Honorary Secretary and however small, will be gratefully received.

### **VOTE OF THANKS**

The Blood Transfusion Service in this Region receives help and co-operation from many sources. Thanks are especially due to many industrial and commercial firms and organisations; The Royal Navy, Army; Government and Local Government Departments; Churches; Masonic Lodges; Miners' Welfare Organisations; Universities; Further Education Colleges and Schools; Health Boards; Red Cross Detachments; The St. Andrew's Ambulance Association; Women's Royal Voluntary Service; Toc H Groups; Rotary and Round table Clubs; Girl Guides, Boy Scouts and other church organisations – and many more. Thanks are also recorded to national and local press for publicising the needs of the Service and information about local blood donation sessions; to national and independent television and radio network for broadcasting frequent reminders about the location of the mobile units in the area. Our thanks too, go to those firms whose generous donations to the General Funds of the Association, shown in the Accounts, have made the printing of this Report possible.



## OFFICE-BEARERS 1984/85

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THE LORD PROVOST OF THE CITY OF EDINBURGH DISTRICT COUNCIL  
*ex-officio*

### HON. VICE-PRESIDENTS

THE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS OF  
EDINBURGH, *ex officio*

THE PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS OF  
EDINBURGH, *ex officio*

### TRUSTEES

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*ex officio*

THE SHERIFF PRINCIPAL OF LoTHIAN AND BORDERS, *ex officio*  
THE DEPUTY KEEPER OF THE SIGNET, *ex officio*

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Mrs E. Deas, Area Representative, Edinburgh.

Mrs F. Pallin, Area Representative, Borders.

Mrs A. O. Pretsell, Area Representative, Midlothian.

P. G. Blair, Esq., Area Representative, West Lothian.

Mrs J. King, Area Representative, East Lothian.

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Miss H. White, M.B.E.

### REGIONAL DIRECTOR

Dr D. B. L. McClelland, B.Sc., Ph.D., F.R.C.P. Edin.

### REGIONAL DONOR ORGANISER

Mrs MAIRI MACLEOD THORNTON, M.A.  
Blood Transfusion Service Donor Centre, 41 Lauriston Place,  
Edinburgh, EH3 9HB (Telephone 031-229-7291)

### HON. SECRETARY AND TREASURER

PETER C. TAYLOR, C.A., 29 Abercromby Place, Edinburgh, EH3 6QE

### HON. AUDITOR

T. RITCHIE CAMPBELL, C.A., 28 Alva Street, Edinburgh, EH2 4QF



# Regional Director's Report 1984-85



Dr Brian McClelland  
Director

## AIDS and BLOOD DONORS

This has been a year of new challenges for Transfusion Services world wide as awareness spread of the full magnitude of the problem of Acquired Immune Deficiency Syndrome – AIDS. It became quite clear during the year that AIDS was caused by a virus which appears to be a new infectious agent for humans. The origin of this virus so far remains mysterious – we do not know if it is really new, whether it is a dangerous variant of a virus which has existed over a long period or whether it has perhaps been harboured by certain local populations or species of animals and only recently affected man. Whatever the origin, the virus has been identified and with that discovery, it has become possible to test for infection with the virus, both by detecting antibody to the virus (a person's normal immune response to infection) or in some cases by detecting evidence of the presence of the virus itself.

It has also become very clear that the virus (called LAV or HTLV-III) can be transmitted by blood and by the plasma fractions factor VIII and factor IX. Transmission of the virus by transfusion of red blood cells has occurred very infrequently but it became obvious that patients who received factor VIII and factor IX regularly had a high chance of being infected, because their treatment is made from plasma preparations containing the plasma of many thousands of donors.

The BTS has made an urgent and very active response to this serious new problem and readers of this Report will wish to know, in outline what has been done.

First, and donors will be well aware of this, we have, since 1983 made strenuous efforts to ensure that no-one continues as a donor who is a member of any of the groups known to have an increased risk of AIDS.

Second, our research, development and production teams at the Protein Fractionation Centre have been quite outstandingly successful in devising methods of heat treating factor VIII to inactivate the virus and make it non infectious. This means that even though a donation containing the virus should get through the net into the PFC, the final factor VIII product is safe. You will be proud to know that the SNBTS

introduced heat treated factor VIII for all patients in December 1984, ahead of most other National Transfusion organisations.

The development of heat treated Factor IX is well advanced and this product should be introduced by the end of summer, 1985.

Third, there is now the possibility of testing to detect the presence of antibodies to the virus in a sample of every donation (just as we do for Hepatitis B). Several companies in the United States, Britain and Europe have worked remarkably hard and successfully to develop, in a very short time, tests for large scale testing of blood donors to detect antibodies to the virus. These tests will be introduced for routine testing of all donations in Scotland, England and Wales during autumn 1985 and we believe that this will remove the small risk of transmission of AIDS by transfusion.

However, the introduction of testing for antibody to HTLV-III is not without its serious problems. Not least is the very substantial cost (in Scotland alone we will do nearly 300,000 tests per year in the Blood Transfusion Service). There is also the problem of making certain that we confirm all test results with the greatest accuracy so that there is no risk of any donor receiving a "false positive" test result. For this reason the BTS is working closely with our co-workers in the departments of Virology to ensure that the most accurate possible confirmatory tests are available.

Finally, there is the serious concern about the very occasional donor who may be found to have antibody to the virus. We know already from studies in Britain that this will be a very rare event indeed, but should a donor have a positive test, the medical staff of the BTS will be responsible for making available advice, support, and referral for any medical advice which may be necessary.

AIDS research is proceeding so fast, and with such great success that it is impossible to write anything which isn't out of date by the time it is published. AIDS is a serious problem which is going to be with us for the foreseeable future, but I hope this short summary will help to show you that the BTS has its part of the problem well and effectively in hand.

## **RESEARCH and DEVELOPMENT**

You might reasonably think that the whole year was spent on the AIDS problem (and, there have been times when it has felt that way!). However, our research and development effort has proceeded, more successfully if anything than before, as I hope the new list of publications and research grants will show. Here are a few interesting highlights:

We completed a trial of a new tetanus vaccine: a large number of donors volunteered for this very successful study – the first of its kind which we have done. The result was not only a successful test of the new vaccine but we recruited a large number of plasmapheresis donors with



such good levels of tetanus antibody that we met almost all our year's requirement in a few months.

The development programme for a completely new plasmapheresis instrument has been carried out in the Edinburgh Centre. Involving a major UK company, this project should lead to a system for donor plasmapheresis which will be quick, simple and very economical. Look out for it in the Donor Centre!

The PFC has very successfully produced an excellent new blood product – intravenous immunoglobulin. The clinical trials of this product have been done in the Edinburgh and Glasgow Centres and have established that this is a highly effective and very safe product – probably one of the two best products of its type in the world. It is revolutionising the treatment of some immune deficiency diseases and provides the basis for a range of important new antibody products for treating infections.

Final example – two Centres, Edinburgh and Glasgow have made great strides in the production of blood typing reagents by the new monoclonal antibody (biotechnology) method. We expect that soon all the BTS needs will be met by this method.

You may have noticed that this report emphasises a little less of Edinburgh and a little more of the Scottish dimension. This is the most important and the last message of my report for this year. The year has seen tremendous steps forward in working together among the five Scottish Transfusion Services, the PFC and our friends in Northern Ireland and this is the thing that most convinces me that we can look forward to a good year in 1986, and beyond.

*D. B. L. McClelland*



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### NEW RESEARCH GRANTS – 1984-85

- 1985-87      Antibodies To Gram-Negative Bacteria in Blood Donors: Specificities  
and Isotypes in Relation to Efficacy for Immunotherapy of Gram-  
negative Bacterial Infections.  
Scottish Home & Health Department  
Dr G. R. Barclay (BTS)  
Dr I. R. Poxton (Dept. Bacteriology Edinburgh University  
£29,900 over 3 years
- 1985-86      Research Support for the Development and Production of  
Monoclonal Antibodies  
Bioscot Ltd.  
SNBTS  
£10,000 over 1 year
- 1985-86      Research Support for the Development and Production of  
Monoclonal Antibodies  
Bioscot Ltd.,  
Biotechnology Application Team  
£20,000 over 1 year
- 1985-86      Development of a Novel System of Machine Apheresis: Research  
Fellowship  
Fisons plc  
Dr C. V. Prowse  
Dr D. B. L. McClelland  
£15,000 over 18 months
- 1985          The Application of the Fluorescence Activated Cell Sorter to the  
Analysis of Cellular Interactions and Changes in Health and Disease  
Scottish Home & Health Department  
With Dr K. James and others  
£82,500 for purchase of Cell Sorter for Research Purposes



## Organising Secretary's Report

It seems no time since we completed our 1984 Annual Report and here we are preparing for 1986. When time flies so quickly, it is generally believed to signify a bustle of activity and this would certainly describe this past year in the Blood Transfusion Service. We have had many changes and developments, not least those related to AIDS which Dr McClelland outlines in his report, but there have been many successful and enjoyable events too.



Mrs Mairi Thornton  
Organising Secretary

### BLOODMOBILE ARRIVES

A major event was the arrival of the new mobile donating centre, our "Bloodmobile", in June. Its first visit was to Ferranti plc, South Gyle, where it proved popular with donors and B.T.S. staff alike. Since then, it has become a familiar sight around the Edinburgh area visiting factories and offices and attracting attention and interest whenever it goes. The bus has a small interview area, six donating beds and a small tea bar at the rear. It can accommodate up to 80 donors in the working day and time is not wasted having to set up beds and equipment on our hosts' premises. Also, we need not commandeer accommodation which may be in heavy demand.

### A YOUNG VISITOR

In June, we welcomed a very special young visitor to the Donor Centre. William Mack, aged 11, had had over 100 blood transfusions to treat a rare blood disorder, and he decided he would like to see for himself where the blood came from and to meet some of the donors and staff who make his treatment possible. It was a great pleasure for us to show William around the Centre and he entertained us all with his quick humour and curiosity.

### "TAE SEE OORSELS AS ITHERS SEE US"

The Scottish Blood Transfusion Service commissioned in 1983 research into 'The Scottish Public's Attitudes to Blood Donation'. The research was undertaken for us by the Advertising Research Unit at the University of Strathclyde and they presented their report during 1984. The research, the first of its kind in the U.K., was commissioned with a view to helping the B.T.S. plan its future publicity strategy in the most efficient and cost-effective way and to have an independent view of how our donors view us.

Dr. Leather and his team concluded, as expected, that most people consider giving blood is the right thing to do but he cautioned us against directing our publicity at too wide an audience. He suggested instead that we concentrate on smaller groups of people who are already highly motivated and are much more likely to respond. He pointed out that although the Service is generally held in high esteem, there is room for improvement, particularly in the area of donor interview and deferral. Also, we are not meeting the demand for more information about the Service and the many different uses of blood. We have much work to do in the coming year in addressing ourselves to the issues raised in the Report.

### **NEW AWARDS**

New awards were introduced at our Annual General Meeting in January 1985. These were presented by the Rt. Hon. John McKay, Lord Provost of the City of Edinburgh District Council, to representatives of the industrial and community sessions which had in the view of the Committee, contributed most in the way of new volunteers to give blood.

A framed embroidery by Hilary Oberlander was presented to Miss E. Muir, Senior Nursing Officer, Ferranti plc, and an engraved glass, wood and silver trophy by Peter Caird, Paul Musgrove, Jean Cameron and Adrian Hope was presented to Mrs Ann Kerr representing Armadale. The Lord Provost paid tribute to their work and hoped they would be an example to others.

### **PUBLICITY**

Liz Cross, our Publicity Officer, resigned in November to move with her husband to England. Lorna Frost, her assistant, was appointed to fill her post and it was fitting that their last joint publicity campaign was the B.T.S. float in the Edinburgh Festival Cavalcade. We won a prize for the third year running with the colourful bathing theme "Go On, Take the Plunge, Be a Blood Donor".

Donors ran in the Edinburgh Charathon wearing "Give Blood" t-shirts and collected many donor pledges from friends and relatives.

We continue to be very grateful to our Honorary Organisers and their teams of helpers for publicising so efficiently our blood donor sessions throughout the region. Local radio and newspapers have also been a great support and all this effort has been well rewarded with good donor attendances. We continue to have the usual difficulties around holiday times but careful scheduling of sessions and donor support sees us through.

Much emphasis has been placed this year on educational campaigns, particularly in schools. Motivation often increases with a better understanding of the varied needs for blood, and it is vital that teenagers, the blood donors of the future, have a proper awareness of



the B.T.S. The history of the B.T.S. is of great interest too, as was evident from the success of the historical exhibition mounted in the Donor Centre during the Edinburgh Festival.

### **ROTARY CLUBS**

The Rotary Club have been enormously supportive to the B.T.S. in recruiting new donors and helping to arrange donor sessions. I am sure our local Organisers would join with me in expressing our appreciation to all the local Clubs who have helped us, particularly in West Lothian where response in Harthill and Whitburn was boosted to unprecedented levels.

### **NEW SESSIONS AND ANNIVERSARIES**

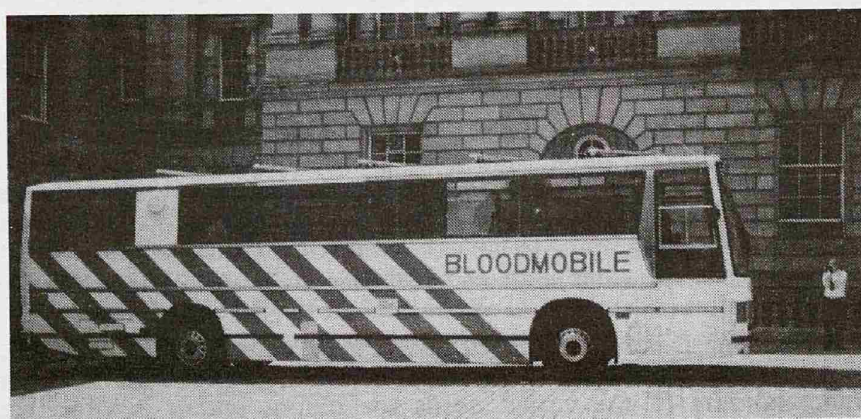
We have held new donor sessions at the Royal Bank of Scotland in Dundas Street, Edinburgh Airport and Letts Diaries, but sadly we have had to close a few of our regular sessions too.

Corstorphine and Mayfield both celebrated anniversaries last year with special displays. Corstorphine marked 21 years of blood donor sessions and two months later Mayfield held its 50th session.

### **THANK YOU**

No report for the B.T.S. would be complete without warmly thanking all the people who ensure that we collect sufficient blood to meet the needs of all the hospitals in this region. My thanks go to all the wonderful donors, to our army of helpers, particularly the Organisers who have just retired after many years of service, and last but not least to the B.T.S. staff who travel out in all weathers and conditions, evenings and weekends too, yet always have a cheerful smile of welcome for donors.

Thank you everyone for making blood transfusion possible.



*New Bloodmobile in action – Parliament Square, Edinburgh*



## HONORARY ORGANISERS

### *Appointments*

We welcome the following Organisers who have joined us in the past year.

Mr D. Affleck – Duns  
Mrs D. Ashcroft – Colinton  
Mr D. Ganson – Leith (Joint Honorary Organiser)  
Mrs M. Punton – Broxburn  
Mrs C. Simpson – Victoria Hospital  
Mrs M. Thomson – Blackhall

### *Retirements*

We extend our warmest thanks to the following Organisers for the tremendous support they have given us over the years and wish them well for the future.

Miss M. Chalmers – Broxburn (1970-1984)  
Mrs E. Courtney – Colinton (1981-1984) (Also 1972-1975)  
Mrs I. Barker – Pencaitland (1965-1984)  
Miss M. Dagg – Newcastleton (1970-1985)  
Mrs I. Duthie – Victoria Hospital (1984-1985)  
Mr A. T. Reid – Duns (1953-1984)  
Mrs I. Simpson – Blackhall (1980-1984)  
Mr E. Sutherland – Leith (1960-1985)  
Mrs J. Gordon – Gullane (1964-1984)

### *Deaths*

It is with great sadness that we record the deaths during this past year of four of our voluntary helpers: Mrs [GRO-A], Mrs [GRO-A], [GRO-A] and Mr [GRO-A] and Mr [GRO-A]. All were very active in the Blood Transfusion Service for over 20 years and we shall miss them greatly. We extend our sympathy to the bereaved families and friends.

## 50th Anniversary 1936-1986

50 years ago next June the Edinburgh Blood Transfusion Service came into existence.

There had been a blood donor service in Edinburgh since 1929, run by Mr John Copland from his home in Gilmore Place. However demands on Mr Copland and his team of volunteers had been increasing steadily and their approach to the then Lord Provost, Sir Louis S. Gumley, resulted in a meeting of representatives of the professional, commercial, charitable and other public bodies in Edinburgh. This meeting took place in the City Chambers on 25th June, 1936, and an Executive Committee was appointed to reorganise and fund a Blood Transfusion Service.

The Edinburgh Service flourished as can be seen from this extract from the Annual Report of 1937.

### "NUMBER OF CASES"

*The records show that during the year ending 30th June 1937 calls for transfusions numbered 558, and while, of course, it is impossible to ascertain the number of lives saved as a result of blood transfusions, the Surgeons' Reports returned to the organiser show that in at least 86 per cent of the cases the blood transfusion helped in no small measure in the endeavour to restore the patient to health. The following figures are based on records and reports accurately kept since the transfer of calls to the Surgical Out-Patient Department of the Royal Infirmary on 1st November, 1937.*

*Period from 1st November 1936 to 30th June 1937.*

<i>Hospital</i>	<i>Number of Calls</i>
<i>Royal Infirmary .....</i>	<i>208</i>
<i>Simpson Maternity Hospital .....</i>	<i>44</i>
<i>Royal Hospital for Sick Children .....</i>	<i>21</i>
<i>Leith Hospital .....</i>	<i>11</i>
<i>Western General Hospital .....</i>	<i>29</i>
<i>Princess Margaret Rose Hospital .....</i>	<i>5</i>
<i>Chalmers Hospital .....</i>	<i>10</i>
<i>Edenhall Hospital .....</i>	<i>3</i>
<i>Astley Ainslie Hospital .....</i>	<i>2</i>
<i>Deaconess Hospital .....</i>	<i>1</i>
<i>Elsie Inglis Memorial Hospital .....</i>	<i>1</i>
<i>Bruntsfield Hospital .....</i>	<i>3</i>
<i>Nursing Homes .....</i>	<i>30</i>
<i>Total</i>	<i><u>368</u></i>

### *Diseases*

<i>Haemorrhage</i> .....	97	<i>Anaemia</i> .....	96
<i>Post-Birth Haemorrhage</i> ..	50	<i>Head Cases</i> .....	46
<i>Septicaemia</i> .....	45	<i>Diseases of the Bone</i> .....	19

*Other causes: Emaciation, Mastoids, Diabetic Coma, Jaundice, Scalding, Amputations, Colitis and Accidents.*

*Types of Blood Donors used were as follows:*

<i>Type 1</i> .....	3	<i>Type 2</i> .....	50
<i>Type 3</i> .....	19	<i>Type 4</i> .....	296

*The Eldest Male to receive Blood was 79 years of age, and the Youngest Male was 7 days old. The Eldest Female to receive Blood was 72 years of age, and the Youngest Female was 2 days old. The donations were given in the proportion of Males 3 to the Female 1. The number of Males receiving transfusions exceeded Females by approximately 2 to 1.*

### *Year from 1st November 1936 to 31st October 1937*

*This year is the first complete year during which all calls have been attended to by the Royal Infirmary, and the undernoted figures indicate that the total number of calls in following years will average not less than 560.*

<i>Hospital</i>	<i>Number of Calls</i>
<i>Royal Infirmary</i> .....	303
<i>Simpson Memorial Hospital</i> .....	69
<i>Royal Hospital for Sick Children</i> .....	38
<i>Leith Hospital</i> .....	14
<i>Western General Hospital</i> .....	40
<i>Princess Margaret Rose Hospital</i> .....	7
<i>Chalmers Hospital</i> .....	10
<i>Edenhall Hospital</i> .....	3
<i>Astley Ainslie Institute</i> .....	3
<i>Deaconness Hospital</i> .....	10
<i>Elsie Inglis Memorial Hospital</i> .....	3
<i>Bruntsfield Hospital</i> .....	6
<i>Royal Hospital for Diseases for Women</i> ....	2
<i>City Fever Hospital</i> .....	2
<i>West House, Morningside</i> .....	3
<i>Nursing Homes</i> .....	47
<i>Total</i>	<u>560</u> "

Extract from 1937 Annual Report.

A Committee has been set up to coordinate activities to commemorate the 50th Anniversary and in addition to social events, it is hoped to produce a special donor certificate, a booklet on the history of the South East Scotland Blood Transfusion Service, and a video on the Service in 1986.

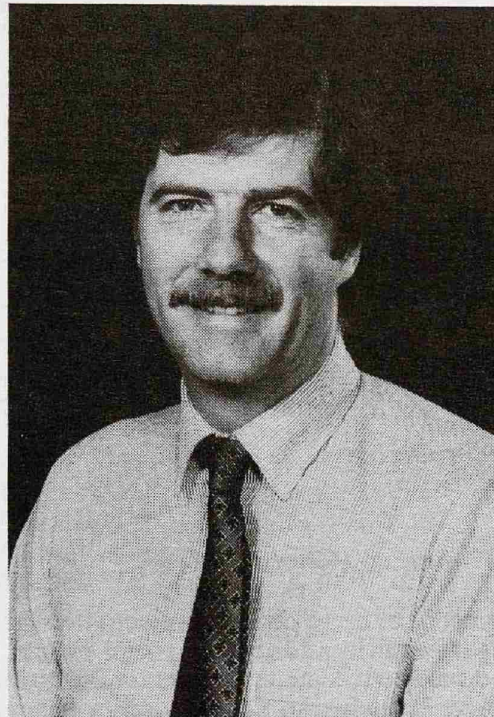


## Dr. Jack Gillon

Dr Jack Gillon was appointed as Blood Donor Consultant in September, 1984. Dr. Gillon trained at Edinburgh University and his work experience has covered many different regions and even countries. He has worked in Kirkcaldy, Dundee, Truro and has spent one year in France. For seven or eight years prior to taking up his appointment with the Blood Transfusion Service, he was a lecturer at the University of Edinburgh, based at the Western General Hospital. He has a special interest in the body's immunity to infection and will apply his experience to the health and welfare of blood donors and the relevance of infectious disease and immunity to blood transfusion (for example AIDS, Hepatitis, Malaria). Dr Gillon hopes to develop blood donor related research in this field and also to develop his interest in health education.

As part of his introductory year to the Blood Transfusion Service, Dr Gillon spent three months in Kansas City looking at the whole spectrum of the American Blood Transfusion Service and focussing specific attention on current major problems such as AIDS and the provision of special blood products to support bone marrow transplants.

He is married with two children and lives in Edinburgh.



*Dr Jack Gillon*

## **Annual Badge Presentation Ceremony October 1984**

Silver and Silver Gilt brooches and tie pins are awarded to donors who have given 25 and 50 donations of blood. Every year these donors are invited to attend the Annual Badge Presentation Ceremony at the City Chambers. Happily, many donors were able to be present and have their awards presented by the Rt. Hon. John McKay, Lord Provost. The City of Edinburgh District Council provided hospitality in the form of wine and savories as their way of paying tribute to this very special group of people.

Tribute was also paid to Mr Sandy Reid of Duns and Mr Eddie Sutherland of Ferry Road, Edinburgh, who retired this year as Honorary Organisers for the Blood Transfusion Service. Professor Girdwood, Chairman of the South East Scotland Blood Transfusion Association, presented them with engraved pen sets.

The Guests Speaker at the Badge Presentation Ceremony was Mr A. McGowan, Senior Chief Medical Laboratory Scientific Officer at the Regional Transfusion Centre. His address is given in full . . .

### **“A VIEW FROM BELOW DECKS”**

Some introduction may be necessary since Medical Laboratory Scientific Officers are hardly the best known of the professional groups which are employed in the National Health Service.

Who and what am I?

There is a high risk factor in allowing another to describe oneself. I therefore will attempt this task personally.

I am one of the more senior of the seventy six technical laboratory staff who are employed in the Edinburgh Blood Transfusion Centre.

This group forms the vast majority of the labour force of the laboratories. Its major role is in the provision of a wide range of routine services, some of which may surprise you.

We implement current practices and policies, although we do contribute to both the research and policy making in the Centre.

By considering the following analogy you may understand my choice of title, which is “A View from Below Decks”.

I may toil below decks but, unlike the Lord Provost, in my office there is no requirement for wearing chains.

I see the Regional Transfusion Centre as a great public owned and supported factory ship, taking on board great hauls of blood donations provided through the efforts of many represented here.



1. The altruistic blood donor appears at withdrawal sessions often after considerable inconvenience and bares his or her arm donating blood for no direct benefit other than the cup of tea and a biscuit. Society owes these people a great debt. The media news is dominated by unsavoury characters. These are in a small minority who can give a distorted picture of the moral health of the nation.

There can be little wrong with a society having such a large number of committed, public spirited people as are visible at any withdrawal session.

It is probable that Edinburgh and the South East of Scotland has the highest blood donation rate of any region in the world.

Even our friendly rivals in the West of Scotland collect less than two thirds the rate per head of population. The most generous of the English Regions – less than half. You have scotched for ever the claim that Scots are mean.

For centuries Scottish blood was left on most of the battlefields of the globe. Its present resting place in the blood banks of the region seems a more satisfactory arrangement.

2. The voluntary unpaid local donor organisers who operate so effectively in the community play a major and vital role in the success of the service through co-operation with Mrs Thornton, our Donor Organiser, and her team.
3. The donor attendants and nursing staff who set sail often at very early hours for faraway places with strange sounding names to collect donations, play another important role requiring professionalism and no small measure of the diplomatic arts. More of this later.

On the bridge supplying directions is the Regional Director, Dr McClelland. As he surveys the bounty I hope he has more justification for confidence in his crew than did Captain Bligh.

Below the decks and indeed the waterline are the routine laboratory staff responsible for processing the blood donations into a wide variety of products which can best serve the disparate needs of all the patients in the region.

I am confident that the occasional shrill command coming down the voice pipe from the bridge is explained by the need to overcome a bustle of activity rather than reflecting the soporific nature of the work.

Like any other vessel, we are affected by unavoidable climatic changes over which we have little control. In our case, these tend to be political and we have experienced a few storms in public reaction over the years.

#### (1) AIDS – “Acquired Immune Deficiency Syndrome”

In the USA public reaction has been spectacular with a groundless rumour circulating that donating blood placed the donor at risk. This is believed to have resulted in a drop in donations on the West Coast of the USA of some 30%.

A "high risk" group of homosexual men has to be discouraged from donating blood since at present we have no laboratory test for this disease. But how? A balance has to be struck between protection for the patient receiving blood and the offence given to a volunteer blood donor.

This exercise has tested our ingenuity as never before. Answering donor questions on the subject has consumed a great deal of time for many busy people.

(2) Less recently the horror of an outbreak of another plague – serum hepatitis struck Edinburgh in 1970, killing a dozen patients and medical staff in the City, including one of our own laboratory staff.

The condition of jaundice has been recognised since the fifth century BC and although the disease can be fatal and transmitted by blood transfusion, we had at that time (1970) no test available.

Spectacular progress has been made in removing the most severe forms of jaundice as a complication of blood transfusion. However, there are other viruses which transmit less severe forms of the disease and much current medical research is directed to creating tests for these agents.

### (3) Interferon

An appeal for money to buy this product for a patient in Glasgow produced tremendous public reaction.

It was known that it is possible to provide a form of interferon from blood donors' white cells.

The considerable coverage in newspapers and on television exerted substantial pressure on the Service to undertake production of an untried clinical product.

This would have resulted in spending huge sums of public money with little chance of producing an effective product.

I have no doubt that the decision not to attempt production at that time, pending clinical trials was the only responsible conclusion possible.

(4) Currently the high pressure zone above the Centre surrounds the supply of blood and services to Private Hospitals.

This substantial chill breeze may yet preceed an iceberg.

### Other Services

The testing and processing of donor blood is a major part of our operation, requiring almost one third of the available laboratory manpower. A wide range of other services are provided by the Centre.

### The Coagulation Service.

There are many different causes of abnormal bleeding. It is the function of this service to identify the deficiency, provide the treatment – usually a blood product, e.g. Platelet concentrate, fresh frozen plasma or a specific coagulation factor concentrate – and to monitor the effect of that treatment on the patient.



Amongst the chemicals used in this area is Warfarin which is better known as a rat poison, but which has been a valuable treatment for patients with clotting problems for many years. Patients who have been on Warfarin for some time may have an accelerated tendency towards bleeding. This can be controlled by giving blood derived clotting factors.

#### The Tissue Typing Service

Organ transplantation, especially for kidneys, now has a high success rate. Much of that success is dependant on obtaining a good "match" between the donor and the recipients tissue.

Tissue types like Cleopatra are of infinite variety. The technicalities of laboratory testing for white cells are even more exacting than most red cell investigations.

We in the laboratory are acutely aware of the trust given by those volunteering to become organ donors. We do all that we can to accurately predict the outcome of a graft.

Any failure may result in rejection, not only destroying the transplanted organ but reducing the chances of a future successful transplant for that patient.

Last year fifty patients were given kidney transplants in Edinburgh. With popular and government support for bone marrow transplantation, this service may expand greatly in the future.

#### The Crossmatching Service

Before a patient is given a blood transfusion, it is important not only to select blood of the same ABO and rhesus type, but to test his/her serum against the red cells of the donor by a variety of techniques in order to detect any reaction between the two.

Between 3 and 5% of the population have unusual antibodies which can cause transfusion reactions.

Our Crossmatching laboratory is probably the busiest in Britain, handling over 40,000 requests per annum from over twenty hospitals. It is a daily occurrence for requests for ten units of blood or more to be received for a single patient.

The three services described have to operate 24 hours per day, every day.

#### The Ante Natal Service

Although haemolytic disease of the newborn was recognised for centuries as "blue babies", the cause was only discovered in 1940. Rhesus negative women with Rhesus positive husbands usually produce rhesus positive babies.

At birth, some babies red cells may get into the mothers circulation. This can lead to the production of Rhesus antibodies. These will affect any future Rhesus positive babies which the woman has.

The effects are often fatal, usually severe and permanent.

The injection of purified and concentrated rhesus antibody into the

mother at the end of the pregnancy coats any babies' cells and stops the formation of any antibody.

In a lifetime we have seen the explanation and the elimination of a very common tragic disease.

Our very success had brought a problem in obtaining donors with rhesus antibody. Now almost no women are being immunised through childbirth.

Fortunately a small number of rhesus negative gentlemen have volunteered to produce this antibody by being immunised with rhesus positive blood.

Society owes much to these volunteers. Never (with one possible exception) have so many owed so much to so few.

Each year the ante natal service tests about 40,000 blood samples.

#### Immunology Labs

We have specialised labs investigating patients with immune disorders resulting in production of too little antibody, too much antibody, antibodies attacking the patient's own cells, antibodies directed against white cells or platelets or plasma proteins.

These services assist in the diagnosis and treatment of many diseases.

#### Quality Control

This division enables us to meet the same exacting standards as any commercial company in the pharmaceutical industry.

#### Reagents Laboratory

Reagents – These are the products necessary to identify the 250 different characteristics found on patients' red cells (Blood Groups) and the similar number of antibodies found in patients' serum.

Blood donors who consent for their blood to be used for this purpose contribute as much to patient care as those whose blood is transfused.

This laboratory produces the vast bulk of the reagents used in the region, utilizing some unlikely sources.

e.g. Snails, trout eggs, pineapples and paw paws, eel serum, snake venom and seeds of a wide range of plants, including the common gorse.

I am sorry if this list, which is not comprehensive, has bored you.

I felt you would like to know where your money as well as your blood goes.

Since entering the service as a beardless boy some twenty odd years ago, I have seen some major changes resulting from successful medical research into the myriad functions of the elements of blood.

The science of immunology has expanded dramatically in the last twenty years. Much more is now known of how the body protects itself from attack from without, e.g. infection, traumatic injury, allergy, poisoning, etc., and from within, i.e. malignant disorders.

The transfusion service is never slow to respond in providing products to assist, or in some cases to hoodwink the natural defences.



### Milestones Passed

**1792** – Edward Jenner's discovery of vaccination. By injecting a person with a comparatively mild disease – Cowpox – protection from a much more serious disease – Smallpox – was obtained. Like many other great scientific finds, Jenner did not have a revelation but he was first to write up scientifically a folk remedy.

**1800** – Louis Pasteur discovered that virulent organisms can become attenuated and still retain their immunological capacity (the ability to stimulate the production of protective antibodies).

Women have known this for centuries, i.e. the transmutation of the virulent form (batchelor) to the attenuated (husband) – the same organism, but with greatly altered behavioural characteristics.

A modern example is the B.C.G. test. The Bacille Calmette and Guerin is a strain of tuberculosis which has been artificially grown on potato medium until it is no longer virulent but still stimulates the production of protective antibodies.

**1899** – Metchnikoff's discoveries of cellular immunity included another role of the white cells in direct killing of infecting organisms with or without antibody production.

Who but the youngest of us has not sat on a bus staring in fascination at a throbbing boil on the neck of the passenger in front. What you observed was cellular immunity at work. Pus is composed of white cells drawn to combat a local infection.

**1901** – Karl Landsteiner found the key to successful blood transfusion by discovering that there are different blood groups. Failure to recognise this fact explains many of the serious incidents in the transfusions attempted up to that time.

The First World War advanced the practice of blood transfusion tremendously.

The discovery of antibiotics by Alexander Fleming of Darvel in Ayrshire, was by any standard a milestone in immunology. It also can be said to balance the West of Scotland's contribution to medicine with that of Burke and Hare in the East.

In the 1960's a seldom recognised milestone was the introduction of multiple plastic blood packs. These have revolutionised blood transfusion, enabling us to split donations without risk of bacterial contamination.

Now in only a small minority of cases is a patient given whole donor blood. Patients are given only the elements of blood which they require – often in concentrated form. This has enabled much better use to be made of a most precious resource.

The road stretches ahead and as Harry Lauder (a local man from Portobello) exhorted us, we must keep right on.

Other milestones are in sight.

Monoclonal antibodies made by fusing two parent cells together.

(1) An antibody producing cell.

(2) A malignant cell which can be grown in the test tube.

A daughter cell grows and multiplies in the test tube and produces vast quantities of consistent antibody.

Through the engineering of the genetic material of bacteria, yeasts and fungi, we can produce microbes capable of producing substances previously only possible by purifying donor plasma, e.g. Factor VIII, the deficiency affecting haemophiliacs.

Much work has to be done on these products but the potential cost savings in production and consistency of product are wonderfully exciting.

Yeasts and fungi have been the friend and foe of mankind for millennia. Providing us with Thrush and Athletes Foot on one hand (or one foot, more correctly) and bread and whisky on the other. Also the penicillin to cure the few ills which the whisky does not eradicate.

I am confident that the next decade will leave us more dependent on them than ever before.

In closing, I would share with you a story reported at a withdrawal session in the West of Scotland which illustrates the need for donor attendants to practise diplomacy.

A young donor attendant noticed a small cold sore on the lip of a dowager waiting to give blood.

– “Excuse me madam, is that a Herpes?”

– “Naw hen, a’ve jist had it shampoo’d and set!”

Thank you. *A. McGowan* 9 October, 1984

GRO-A

*Courtesy of "Edinburgh Evening News"*

*Donors who received gold badges at the Annual Badge Presentation Ceremony*



**Mr**

**GRO-A**

## **An Appreciation**

Sadly we intimate the death of Mr **GRO-A**

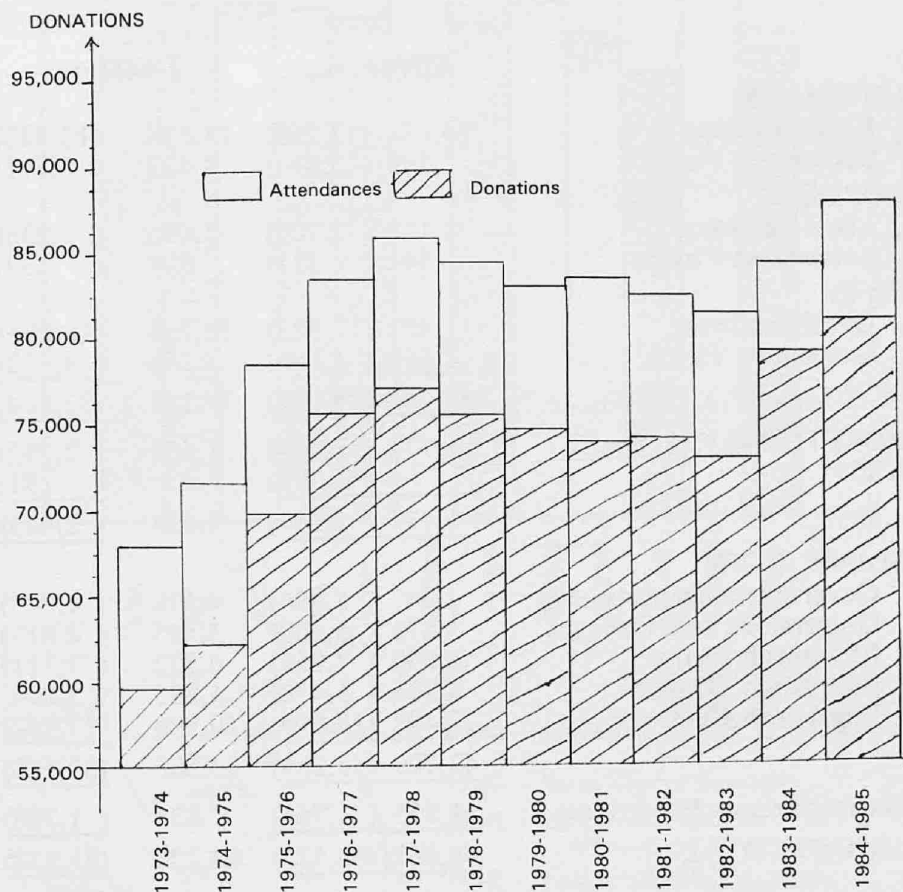
Mr **GRO-A** first offered to give blood in 1923 but waited 10 years to actually give his first donation, by direct transfusion as it was in those days. He went on to give 109 donations until he retired from the donor panel in 1977 at the age of 76.

Mr **GRO-A** was an Edinburgh man who travelled extensively in Scotland in his work for a famous ice cream company. He was probably responsible for introducing ice cream to most of the remoter communities in the West Highlands and Northern and Western Isles after the war, not to mention Blood Transfusion Service staff who were often treated to ice cream gifts when he came to donate.

In 1951 Mr **GRO-A** travelled with Mr **GRO-A** to London to have his Gold Badge awarded by the Princess Royal at the Long-Service Blood Donors Ceremony in the Royal College of Surgeons Hall. Last year we intimated the death of Mr **GRO-A** and sadly now both these wonderful gentlemen are gone.

Mr **GRO-A** was an Honorary Life Member of the Executive Committee of the South East of Scotland Blood Transfusion Association.

## South East Scotland Blood Donor Attendances 1973-1985



YEAR	ATTENDANCES	DONATIONS	% DONATING
1973-74	67,891	59,326	87%
1974-75	71,548	62,239	87%
1975-76	78,234	69,878	89%
1976-77	83,636	75,302	90%
1977-78	86,050	77,318	90%
1978-79	84,842	75,639	89%
1979-80	83,407	74,537	89%
1980-81	83,976	73,985	88%
1981-82	83,261	74,034	89%
1982-83	81,927	72,977	89%
1983-84	84,767	79,466	94%
1984-85	87,227	81,389	93%

*The above figures do not include plasmapheresis donations.*



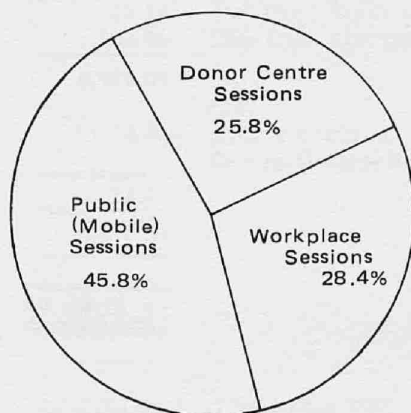
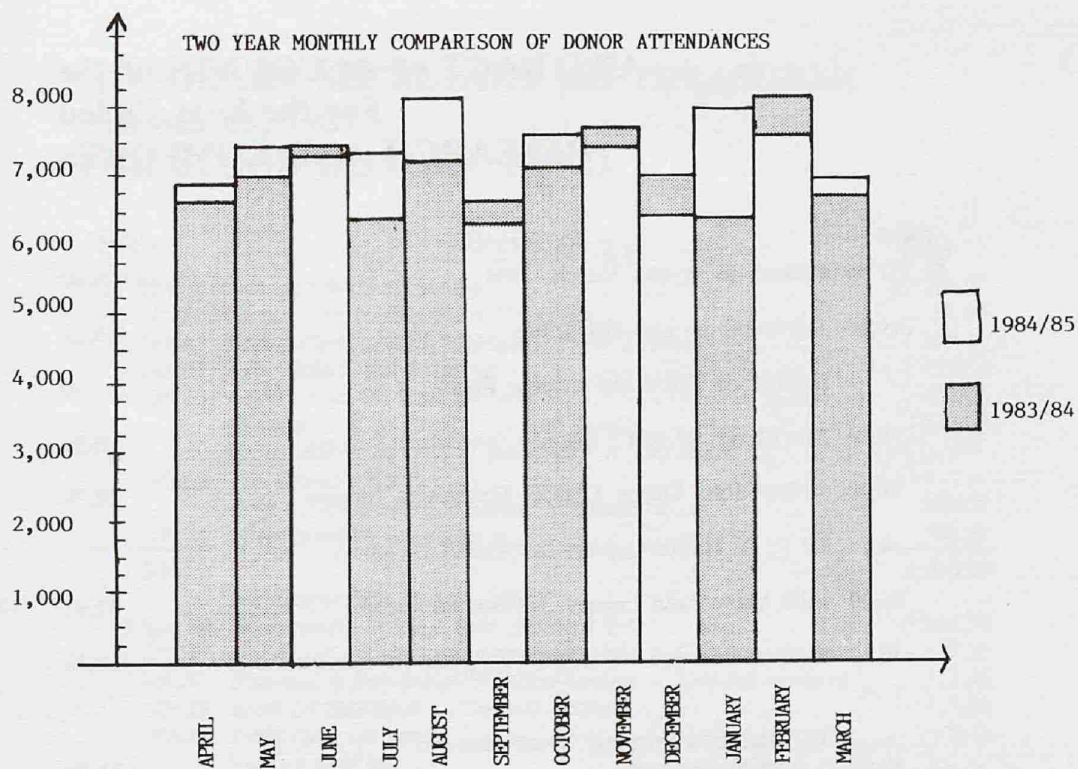
## Donor Organiser's Statistics for 1984-85

	Attendances	Donations	
LOTHIANS:			
Local Sessions	14,634 (13,268)	13,678	(12,432)
Sessions at Firms	2,599 ( 2,914)	2,423	( 2,711)
BORDERS:			
Local Sessions	8,118 ( 7,705)	7,696	( 7,336)
Sessions at Firms	341 ( 311)	327	( 299)
FIFE:			
Local Sessions	11,483 (11,023)	10,739	(10,294)
Sessions at Firms	4,569 ( 4,685)	4,258	( 4,412)
	<u>41,744 (39,906)</u>	39,121	<u>(37,484)</u>
ROSYTH NAVAL BASE	1,774 ( 2,498)	1,668	( 2,352)
ARMY	— ( 99)	—	( 91)
	<u>1,774 ( 2,597)</u>	1,668	<u>( 2,443)</u>
EDINBURGH:			
Government Departments	4,947 ( 5,096)	4,579	( 4,773)
Universities and Colleges	3,873 ( 5,009)	3,595	( 4,617)
Edinburgh Firms	6,690 ( 7,862)	6,222	( 7,311)
Edinburgh District	5,706 ( 5,478)	5,235	( 5,096)
Edinburgh Centre	22,493 (18,819)	20,968	(17,742)
	<u>43,709 (42,264)</u>	40,600	<u>(39,539)</u>
Plasmapheresis Procedures	<u>1,835 ( 1,766)</u>	1,835	<u>( 1,766)</u>
GRAND TOTAL	<u>89,062 (86,533)</u>	83,224	<u>(81,232)</u>

### NOTES

1. Rosyth Naval Base includes volunteers from H. M. S. Caledonia and the Royal Naval Armament Depot, Crombie.
2. Universities and Colleges include University of Edinburgh, Heriot Watt University, Napier College of Commerce and Technology, Telford College, Stevenson College, Queen Margaret College and Leith Nautical College.
3. The term "firms" is used to encompass sessions at workplaces — factories, offices, etc. The Fife and Lothians statistics include 2 colleges.
4. A plasmapheresis procedure is usually a double plasma donation of approximately 550 mls.

*\* Figures in brackets are the 1983-84 statistics*

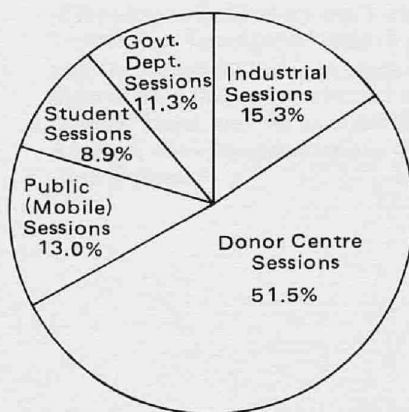


#### DONOR ATTENDANCES IN S.E. SCOTLAND 1984/85

25.8% = Donor Centre Sessions

28.4% = Workplace Sessions (Forces, Students, Industries, Government Depts.)

45.8% = Public (Mobile) Sessions



#### DONOR ATTENDANCES IN EDINBURGH 1984/85

11.3% = Government Department Sessions

51.5% = Donor Centre Sessions

15.3% = Industrial Sessions

13.0% = Public (Mobile) Sessions

8.9% = Student Sessions



# **ABSTRACT of ACCOUNTS of the For the Year Ended RESEARCH AND COMFORTS**

<i>1984</i>	<i>INCOME</i>	<i>1985</i>
£7,351.56	Balance as at 31st March, 1984 .....	£6,876.69
219.66	Subscriptions and Donations .....	149.29
—	— Refund of Television Licence Fees .....	284.00
58.04	Mrs M. H. Wright's Legacy: Investment Income .....	58.04
18.70	Arthur John Queen Legacy: Investment Income .....	18.70
4.14	Dr F. D. Habib Legacy: Investment Income .....	—
36.23	Miss Mary Auld Legacy: Investment Income .....	37.97
430.12	General Research and Comforts Funds: Investment Income	430.12
	The Standard Property Investment plc —	
30.61	Interest received .....	31.99
24.17	Building Society Interest .....	15.19
3.98	Deposit Receipt Interest .....	—
<u>£8,177.21</u>		<u>£7,901.99</u>

**HONORARY SECRETARY and TREASURER**  
**31st March, 1985**  
**FOR BLOOD DONORS' FUND**

<i>1984</i>	<i>EXPENDITURE</i>	<i>1985</i>
£ 114.15	Donors' Suite Expenses .....	£ 296.99
11.50	Donor Centre Reception Expenses .....	85.06
147.65	Fruit, Flowers and Presentations to Donors .....	319.50
245.03	Advertising and Printing .....	119.00
425.45	Addition to Medical Library .....	454.26
—	Contribution to Staff Fees and Books .....	130.00
	Contribution to cost of study visit to Canadian	
250.00	Transfusion Service .....	—
—	Cost of Awards for Annual Presentation .....	520.00
106.74	Miscellaneous Expenses .....	86.09
<u>1,300.52</u>		<u>2,010.90</u>
	Balance at 31st March, 1985:	
5,684.58	Investments at Cost (per annexed list) .....	5,684.58
351.97	The Standard Property Investment plc — Current account	374.36
166.92	National & Provincial Building Society — Deposit account	177.58
29.58	Bank of Scotland — Current account .....	17.81
52.59	Petty cash on hand .....	16.18
	Sundry Debtors:	
342.75	Income Tax Recoverable .....	689.97
35.74	Due from Regional Centre account .....	35.74
246.96	Due from General Fund .....	—
<u>6,911.09</u>		<u>6,996.22</u>
	<i>Less:</i>	
34.40	Sundry Creditors .....	£ 56.12
—	Due to General Fund .....	<u>1,049.01</u>
<u>34.40</u>		<u>1,105.13</u>
<u>6,876.69</u>		<u>5,891.09</u>
<u>£8,177.21</u>		<u>£7,901.99</u>

EDINBURGH 12 September 1985: I have examined and audited the books and accounts of the Honorary Secretary and Treasurer of the Edinburgh and South-East Scotland Blood Transfusion Association Research and Comforts for Blood Donors' Fund, General Fund and The Regional Centre Account for the year ended 31st March 1985, and I have found them to be in order. The abstract of accounts for the Research and Comforts for Blood Donors' Fund, and the annexed Statements of General Fund and The Regional Centre Account, show the transactions of these funds during the year and the position at the close thereof.

T. RITCHIE CAMPBELL, C.A.  
Honorary Auditor



# INVESTMENTS AT COST

## As At 31st March, 1985

1984		1985
£1,000.00	Mrs M. H. Wright's Legacy: £1,160.87 5% Treasury Stock 1986/89	£1,000.00
249.88	Arthur John Queen Legacy: £340 London County 5½% Stock 1985/87	249.88
422.69	Miss Mary L. Auld's Legacy: National & Provincial Building Society Deposit	422.69
4,012.01	General Research and Comforts Funds £5,550 7¾% Treasury Stock 1985/88	4,012.01
<u>£5,684.58</u>		<u>£5,684.58</u>

# **REGIONAL CENTRE ACCOUNT** **For the Year Ended 31st March 1985**

<i>1984</i>		<i>1985</i>
<u>£ 394.33</u>	Balance at 31st March, 1984 .....	<u>£1,120.99</u>
976.66	General Donations received .....	625.00
<u>-</u>	Deposit receipt interest .....	<u>15.88</u>
976.66		640.88
<u>1,370.99</u>		<u>1,761.87</u>
<i>Expenditure:</i>		
	Contribution to cost of study visit to Canadian	
250.00	Transfusion Service .....	178.66
	Expenses of attendance by members of the B.T.S.	
<u>-</u>	Centre staff at Conferences .....	<u>1,050.00</u>
250.00		1,228.66
<u>£1,120.99</u>	Balance at 31st March, 1985 .....	<u>£ 533.21</u>
<i>Represented by:</i>		
900.00	Bank of Scotland - Sum on Deposit Receipt .....	500.00
261.10	Bank of Scotland - Current Account .....	165.55
202.32	Cash on hand .....	110.09
( 35.74)	less: Due to Research and Comforts Fund .....	( 35.74)
( 206.69)	Due to General Fund .....	( 206.69)
<u>£1,120.99</u>		<u>£ 533.21</u>



**SUBSCRIPTIONS and DONATIONS to RESEARCH  
and COMFORTS for BLOOD DONORS' FUND  
During the Year Ended 31st March, 1985**

Nescafé Labels .....	£ 41.00
Lothian Region Transport Employees .....	69.50
Sighthill Neighbourhood Club .....	5.00
The Orcome Trust .....	<u>25.00</u>
	<u>£140.50</u>

Subscriptions and Donations per Edinburgh Council of Social Services:

James Gray & Son Ltd. ....	6.00
J. M. Paterson .....	<u>5.00</u>
	11.00

*Less:*

Edinburgh Council of Social Services' Commission .....	<u>2.21</u>
	<u>8.79</u>

<b>TOTAL</b>	<u><u>£149.29</u></u>
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**LEGACIES, SUBSCRIPTIONS AND DONATIONS**

Legacies, subscriptions and donations, however small, will be gratefully received and acknowledged by the Honorary Secretary and Treasurer, Mr Peter C. Taylor C.A., 29 Abercromby Place, Edinburgh, EH3 6UE, or by the Regional Organising Secretary, Mrs Mairi Thornton, Blood Transfusion Service, Donor Centre, 41 Lauriston Place, Edinburgh EH3 9HB.

# **GENERAL FUND of the ASSOCIATION** **For the Year Ended 31st March 1985**

<i>1984</i>		<i>1985</i>
<u>£7,733.25</u>	Balance at 31st March, 1984 .....	<u>£7,563.78</u>
90.00	Subscriptions and Donations received .....	—
544.79	Building Society Interest .....	565.60
143.40	Deposit Receipt Interest .....	25.17
0.34	Profit on sale of T Shirts for advertising purposes .....	3.75
<u>778.53</u>		<u>594.52</u>
8,511.78		8,158.30
	<i>Expenditure charged to the Fund:</i>	
603.00	Cost of Publication of 1984 Report and Accounts .....	500.00
230.00	Hon. Secretary's Honorarium .....	460.00
115.00	Audit Fee .....	115.00
<u>948.00</u>		<u>1,075.00</u>
<u>£7,563.78</u>	Balance at 31st March, 1985 .....	<u>£7,083.30</u>
	<i>Represented by:</i>	
£6,359.55	National & Provincial Building Society — Deposit account	£4,989.55
950.00	Bank of Scotland — Sum on Deposit Receipt .....	700.00
134.30	Bank of Scotland — Current Account .....	138.05
160.20	Stock of Advertising T Shirts .....	—
206.69	Due by Regional Centre Account .....	206.69
—	Due by Research and Comforts Fund .....	1,049.01
	<i>Less:</i>	
(246.96)	Due to Research and Comforts Fund .....	—
<u>£7,563.78</u>		<u>£7,083.30</u>

PETER C. TAYLOR, C.A.  
Honorary Treasurer



GRO-A

*Courtesy of "Edinburgh Evening News"*

GRO-A

*with his sister GRO-A donors and staff*



*Courtesy of "Edinburgh Evening News"*

*1984 Prizewinning Float in Edinburgh Festival Cavalcade  
'Go on take the plunge, be a blood donor'*