



National Health Service Act, 1946

NATIONAL BLOOD TRANSFUSION SERVICE

BIRMINGHAM REGIONAL HOSPITAL BOARD

In reply please quote

15 Ampton Road, Edgbaston

Telephone :

Ref. WW/PMY

Birmingham, 15

EDG. 3861-6

11th August 1952.

Dr. W. d'A. Maycock,
Ministry of Health,
No.14 Russell Square,
London W.C.1.

re Homologous Serum Jaundice

Dear Dr. Maycock,

Thank you for your circular of the 9th August. I am convinced that the recommendation is sound and feel that it can be put into operation in my Region without any difficulty. I have given instructions that as from Sunday, 17th August, no donor with a known history of jaundice be called up and no donor reporting at the session will be bled if he or she has suffered from jaundice.

I may perhaps in this connection mention a little difficulty we had in the past. On some occasions, (certainly less than 1% of all donors bled) it was noted that the serum appeared to be yellow. The bilirubin determination which was done on these sera gave high values and I felt that this blood should not be used. The bottles were discarded. I consulted Mr. Garfield Thomas on this question as I felt that a different pigment to bilirubin might cause the appearance and the positive Van den Bergh. We had excluded carotene as petrol ether was not stained by this pigment. Mr. Garfield Thomas now informs me that he feels that the pigment in question is bilirubin but the donors were perfectly healthy and showed no clinical jaundice. (The highest value obtained was 2.4 mg% bilirubin which need not, of course, produce clinical jaundice). Do you think we are justified in discarding this blood? I would much appreciate your advice.

Yours sincerely,

GRO-C