

advent of our new medical service is, of itself, unlikely to stimulate voluntary donation, rather the reverse. It behoves us, therefore, to consider the factors influencing the supply of blood to a hospital. These fall into two overlapping groups—factors affecting the enlistment of donors and factors concerned with the maintenance of established donor panels.

There is a strong tendency for the average individual to avoid thinking of personal responsibility in blood donation. Much more could be done to increase supplies by well-planned information in the Press, the cinema, the church, and even the radio to increase the feeling of personal responsibility. Comparatively few realize the sometimes enormous expenditure of blood in a modern hospital. The public would, I am confident, be more inclined to offer their services if they were impressed by more facts and given facilities for seeing for themselves what is done and what is required. Our present panels of unselfish citizens are proof that no monetary inducement is essential, though by way of compensation the French system of allowing additional food rations might be adopted.

Many would-be donors are deterred by a strong fear of blood-letting. Fear can be largely dispelled by allowing people to see for themselves how blood is withdrawn painlessly and by emphasizing the vital role of the blood donor in the recovery of so many hospital patients. Satisfied donors are themselves excellent agents for dispelling fears amongst their friends and acquaintances. A few energetic, public-spirited doctors have addressed groups of young adults (e.g., in youth clubs), thereby winning their interest and services in transfusion work. Such efforts could well be emulated by doctors, young and old, who are sufficiently interested in the welfare of their hospital.

In certain parts of the world, notably the U.S.A., blood expended on a patient has to be replaced in kind by a member of the family, where circumstances permit. Blood donors are paid for their blood in cash. The enlistment of healthy relatives, especially young adult relatives, as blood donors might be considered as a possibility in this country. Tactful inquiry and gentle persuasion on the part of the doctor could enlist the services of many helpers from this family source.

The blood donor is such a precious unit that particular care should be exercised in all our dealings with him or her. This implies, amongst other considerations, a courteous welcome, painless blood-letting, and appropriate refreshment in pleasant surroundings. The dissatisfied donor is unlikely to return. He may be dissatisfied with the abrupt wording of the letter from the hospital reminding him of his appointment, which perhaps reminds him more of income-tax returns than a mission of mercy. Or he may be displeased with the cold reception at the hospital or the clumsy and painful technique of doctor or nurse. He is unlikely to overlook lack of gratitude for his services. All donors deserve appreciation, especially those who have given many pints of blood or who have answered emergency calls. A personal letter from a senior hospital doctor would be a fitting expression of gratitude in these instances.

A donor panel can be adequately maintained only by constant vigilance and attention to detail. Many donors quietly drop their services either because they leave the neighbourhood or because they no longer wish to donate blood. In either case it frequently happens that the hospital is not informed of the termination of their services in good time. A blood donor panel, like clothing, requires constant repair and replacement.—I am, etc.,

London, S.W.17.

A. WYNN WILLIAMS.

Co-ordination of Tuberculosis Schemes

SIR,—The figures quoted by Sir Andrew Davidson in a recent address, reported in the *Journal* of October 8 (p. 806), give convincing proof of the seriousness of the tuberculosis problem in Scotland. Sir Andrew states that the reasons for the continuing high incidence and mortality have not been elucidated. Doubtless there were, and are, many factors outwith control, but have there not also been administrative mistakes that could have been avoided?

For example, even when it became apparent that the servicing of sanatorium beds would be difficult for some time to come no country-wide move was made to make good the

deficiency, in part at least, and temporarily, by the fullest possible use of the fever hospitals, where beds and staff were available. Had this been done our waiting-lists would not be so large to-day. Instead, cases in all stages of the disease, many of them highly infective, have been allowed to drift into the medical wards of general hospitals, where other patients, staff, and visitors provide contacts that may number hundreds every week and where adequate preventive measures are impossible. This surely violates every principle governing the treatment of infectious disease. If such cases are to be accommodated in general hospitals it must be in special wards, where conditions can be made to approximate sanatorium ideals.

Later in his address Sir Andrew Davidson advised that "the best possible use should be made of all hospital accommodation irrespective of the functions for which it was originally provided." I trust that in so saying he had in mind the use of special accommodation in general hospitals, and the valuable contribution that the infectious diseases hospitals could make to the solution of this problem.

Further, should not priority be given to all measures aimed at erasing this black spot from Scotland's health record? Any outbreak, however small, of enteric fever or infantile paralysis calls for and obtains immediate mobilization of all the forces at the command of the health authorities, and rightly so, but a similar sense of urgency has been lacking in the official attitude to the tuberculosis problem. Nor is it discernible to the degree that one could wish in the new hospital service, though efforts are being made to find more beds.

One might have expected in the recent grading of specialists some recognition of the magnitude and importance of the task facing workers in this field. But it would appear that the establishment of consultants in tuberculosis is likely to compare very unfavourably with that of other specialties. How, then, is the best type of recruit to be attracted to this vitally important service?—I am, etc.,

Dundee.

G. RANKINE.

Fat Absorption

SIR,—A friend has suggested to me that a sentence I used in my Sharpey-Schafer Memorial Lecture (*Journal*, October 1, p. 719), when not considered in relation to its context, might give the impression that there may be no danger in the unrestricted use of mineral oils, either medicinally or as fat substitutes in food.

I must therefore correct that impression if it exists. Referring to the experiments of Frazer and his colleagues on the absorption of extremely fine emulsions of paraffin, I said: "Some alarm has been expressed on this account at the use of medicinal paraffin as a medicament and in cooking." In saying this I was solely concerned with the question of evidence that *dangerous amounts* of paraffin are actually absorbed from the intestine when it is taken by mouth in the ordinary way. This does not mean that there are not other dangers. Students of nutrition know them well, and they were referred to in a leading article in the *Journal* (June 12, 1948, p. 1141). With these, however, the lecture was not concerned.—I am, etc.,

Manchester.

H. S. RAPER.

POINTS FROM LETTERS

Transmission of Syphilis

Dr. JESSIE M. CRAWFORD (Dartford) writes: Dr. Philip Simon's letter (October 8, p. 815) shows how very important is the taking of a blood test in every pregnant woman regardless of social standing or anything else. It is not necessary to take a case history from the syphilitic point of view till after a positive finding. Even then tact can elicit the necessary facts, and if the husband can be got to take treatment *pari passu* with the wife no apportioning of blame or breaking up of family relationships need ensue. So many people seem to sheer away from the question of syphilis because of the moral issues involved, particularly when an unexpected positive is found. It seems to me, especially now in the aftermath of war, that no one can afford to shirk his or her responsibility to the future generation in this respect. The modern child has a hard enough way to hoe without having the disadvantages of inherited disease thrown in.