COM M U N I C A T I O N S

Letter to the Editors

"Those Were the Days"

Thanks for allowing me to think about the "good old days" of blood banking. In 1963–64, I was a post-sophomore fellow in pathology at the University of Missouri Medical Center in Columbia. Open-heart surgery had been performed for only a few years and was still a major surgical adventure. The oxygenator used during bypass was the rotating disk type and required 6 to 8 units of whole blood to prime and generally an additional 6 to 10 units of blood were used during the course of the procedure. The blood was collected in heparin the morning of surgery, cross-matched, and delivered to the operating room refrigerator within minutes of the procedure.

The University hospital performed two open-heart surgeries a week, and for each procedure a team of us would arise very early and drive about 45 minutes to Jefferson City where the gray walls of the state penitentiary loomed high over the banks of the Missouri River. We would pass through many sliding gates and doors and ultimately be admitted to a donor room where the inmates were sitting. A tougher group of people I’ve never seen before or since. Blood donation allowed a few days off one’s prison sentence, so it was a popular exercise. I doubt that many medical histories were very accurate, because once the inmates knew that they could be excluded for a history of hepatitis, they’d deny such a history thereafter.

We drew usually 20 units of blood in heparin in the cold early morning hours and rushed back to the blood bank of the medical center, where it was crossmatched and delivered to the operating room. Any unused units were converted from heparin to citrate by a technique I can no longer recall. The converted units had a short shelf life, however, so it must have involved opening the system. Component therapy was not practiced. When patients got into bleeding difficulty, fresh whole blood was the transfusion product of choice; indeed, it was the only product available. Platelets and fresh frozen plasma came along within the next three or four years. Both products were relatively unknown in Columbia at that time.

The southeast wing of the fifth floor of the University Medical Center contained several four-bed wards as well as double and private rooms. One four-bed ward was an intensive care unit for the post-op patients. Additional transfusions and secondary procedures to stop bleeding were not at all uncommon, nor were air emboli (and strokes as a result). Next door was another four-bed ward, which was usually full of patients in varying stages of posttransfusion hepatitis. They would return a few weeks or several months post-procedure, often yellow as pumpkins. Not a few died of fulminate liver failure.

The incident of overt clinical posttransfusion hepatitis in this population was about 50 percent. Given the source of the blood, our inability to test for hepatitis, and the large number of units infused, I suspect virtually everyone was infected and we were seeing only the worst cases. Just a few years later, while I was at the Clinical Center Blood Bank, NIH, the cause of hepatitis B was discovered and its association with confined groups, such as prisoners, clarified.

Donations from prisoners soon ceased. When blood bank leaders say that transfusion has never been safer, they are absolutely right. Cardiopulmonary bypass surgery has become low-risk with regard to bloodborne infection. Indeed, it is exceedingly uncommon today.

I thought your readers might enjoy the story.

Sincerely,
William V. Miller, MD
President/CEO
Blood Care
9000 Harry Hines Boulevard
Dallas, TX 75235

Letter From the Editors

Immunohematology Is on the World Wide Web

You can now access Immunohematology on the World Wide Web. We have two addresses:

http://biomed.redcross.org
and click on immunohematology
or
http://biomed.redcross.org/immunohematology/

You will be able to read one article from the current issue and abstracts from the rest of the articles in that issue. Past issues will be added as time allows until all past issues can be accessed. From the table of contents, click on the article or abstract you wish to read. You will still need to subscribe to the journal to receive all the information it contains.
If you wish to know if *Immunohematology* has published an article on a specific topic, enter a word or phrase that identifies the topic, and the computer will locate the article and issue from the annual index.

If you wish to subscribe to the journal via the Internet, enter the appropriate information in the section titled “subscriptions.” Use your Visa or MasterCard on a protected line. If you wish to pay for your subscription by check, print out the form and mail it with your check. Do not send cash.

You can send a letter to the editor by clicking on that section and composing your letter. Letters will be published unless you indicate otherwise and at the discretion of the editors. You also will be able to use this section to ask questions of the editors or staff.

If you would like our readers to be able to access your home page from ours, please contact the editor-in-chief by mail or by Internet. In time, we hope to be connected with many journals, hospitals, and professional organizations that are of interest to our readers.

We are also asking our readers for their opinions on the usefulness of this service. Would it be useful to subscribe and receive the full issue of the journal on the Internet? Would you like to have access to the Web page of the advertisers?

We will publish our Internet address several times throughout each issue.

To reach the editor:

malloryd@usa.redcross.org

or
dmallory@usa.redcross.org

To reach the journal:

http://biomed.redcross.org/immunohematology/

Delores Mallory  
Editor-in-Chief

Mary McGinniss  
Managing Editor

**ANNOUNCEMENTS**

**AABB Reference Laboratories Conference.** This important conference is scheduled for May 16–18, 1997. It will be held at the Crowne Plaza-Ravinia, Ravinia, Georgia. The conference will be accessible to the MARTA light rail system and is 30 minutes from the Atlanta airport. This intensive program for physicians, technical supervisors, and technologists will encourage audience participation, group discussions, and peer group interaction. Presentations will include the clinical significance of antibodies, serologic problems encountered in bone marrow transplant patients, evaluation of uncommon antibodies, the latest in methods and reagents, and case studies. Fees for the conference are $245 for AABB members and $345 for nonmembers when registered before April 14, 1997. For more information, contact: the AABB Education Department at (301) 215-6482 or via e-mail at education@aabb.org

**Blood Transfusion History Exhibition.** An exhibition of blood transfusion history will open in the Science Museum on Exhibition Road, South Kensington, London, UK, SW7. The exhibit opened in conjunction with the 50th anniversary meeting of the National Blood Service held in London, November 8–9, 1996, and will run for 6 months. The exhibit, containing a range of documents, photographs, and equipment illustrating the history of blood transfusion in the 20th century, was collected by Dr. W.J. Jenkins.

**Consensus Conference on anti-D Prophylaxis.** The Consensus Conference on anti-D prophylaxis will be held April 8 and 9, 1997, at the Royal College of Physicians of Edinburgh, Queen Mother Conference Centre, 9 Queen Street, Edinburgh. Areas of controversy to be discussed include:

- Current guidelines on anti-D prophylaxis—are they effective and can they be improved?
- Antenatal anti-D prophylaxis—is it worthwhile and can we afford it?
- Monoclonal anti-D—is it safe, will it work, and can it replace polyclonal anti-D?
- Should anti-D be used for the treatment of immune thrombocytopenia?
- Ethical considerations and cost effectiveness of anti-D prophylaxis and anti-D provision from immunized volunteers.