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LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Safeguarding the blood supply

SIR,—Dr John Dawson's public statement on 5 January, advocating severe restrictions on eligibility of blood donors, has already provoked an energetic debate (17 January, p 176). Whatever the merits of his proposed policy at present, there is no doubt that we must expect increasing restrictions on blood donation and a big fall in the blood donor population in the relatively near future.

Dr L A Kay's leading article on autologous transfusion (17 January, p 137) was timely. This hospital already has a small autotransfusion programme for selected (orthopaedic) patients, and the service could easily be expanded. In addition, however, we need to safeguard the interests of patients who require donor blood by making the best use of the remaining eligible donors. In the interests of protecting donors the National Blood Transfusion Service has hitherto restricted them to two donations a year. We may in future be forced to use a highly selected population of donors more intensively; the ethical problems in doing so have partly been faced already by the enlistment of selected donors to undergo regular plasmapheresis.

In the expectation of a shortage of donors as a result of the spread of the acquired immune deficiency syndrome (AIDS) I recently carried out a pilot study of the effect of fortnightly venesection on myself. A donation of 450 ml was taken on each occasion, and a full blood count, reticulocyte count, and multichannel biochemical screen were performed at the same time. Protein electrophoresis, immunoglobulin levels, serum iron concentration, total iron binding capacity, folate, coagulation values, and serum ferritin concentrations were measured at longer intervals, including at the beginning and end of the study. Seventeen fortnightly venesections were carried out over eight months. I took two tablets of ferrous sulphate *BP* (200 mg) daily for iron supplementation.

Before the start of the study there was some evidence of iron deficiency (due to previous venesections for experimental purposes). The table shows characteristic values at three points in the study. None of the other variables measured showed any striking changes, or any deviations from normal. At no stage were there any unfavourable symptoms either from venesection or from iron therapy.

Characteristic haematological values during eight months of fortnightly venesections

Week:	1	17	35 (end)
Haemoglobin (g/l)	134	126	131
Mean cell volume (fl)	85	88	87
Reticulocytes ($\times 10^9$/l)	17	17	31
Serum iron (μmol/l)	13·4	12·1	25·3
Total iron binding capacity (μmol/l)	64·2	59·7	57·0
Ferritin (μg/l)	<5	45·3	16·0

This study will now be extended, but it would be desirable for a much larger scale study of frequent blood donation (with iron replacement) to be mounted by a transfusion centre. We may have to ask donors to support the transfusion service more intensively in the future.

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SIR,—Dr L A Kay's leading article refers to the unpopularity of autologous blood transfusion in Britain. We have been performing autologous transfusions on patients undergoing elective major maxillofacial surgery for the past year and have been encouraged by its success. The patients treated so far have accepted the minor inconveniences willingly, and the increase in work for nursing, clerical, and medical staff has been small. The number of laboratory procedures has been reduced because of fewer cross matches and our policy of not testing the blood donor in any way. The blood is stored in a blood bank refrigerator separate from normal donor blood and visually inspected before issue. We would emphasise the need for adequate labelling.

If organised locally these schemes should not prove too costly. Facilities may be required for performing the venesections, and a separate blood bank refrigerator may also be needed if a lot of blood is collected. Since the current impetus for this strategy is avoidance of the acquired immune deficiency syndrome (AIDS) it would seem appropriate for the government to meet any extra cost out of its AIDS fund.

We do not believe that autologous transfusion will be so readily adopted here as in the USA and Australia because of different working practices. The main application of the procedure is to elective surgery, but long waiting lists in the NHS and the disruptions of planned surgery which occur from pressure on beds due to emergency admissions and ward closures will create organisational problems. For an autotransfusion policy to work the date of the operation must be fixed with reasonable certainty. Long waiting lists make this impracticable. Frequent cancellation of operations will waste such stored blood and diminish the commitment of both patients and clinicians, and enthusiasm is fundamental to the success of this policy. How much enthusiasm can be fostered is problematic. Patients are generally keen and will put up with the inconvenience of venesection and more frequent clinic visits if the reasons are explained. However, sustained enthusiasm from the surgical team is crucial.[1] Even if the need for delayed autotransfusion is accepted, unless the surgical team is actively concerned success is unlikely.

We hope that doctors will take the lead in this and not just react reluctantly to public pressure or the inevitable legal action that will come when a