

DISCUSSION

In no case in this series have the clinicians in charge of the case reported a clinical reaction and questioned the possibility of any blood group incompatibility. It is possible that it would be equally safe to transfuse blood which gave (+) or greater degree of agglutination in the whole blood tests. On the other hand this is a simple method by which blood can be selected so that the risk of agglutination occurring during hypothermia is reduced to a minimum. The resulting selection of blood is not unduly onerous. As stated above, we actually selected A₁ blood for 15 cases, P₁-negative blood for three cases, and A₂ blood for four cases. By our present criteria we could have reduced the numbers requiring selected blood to six needing A₁ blood, one A₂ blood, and one P₁-negative blood.

In the one case in which a strong unidentified

antibody was present we were unable to select blood and the patient was not cooled below 20°C.

ADDENDUM

During 1965 we tested a further 127 cases. The pattern of cold antibodies was essentially similar except that we identified more auto-antibodies as anti-I mainly because of the routine inclusion of cord cells in all the tests in 1965.

With regard to selection of blood, in only seven cases was blood specially selected, three cases with anti-A₁ and four with anti-H. In a further two cases in which there was strong positive agglutination with the patient's own cells by the whole blood technique at 10°C., it was advised that the patient should not be cooled below 15°C. in one case and 18°C. in the other (the temperature at which auto whole blood tests were negative).

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We are indebted to the volunteers from the Aberdeen City Police, the staff of the Clydesdale Bank Ltd., and the Electrical Association for Women for their co-operation. Our thanks are due to Professor H. W. Fullerton for his help and his advice in the preparation of this paper.

This study was supported by the Tobacco Research Council on the recommendation of the British Heart Foundation.

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