

viruses and other transmissible agents. This particular feature is most relevant, now that acquired immune deficiency syndrome is emerging as a recent addition on the list of unresolved problems in haemophilia.<sup>5,6</sup>

We therefore feel that dried cryoprecipitate is quite valuable for home therapy. It has distinct advantages for patients with mild and moderate FVIII deficiency, for paediatric patients and severe haemophiliacs with minor bleeds. It can be prepared for administration in a suitable small volume, and it may even be more convenient for the patient on home therapy to reconstitute 800 IU in two bottles than to reconstitute and pool four bottles of intermediate concentrate.

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#### References

- <sup>1</sup> Hambley H, Davidson JF, Walker ID, Small M, Prentice CRM. Freeze dried cryoprecipitate: a clinical evaluation. *J Clin Pathol* 1983;36:574-6.
- <sup>2</sup> Gabra GS, Crawford RJ, Mitchell R. Post-transfusion hepatitis. *Br Med J* 1981;283:439.
- <sup>3</sup> Craske J. The epidemiology of factor VIII and IX associated hepatitis in the UK. In: Forbes CD, Lowe GDO, eds *Unresolved problems in haemophilia*. Lancaster: MTP Press Limited, 1982:5-14.
- <sup>4</sup> Woods KR, Horowitz B. International Forum. *Vox Sang* 1980;38:113-7.
- <sup>5</sup> Desforges JF. AIDS and preventive treatment in haemophilia. *N Engl J Med* 1983;308:94-5.
- <sup>6</sup> Anonymous. Current notes. Acquired immune deficiency syndrome. Communicable Diseases Scotland, Weekly report. 1983;19:VII.

Dr Hambley and colleagues comment as follows:

We would like to comment on the two points raised by Gabra and Mitchell in their letter.

Freeze-dried cryoprecipitate is a small pool product and as Gabra and Mitchell state reduces exposure to hepatitis viruses and probably to the transmissible agent of acquired immunodeficiency syndrome. We believe that the advantages of small pool products have been known for a considerable time and do not require lengthy reiteration.

As to the volume of the reconstituted product our practice was to reconstitute the product in the manufacturer's recommended volume of 100 ml. We are

delighted to read that Gabra and Mitchell have modified their manufacturing process to enable the product to be reconstituted in a small volume and await, with interest, the publication of the details of the modified process.

As we stated in our original article, the volume of the reconstituted product is a minor disadvantage for home therapy: 1000 IU of factor VIIIc in the form of freeze-dried cryoprecipitate would have required the infusion of 300 ml of the reconstituted product and in terms of home therapy, must be considered a minor disadvantage.

We believe that freeze-dried cryoprecipitate has an important role to play in the management of the haemophiliac population in view of its excellent manufacturing characteristics—that is, low relative cost, simple equipment and high yield and, in our hands, good clinical performance—that is, efficacy and high recovery. We await the opportunity that further supplies of freeze-dried cryoprecipitate would give to use this excellent product.

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## Notice

### Society for Cutaneous Ultrastructure Research

The 11th Annual Meeting of the SCUR will be held at Helsinki University, Finland, from 17-20 June, 1984. Dermatologists, pathologists and other interested scientific workers are invited to participate. For details and registration forms please write to: Dr. Kirsti Maria Niemi, Secretary of the Organising Committee, Department of Dermatology, Helsinki University Hospital, Snellmaninkatu 14, Helsinki 17, Finland.