NEWS AND VIEWS

BLOOD CLUB

The first meeting of the newly organized Blood Club was held at Atlantic City on the evening of May 2, 1948, just prior to the meetings of the American Society for Clinical Investigation and the Association of the American Physicians. The meeting was organized by a committee consisting of William Dameshek (Boston); Carl V. Moore (St. Louis); and Maxwell M. Wintrobe (Salt Lake City). One hundred and eighteen were present at the dinner and another 25 or 30 appeared for the after-dinner discussions. Two subjects were taken up: (1) newer aspects in the pathogenesis of pernicious anemia, and (2) hemolytic mechanisms. The first subject was in the form of a round table discussion with the following panel: Maxwell M. Wintrobe, Moderator; Tom Spies, William B. Castle, Frank H. Bethell, Carl V. Moore, W. H. Sebrell, Joseph M. Ross, W. Jacobson (Cambridge, England), Robert W. Heinle, George E. Cartwright, and Thomas Jukes.

The panel was asked to discuss the following questions: Do patients with pernicious anemia respond to heptaglutamate or to the Di- and Tri-compounds? Does PGA do anything in sprue that liver extract does not? What is the present status of Wills Factor? What is the present status of experimental anemias designed to elucidate the pathogenesis of pernicious anemia and related disorders? How does one explain the role of PGA and liver extract in these conditions? What is the significance of the inhibitors? How is the action of thymine explained? What is the significance of vitamin B12? What is the relation of PGA to the neurological changes in PA and to glutamic acid metabolism?

Much of the discussion centered around the physiologic activity of folic acid and its conjugates and the possible relationship of these substances to liver extract. Drs. Heinle and Bethell emphasized the rather confusing experimental results in patients with the use of folic acid conjugates. Drs. Wintrobe and Cartwright discussed the production of megaloblastic macrocytic anemia in swine with the use of folic acid inhibitors. Good results were obtained with folic acid in contrast to the negative results obtained with liver extract.

Dr. Sebrell discussed his work with folic acid in experimental anemia and leukopenia. Dr. Ross discussed the neurologic lesions developing in cases of pernicious anemia following long continued use of folic acid as the sole medication. He pointed out that the glutamic acid in the folic acid molecule might be deleterious to the central nervous system tissue. However, no definite evidence for this effect was brought forward, although some work on brain tissue slices appeared to confirm these observations. On the other hand, Dr. Jukes of the Lederle Laboratories presented data indicating that folic acid, when allowed to act on brain slices in the Warburg apparatus, showed no effect on brain tissue. Dr. Spies mentioned his work with thymine and suggested the concept that pernicious anemia was in all probability a disorder of nuclear metabolism, especially since thymine was a product of nucleic acid degradation.

Dr. Castle pointed out that the introduction of folic acid and the work with the various folic acid conjugates had resulted in considerable confusion as to the etiologic picture of pernicious anemia. This was heartily agreed upon by various other speakers.

The subject of hemolytic mechanisms was discussed in a more orthodox fashion, three speakers taking up different points of view regarding the mechanisms involved in excessive blood destruction. Dr. William B. Castle (Boston) discussed the mechanical aspects of hemolysis with particular reference to the mechanical fragility of the red blood cell. He pointed out that agglutinins and other abnormal substances might result in increased mechanical fragility of the red blood cells, an important physiopathologic mechanism in red cell destruction. Dr. Lawrence E. Young (Rochester, N. Y.) described some of his recent work with immune antibodies in hemolytic anemia and the production of auto- and iso-agglutinins in dogs. Dr. William Dameshek (Boston) discussed abnormal agglutinins and their presence in acquired hemolytic anemia; the differentiation of acquired hemolytic anemia from the congenital types by serum antibody determinations; and the correlation of the presence of antibodies with a diminished survival time. He also pointed out that the antibodies of an abnormal type could be found in the hemolytic crisis of congenital hemolytic jaundice. In addition he presented observations of the reticulocytopenia and pancytopenia occurring in cases of hemolytic crisis, indicating possibly a hyperactivity of the spleen with resultant marrow inhibition and maturation arrest. The spleen in hemolytic anemia might have 3 functions: phagocytosis, inhibition, and antibody production. Observations in a recent case of hemolytic anemia associated with chronic lymphatic leukemia were cited, in which the picture of excessive blood destruction and of antibody formation were abruptly terminated following splenectomy, indicating that the spleen might well be a source of antibody production.

The meeting closed after 11 P.M. It was decided that the organization should be continued and that another meeting be held at approximately the same time next year. It was also decided that the group would continue on a very informal basis and that participation by anyone interested in the field of hematology would be invited. The round table type of discussion seemed to be in greatest favor with the audience, but it was decided that the exact type of program for the coming year would be decided upon by the committee.

MEETING OF FLORIDA ASSOCIATION OF BLOOD BANKS

A meeting of the Florida Association of Blood Banks was held in Miami, Florida on May 7–8, 1948. This meeting, sponsored by the Dade County Medical Association, was organized by Dr. John Elliott, Director of the Blood Bank and of the Medical Research Foundation of Dade County. A large number of workers in the field of blood and blood substitutes was invited to participate.

Dr. Alexander S. Wiener (Brooklyn, N. Y.) discussed the heredity of the Rh blood types and gave a clear exposition of his genetic theories and nomenclature in that field. Dr. Philip Levine (Raritan, N. J.) discussed the Rh factor with particular reference to the CDE nomenclature of Race and Fisher and disagreed sharply

with Dr. Wiener's viewpoints. Dr. Ernest Witebsky (Buffalo, N. Y.) described his "9 drop test" for antibodies in the blood of the infant with erythroblastosis, and in addition made other observations regarding the use of antibody determinations in the mother for the detection of the presence or absence of erythroblastosis in the newborn infant. Dr. Louis K. Diamond (Boston) described his technic for exchange transfusion in the treatment of erythroblastosis, pointing out the various advantages of the umbilical vein canalization method with the use of plastic catheters. The mortality figures over a period of 20 years were impressive, indicating that with the newer technic, 90 per cent of infants with erythroblastosis may show complete recovery.

Dr. Virgil H. Moon (Philadelphia) described his investigations in shock under various conditions and pointed out the fallacy of the term "lower nephron nephrosis." He advised the use of the term "tubular nephrosis" for the degenerative changes occurring in the kidneys under shock.

Dr. John Scudder (New York) described the technics in use in the Burn Clinic of the Presbyterian Hospital, pointing to the necessity for plasma and whole blood transfusions to maintain blood volume and blood counts. He also emphasized the necessity for a "Burn Team."

Dr. William Dameshek (Boston) gave a general discussion of anemia, its diagnosis and treatment, including recent investigations of the antibodies in association with hemolytic anemia. Dr. Louis Pillemer (Cleveland, Ohio) described his work in the characteristics and purification of plasma proteins and his contributions to the chemical nature of complement. Dr. Elmer de Gowin (Iowa City) described the use of whole blood and plasma products, giving a general discussion of transfusion technics and blood banking.

Captain Lloyd Newhauser (United States Navy) discussed blood bank procedures in the event of an atomic bomb explosion when, for example, five bombs might be liberated over a large center of population.

The final two papers were presented by Dr. John Elliott who described indications for blood plasma and red cell transfusions, and by Dr. Robert Elman (St. Louis) who discussed the use of amino acids as a means of supplying parenteral protein.

AMERICAN BLOOD BANKS ASSOCIATION CONFERENCE

A meeting of the American Association of Blood Banks will be held Aug. 26–28 in Buffalo, N. Y., following a meeting of the International Hematology Society there. The Association was organized in Dallas, Texas, Nov. 19, 1947, to disseminate information relating to blood banking, to unite blood banks in times of disaster, to train personnel, and to promote similar services throughout the United States and its territories. Membership is of two classes: institutional, available to nonprofit, independent banks including those operated by A.M.A. registered hospitals, and individual, available to any person interested in blood banking. Requests for applications or information may be addressed to Miss Marjorie Saunders, LL.B., Secretary, American Association of Blood Banks, 3301 Junius Street, Dallas.

IN MEMORIAM OF DR. HANS HIRSCHFELD

When I met Hans Hirschfeld for the first time, he was already numbered among the leading hematologists of the world. His rise had been difficult, since he was a pupil of Pappenheim, whose pithy criticism spared no one. Thus Hirschfeld had to obtain his place in the sun by fighting in the shadow cast by his great master; and he owes his reputation to his own scientific importance. It would be carrying coals to Newcastle to enumerate his numerous morphologic, clinical, and experimental works and try to appreciate their importance. He was much too modest and always harried by critical considerations; he disdained to lay stress upon his opinions, feeling sure that their correctness would be proved. He contended himself with expressing them, and he examined conscientiously every objection with which he was confronted.

When I went to see him in Berlin after my release from the Dachau Concentration Camp in 1940, I found him in back premises in a little room, almost squeezed in by his many books. He had been forced to quit his situation at the Cancer Institute of the Charité Hospital. He was allowed to attend only Jews, and had been eliminated from the editorship of the Folia Haematologica. Since the establishment of that journal by Pappenheim, Hirschfeld had labored for the perfection of that work under the greatest of sacrifices, and, after the shock of the first world war, had quickly regained for it its original international reputation. It was a grievous blow to him when his successor, devoted to national socialism, turned him away. Nevertheless, he uttered no word of complaint. Menaced most seriously in his existence, banished, the threatening cloud of the persecution of Jews ever harrying him and his family, Hirschfeld was an afflicted but by no means a broken man. No, he was a man who still took the liveliest interest in science and research. A presentiment that there would be no meeting again hovered over our last conversation and farewell. Afterwards we wrote one another several times. Then, the greetings on postal cards, signed only by an "H," failed to appear.

In the summer of 1945, a letter from Mrs. Hirschfeld informed me that her husband had died in the ill-famed Auschwitz Concentration Camp.

No tombstone adorns his grave. Even a last place of rest was begrudged him, who had worked so restlessly for the welfare of mankind. His works are a lasting monument to him. Those who knew him know what we lost by his death. He will ever remain a bright example to them of physician and man.

A. Hittmair, M.D.