
BOOK REVIEWS

Pathologisch-anatomische Untersuchungen über Leberzirrhose bei Säuglingen und Kleinkindern (infantile Leberzirrhose) mit endemischer Häufung. By HERMANN GÖGL. Vienna, Wilhelm Maudrich, 1947.

This monograph, by Dr. Hermann Gögl of Innsbruck, is an interesting study of 24 cases of infantile cirrhosis in which the general picture is that of a chronic hepatitis with diffuse cirrhosis in varying degree. Other changes serving to characterize these cirrhoses from a histologic standpoint are the presence of eosinophilic and sometimes basophilic granules within the liver cells, and at times of inclusion-like bodies, suggesting a virus infection. Gögl points out that this disease is common in the Tyrol and Vorarlberg regions of Austria, but more particularly around the town of Kitzbühl where it seems to have endemic character. He obviously leans toward a virus etiology of his own cases but for lack of evidence is obliged to leave the question open as to exact etiologic agents and the relation to epidemic hepatitis.

In addition to the careful clinical, anatomic, and histologic descriptions, the latter supplemented with reasonably satisfactory photomicrographs, there is an extensive bibliography on the subject of cirrhosis in infancy and early childhood.

C. J. WATSON

Der Blutspender. By H. WILLENEGGER AND R. BOITEL. Benno Schwabe & Co., Basel (Switzerland), 1947. Pp. 197, 10 francs.

This is a unique work, as books about blood transfusions and blood banks go. The literature to date has emphasized blood groups and transfusion reactions, the management of blood banks and the latest discoveries arising from physico-chemical manipulations of whole blood and its constituents. This book, however, treats of the blood donor, the fountainhead and mainstay of all this activity and the forgotten man of most publications. The uniqueness of the point of view alone would justify the writing of such a book. This small volume, however, has even more to recommend it. Although the main interest centers about the blood donor and the social significance of his service in contemporary society, the scope of the work is wider and comprises many of the problems accompanying the therapeutic use of blood and plasma.

An illustrated historical account of the development of blood transfusions opens the book and is carried up to modern times and the use of fresh and reconstituted plasma. There follows an excellent discussion of the individual blood donor, his physical and psychologic examination, the question of payment, and the problem of transmission of disease from donor to recipient, with special emphasis on syphilis. The blood groups are briefly but adequately presented in a clearly diagrammed manner, although the Rh complex is summarily treated in one short paragraph and presents the state of knowledge of early 1942. The major and most interesting portion of the book deals with the rise of blood donor organizations in modern society. It stresses the social aspects of the problem of an adequate supply of blood donors in the face of mounting use of blood transfusions. The development of blood donor societies in each of the major countries is individually outlined and the types of organizations are discussed and criticized.

This book is written in a simple style, almost as if it were intended more for the general lay public than for the medical profession. However, it does give an excellent general review of the whole problem of an adequate source of supply of human blood, and the methods, both organizational and psychologic, by which such a source might be set up. It is certainly advantageous reading for all those physicians actively associated with blood banks and blood transfusion services.

J. NEBER

9. Manufacturing 9.1 Donor registration 9.2 Donor selection 9.2.1 Epidemiological surveillance of the donor population 9.2.2 Information to donors 9.2.3 Questionnaire and interview 9.2.4 Deferral policy and deferral criteria 9.2.5 Physical examination, donor health criteria and donor acceptance 9.3 Collection 9.3.1 Whole blood collection 9.3.2 Collection.Â The World Health Organization (WHO) requirements for the collection, processing and quality control of blood, blood components and plasma derivatives (1) define a quality assurance system based on (i) the existence of a national structure that is independent of manufacturers, (ii) compliance with the process of quality assurance for biological products " i.e. control of starting material(s), production processes and. If the donor lymphocytes are killed but not those of the recipient, then an antigen is present in the donor and is missing from the recipient. Thus, by testing their lymphocytes against a spectrum of typing sera, it is possible to determine how closely the recipient and donor match in HLA antigens. As a final precaution before grafting, a direct crossmatch is performed between the recipient's serum and donor lymphocytes.Â A special application of the blood transfusion effect involves repeated small blood transfusions from a potential donor who is a close relative of the patient. If sensitization does not occur, subsequent kidney graft results are excellent. Some patients, however, develop a positive crossmatch to donor lymphocytes and cannot receive a graft from that donor. Organ donation by living donors clearly saves lives, improves transplantation outcomes under some circumstances, and reduces recipients' waiting times. It also increases opportunities for patients without living donors to receive organs from deceased donors.Â Individual transplant centers have largely borne the responsibility for living organ donation (Steinbrook, 2005). Although the Organ Procurement and Transplantation Network (OPTN) has collected and analyzed data regarding deceased donors, its data on the living donation process and on its effects on living donors over time are quite limited.Â The donor also needs to weigh information on the medical condition of the potential recipient and the potential for a successful transplantation. In a physical examination, medical examination, or clinical examination, a medical practitioner examines a patient for any possible medical signs or symptoms of a medical condition. It generally consists of a series of questions about the patient's medical history followed by an examination based on the reported symptoms. Together, the medical history and the physical examination help to determine a diagnosis and devise the treatment plan. This data then becomes part of the medical record. gest predictor of blood donor returns.5. Applications of the TPB to blood donation motivation have suggested that it provides a good core model. in this context.Â actually gave blood. Summary of the social science agenda. Although intentions are the best predictor of blood donor. behavior, the focus of social science-based interventions. has been on altruism, reminders, or FIDT.