resistence of tuberculin positive blood donors to tuberculosis susceptible individuals must end with a failure.

For the antibody deficiency syndrome the prophylactic and therapeutic application of  $\gamma$ -globulin is the treatment of choice. As a substitution therapy it may be compared to the insulin treatment of diabetes. Quantities of 1–2 ml/kg must be injected at intervals of 3–4 weeks over a long period. The use of  $\gamma$ -globulin in severe bacterial infections seems promising, but further clinical trials with a large number of patients appears necessary. Our experience in cases of toxic, antibiotica-resistent, septic infections is such, that the use of this new therapeutic tool seems fully justified.

## References

Barandun, S.; Büchler, H. und Hässig, A.: Schweiz. med. Wschr. 86: 33 (1956).
Barandun, S.; Kipfer, R.; Riva, G. und Nicolet, A.: Schweiz. med. Wschr. 87: 155 (1957).
Barandun, S.; Huser, H. J. und Hässig, A.: Schweiz. med. Wschr. 88: 78 (1958).
Cottier, H.: Schweiz. med. Wschr. 88: 82 (1958).
Riva, G.; Barandun, S.; Cottier, H. und Hässig, A.: Schweiz. med. Wschr. 88: 1025 (1958).

## The Clinical Trial of Pasteurized Pooled Human Plasma

W. C. LEVIN, T. G. BLOCKER, E. F. DUNTON AND M. A. CASBERG Galveston, Texas, USA

## Abstract

Pooled human plasma, treated by heating to 60° C for 10 hours to inactivate the serum hepatitis virus, has been administered 35 times to 30 patients. No immediate untoward consequences were observed. The oncotic effect of this plasma is completely satisfactory. The patients were studied clinically with routine hematologic techniques, and serum protein electrophoresis was performed. All examinations failed to reveal any harmful effect.