

etc., i.e., the development of hemosiderosis and hemochromatosis. This has led us to be very careful of its use in these conditions. While it is true that these conditions of themselves cause hemolysis and the development of hemosiderosis and hemochromatosis, it seems very likely that unnecessary transfusions accentuate and hurry the development of these states. Again we are satisfied in maintaining levels of hemoglobin which make the patient comfortable and make no attempt to maintain levels of 15 grams.

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Blood Transfusion and Febrile Reactions

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Abstract

The medical literature contains many articles concerning hemolytic reactions, but few which pertain to "benign" febrile reactions. Febrile reactions have been attributed to pyrogens, to plasma factors, to isosensitizations and now to leukoagglutinins. It is the opinion of many physicians that febrile reactions occur only in relatively few cases.

From October 1947 to September 1957, a total of 1199 transfusions were performed at the Blood Bank of Hawaii. The total febrile reaction rate was 4.4%, the allergic reaction rate 4.6%.

This study will show the reaction rates for recipients of one, two to five, and more than five transfusions. The difference in reactions following whole blood and red cell mass will also be described. A comparison of this report obtained at first hand, and as obtained from hospitals, will be made.