

Therefore, why not adopt uniform medical standards throughout the Americas? The United States as a leader in world medicine does not necessarily have the best possible medical standards, but it would seem prudent if her standards were adopted for the present. This suggestion is offered since, in my view, the American approach to specialty training, and assessment thereof, is more progressive and realistic than our Canadian system. With all due respect to the traditions of our Royal College, I would suggest that the intraprofessional prejudice that has arisen from its inception deserves examination. The attitude of hospital administrators in this connection should also be reviewed.

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REFERENCES

1. DENNIE, R. E.: *Canad. Med. Ass. J.*, 95: 734, 1966.
2. Aequanimitas: *Ibid.*, 95: 543, 1966.

ROUTINE ORDERING OF BOTH HEMOGLOBIN AND HEMATOCRIT

To the Editor:

Dr. D. J. Addison's communication (*Canad. Med. Ass. J.*, 95: 974, 1966) demonstrates well the close correlation between values of hemoglobin and hematocrit in a good hospital laboratory. Routine estimation of both these values will, however, serve as an internal check on hematological estimations and as a form of quality control in the laboratory. Errors in one or other estimation will be reflected in the mean corpuscular hemoglobin concentration (MCHC), and performance of both tests routinely, with calculation of the MCHC, is justified as a part of the laboratory quality-control program.

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"UNMATCHED" BLOOD

To the Editor:

Two or three times a year in the average city hospital a patient may require transfusions of blood so desperately that no laboratory tests of any kind can be done beforehand. These are the occasions—in fact, the only occasions—when group O Rh negative hemolysin-free blood has to be used regardless of the patient's group and type.

In nearly every other urgent situation a short delay can be tolerated so that the laboratory may at least group and type the patient and issue homospecific blood. In these circumstances the laboratory should set up a regular compatibility test, take readings after about 20 minutes' incubation, and phone the results to the bedside. Whether the units are administered before the result of the compatibility tests has been reported is a decision to be made by the

clinician after careful consideration of the risks to which he may be submitting the patient.

In a number of Canadian hospitals blood administered without the benefit of any previous laboratory tests is given to no more than one patient out of every 500 transfused, and some hospitals have even better records than this. But elsewhere the rate of unmatched blood usage is far greater; figures obtained in 1965 suggest that 2-4% of patients transfused may receive unmatched blood in some institutions.

The purpose of this letter is twofold. Firstly, to point out how seldom "unmatched" blood is really needed. Secondly, to emphasize that group O Rh negative blood, contrary to popular belief, carries antigens and iso-agglutinins of potential harm to the recipient. The unnecessary use of this scarce commodity too often means that not enough is available for those who really need it.

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SEX EDUCATION IN THE SCHOOLS: THE DOCTOR'S ROLE

To the Editor:

The good letter of Dr. W. E. Armour, in the December 3 issue (*Canad. Med. Ass. J.*, 95: 1212, 1966), may be summarized as follows:

There was a young lady named Wilde
Who was in fear of being with child.
By thinking of Jesus
And social diseases,
She kept herself quite undefiled.

She now lives in a modern community
And developed a taste for promiscuity.
Jealousy, heartbreaks and frets,
Now leave her with vain regrets:
She defied morals meant for perpetuity.

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CORRECTION

In the original article, "Hypertension, Increased Aldosterone Secretion and Low Plasma Renin Activity Relieved by Dexamethasone", by D. J. A. Sutherland, J. L. Ruse and J. C. Laidlaw, published in the issue of November 26 (*Canad. Med. Ass. J.*, 95: 1109), on page 1110, line 33, right-hand column, the word "chlorthalidone" should be "hydrochlorothiazide". In the first line of the legend for Fig. 8 (page 1114) the word "intravenously" should be "intramuscularly".