

that the common presenting symptom of tiredness is very often a false alarm from the point of view of anaemia. Although tired patients are not frequently anaemic, it is still worth doing the haemoglobin to let the patient see that anaemia has been excluded.

I am sorry if this scramble through the 'bloodless field' of anaemia has been a little incoherent, but I hope that I have stimulated discussion.

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THE PROBLEM OF ANAEMIA

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Professor Backett presented his paper.

DISCUSSION

Dr Martin (Applecross): Can you recommend an inexpensive apparatus for haemoglobin estimation suitable for a small practice?

Dr I. A. Cook: We used to do haemoglobin with the grey wedge photometer for blood donors in the transfusion service, but because of the increase in quantities of blood needed we have had to change to something more simple. This is the use of a copper sulphate solution, which we buy commercially. We have three solutions, one for the males at a haemoglobin of 90 per cent and one for the females at 85 per cent and if they fail these tests, we retest in a lower solution of 75 per cent. We give them iron tablets if the haemoglobin is between 75 and 85 per cent. If it is below 75 per cent we write a letter to their doctor. I think this test should be quite feasible in practice: you can get the solutions commercially and you need some capillary tubing and a small needle. Prick the finger, take a drop in the capillary tubing and drop it into the copper sulphate solution: if it sinks