

An Epoch in New Zealand's Musical History

FRANK HUTCHENS and LINDLEY EVANS

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THE NEW ZEALAND ITINERARY

Prior to appearing with
D'ABRAVENAL, Conductor of Metropolitan Opera House Orchestra.

WELLINGTON	-	-	26th January (Saturday)
"	-	-	29th January (Tuesday)
"	-	-	2nd February (Saturday)
CHRISTCHURCH	-	-	23rd February (Saturday)
"	-	-	5th February (Tuesday)
DUNEDIN	-	-	16th February (Saturday)
"	-	-	7th February (Thursday)
INVERCARGILL	-	-	14th February (Thursday)
HASTINGS	-	-	12th February (Tuesday)
AUCKLAND	-	-	26th February (Tuesday)
"	-	-	2nd March (Saturday)
"	-	-	5th March (Tuesday)
"	-	-	9th March (Saturday)

PRESS OPINIONS:

"The Bulletin."—"Nowhere, all the world over, could there be a finer combination."

"Canberra Times."—"They combined perfectly and right throughout the programme the two instruments sounded as one."

See your local papers for further details.

BLOOD TO SAVE BABIES

New Field of Service for Donors

"YOUR blood has been checked for the presence of the Rh factor, which is quite different from the ordinary blood groups."

A circular letter containing this information, plus an endorsement Rh positive or negative, on their membership cards, recently produced some throwing-out of chests among certain of the 2,000 blood donors in the Wellington branch of the National Blood Transfusion Service.

This, they said to themselves, has proved that we, as we thought, are not as other men, for we have been awarded a cachet of distinction.

As one of these Rh factories, I, too, found the pulse beating a little faster—until I learnt that Rh blood is named after that of the rhesus monkey.

The story of Rh goes back to the work of the late Dr. Karl Landsteiner, one of whose triumphs was the discovery of the major blood groupings—types A, B, AB and O—which made safe transfusions possible. With an assistant, Dr. Alexander Wiener, Dr. Landsteiner was working in his Rockefeller Institute laboratory in 1937, studying the blood of a rabbit that had just been transfused with a small amount of rhesus monkey blood.

They noted an entirely new chemical stuff hidden in the red cells and called it Rh. Later tests showed that it is a normal constituent of the blood of 85 per cent. of people, the remaining 15 per cent. being called Rh negative.

A Problem Solved

I asked a pathologist to tell me more about it. He explained that during the last five years the mysteries of a disease responsible for the deaths of many children shortly after birth have been solved.

This disease, he said, is caused by destruction of the blood of the child as it is developing within the mother. In other words, there is an incompatibility of the child's blood with that of its mother. The offending substance is in the red corpuscles and is inherited by the baby from its father. It is lacking in the mother's blood, and is damaging to her; to combat it she produces other substances in her blood to destroy it.

But the unfortunate thing is that these substances also pass back into the child, destroying its red cells, though there is no disease in either father or mother. Both father and child possess Rh and, when the disease occurs, it is simply an unlucky coincidence that the father has it and the mother has not.

Conditions suitable for the disease appear in one marriage in every eight, but by no means all children born to such parents are affected. In fact only one in every 30 such children is involved. Even in families where the disease appears, the first one or two offspring are usually normal. But when one child has shown the disease in any of its manifestations,

it is almost certain that all subsequent children born to those parents will be affected.

"Would it solve the problem," I asked, "if Rh negative women were persuaded to marry only Rh negative men?"

"No," said the pathologist, "because some cases occur where both parents are Rh positive."

"What, then, is the treatment for children?"

"Transfusions with blood which will not be susceptible to destruction—Rh negative blood. This blood is taken from Rh negative donors and is also used for the mother of the affected children if she requires transfusion."

Keeping Up Supplies

"How are supplies of Rh negative blood kept up?"

"The blood bank at the hospital tries to have a constant supply available for



immediate use when cases requiring such blood crop up. Time is often an important factor. Since fresh blood is preferable, if it has not been used within a week, it is placed among the ordinary bank blood and a fresh quantity obtained."

Rh typing tests, the pathologist went on, are carried out, using the serum from mothers who have given birth to affected children. Satisfactory serum for testing is hard to obtain and is by no means plentiful, so it is not possible to type everyone at present, though this is a desirable aim. The tests are difficult and take a considerable time. But eventually all women about to give birth to an infant will be Rh typed, and the husband too, so that the Rh negative blood will be there when needed.

Progress in Research

"Has anything been done to prevent the occurrence of this strange disease?"

"Nothing can be done at present, but great strides in research have been made in the last few months in this complex subject, and perhaps soon prophylactic measures eliminating the disease will be discovered."

Referring to blood transfusion generally, the doctor said that it is recognised

(continued on next page)

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