

When you do resign you should give of your best and maintain your interest upto the last minute before you leave. Your work should be completed. It is better to return for a day or two after your resignation goes into effect to put matters in order.

Give notice within ample time.

The importance of the post you hold as well as the rules of the institution, and the availability of replacement should be duly considered.

In some positions one to three months' notice may be required

Never leave a post, even in emergency, without informing those in authority and who are responsible for the welfare and maintenance of the institution.

Or should you be engaged in Private Nursing, be sure to notify the doctor-in-charge and remain until another nurse has been found to replace you.

Important points in a letter of resignation.

Keep in mind that your letter represents you and remains in the file for years to come. The successor to the present employer, if asked at any time, for a recommendation or statement, has only the record you have left and your resignation letter to judge you by. It also influences the reference of your former employer.

This letter should include the date you intend to leave, and the reason of resignation. It should express regret no matter what the underlying cause may be.

Courtesy is most important.

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By courtesy of British Information Services.

Exchange of Blood Saves Infant Lives

By Egon Larson

The simultaneous draining of all blood from the bodies of weak and unhealthy newly born babies and its replacement by a new supply from a donor is the latest development in blood transfusion. It has saved the lives of many infants who normally would not have survived.

Mr. and Mrs. Jones had three children, two of whom had died shortly after birth; one child only had survived. Now Mrs. Jones was expecting another child. Would it share the same awful fate of her two other children? Why were the Jones' children less healthy and strong than other children, and was it the fault of the parents?

Doctors examined the parent's blood. When Mrs. Jones entered the City Hospital, Chester, in the North of England, for the birth of her fourth child, several specialists were waiting to save the baby's life.

Immediately after little Margaret's birth, the transfusion was begun. It consisted of an almost complete transfusion of the child's blood. Margaret's body was

placed on a table, padded with cotton wool, and the doctors, watched by some 25 of their colleagues, ran a new supply of blood from a donor into the infant's body; at the same time her own blood was painlessly drawn away. The whole "operation" was completed within an hour. The blood of an unknown life-saver ran through the child's veins, and today she is as healthy and grand a baby as any in the world.

EXTENSIVE FACILITIES.

Marga et is only one example of the many children in Britain whose lives have been saved immediately after birth by this latest advancement in blood transfusion. A number of provincial hospitals have already carried out the exchange transfusion, as it is technically known, when necessary, and the London local health authorities have installed facilities for the operation in several hospitals. One, at Lewisham, has dealt with 10 cases since December, 1947. The pathologist explained to me that in two cases the transfusion proved unnecessary; in seven cases it was successful but one child died because the disease was too far advanced when he was born.

Blood-group research is one of the youngest branches of medicine and the discovery of the so-called 'Rhesus-Factor' is itself only two years' old. It was first shown in 1940 that, if the red cells of a Rhesus monkey were injected into a guinea-pig, anti bodies were produced which would agglutinate not only the Rhesus-monkey red cells but also the red cells of 85 per cent. of white people. A similar process took place it was found with patients who had undergone a blood transfusion and, unexpectedly, had reacted unfavourably to it. The research proved that the reason for this lay in the fact that there existed two human "Rhesus-type" red cells of the white race:

Rh-positive-type, i. e. 85 per cent, agglutinated and
Rh-negative-type, i. e. 15 per cent. not agglutinated.

It was next discovered that some cases of infant mortality were due to the incompatibility of the parents' blood-groups. The distribution was found to be as follows:—

Mother	Rh-negative
Father	Rh-positive
Children	Rh-positive.

In many cases, the maternal serum contained antibodies which agglutinated the red cells of the father and of the children. Frequently the first child of such parents was normal but from the second child onwards, the dangerous effects usually made themselves evident;

IMMINENT DANGER.

One child in every 250 born in Europe and America is exposed to this danger, and until recently, 50 per cent died that is one in 500. The symptoms are usually jaundice or anaemia developing rapidly after birth but once the symptoms have developed it is often too late. The time limit for saving the baby's life by exchange transfusion is from 12 to 15 hours after birth.

It is for this reason that doctors are endeavouring as far as possible, to carry out a prenatal examination of mothers, in order that they may have everything ready for the transfusion to take place immediately after birth. It is assumed that the embryo suffers most from the incompatibility of the parents' blood during the last month of pregnancy and the child therefore is ill when born.