

THE UNITED NEWCASTLE UPON TYNE HOSPITALS

TELEPHONE
NEWCASTLE 25131 (EXT. 234)

THE CHILDREN'S DEPARTMENT
ROYAL VICTORIA INFIRMARY
NEWCASTLE UPON TYNE

26th Nov. 1959.

Dear Dr. Gosset,

Thank you very much
for your helpful letter.
I have ordered an
Aclerometer, and will
let you know, in due
course, whether we get
similar readings to
yours.

Yours sincerely,
Margaret E. Barton.

ING/PMP.

November 21st, 1959.

Dear Dr. Barton,

Many thanks for your letter of November 19th.

Dr. Wood is quite right in telling you that I have designed a Perspec Icterometer for use in newborn babies and I am rather surprised that he did not tell you at the same time that he has made arrangements for it to be manufactured commercially by a firm in Birmingham.

In order to facilitate these arrangements I have surrendered my original tins of yellow paint to this firm in Birmingham with the result that I can no longer make my own perspex scales here.

In the early days I was able to give away these icterometers because I could always sit down and make some more, but I am sorry to say that I no longer have any spares and, in fact, the time is rapidly approaching when I shall have to buy replacements myself from Birmingham. The scale does wear out in time.

It would have given me great pleasure to supply you with an icterometer and I hope you will not think it too mean of me if I give you instead the address from which they can be bought. The firm in question is :-

Messrs Thomas Ingram & Son,
Santon Works, Prestcott Street,
Birmingham. 18.

P.T.O.

November 21st, 1955

THE P.M.S.

I heard from Dr. Wood some months ago that they were charging about 9/6d for each icterometer.

Once you have got your icterometer you will find it extremely easy to use. It is simply pressed against the nose of the baby until the pressure blanches the skin and the yellow colour can then be matched against the stripes on the scale. I do not claim any great accuracy for the icterometer but it has its uses in following the progress of jaundice from day to day and in serving as a screening test to decide when the jaundice is severe enough to justify a laboratory estimation of the serum bilirubin. It is not to be relied upon in cases where the depth of jaundice is changing very rapidly, as in Rhesus babies, because, of course the skin colour lags quite considerably behind the serum bilirubin. We ~~found~~^{FIND} that we use the scale mainly for keeping a check on the jaundice of prematurity, and as long as the icterometer reading is below $3\frac{1}{2}$ in such cases we do not get the serum bilirubin done.

Please let me know how you get on and do not hesitate to get in touch with me if any difficulties arise. We have been using the scale since 1955 in the Premature Unit here and the main points that need emphasizing are: 1) the scale must not be sterilised by boiling or by strong disinfectants but by washing with soap and water. 2) If readings are taken from other parts of the body than the nose they will almost certainly be quite different, and we, therefore, use the nose exclusively.

Dr. M.E. Barton,
The Children's Dept,
Royal Victoria Infirmary,
Newcastle-on-Tyne. Yours sincerely,
Consultant Paediatrician.

P.T.O.

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ROYAL VICTORIA INFIRMARY
NEWCASTLE UPON TYNE

19th Nov. 1959.

Dear Dr. Gosset,
Dr. Wood, from Birmingham,
was visiting Newcastle
yesterday and told us
that you had invented
a means of measuring
the degree of jaundice
in infants.

At present I am carrying
out a study of hyper-
bilirubinaemia, in premature
infants, with Dr. Walker,
and we would be most
grateful if you would
let us have one of these
instruments, for a trial.

we find it difficult to
assess the degree of jaundice
clinically, especially in
the "red" babies, and
feel that if it is possible
to be more precise it
would be a great
advantage.

With many thanks,
Yours sincerely,
Margaret E. Barton

J. H. Gosset, Esq, MRCP
Northampton General Hospital,
Northampton.