

**PERSONALITY CHARACTERISTICS OF HEMOPHILIAC CHILDREN.** L.L. Ackerman, D.S. Charney, J. Verrecchio and M.E. Eyster. Pennsylvania State University College of Medicine, Hershey, Pennsylvania, U.S.A.

The personality characteristics of hemophiliac children were assessed in 22 hemophiliacs, mean age of 12.2 years. Twelve had < 1%, 4 had 1-3%, 3 had 4-9%, and 3 had > 10% Factor VIII levels. Eleven boys, 8 to 11 years old were given the Children's Personality Questionnaire, while the other eleven, ages 12 to 18 years were administered the Junior-Senior High School Questionnaire.

Both personality questionnaires measured 14 personality factors, each defining specific personality traits. Means for the 22 hemophiliacs were obtained and compared to values for a control population. Scores for factors B, F, G, M, O, and Q<sub>3</sub> were found to differ from the normal range (40.0-60.0) and indicated that, as a group, the hemophiliac children were brighter (B, 72.4), more sober (F, 34.6), more timid (M, 36.8), and their inner feelings and overt behavior poorly integrated (G, 33.4 and Q<sub>3</sub>, 36.6).

The personality profiles of these children are similar to the profiles of children frequently diagnosed as Overly Inhibited Personality Disorder, as defined by the Group for the Advancement of Psychiatry (GAP) classification.

**HEMOPHILIA: A MORAL DILEMMA.** David VanHarlingen. Graduate School of Education, Rutgers-The State University, New Brunswick, New Jersey, U.S.A.

Hemophilia places stresses of a financial, social and psychological nature on both the victim's family and the community. Decisions about having children, or paying for rehabilitative or preventive therapy with public funds, involve the resolution of value conflicts at a personal and at a societal level.

Moral/ethical dilemmas based on these and similar questions were constructed and administered to a group of non-hemophiliac classroom teachers. Our work indicates that these dilemmas are effective in presenting content knowledge about hemophilia problems and that they are able to increase one's level of moral reasoning. This increases the probability that all possible consequences of an action will be carefully considered, although it does not lead automatically to a predetermined resolution of the dilemma.

The applicability of these dilemmas for use in genetic counseling of hemophilia families or to develop knowledge among parents and friends of new hemophiliacs will be explored.

**HEPATITIS B SURFACE ANTIGEN TESTING IN PLASMAPHERESIS DONORS.** Clyde B. McAuley. Abbott Scientific Products Division, South Pasadena, California, U.S.A.

It is well recognized that the safety of biological products prepared from blood, such as Profilate<sup>R</sup>, a freeze-dried factor VIII concentrate, may be increased by testing for hepatitis B surface antigen.

Abbott Laboratories has been routinely screening all plasma donations for hepatitis B surface antigen since January, 1971. Originally, the screening was performed using the second generation counter-immunoelectrophoresis technique, AUS-tect. In April, 1973, the counter-immunoelectrophoresis testing was replaced with the more sensitive third generation radioimmunoassay technique, AUS-RIA, for routine hepatitis B surface antigen testing. The most sensitive current radioimmunoassay technique, AUS-RIA II, has been used since February, 1975. This presentation will review the results of six years of testing experience. The data indicate that the incidence of positive donors in the commercial plasmapheresis system is 1.4 per 1,000, similar to that reported for a volunteer blood program.