

- 6 Choudhury N, Saraswat S, Naveed M. Serological monitoring of thalassaemia major patients for transfusion associated infections. *Indian J Med Res* 1998;107:263-8.
- 7 Nanu A, Sharma SP, Chatterjee K, Jyoti P. Markers for transfusion-transmissible infections in north Indian voluntary and replacement blood donors: Prevalence and trends 1989-1996. *Vox Sang* 1997;73:70-3.

- 8 Sarin SK, Saxena R, Sundaram KR. Transfusion associated hepatitis: Risks and estimates in Indian population. In: Sarin SK, Hess G (eds). *Transfusion associated hepatitis. Diagnosis, treatment and prevention*. New Delhi: CBS Publishers and Distributors, 1998:212-20.

---

## Letter from London

---

For the past few weeks, Britain has been obsessed with an epidemic of foot-and-mouth disease—a highly infectious viral disease affecting cattle, sheep, pigs, goats and other cloven-hoofed animals. No one knows how or where the epidemic started but the most likely cause is the contamination of inadequately heated pig swill with infected meat imported from an area where the disease is endemic. The disease itself is not severe or fatal to previously healthy animals but no meat or livestock can be exported until the epidemic ends. Thus, the outbreak has serious economic consequences for farmers, which would be perpetuated if the disease were allowed to become endemic. The preferred policy of control has, therefore, been one of slaughtering infected animals, their contacts and animals contiguous to the infected herd or flock. This draconian policy has necessitated the killing of millions of livestock, even though only 1500 animals were known to have been infected.

With the daily number of new cases falling to single figures, the epidemic appears to have been brought under control, though it has not yet been eliminated. Obviously, the farmers have been directly affected but they will receive compensation. An even greater economic disaster has hit the tourist industry in the affected areas, partly because footpaths, bridleways and fields have been closed off, and partly because tourists have been put off by scenes in the press and television of piles of dead animals with their feet sticking up in the air, and of clouds of black smoke from burning animals drifting across the countryside. Characteristically, it is the American tourist who has confused foot-and-mouth disease with bovine spongiform encephalopathy (BSE) and has concluded that humans are at risk from infection. In fact, 15 people suspected of having the condition have been proved to be negative for the disease. To date, the only proven case of foot-and-mouth disease in a human occurred in the previous, less widespread outbreak of 1967.

Inevitably, everyone has an opinion on how the situation should have been handled, ranging from doing nothing at all to wholesale vaccination of susceptible animals. It appears that vaccination has to be repeated every 6 months and that vaccinated animals continue to carry the virus; such a policy would preclude the export of meat or livestock and would therefore be economically unacceptable.

Another aspect of this disastrous episode has been the possibility that smoke from burning carcasses may contain toxic dioxins which could contaminate the neighbouring population and fields.

The alternative method of disposal, that of burying the carcasses in huge graves or landfill sites, may pose a threat to local water supplies. Both these possibilities are under investigation but in any case, there is no alternative to the policy of burning or burying.

How could such a disaster be prevented from recurring? It appears that the reason why the disease has spread across wide areas of the country (as compared to the comparatively localized outbreak of 1967) has been that livestock are (or were) transported long distances across the country from market to market, and that many of the smaller slaughterhouses have closed, ironically because they were unable to conform to the strict regulations introduced in the wake of the BSE outbreak. Politically, the government, or more accurately the Ministry of Agriculture, Fisheries and Food, has been accused of dithering and poor management, consequently, the Prime Minister was forced to cancel the general and local elections scheduled for 3 May in favour of 7 June.

Once again, the medical profession is in the dock, this time for the retention of organs taken at post-mortem without the permission of parents or relatives. The scale of the problem came to light at the Alder Hey Children's Hospital in Liverpool where thousands of organs were stored. Since then, all hospitals have been required to identify retained organs and to inform relatives. Clearly it was wrong to permanently remove organs at autopsy without the permission or knowledge of parents or relatives. Unfortunately (and unnecessarily in my opinion) there has been an over-sentimental reaction, with parents arranging a second funeral for their child's organs. Little has been heard about the removal of organs from adults, which reinforces my view that the response has been excessively emotional.

The status of the House of Lords as a revisory chamber has been under discussion for some time. The latest attempt to reform the upper chamber has ended in a farce. A commission to appoint 'ordinary' people who have achieved a great deal or who could represent the community, such as retired teachers or doctors, came up with 15 names, all of them establishment figures, many of them titled, who could be expected to become life peers in the ordinary course of events—a result making nonsense of what were expected to be 'People's Peers'.

JOHN BLACK