India to control foreign research involving Indian patients

Ganapati Mudur, *New Delhi*

The Indian government has signalled that it will no longer tolerate trials of new or unproved treatments when they are carried out exclusively in Indian patients.

The Indian Council of Medical Research has refused to fund fetal tissue transplantation trials for retinitis pigmentosa under a protocol developed by Indian and United States scientists on the grounds that the proposed experiments would not include US volunteers.

"Undertaking clinical trials on Indian subjects for an experimental procedure not being carried out on US subjects is not ethical or acceptable," the council said. It added that the researchers had provided no evidence that experiments with an identical protocol were also under way in the US.

The controversy has amplified concerns among medical experts that India's poor mechanisms for monitoring human trials have made the country a

fertile ground to test new treatments. Two years ago a US doctor working privately injected a strain of the bovine immunodeficiency virus into a dozen HIV positive people in Bombay and Calcutta with their consent but without the approval of health authorities.

The experimental fetal tissue transplants will continue despite the lack of government funding. Surgeons at the privately funded Prasad Eye Institute in the southern city of Hyderabad have already implanted retinal tissues from aborted human fetuses into eight patients with bilateral advanced retinitis pigmentosa with the approval of the state health ministry. The researchers say that they sought government funds in a bid to expand the programme and recruit more patients only after "encouraging results." Five out of the eight patients in the pilot trial have shown visual improvement, according to the researchers, (30 November, p 1353). The insti-

New treatments are frequently tested in India

tute adds that in the US the University of Rochester has also teamed up with John Hopkins University for trials in eight patients with advanced retinitis pigmentosa.

Medical researchers argue that India can gain through collaboration. "There is no reason why we should wait for others to

do human trials first," said Gulapalli Rao, director of the Prasad Eye Institute. And Gopal Vishwanathan, an eye surgeon based in New Delhi, said: "Joint projects can help India leapfrog into human experiments and avoid expensive basic research for which funding in India is scarce anyway." □

Court hears assisted suicide debate

Terri Rutter, *Boston*

The United States Supreme Court last week heard a deeply divisive debate over the rights of patients to ask their doctor for help in ending their lives. A decision is not expected until midsummer.

It was one of the most watched debates in the court's history—over 50 friends of the court briefs were filed, representing views on each side of the issue. It has divided doctors, legal advocates, religious groups, and organisations that

provide care to people who are terminally ill. Just one example of the division is found in the different briefs filed by the American Medical Association, a long time vocal opponent of physician assisted suicide, and its student division, the American Medical Students' Association, which filed a friend of the court brief supporting it.

The two cases before the Supreme Court are both appeals filed by the states of New York to overturn federal decisions that the states' prohibition of physician assisted suicide was unconstitutional. The federal courts each used parts of the 14th amendment to support their decisions. The 14th amendment says, in part, that states shall not "deprive any

person of life, liberty, or property without due process of law"; neither shall states deny any person "equal protection of the laws."

The US Court of Appeals for the Second Circuit, which includes New York, ruled that the state's prohibition against assisted suicide violated a person's right to equal protection by stipulating a difference between the withdrawal of medical treatment and the deliberate administration of drugs to cause death. The court drew on a previous decision, *Cruzan v Missouri Department of Health*, which gives patients the right to withdraw unwanted medical treatment, such as life support systems, even if that action means certain death or hastens

that death. The lower court decided that patients who are not dependent on such mechanical means should have the same right to hasten their death as those who are.

The US Court of Appeals for the Ninth Circuit, which includes Washington, ruled that the 14th amendment granted people a "liberty interest in choosing the time and manner of their deaths." The ninth circuit also found a parallel between a terminally ill patient's decision to end his or her life and a woman's to have an abortion, as reconfirmed in the *Planned Parenthood v Casey* case, deciding that each were "choices central to personal dignity and autonomy" and outside government interference. □

In brief

Abortions limited arbitrarily: A report by the Abortion Law Reform Association claims that health authorities in England and Wales set arbitrary restrictions to limit the number of abortions funded by the NHS. A survey of 108 district health authorities found that a combination of moral judgment and informal means testing was used to limit the number of abortions.

Malaria vaccine offers hope: A subunit vaccine based on the circumsporozoite protein of *Plasmodium falciparum* produced complete resistance to malaria infection in most of the recipients, researchers report in the *New England Journal of Medicine* (1997;336:86-91). Three formulations were tested in an unblinded trial in 46 subjects.

Dutch GPs often fail to honour euthanasia requests: A survey commissioned by the Netherlands' Voluntary Euthanasia Society found that GPs may agree in principle to a patient's request but later refuse or procrastinate in the hope that they will not have to act. The survey also found that GPs rarely perform euthanasia before the final stages of a terminal illness.

US launches plan to prevent teenage pregnancies: Donna Shalala, secretary for the Department of Health and Human Services, has launched a *Girl Power* initiative, which aims to encourage adolescents to abstain from sex.

Asthmatic patients often go straight to hospital: A UK census found that many people with asthma attend accident and emergency departments without first seeing their GP (*Journal of Accident and Emergency Medicine* 1997;14:16-20). In many adult cases the asthma, although severe, is not acute, and repeat attendances are common.

Few cases of new variant CJD offer no reassurance: Scientists writing in *Nature* say that although only 14 cases of new variant Creutzfeldt-Jakob disease have been confirmed, this does not mean that any subsequent epidemic will necessarily be small (*Nature* 1997;385:197-8).

Doctors involved in human rights' abuses in Kenya

Christina Bunce, *Falmouth, Cornwall*

The human rights organisation Amnesty International is calling for doctors to speak out against institutionalised torture and other human rights violations in Kenya.

The organisation says that many Kenyan prisoners, some who have undergone systematic torture, are being denied access to medical care under the regime of President Daniel arap Moi. It claims full and accurate medical records are often not kept, or they disappear before the person comes to court. In addition, the chances of proper forensic investigations into deaths in custody are minimal, it says in a report on the issue.

Kenya: Detention, Torture and Health Professionals says that "most" people arrested by the police in Kenya are subjected to some kind of beating, while others face the type of extreme torture that led to the deaths of at least five prisoners in custody last year. It claims some doctors are pressured into collusion with the authorities to conceal the truth about the deaths of patients in custody.

The report calls on the Kenyan Medical Association "to support doctors actively promoting human rights and medical ethics and to make public its opposition to unethical practices by doctors, including collusion with or acquiescence in torture." It also asks the association to oppose the poor state of medical care in prison and other violations of human rights in Kenya.

Dr Sepp Graessner, who

works for the Berlin Centre for Victims of Torture and who visited Kenya last year as part of an Amnesty International mission, estimates that 30-40 000 people each year are held in prisons and police stations with no access to health care.

"It is impossible for normal people to get health care in prison—it is only possible for people who are well known or who come from big wealthy families," he said.

He added that, although it takes a lot of courage for doctors to speak out against practices, they should do so despite the risk of offending the regime of President Daniel arap Moi. □

Calling for doctors to speak out against torture

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Hormone scandal hits France

Alexander Dorozynski, *Paris*

Thousands of doses of potentially contaminated growth hormone were distributed in France nine months after the warning that its administration to children could cause Creutzfeldt-Jakob disease.

A judicial investigation has identified several former officials and the charges against them may be upgraded from involuntary homicide to poisoning.

In France about 1500 children were treated with growth hormone between February 1984 and February 1986. The hormone was purified at the Pasteur Institute and packaged and distributed by the Pharmacie Centrale des Hôpitaux de Paris, or central pharmacy, a public service establishment

that distributes drugs to hospitals. An investigation found that some pituitaries were collected by mortuary technicians and medical students in hospitals and homes for old people, sometimes from people who had died of Alzheimer's or other neurological diseases.

In June 1985, after the risk of contamination with the agent causing Creutzfeldt-Jakob disease was fully recognised, the use of hormone extracted in this way was forbidden unless it had been treated with urea, which was found to be effective in eliminating the contaminating agent.

In some countries, such as Britain and the United States, genetically engineered hormone was used, but in others, notably in France, urea treatment of extracted hormone became standard practice.

According to Judge Marie-Odiel Bertella-Geffroy, in June 1985 the central pharmacy still had about 20 000 vials of the

untreated hormone, worth more than Fr5m (£550 000, \$825 000), and it continued to distribute them until March 1986. Since then about 50 children or young people have contracted the disease, and 40 have died. The 50 cases reported in France represent more than half of all known cases worldwide, and many more cases may occur in the coming years.

Five people have already been placed under judicial examination in this case. They are Dr Fernand Dray of the Pasteur Institute; Jacques Dangoumau, former director of drugs and pharmacy at the ministry of health; Henry Cerceau, director of the central pharmacy; Dr Elisabeth Mugnier, who was responsible for the collection of pituitaries; and Professor Jean-Claude Job, former president of France-Hypophyse, an association of doctors and administrators that helped coordinate the distribution of growth hormone. □

Baby milk companies accused of breaching marketing code

Jacqui Wise, *BMJ*

Leading baby milk manufacturers are violating the international code on marketing breast milk substitutes, according to a damning report by a group of 27 religious and health organisations.

The World Health Organisation's international code of marketing of breast milk substitutes was adopted in 1981 to ensure safe and adequate infant nutrition by protecting and promoting breast feeding. A report by the Interagency Group on Breastfeeding Monitoring, which includes Unicef, Save the Children, and Voluntary Service Overseas, says that there is conclusive evidence that many infant formula manufacturers regularly breach this code.

The report, *Cracking the Code*, criticises Nestlé and Gerber of Switzerland, Mead Johnson and Wyeth of the United States, and Nutricia of the Netherlands (marketed as Cow and Gate in Britain). The research was immediately condemned by the International Association of Infant Food Manufacturers as biased in design and execution.

The research was carried out in Thailand, Bangladesh, South Africa, and Poland. A random sample of 800 pregnant women and mothers of infants under 6 months old and 120 health workers in each country were interviewed.

Women in all four countries were found to have received

company sponsored information that broke the code by promoting artificial feeding without recognising breast feeding as the optimal form of infant nutrition. The results were highest in Poland, where one in three mothers had received such information—39% of it from Nutricia and 17% from Gerber. In South Africa 28% of mothers had received such information, with Nestlé supplying nearly half of it.

An example of information that breaks the code is a Nutricia leaflet "Mummy, I'm hungry," which was found in a facility in Poland (see picture). It contains pictures that idealise the use of breast milk substitutes, with the caption "Mummy, if I was given a particular formula milk, don't change it to a different one at home."

Women in all the countries studied had received free samples of products, most of them from within the healthcare system. The proportion ranged from 0.3% of mothers in Bangladesh to 26% of mothers in Thailand. Health workers also received samples of baby milk, other than for professional research or evaluation, in 50% of facilities in Thailand, 21% in Poland, and 20% in South Africa.

The report also details examples of unrequested visits from company staff to give product information to mothers, to give incentives to health workers to

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1.5 million deaths a year could be prevented by breast feeding

promote products, and to promote products outside healthcare facilities.

Dr John Seaman, senior policy adviser with Save the Children, said: "Bottle feeding is a problem in the developing world because the cost of a can of milk can be a month's disposable income, the instructions can't always be read and so babies can be underfed, and there often aren't the facilities to sterilise bottles and equipment." WHO estimates that some 1.5 million infant deaths every year could be averted though effective breast feeding.

A spokesman for Nestlé said: "We take this report seriously, but are concerned that its statistics are based on a subjective interpretation of the code. An early review of the allegations published in the report does not justify the author's claim that there is a "systematic" violation of the code." They added that if any breaches are confirmed they will be dealt with immediately.

Andrew Tomkins, professor of international child health at the Institute of Child Health in London, defended the research, saying that it used standardised methods and that the study design could not be faulted. "For the first time we have reliable, objective data on the scale of the problem. It is clear we have a totally unacceptable situation which needs radical solutions."

The Interagency Group on Breastfeeding Monitoring was set up after the Church of England decided in 1994 to suspend its support for a boycott of Nestlé until independent research had been carried out. The Church of England Synod will now consider whether to reinstate the boycott.

The Bishop of Coventry said: "Previously I felt we had to say that the jury was still out on this subject. But this report provides compelling evidence from countries around the world that the international code is still being violated." □

Polish leaflet breaks code

The Royal College of Paediatrics and Child Health in London has come under renewed pressure to stop accepting donations from Nestlé.

Nestlé is one of the five companies featured in the report *Cracking the Code*, which criticises baby milk manufacturers for breaking the international code on marketing of infant formula.

At the launch of the report Andrew Tomkins, professor of international child health at the Institute of Child Health in London and a member of the Royal College of Paediatrics and Child Health, strongly criticised the college's acceptance of money from Nestlé. He said: "I think it's now totally untenable for the royal college to accept money on this basis."

Professor Tomkins said that the Institute of Child Health had decided not to accept money

from baby milk manufacturers and urged other organisations to do the same.

The Royal College of Paediatrics and Child Health receives £35 000 (\$53 000) annually from Nestlé to help fund the activities of the research unit. The money was secured in July 1993 for four years. After criticism of its decision the college held a referendum of its 2265 members in 1995. The result was clearly in favour of continuing to accept the money—73.9% of the 64% of members who voted said yes and 26.1% said no.

Dr Keith Dodd, honorary secretary to the college, said: "Given the clear cut result we agreed not to reopen this debate for five years." He added: "The Royal College of Paediatrics and Child Health believes that breast feeding is best for children and supports initiatives to promote breast feeding."

Gulf war syndrome linked to chemical exposure

Zosia Kmietowicz, *London*

Two teams of US researchers have linked the range of symptoms experienced by soldiers after military service in the Gulf war to chemical exposure. Both teams report an increased prevalence of various ailments, including neurological injuries, among soldiers sent on active duty compared with those who stayed at home.

The publication of the research came at the same time as a White House report found no evidence that exposure to chemical weapons had injured the health of American Gulf war veterans. The 12 member presidential panel, which was sharply critical of the Pentagon's investigation of the issue, concluded that a single cause could not be found for the range of ailments afflicting veterans. The report

said that battlefield stress was almost certainly a contributing factor but low level exposure to chemical and biological weapons was unlikely to have caused long term health effects.

Investigators from the University of Texas Southwestern Medical Center at Dallas, Texas, believe, however, that the syndromes they have identified are due to nerve damage potentially caused by exposure to chemical weapons and government issued insect repellent and possibly by a drug taken to prevent poisoning by nerve gas.

They report three studies on 249 Gulf war veterans in last week's issue of *JAMA* (1997;277:215-37). In the first investigation they found that 70% of participants reported serious health problems that

REX FEATURES

Gulf war veterans should receive counselling

most attributed to the war. The symptoms in 25% of cases could be classed as one of six syndromes. Most of the reported symptoms could be explained by varying combinations of injury to the brain, spinal cord, and peripheral nerves, said the researchers.

When they looked at what chemicals the veterans had been exposed to during their service the investigators believed that they had made an important discovery. They write: "The findings of our study provide, to our knowledge, the first epidemiologic evidence of associations between environmental risk factors and systematically defined syndromes in Gulf War veterans."

In a separate study, also in *JAMA*, the Iowa Persian Gulf Study Group interviewed 3695 military staff, half of whom had served in the Gulf war and half of whom had served elsewhere at the same time. Gulf war veterans reported nearly twice as many medical and psychiatric problems as those who had not been deployed there. And, again, the researchers believed that wartime exposures were

directly related to many of the conditions.

However, in an accompanying editorial Dr Philip Landrigan, from the department of community medicine at Mount Sinai School of Medicine in New York, cautions that the role of chemical warfare agents in provoking these conditions remains unclear. "The link between chemical warfare exposure and disease in Gulf war veterans certainly has not been proven by these studies," he said.

Gulf war veterans are experiencing a range of health problems and should be treated symptomatically with support and counselling, stated Dr Landrigan. In future military staff should be studied before deployment so that accurate comparisons are possible on their return. In addition, strategies to help prevent stress related disorders should be in place.

The US Department of Defense is addressing these problems with plans for pre-deployment evaluations and the setting up of a combat stress reduction team, which is already on hand in Bosnia. □

Main research findings

- Symptoms reported by Gulf war veterans included insomnia, depression, anxiety, memory and reasoning failings, disorientation, fatigue, vertigo, impotence, joint and muscle pain, muscle fatigue, alcohol misuse, asthma, bronchitis, post-traumatic stress disorder, and extremity paraesthesias
- 14.7% Of Gulf war veterans had symptoms of two or more medical and psychiatric conditions compared with 6.6% of military staff who had not been deployed elsewhere
- Veterans who had worn pet flea and tick collars to repel insects were eight times more likely to develop syndrome 1 ("impaired cognition") than those who had not
- Veterans who had been exposed to chemical weapons were nearly eight times more likely to have syndrome 2 ("confused ataxia") than those who did not believe they were exposed to chemical weapons
- The risk of syndrome 3 ("arthro-myo-neuropathy") increased with the amount of insect repellent containing diethyltoluamide (deet) that had been applied to the skin

End to state regulation of health costs in New York

Deborah Josefson, *Connecticut*

State regulation of healthcare costs has been lifted in New York State for the first time in 15 years. Under the provisions of the Health Care Reform Act,

effective from January 1 this year, hospitals and insurers are free to negotiate their own rates of payment for the provision of inpatient healthcare services.

The new law revokes the fixed rates set by the state and forces hospitals to compete in a free market. In this competitive atmosphere financially weak hospitals are expected to close because they may have to settle for lower rates of compensation than stronger institutions. This system also strengthens the posi-

tion of health maintenance organisations because unlike traditional insurers, which must offer members coverage in all hospitals, these organisations can direct their supply of patients to specific medical centres and use this leverage in bargaining with hospitals.

According to New York State's health commissioner Dr Barbara DeBuono, the legislation aims to make the healthcare system more efficient. "Our goal is for insurance rates to come

down and for hospitals to be healthier and more self reliant," she said.

Academic research programmes may be a casualty of the leaner system as research efforts are cost intensive and do not produce immediate pay offs. In switching to a deregulated system of health care New York State joins 48 other states that have enacted similar laws. Currently, Maryland remains the only state to set fixed rates for hospital costs. □

Hong Kong University turns down tobacco money

Susan Mayor, *London*

The University of Hong Kong has decided to turn down the offer of a substantial donation from a tobacco company. The decision comes in the wake of the decision by other universities, including Cambridge and Shanghai, to accept controversial tobacco sponsorship.

The vice chancellor, Professor Cheng Yiu Chung, recently revealed that he and university staff had turned down a financial offer from a major tobacco company, which was made on the condition that it be given public recognition.

Professor Judith Mackay, director of the Asian Consultancy on Tobacco Control, said: "One university after another had been taking the money. It is important that someone is taking a stand and saying no."

There has been a major shift during the past few years, with tobacco companies reducing their spending on direct advertising and increasing that on sponsorship activities. Recent

figures show that American tobacco companies are now spending \$6bn (£4bn) each year on promotional activities compared with only \$750m on advertising. Universities seem to be a key target.

In addition to sponsoring academic posts and research, tobacco companies are now giving financial support to other university activities, including debates at the Oxford Union. "Tobacco companies are trying to get to students. They would not bother doing this if they didn't believe it increased sales," said Richard Peto, professor of epidemiology at the University of Oxford.

But he argued that action is needed at a higher level: "What is required is government action to ban sponsorship by tobacco companies. The universities are so short of money that they face measures such as introducing fees and turning students away. They are obviously going to consider offers of funding, from whatever source."

The University of Cambridge recently caused a storm of protest when it accepted £1.3m from a tobacco company to set up a chair in overseas development (27 July, p 186). Nicholas Day, professor of public health at the University of Cambridge, who opposed acceptance of the sponsorship, said Hong Kong University's decision may have been related to a recent scandal in the city.

Hong Kong officials had requested the extradition from the United States of an employee of British American Tobacco to face charges of bribery and corruption. He was alleged to have tried to influence government legislation on tobacco and advertising regulations. The extradition request was refused because the US government argued that the individual may not be guaranteed justice after the 1997 handover to the new regime.

"Staff at the University of Hong Kong see at close hand what the staff of tobacco companies are trying to do in developing countries, hence their refusal of a donation. In contrast, Cambridge put its head in the sand and was happy to take the money," said Professor Day. □

Belgium bans tobacco advertising

Rory Watson, *Brussels*

Belgium has become the latest country to ban tobacco advertising. The new restrictions will operate from 1 January 1999 after they were overwhelmingly supported by the country's parliament last week.

The legislation, which was supported by the ruling government coalition, by the country's Green politicians, and by the Flemish autonomist Volksunie party, will also outlaw tobacco sponsorship of high profile activities such as sporting and cultural events.

The only exceptions to the rule are tobacconists, which will be allowed to display publicity outside their premises, and the foreign media, which have high circulations and exposure in the country. Newspapers and magazines printed outside Belgium and events televised elsewhere in the world and transmitted to the country will not be covered by the ban.

The latest measures are the climax of a 20 year campaign against tobacco advertising in Belgium and were widely expected after the national parliament's health committee backed them—by eight votes for with five abstentions—shortly before Christmas.

The initiative has immediately fuelled a lively debate on the impact of the ban. Supporters refer to Norway and France, which already operate similar policies—Norway since 1975 and France since 1993. In Norway cigarette consumption had fallen from 36% to 21% by 1994, and in France it has been reduced by 9% in the past four years.

Opponents to the ban have been using other statistics, however. They say that in France smoking among young people has increased by 4.5% since 1993. Publishers have also warned that it will hit advertising revenues.

But the greatest concern has been over Belgium's status as one of only 17 venues worldwide to host an annual formula one grand prix motor race. The event not only raises the country's international standing but brings in substantial revenue. □

No risk of breast cancer with abortions

Jacqui Wise, *BMJ*

Abortion does not increase the risk of breast cancer, according to a large study whose findings may finally resolve the controversy surrounding the issue.

The population cohort study included information on all Danish women born between 1935 and 1978 (*New England Journal of Medicine* 1997;336:81-5). Information on the number and timing of abortions was obtained from the national registry of induced abortions and all new cases of breast cancer were identified through linkage with the Danish cancer registry.

In the cohort of 1.5 million

women 370 715 induced abortions were identified among 280 965 women and 10 246 women with breast cancer. The researchers found that after adjustment for known risk factors induced abortion was not associated with an increased risk of breast cancer.

Last October much publicity surrounded a meta-analysis published in the *Journal of Epidemiology and Community Health* (1996;50:481-96) which concluded that the relative risk of breast cancer for women who had had an abortion was 1.3 (19 October, p 962).

But the authors of the Danish study say that the meta-analysis relied mainly on case-control studies, which may have been biased. "Even after its legalisation, abortion remains a sensitive issue. It is possible that women with breast cancer might be more willing to report induced abortions than healthy women," they say. In contrast, the Danish study relied on uniformly collected data from registries. □

Abortion does not change the risk of breast cancer

Fetal bone marrow transplants spark hope for genetic diseases

Deborah Josefson, *Connecticut*

Several infants destined to develop the severe combined immunodeficiency syndrome have had their disease prevented by in utero bone marrow transplantation. The success of the technique may herald a new era in the treatment of some types of genetic disorders.

The technique of fetal bone marrow transplantation was pioneered by Dr Alan Flake of the Children's Hospital of Philadelphia, and two cases are described in recent issues of the *New England Journal of Medicine* (1996;335:1806-10) and the *Lancet* (1996;348:1484-7). In both cases the infants were born and remain healthy, with a reconstituted immune system in which some of the cells are of donor origin and others of host descent.

The severe combined immunodeficiency syndrome is a hereditary immunodeficiency disorder characterised by defects

in both cellular and humoral immunity. Affected infants suffer from recurrent opportunistic infections and usually die within the first two years of life. The most severe form of the syndrome accounts for 50% of cases and is caused by an X linked mutation, making it more common in males. Until now conventional bone marrow transplantation soon after birth with histocompatible donors has been the only chance for cure. Conventional postnatal bone marrow transplantation in general is hampered both by graft rejection and by graft versus host disease. In addition, there is a need for myeloablation of host marrow and chronic immunosuppressive treatment, and patients need to be put in isolation until the graft takes and a functional immune system is produced.

A fetus, however, is compara-

tively immunologically naive, and this facilitates immune tolerance. There is no need for myeloablation, and the recipient in the womb is already in sterile isolation. The immature immune system leads to less chance for graft rejection and the pregnancy allows for adequate time for engraftment without the need for immunosuppressants. The tolerance invoked may also facilitate later postnatal transplantation from the same donor.

In the severe combined immunodeficiency syndrome and other immune deficiencies graft rejection is less of a problem than with other genetic diseases because the host immune system is too weak to mount an effective defence against the engrafted donor cells. But the successful application of these fetal bone marrow transplants has sparked hope for the prevention of other genetic diseases such as thalassaemia and sickle cell anaemia, as well as Gaucher's, Hurler's and Tay-Sachs diseases. Using bone marrow stem cells as genetic vectors with exogenous inserted genes may also be possible in the future. □

Blood tests urged for CJD carriers

Judy Siegel-Itzkovich, *Jerusalem*

Four Israeli scientists have urged that all Jewish residents of Libyan or Tunisian origin should undergo a blood test to identify carriers of Creutzfeldt-Jakob disease (CJD) before they may donate blood or organs.

Although the fatal genetic disease affects one in a million of the general Israeli population, it is 100 times more common among these ethnic groups. Professor Amos Korczyn, a leading neurologist at Tel Aviv University's Sackler School of Medicine and Ichilov hospital, and three colleagues have sent an "urgent policy statement" to the Israeli health ministry.

There are around 1000 Israeli carriers of CJD and about 30 000 Israelis of Libyan or Tunisian origin. The statement says that, although there are fewer than 20 cases of CJD each year, the disease may nevertheless be passed on during blood transfusion or organ donation or by using implements for neurosurgery that have not undergone special sterilisation.

Professor Korczyn said that, although the disease derives from a genetic mutation, carriers could infect others under certain circumstances. He said that, though the risk of transmission in the blood supply is highly unlikely—and not one case has been documented—all Israeli Jews of Libyan or Tunisian origin (even those of second or third generation) should be required to undergo a blood test, and carriers should be barred from donating blood or organs.

The records of all patients with CJD should also be checked to see if they had ever received a blood transfusion. He said that the matter should be dealt with seriously even though it could arouse political controversy.

Last year there was an uproar over the refusal to use blood donated by Ethiopian Jewish immigrants because of concern about potential HIV infection. □

Tonsil test hope for CJD

Jacqui Wise, *BMJ*

Diagnosing Creutzfeldt-Jakob disease (CJD) may be possible by testing tonsil tissue for the prion protein marker, scientists have discovered.

Professor John Collinge and colleagues from the neurogenetics unit at Imperial College School of Medicine in London last year identified a prion protein (PrP) in the brains of people who had died of new variant CJD disease (2 November, p 1100).

The same team now report in the *Lancet* (1997;349:99-100) that they have found this marker in tonsil tissue taken from a 35 year old woman who died of new variant CJD.

The finding, although preliminary, is important as diagnosis of new variant CJD is currently possible only after brain biopsy or at necropsy. People with new variant CJD tend to be younger than those with other types of CJD, and the first

A brain biopsy is currently needed to diagnose CJD

symptoms of the disease—mood changes and alterations in sensation—occur in other diseases. To date, 14 cases of new variant CJD have been neuropathologically confirmed in the UK and one in France.

Professor Collinge said: "It is

very encouraging that we have been able to detect the marker in tonsil as this tissue can be sampled relatively easily, usually under local anaesthetic."

For information on CJD see the BMJ's website: www.bmj.com