

ELDO in familiar language, has been dedicated to the development of a fruitless rocket launching system based on the ex-military British rocket called *Bluestreak* but, as it happens, Britain is no longer a member. Last week, at Paris and for the past year, British delegations to ESRO have been proclaiming that there is no shortage of rocket launching capacity in Europe that could not be cured instantly by a suitable agreement with "the Americans". After several years of behaving as if it were possible for individual nations in Europe to manufacture whole rocket launching systems for themselves, the French government has swung round to the view that the only cause for which Europe could decently unite in space research is for the development of an independent tele-

communications system. The French view is so intransigent that it even suggests that the scientific programme of ESRO should be regarded as an optional extra—*à la carte* is how the negotiators put it. It will be a great waste of public money in sending all the national delegations to Holland on July 13 if it is not plainly recognized before then that the inconsistencies at present embodied in ESRO and ELDO are not merely nonsenses but signs that when faced with the need to make decisions that are unpalatable to some of them, European nations still respond by keeping in being organizations that should be disbanded. In the long run, that is as much a disservice to the European ideal as would be the outright abandonment of the notion of collaboration.

Nothing Much to Report on Transplants

ALMOST two years have gone since the Department of Health's committee under Sir Hector MacLennan argued that the British Government should take more active steps to regulate but at the same time to encourage the use of human organs for transplant operations, yet nothing much has happened. In the circumstances, Mr Tam Dalyell, the Labour MP, and his associates are to be congratulated for having set aside some of the parliamentary time at their disposal for a forlorn attempt to introduce a bill that would require the government to organize a scheme for registering the names of people willing to have their organs used for transplants at death and then to drum up support for such a scheme. To be sure, nobody expects that the bill will ever be heard of again—without active support from the government, parliamentary procedure is almost certain to cause such bills to sink without trace. Yet this is one set of circumstances in which inactivity of the kind on which the present government seems to specialize, sometimes with good effect, is misapplied.

The MacLennan Report was a sensible document. For one thing, it pointed to strictly legal imprecisions in the legislation which at present regulates the use of transplants in Britain—the Human Tissues Act (1961). What precisely is to be understood by terms such as the "person lawfully in possession" of a body only recently certified as dead, for example? Is it the hospital, or the doctor in charge, or the next of kin? Legal housekeeping alone requires that these imprecisions, comparatively unimportant where proposals for corneal grafting are concerned, should be quickly tidied up for the sake of those who work in newer fields. The committee also argued for a more explicit acceptance of seemly procedures in the conduct of transplant operations. Thus it wanted certification of death to be the responsibility of doctors independent of the transplant teams, caution in the use of live donors and a certain amount of restraint (that would not exclude the taking of blood samples) in determining the suitability of a potential organ transplant. All these are sensible suggestions which have not yet been blessed even with formal applause by the British Government.

The failure of the Department of Health to help with the setting up of what is popularly known as an organ bank is, however, more serious. The law may mend itself in the course of time, but no amount of legislation can

ensure that the supply of organs will be sufficient to meet what is bound to be a growing need. Kidney and liver transplants have become acceptable parts of surgical procedure, and would be more widely used if more hospitals were staffed and equipped to use these techniques. Although there is some evidence that donors and their families are now more ready to cooperate with surgeons, however, it is both unnecessary and unwise of the government to behave as if relations between donors and recipients could indefinitely be subject to hazards such as those of failing to find the next of kin in time or the simple difficulty of broaching the transplant issue with relatives who are plainly over-distressed by death or the prospect of it. In circumstances like these, there is every reason why a simple register of people's wishes about the disposal of their organs after death should be established and maintained on a national basis. Evidently the surgeons would prefer a system in which people's organs could be used at death without further reference to next of kin unless they had previously contracted out. Such a system works well in Sweden, for example, but there is much to be said in comparatively illogical Britain for a more modest beginning with a national register of those who would allow their organs to be so used. What harm could such a system cause? And would it not be easily accommodated alongside the putative Tissue Typing Service which the Department of Health has been struggling to create for the past three years? By its neglect of these important matters, the British Government is shrugging off its responsibilities for public health.

What can be done by outsiders to change these neglectful ways? The learned societies could complain more vigorously than they have done so far of the need for some kind of register. British medicine is not, after all, short of influential pressure groups, and even if the British Medical Association is plainly unwilling to burn at the stake for issues other than doctors' pay, the royal colleges would make useful champions of this honest cause. There is also a great deal that could be done by individual hospitals. Why not, for example, ask new patients whether they would agree to the use of their organs for transplants if they should die? These are ways in which individual hospitals and hospital management boards could do a great deal to force the inactive hand of the central government.