

Harvard he has carried out research on the glycoproteins expressed on the surface of human T cells and their role in T-cell activation and clinical disease. This led some representatives of the Japanese AIDS patient community to express outrage at the appointment of a researcher rather than a clinician. The *Mainichi Shimbun*,



**Chikao Morimoto, new department head.**

a national newspaper, quoted one group as saying that the appointment "treated the lives of AIDS patients lightly". Etsuko Kawada, who helps to run the patients' group (and whose 19-year-old son was infected with HIV by contaminated blood products) criticizes the institute's authorities for failing to listen to patients' views and is concerned that "eight years of clinical experience will be wasted." In fact, Morimoto is a medical doctor and, although he has not treated AIDS patients, he is involved in the treatment of autoimmune disease and bone marrow transplant patients at Dana-Farber.

Shigetaka Asano, director of the Tokyo Institute's hospital, did his best to play down the rumpus by explaining that the knowledge gained from basic immunological research like Morimoto's will be essential in developing new clinical treatments for AIDS. Actually, although the patients' views are genuinely held, their basis seems to be more personal than scientific; the patients were apparently supporting the promotion of an associate professor at the institute who is in charge of their treatment and were upset by the appointment of an outsider. Nevertheless, the fact that Morimoto was branded a "mere" researcher in spite of his wealth of clinical experience demonstrates the sharp distinction between the two worlds in Japan.

The hospital's infectious disease and applied immunology department has been treating AIDS patients and individuals who test positive for HIV since 1986. It currently cares for about 150 people, most of them outpatients. The intention in creating a new dedicated centre is to expand the resources available for AIDS treatment. Initial plans were made public almost two years ago. Since then ¥170 million (US\$1.7 million) has been spent on establishing the new department, which will be housed in an annex to the hospital that was previously the home of a neutron therapy unit. Money has come from the Ministry of Education, Science and

Culture, which will also provide another ¥51 million (\$510,000) a year in operating costs. It is hoped that this will be supplemented in due course by grants from other organizations.

Kazushige Hirosawa, head of the institute, hopes that Morimoto will take up his new post by March and that the department will be able to open in April or May.

In Japan, as elsewhere, HIV and AIDS continue their slow but inexorable spread through the population. Official Japanese figures are still reassuringly low compared to those for the United States and Europe: according to the Ministry of Health and Welfare, the total of AIDS-related deaths in the country so far has only just topped 500 among a population of over 120 million. But there are 800 or so AIDS patients and well over 3,000 HIV carriers, so things are destined to get worse. The hope is that combining clinical experience with knowledge from basic research will make the picture brighter.

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## Hepatitis C update

The UK Department of Health is to trace 3,000 people believed to have been infected with hepatitis C through blood transfusions. Deputy chief medical officer, Jeremy Metters, said the decision was made following the licensing last December of interferon- $\alpha$  2a as a treatment. The 3,000 patients, spread all over the United Kingdom, will be offered counselling and treatment, if necessary. It is estimated that before August 1991, when it became possible to screen for the virus, 1 in 2,000 blood donations was infected.

The tracing exercise will begin by identifying donors who were found to carry the disease and then informing the hospitals that received the blood. Hepatitis C patients can be asymptomatic for 10 to 30 years and so many will not be aware that they have the virus.

However, concern about the infection was raised when it became known in November of last year that 12 haemophiliacs who contracted the virus from contaminated blood products had died. (*Nature Med.* 1, 6; 1995). **NM**

## DNA database to track nuclear plant effects

A gene bank is to be set up containing samples of DNA from 10,000 babies born in the region of the Sellafield nuclear plant in Cumbria, in the North of England. The bank will provide data for a wide range of research, including studies of the genetic effects of radiation. It is, however, not without controversy because the bank will be funded by the owners of the Sellafield plant, British Nuclear Fuels Ltd., through the Westlakes Research Institute.

British Nuclear hopes that research based on the gene bank will in time establish whether or not the activities at the plant cause genetic damage in the local population. One of the first proposals for research using the bank is to look at the frequency of somatic mutations of red blood cells *in utero* in relation to parental occupation and place of residence.

The first samples of cord blood and placental tissue will be taken in the next few months as part of a pilot study for the three-year project. The parents of every child with DNA in the gene bank will have to have provided written consent before birth and will be expected to complete health questionnaires. The parents will have no rights over the DNA sample.

The gene bank, and any research for which it is used, will be controlled by Newcastle University. The university has set up an ethics committee to assess research proposals, chaired by John Burn, head of the university's Department of Human Genetics.

The university will manage the gene bank project as one part of a £1.5 million contract awarded by the Westlakes Research Institute. The institute was established in 1992 when it took over British Nuclear's in-house research on the effects of nuclear reprocessing and waste storage at the Sellafield plant. Staffed mainly by former British Nuclear scientists, it holds the health and radiation dose records of past and present employees at the nuclear plant. Although the institute is legally independent, most of its funding comes from British Nuclear.

The anonymous DNA samples will be processed and stored at Westlakes, and