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BRITISH MEDICAL JOURNAL



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Computers for Transplantation

SIR,—Your editorial entitled "Computers for Transplantation" 24 January, p. 187) refers to Eurotransplant and says "such a scheme has also been suggested for Great Britain." You must be aware of a collaborative scheme which has been in action since March 1969 based on the Transplantation Immunology Unit at the London Hospital, which uses its on-line computer link with Queen Mary College.^{1,2} Although this collaborative scheme began in a small way it grew rapidly, and now provides a service for a number of hospitals in London—Charing Cross, Hammersmith, St Bartholomew's, St Peter's, The London, The Royal Free, and Westminster—as well as transplantation centres in Oxford, Cambridge, Dublin, Leeds, Birmingham, and Sheffield.

So far 59 kidneys have been exchanged within this scheme, and, as the Table shows, the participating hospitals have contributed and received kidneys in an entirely unselfish way, with the single object of ensuring the best possible match between donor kidney and recipient patient. Several other transplantation centres are not in this scheme, and have their own arrangements. Nevertheless, four kidneys have been used by these hospitals from our organization. A liaison has been established with Eurotrans-

plant, to whom three kidneys have already been offered. We are consequently most surprised that an existing scheme which has achieved such wide acceptance has been ignored by your leading article.

The immediate results of this collaborative scheme are satisfactory in that there has been a continued improvement in the closeness of the tissue match between donor and recipient, and it seems probable that as time goes by the benefits of this close matching will be reflected in the results of transplantation.

This co-operative scheme has not so far received financial support or recognition by the Department of Health. Nevertheless, it is essential that a national scheme on the above lines should be set up and financed by the Department, and we should be happy to make available all the expertise at our disposal. From our experience we are convinced that within such a national scheme a centre should be established in London, not least because of the overwhelming importance of the distribution facilities which only London can effectively provide.

Furthermore, it would be illogical to ignore an existing system, which has achieved the unselfish and willing co-operation of so many centres throughout the country. This

has come about because of the widespread realization that under the limitations of existing knowledge this is the only available method of improving results.—We are, etc.,

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Source and Distribution of Kidneys within the Collaborative Scheme Since March 1969

Hospital	Number of Kidneys Donated to Pool	Number of Kidneys Received	Average Number of Patients Awaiting Transplant	Average Number of Mismatches* Per Patient
Cambridge	16	1	8	0
Charing Cross	2	4	20	2.5
Hammersmith	8	16	23	2.2
Dublin	6	—	20	—
Leeds	3	2	4	1.5
The London	17	13	9	2.0
Birmingham	—	2	18	3.5
Oxford	1	1	5	2.0
Royal Free	2	9	10	1.5
Sheffield	—	1	10	2
St. Peters	1	5	5	2.6
St. Bartholomew's	2	—	—	—
Westminster	1	1	4	2.0
Other hospitals	—	4	—	—
Totals	59	59	136	2.2

*"Mismatch" includes antigens present in donor and absent in recipient as well as antigens present in recipient and absent in donor. Sera detecting H L-A 1, 2, 3, 5, 7, 8, 9, 4a, 4b, Lc 15/16, 17, 20, Da 4 and Da 17 with some additional sera are invariably used for tissue typing.

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- Festenstein, H., *et al.*, *Lancet*, 1969, 2, 389.