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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

Kidney transplantation—living versus cadaver donors

SIR,—Minerva (9 February, p 412) cannot understand the reluctance of British transplant surgeons to perform living donor kidney transplants. As head of one of the larger units in the UK who uses live donors at only a tenth of the rate in the United States may I be allowed to make a few comments?

The results of living related donor kidneys are better when the donor is an identical twin or an HLA-identical sibling. Identical twins with normal kidneys are in my experience rare (three twin pairs in 800 patients but in only one a normal twin). HLA-identical ABO-compatible siblings are more common but in the typical small family of two children few are available. The results of transplants from less well-matched relatives (non-HLA-identical sibs, parent-child, etc) are very little different from the results with good quality cadaveric kidneys. Most surgeons accept that one in three of such kidneys will have but a limited functioning period. In live donor transplantation one in three normal people will have lost a kidney for no real benefit to the recipient and with a potential risk, both short term and long term, to the donor. During the past few months I have considered the parents of three children as potential live donors, while at the same time placing the children on the UK transplant waiting list. All these have been offered and accepted cadaveric kidneys with at least two-antigen match before the investigations in the parents were completed. The relief in the family was obvious.

Cadaveric kidneys are truly spare parts, which in a caring society with first-class

medical facilities can be available in numbers adequate for the potential recipients' needs. I am therefore in no way apologetic for using every opportunity to encourage our own and our sister profession to tell us of any possible cadaveric donors. Numerous surveys and opinion polls have shown that the majority of the general public are in favour of cadaveric donation.

Does transplantation really give patients a reasonable life? Many hospital doctors will see and hear of the failures who have another and yet another graft or dialysis long term. The patients with successful transplants are often in hospital for less than a fortnight and are hardly noticed. If any one has doubts of the value of transplantation may I suggest that they take the trouble to attend the British Transplant Games in the West Midlands on Sunday, 1 June. Here teams from all over the country will compete in a variety of sporting events to enjoy themselves and show the relatives of their donors what a wonderful thing the donation was.

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Kidney donor cards

SIR,—The problems of kidney donation are not as great as has been suggested. As you say in your leading article (16 February, p 427), painful decisions at the time of death must be avoided. The wording on the card and the law

should be altered to give a person the right to dispose of his kidneys after death as he wishes. No further permission need then be sought.

The suggestion that cards should be circulated with driving licences is surely the correct one. Many potential donors are young men or women fatally injured in motor accidents. These people do not attend doctors' surgeries and so never collect cards.

I believe that these two comparatively minor alterations to the system would increase the number of kidneys available.

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Seat belt legislation

SIR,—It is a sad day when the fifth attempt at passing the Road Traffic (Seat Belts) Bill is in danger of running out of parliamentary time owing to the filibustering of a hard core of MPs, as reported in *The Times* and the *Daily Telegraph* of 23 February.

It is quite monstrous that one MP should call the Bill "wicked, evil, and horrific." Most of us are only too familiar with the argument about the infringement of personal liberty. However, when, as I believe, the majority of the population would be quite happy to accept and comply with a compulsory seat-belt law it appears both irresponsible and inconsiderate for MPs to oppose it.

In view of the manifest failure of Parliament to debate the issue rationally and seriously we must now ask the Departments of Health and Social Security, Education and Science,