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Virus-free Blood

SIR,—Outbreaks of viral hepatitis in regular dialysis units remain a major problem¹ and constitute a serious threat to the lives of both patients and staff.² As the principle source of infection is transfused blood, many centres have adopted a policy of minimum transfusion and screen blood for hepatitis-associated antigen before transfusion. Screening of blood before transfusion reduces the risk of transmission of hepatitis by approximately 25%.³ The use of nitrogen-frozen washed red cells may be accompanied by a further reduction in this risk,^{4,5} and for this and other reasons⁵ we have adopted this method.

To maintain virus-free units, many centres now screen the blood of potential patients before they are accepted for regular dialysis treatment. A special problem is created by those patients with chronic renal failure who are expected to become candidates for regular dialysis at some time in the future, but who do not yet require this form of treatment. In recent weeks we have seen several patients for assessment of their suitability for regular dialysis treatment who had received transfusions with unscreened blood at their parent hospital immediately before referral. The inconvenience of tracing and screening donors and the potential risk to the patient of deferring haemodialysis until the long incubation period of the disease has elapsed after transfusion are strong arguments against this practice. More important still, if the patient becomes antigen positive or develops clinical hepatitis after transfusion this may preclude his acceptance by units which are hepatitis free.

May we make a plea therefore that transfusions be given to such patients only when essential and that screened blood be employed. The North-east Metropolitan Regional Blood Transfusion Centre will consider requests from hospitals in its region for screened nitrogen-frozen washed red cells for patients who are, or who are expected to become, candidates for regular dialysis treatment.—We are, etc.,

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¹ Drukker, W., Haagsma-Shouten, W. A. G., Alberts, C. H. R., and Baarda, B., *Proceedings of the European Dialysis and Transplant Association*, 1970, Amsterdam, Excerpta Medica, in press.

² Bone, J. M., Paper given at Renal Association in Newcastle, 1970.

³ McCollum, R. W., and Zuckerman, A. J., *Bulletin of the World Health Organization*, 1970, **42**, 987.

⁴ Tullis, J. L., Hinman, J., Sproul, M. T., and Nickerson, R. J., *Journal of the American Medical Association*, 1970, **214**, 719.

⁵ Jenkins, W. J., *British Medical Journal*, 1970, **4**, 435.

Relative Hazards in Smoking

SIR,—The authors of "Smoking Risks of Different Tobaccos" (23 October, p. 198) refer to the 1971 Report of the Royal College of Physicians *Smoking and Health Now*.¹ On page 131 of this report it states "The remarkable disparity of risk between smokers

of cigarettes and smokers of pipes and cigars suggests that much saving of life and health might be achieved if cigarette smokers were to change to pipes and cigars. Unfortunately, no study has yet been made on the health of those who have made this

change. . . . Judgement must be reserved, since there are reports from Europe suggesting an incidence of lung cancer as great in pipe and cigar smokers as in cigarette smokers where most of the cigarettes are made of sun-cured tobacco (thought to be less dangerous). . . ."

No one would deny that in the United Kingdom the great majority of smokers are cigarette smokers, that most cigarette smokers inhale, and that the much higher cost of cigars results in a smaller number being smoked. This answers, at least in part, the question asked by the writers in the introduction to their article.

An obvious criticism of the pilot experiment described in the article is the small number of rats involved, the apparent absence of "blind trial," and the possibly biased interpretation placed on the deaths of the rats in Group B. It would appear to be doubtful whether statistically significant numbers of rats were involved in the "Further Experiments" mentioned in the article. The overall total of animals exposed to cigarette tobacco smoke would seem to be a mere 48. The authors commendably draw attention to the different strains of rats, hence differing susceptibilities to morbidity, mortality, and pathological changes. They very rightly refer to the influence of differing varieties of tobacco leaf, depending upon selection, conditions under which it is cultivated, harvested, and cured. A considerable volume of research has been done on the effect of these variables in the U.S.A. for many years. The authors mention that "the tumour producing effect of cigar tar in mouse skin paralleled its greater content of chemically recognized carcinogens"—a point I have previously mentioned (20 February, p. 461).

I feel obliged to take issue with the authors when they affirm that they are forced to conclude that the biological differences, both in *man* and in their experiments, between the smoke of cigars and that of English cigarettes arise in the nature of the tobaccos. It is difficult to find any evidence in their experiments on rats which support their