



### Spinning out

The patient with the first probable case of variant Creutzfeldt–Jakob disease (vCJD) contracted after a blood transfusion has died. The death has prompted an editorialist to outline the expensive, intrusive but necessary steps in preventing further human-to-human transmission in the UK. Many people who were caught up in the surgical web spun out from recipients of “at vCJD risk” blood and blood products will need to be managed as if vCJD had been diagnosed. They may also need to accept restrictions on what they can do until we know more, so as not to expose others to potential risk.

*BMJ 2004; 328: 118-119*

### Wet markets whet viruses

According to a US expert, permanent live-animal markets (known as “wet markets”) provide optimal conditions for the zoonotic transfer and evolution of infectious disease agents. The markets allow intermediate hosts for influenza (poultry, pigs), and possibly SARS, to commingle with human contacts. The author said that while wet markets will eventually be phased out — when younger generations no longer prefer live animals for fresh produce — to ban them now would probably drive the wet-market system “underground”, where monitoring would be impossible. Rather, we need to reduce the viral burden in wet markets (eg, by using pandemic vaccines, improving hygiene and sanitation and discouraging the sale of animals caught in the wild).

*Lancet 2004; 363: 234-236*

### Malaria mistreatment

A group of international experts, writing in their personal capacity, have decried the difference between policy and reality when it comes to funding malaria treatment in Africa. They say that although artemisinin-class combination therapies (ACT) are WHO's stated preferred first therapy for malaria wherever *Plasmodium falciparum* is the predominating infective species, WHO representatives are approving funding for other treatments which are often ineffective because of drug resistance. Attaran and colleagues say that such funding decisions, the result of pressure from aid donors, are indefensible: at the very least, they waste precious international aid money and, at worst, they kill patients who have malaria. The authors call for WHO to produce malaria treatment guidelines and to convene a Green Light Committee of independent malaria treatment experts to oversee the financing and supply of drugs — without delay.

*Lancet 2004; 363: 237-240*



### Extreme medicine

The health and human rights implications of non-lethal weapons, of being a prisoner-of-war, of famine relief and of child labour in India are among 28 various topics addressed in essay form in a special supplement, *Extreme Medicine*, published by the *Lancet*. The foreword acknowledges that war, plague and political turmoil inevitably end in individual suffering, which the medical profession attempts to address.

*Lancet 2003; 362: S1-S57*

### Sign language

A road sign depicting a pair of “John Lennon-style” glasses indicates blind people are in the vicinity — if you're driving in the former Eastern Bloc, that is. The equivalent Bangladeshi road sign portrays a stick, while many other countries do not seem to have any such sign, according to UK authors. They engaged the services of British diplomats and consuls stationed around the world to explore how road signs worldwide illustrate the physically disabled and the elderly. Only a few countries (30 of 118) were reported to have signs featuring one or more of the elderly, blind, deaf or disabled categories, and the signs used would not always be clear or familiar to drivers. If signage does improve the road safety of these pedestrians, perhaps an international agreement on the content and style of these signs is needed, the authors said.

*BMJ 2003; 327: 1456-1457*

### Tarred with the same brush

Smoking filtered, very low tar ( $\leq 7$  mg) cigarettes carries a similar risk of dying of lung cancer as does smoking filtered, low tar (8–14 mg) and medium tar (15–21 mg) cigarettes, according to US researchers. Their finding comes from the American Cancer Society-initiated Cancer Prevention Study II, which followed more than 940 000 people, of whom about 25% were cigarette smokers, for six years (1982–1988). People smoking non-filter, high tar ( $\geq 22$  mg) cigarettes were, however, at greatest risk. The researchers said their findings were consistent with evidence of “compensatory smoking”, in which addicted smokers maintain their nicotine intake by increasing the “puff volume”, or the time during which smoke is retained in the lungs, and by smoking more cigarettes. Further, even as tar yields of cigarettes have declined, changes in tobacco curing and blending have increased the delivery of carcinogenic tobacco-specific nitrosamines (TSNAs).

*BMJ 2004; 328: 72-75*

— Dr Ann Gregory, *MJA*