

higher caste yet I stood first in B. Sc. (Hons.) in the University.

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### Organ transplantation

Kidney transplants - or, rather, kidney trade - is very much in the news. We, in the medical profession, have managed to earn Shylockian sobriquets. What Bangalore or Bombay has revealed is but a symptom of a global malady. The whole gimmicky *enfant terrible* is parented by medicine's ignorance of biolaws and arrogance of technocracy.

No sermon on ethics or investigative committee is capable of curing the transplant syndrome. Hope lies in a wider understanding of the biolaws that govern the utility and the futility of any form

of tissue transplant.

The cadaveric transplant program, now on the cards, bristles with almost murderous ethical problems presaged graphically by Dr. Robin Cook' in *Coma*.

What works against any transplant is the unabrogatable individuality of a person, even if the donor and the recipient are homozygous or Siamese twins. Each one of us, as Rene Dubos<sup>2</sup> of the Rockefeller Foundation put it, is unique - unprecedented, unparalleled, unrepeatable. Each of the 100,000 billion cells of a human being is carrying its own sense of self and the ability to recognise the cell of anyone else as non-self. It is this self-consciousness, zealously guarded, that carries the organism, against all odds, through the trajectory of three scores and ten. A human being who is taught not to reject a graft also learns not to reject infection.

Calland<sup>3</sup>, a physician from California, underwent serial transplants and wrote, before his death, an autobiographical

account about his five transplants and a life in hell. Sheila Sherlock, famed for her text *Diseases of the liver* warns in the latest edition of this work that before a liver transplant is considered the patient and the family must be told of the physical and fiscal consequences. Transplantation is a very expensive undertaking, ecologically and economically.

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### References

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