

**BSE: PRIVATE SUBMISSION OF A BOVINE BRAIN BY DR DEALLER**

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**Date:** 10 December 1993  
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*Mr Dixon - AS No. 11*  
*JHA (3.12)*

1. On 22 November Mr Taylor minuted you about a case of suspect BSE where the Department's veterinary surgeons, acting in co operation with the owner's veterinary surgeon, decided to remove the BSE restrictions. This was because in their clinical judgement the animal was not suffering from BSE but another disease with similar symptoms and was responding to treatment. This diagnosis had been supported by blood tests on the cow at the time. The farmer concerned was not pleased with this decision and it appears that following a relapse he arranged to have the animal slaughtered and the head delivered to Dr Dealler, one of our critics on BSE, who subsequently had it examined. He did not report the case to MAFF following the relapse. In addition, if the owner had accepted the offer of voluntary slaughter and subsequent ex-gratia compensation, the end result for him would be confirmation of disease and full payment of compensation.

2. We have not been involved in the examination of these tissues but understand that an independent laboratory in the Leeds area has received brain tissue from Dr

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Dealler and has confirmed BSE. This has been confirmed by a second independent neurologist who, although now retired, had worked at Cambridge Veterinary School and now by one of our own staff. This is unfortunate but we are satisfied that all the veterinary staff acted correctly, and that their judgement was justified by the alternative diagnosis which was supported by laboratory evidence, and the response of the suspect animal to treatment.

3. It is not yet confirmed that the brain tissue which has been confirmed as having BSE, does in fact come from the same cow that the Ministry vets had examined but we are not aware of any other brain tissues having been taken by Dr Dealler and we hope to be able to confirm within a day or two whether it is the same animal. It looks extremely likely.

4. Dr Dealler will no doubt claim that the downturn in BSE cases reflects systematic attempts by the Department to hide the scale of the BSE epidemic by refusing to slaughter every BSE suspect which is notified. This is of course not true. In any case the headline figures which show the 12% decline in BSE are the figures for suspects put under restriction and this cow would have been included in that figure.

5. We are doing research on a biochemical test for BSE in live cattle but this is still at an early stage. At present only post mortem analysis of the brain itself can confirm BSE. Diagnosis based on clinical signs is unfortunately not an exact science and as the Parliamentary Secretary may recall about 15% of all animals slaughtered as BSE suspects turn out not to have BSE. It is therefore not surprising that there are a small number of cases where animals are thought not to have BSE but subsequently are found to have the disease. In the normal course of events most of these animals would not have been slaughtered at the time but returned to the herd and would then have come under restriction again at a later date when the symptoms recurred and became more severe.

6. The animal we are aware of had been put down with an overdose of barbiturate and it was therefore unfit for human consumption. This had been made clear to the veterinary surgeon at the time and we believe that the carcass was collected by the local knacker though this has not yet been confirmed.

7. Dr Dealler will also claim that human health is at risk. However, even if the animal had been slaughtered using methods which would have allowed the carcass to be used for human consumption, there would still have been no risk to consumers. The only tissues which have been shown to be infectious from BSE cattle are the brain and spinal cord and these are among the tissues which have to be removed from all cattle over six months of age under the Specified Bovine Offals ban and cannot enter the human or animal food chain. Nevertheless this is clearly a sensitive issue and Dr Dealler and his associates, including Professor Lacey, will make the most of

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it. I attach a defensive brief which Press Office will clearly need to have ready. One point I must make is that, until the farmer concerned decides to go public on the details of this case, we would normally expect to treat the case details as confidential, which is why the brief is currently phrased in very general terms.



**T E D EDDY**

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