

ALAN M. BLUM, MD  
5115 LOCH LOMOND  
HOUSTON, TX 77096  
\*\*\*\*\*5-DIGIT 77096  
00843  
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# Medical Tribune

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## News Summary



**In-flight radiation may threaten the fetuses of pregnant pilots and flight attendants. See page 2. G. French/FPG**

### Prostate visualized

MRI details prostate for first time. Page 3.

### Seizures and driving

Driving restrictions for epileptics are unwarranted, according to literature review. Page 4.

### Lower erythropoietin dose

One-sixth the intravenous dose of recombinant product may be effective if given subcutaneously. Page 6.

### Neutron therapy

British government agrees to support controversial treatment. Page 7.

### AIDS first-aid fails

Immediate AZT treatment did not stop HIV-1 antibodies from forming in 58-year-old needlestick victim. Page 8.

### Black health-care

Health-care disparities between blacks and whites are "unjustifiable," says AMA council. Page 9.

## Physicians join tobacco issue

### *Health leaders criticize U. S. policy of 'exporting death'*

By Peggy Peck

WASHINGTON, D.C.—The decision by Health and Human Services officials not to send a representative to testify before a House subcommittee examining tobacco exports marked a "major policy change," according to a staff member from the Senate's subcommittee on health and environment, who requested anonymity. That assessment was challenged by several medical

leaders who characterized the decision as business as usual.

In a commencement address at Vassar on May 27, C. Everett Koop, M.D., criticized the policy change, calling it "the height of hypocrisy for the United States to ask Colombians to stop the export of cocaine to our shores when we continue to export an equally addictive drug, nicotine."

"How would we feel if the trade envoy from Colombia used his offices to facilitate the importation of cocaine to this country?"

asked John H. Holbrook, M.D., editor of the U.S. Surgeon General's Report on Smoking. "It's reprehensible for our government to use our trade envoys to try to bully tobacco into various markets. We're exporting disease and death."

On April 5, HHS' assistant secretary for health, James O. Mason, M.D., D.P.H., told the Seventh World Congress on Tobacco and Health in Perth, Australia: "I'll join the chorus of those at this conference who think

it is unconscionable for the mighty transnational tobacco companies—and three of the major ones are in the United States—to be peddling their poison abroad, particularly because their main targets are less-developed countries."

Dr. Mason was scheduled to testify in May before Rep. Henry Waxman's (D-CA) Subcommittee on Health and the Environment, which was considering the issue of tobacco exports. But he never did testify. Instead, Dr. Sul-

livan wrote a letter to Waxman dated May 17. "It is my understanding that your subcommittee is dealing with an issue primarily relating to export policy," he wrote.

"Therefore the testimony from a United States Trade Representative official is most appropriate."

On May 24, Dr. Sullivan reiterated to a Senate committee that tobacco use is a health issue "domestically."

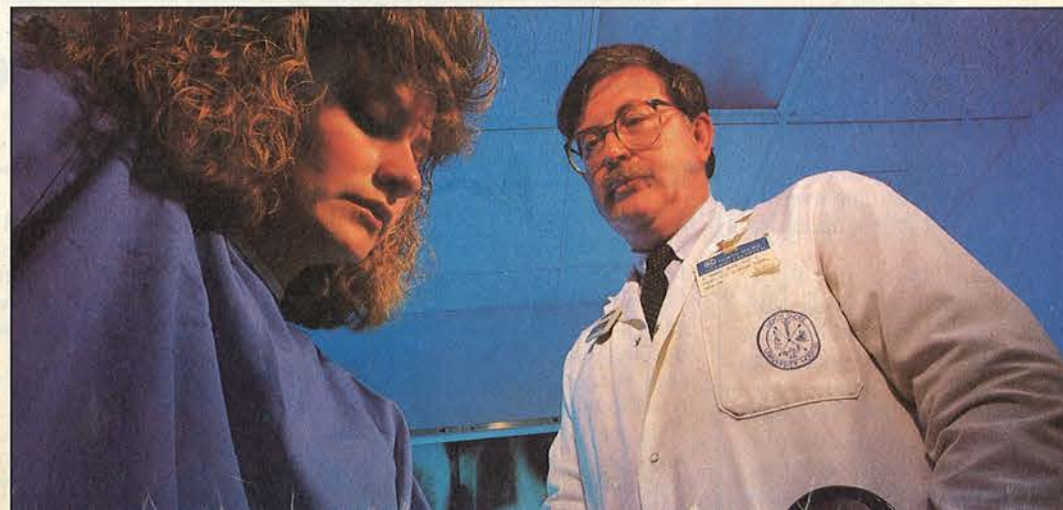
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## Two insulin delivery advances

By Nathan Horwitz

NEW YORK—Two innovative drug delivery systems—a portable glucose sensor attached to an insulin pump, and an electrically powered transdermal patch—have been developed at the University of Michigan and Cornell Medical College.

Weighing less than one pound, the sensor-pump is small enough to be worn on the forearm in a standard fracture splint, according to Stuart Updike, M.D., professor of medicine at UM, Ann Arbor. It can be powered by batteries or a standard electric outlet.



## Impotence Rx improved

NEW ORLEANS—Men who treat their impotence with papaverine and phentolamine injections may be able to avoid fibrous plaques, according to urologist Alan Bennett, M.D., Albany Medical Center. The smooth-muscle relaxant and vasodilator have gained favor as an alternative to implants.

At the American Urology Association meeting here, Dr. Bennett reported 0 of 111 patients who added prostaglandin-E1 to that combination for an average of a year had developed fibrosis.

He credited mixture's higher pH and lower volume (1/4 cc vs



# In utero surgery advancements

"The fetus must now be viewed as a patient," said pediatric surgeon N. Scott Adzick, M.D., whose team performed the first successful repair in utero of two cases of fetal diaphragmatic hernia. One baby was born last August; the other in March, and both are developing normally. Six prior attempts to correct the congenital malformation failed.

The surgical feat, carried out at the University of California at San Francisco and reported in the *New England Journal of Medicine*, "is a formidable undertaking; it requires an immense background and a lot of work just to become facile in the technical procedures." Before performing their first clinical repair of fetal diaphragmatic hernia, Dr. Adzick and his colleagues conducted two other early clinical trials in open fetal surgery:

- Decompression of fetal urinary tract obstruction in a case where both kidneys were blocked and resection of a sacral coccygeal teratoma. "It

was a failed attempt; the mother had gone into premature labor, and the baby was too premature to survive."

- Most recently, the team performed its first open fetal surgery to correct a benign fetal lung tumor, a cystic adenomatoid malformation—which, like the diaphragmatic hernia, suppresses development of normal lung tissue. The study remains unpublished.

"Our first and foremost consideration, throughout our decade of studies, was not to injure the mother's reproductive capacity," said Dr. Adzick. "She is a kind of innocent bystander."

He is of two minds about the team's call for randomized clinical trials to test the \$16,000 procedure. "I count myself as an enthusiast; on the other hand, six of our first eight operations were failures. There are some tough ethical issues to deal with here." He said the team may apply to the National Institutes of Health for ethical input.



Nine-month-old, after successful hernia surgery, held by his father; a member of the surgical team points out technical aspects. AP

# Policy shift criticized

*Continued from page 1*

Indeed, the domestic impact is considerable. In 1989, according to the U.S. Department of Agriculture, tobacco products represented a \$4.2 billion trade surplus in this country.

In a letter to Dr. Sullivan, Waxman wrote indignantly, "It would be unfortunate if your commitment to combat the dangers of tobacco use, domestically and internationally, were undermined by economic considerations."

Commenting on HHS' shift from Dr. Mason's April 5 declaration of a "global war" on tobacco, American Medical Association Trustee Lonnie Bristow, M.D., said he was sympathetic to the political problems faced by federal employees. "We had a remarkable exception in . . . Dr. Koop when he was Surgeon General because of his courageous stands, and you saw what happened when a new administration came in: his services were no longer needed."

## MDs are angry over tobacco exports

Medical Tribune asked prominent physicians to comment on the country's exportation of tobacco products. The following are three responses:

Charles P. Duvall, M.D., president of the American Society of Internal Medicine: "We have to have a consistent health policy; we are contributing to the adverse health of the world."

Lonnie Bristow, M.D., trustee, American Medical Association: "In this country, using the full influence of our State Department to export tobacco . . . should cause any American concern."

Sidney Wolfe, M.D., director, Public Citizen Health Research Group: "There's no justification for the export of tobacco. It's selling death."

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## Alcoholic gastritis

One of the most common presenting symptoms of the alcoholic is severe gastric pain, according to Nicholas Pace, M.D., director of Manhattan's Pace Medical Services. More than half of newly referred patients have alcoholic gastritis or colitis, said Dr. Pace.

"Medically, they do well—provided they stop drinking," he commented.

If the new patients have symptoms of gastritis, they're usually started on a diet, antacids, and an H2 blocker, explained Dr. Pace.

Since some of the H2-inhibiting drugs may cause persistence of elevated blood-alcohol levels, Dr. Pace added that "we emphasize the importance of total abstinence." He