Drugs

Diethylpropion, phentermine, and *chlorphentermine* are derivatives of amphetamine. They reduce appetite by enhancing release of noradrenaline but are likely to cause some sleeplessness, nervousness, irritability, dry mouth, palpitations, and increase of blood pressure. Best taken before time hunger is expected.

Fenfluramine acts when metabolised to norfenfluramine (but this conversion is variable); it potentiates serotonin in the brain. Side effects include drowsiness, nightmares, and diarrhoea. Dose: start with 20 mg three times a day and work up according to patient's response.

Anorectic drugs at present available are an optional extra to support behaviour modification and diet in some patients with moderate or gross obesity, particularly those who are persistently troubled by hunger on a reduced food intake. They are not justifiable for mildly overweight people because they have side effects, occasionally severe.

Diethylpropion (Tenuate) and phentermine (Preludin) are examples of the larger group. They reduce appetite, but tend to be sympathomimetic stimulants. They can be useful in a depressed obese patient and, being short acting, can be taken intermittently.

Fenfluramine (Ponderax) works in a different way: it increases satiety, takes days for its effect to develop, and the dose needed varies from patient to patient. Continuous treatment is advisable also because rapid withdrawal can be followed by depression.

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Letter from . . . Chicago

Bad for business

GEORGE DUNEA

Depending on your perspective you could think of 1985 as the year of the grasshopper, of the turtle, or of the salmonella. An infatuation with numbers could easily tip the scales in favour of the grasshoppers because there are millions and millions out there in the west, just breeding and hatching and feeding in the dry heat. It is one of the worst infestations in American history. There is a joke going around that if you have a funeral for one million grasshoppers you get five million mourners. The war is a difficult one; even the old second world war fighter airplanes have been recalled into action for the spraying; and the already financially strapped farmers worry about the cost of all this and hope that the Malathion will not destroy their valuable honey bees.[1]

Others, however, worry about the turtles.[2] They compare America's exporting of four million pet turtles each year to the dumping abroad of pesticides, obsolete drugs, and toxic wastes. They propose a turtle ban and turtle free zones, arguing that we should not be disseminating salmonellosis to the children of the world. They also worry that some of the salmonella could be reimported to our shores in some delicious morsel of exotic food or, worse still, that they might waylay us as we go touring abroad. So far the industry's efforts to produce a salmonella free turtle have failed; and many turtles perversely continue to harbour the various cousins of this wonderful family: typhimurium, muenchen, java, oranienburg, and others with equally catchy touristy names. Of these we had most experience in Chicago with *Salmonella typhimurium*, because in April some 16 000 people became ill when a malfunctioning valve in a dairy plant allowed raw milk to contaminate the pasteurised product. Then in June the salmonella struck again in Chicago. This time the culprit was *Salmonella agona*, and more than 350 people became ill after eating improperly heated corned beef at their favourite delicatessen store. The owners derived scant comfort from the investigators' finding that the coleslaw was pure, the lox and bagel above suspicion, and that even the potato salad was given a clean bill of health. Yet it was all terribly bad for business, having to shut down the store while health inspectors scoured the country for tainted food workers and guilty cows.

Yet it all worked out all right; and with the installation of a new "state of the art" corned beef heater and the crowds flocking back for the new Sabbath we can go back to worrying about AIDS because there were as many cases of it in the first six months of 1985 as during the whole of 1984. Less alarming was a recent local outbreak of red eyes, cracked lips, peeling hands, and strawberry tongue among children under 5. No—it was not scarlet fever—it was Kawasaki syndrome. No deaths occurred, no "artery problems that in 20% of people may lead to heart attacks." For tourists, on the other hand, there were warnings that alcohol might not effectively kill off the bacteria frozen in the ice cubes that travellers in Mexico and elsewhere like to add to their tequila or scotch; and microbiologists have isolated not only *Escherichia Coli* and shigellas but also *Salmonella typhimurium*.[3] Even more infectious are lion and tiger bites, which in Kenya as well as in Vancouver have caused severe systemic *Pasteurella multocida* sepsis.[4] And there was also the outbreak in the Hispanic community in California of an illness contracted by eating a popular, soft and mildly flavoured Mexican style cheese, which is used mainly in cooking. Some 70 people came down with flu like symptoms, and there were 29 deaths or stillbirths attributed to *Listeria monocytogenes*. The owners of the factory declared that they were "devastated," but could not explain how the bacteria had got into the cheese.

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Cheese was also the initial suspect in an emergency room in Chicago, when a patient came in complaining of what looked like food poisoning. Then another man was brought in by ambulance because he had fallen in the bath and cut his head. Luckily an astute medical officer happened to notice that both patients had the same address, and she ordered a carbon monoxide level. It was high, and the fire department arrived at the apartment building just in time, because at least 16 people were already groggy from inhaling the gas leaking from a faulty furnace.

Less fortunate was the 61 year old immigrant Polish factory worker who in 1983 died from inhaling cyanide on the premises of Film Recovery Systems, a defunct company once located in suburban Chicago. In the ensuing court case the prosecution presented evidence of totally unsafe working conditions. It was claimed that the employees, most of whom spoke no English, had been ordered to scrape off the skull and crossbones warnings from the cyanide containers; they were allegedly not even told that cyanide was dangerous. Symptoms of nausea and vomiting among the workers were repeatedly shrugged off; and no antidote was kept on hand at the factory. In June this year, in a non-jury trial, the judge ruled that the man died from the cyanide and in an unprecedented decision found three officials of the former corporation guilty of murder. While the three stunned men, facing sentences of 20 to 40 years in prison, announced that they would appeal against the decision, the reactions elsewhere were mixed. Some hailed the decision as a legal landmark, a clear message to industry that employers who knowingly expose workers to dangerous conditions will be punished. Others thought that "involuntary homicide" or "manslaughter" would have been a more appropriate verdict, especially in a state that does not even distinguish between first and second degree murder.

Karen Quinlan's slow death

There had once been another legal landmark, we remembered this June, as the news came that 31 year old Karen Ann Quinlan died from respiratory failure and pneumonia after 10 years of coma in a nursing home. It has been more than nine years since I reported how the 21 year old woman had become comatose after mixing alcohol and tranquillisers at a party, how the judge had ruled that she should be allowed to die "in grace and dignity," but how she continued to breathe after the respirator was turned off. Yet this was merely the beginning of a still continuing debate, culminating in the thoughtful analysis from the Presidential Commission on Ethics of what to do with the patient who is incompetent or cannot communicate. Acting on the commission's recommendation, many hospitals have set up ethics committees, but the legal issues remain unclear and fears of liability or even criminal prosecution persist.

To the problem of stopping treatments, disconnecting respirators, and issuing "do not resuscitate orders" there is now added the issue of tube feeding the terminally ill. Karen Quinlan, for instance, was fed through a nasogastric tube until the very end, even though there was no hope of recovery. At present some 10 000 other irreversibly comatose Americans are maintained in this way. Last January the supreme court of New Jersey refused to distinguish between disconnecting respirators and stopping tube feeding when it allowed both to be withdrawn from a dying patient. Yet further legal precedents will be needed before doctors will feel safe that they will not end up in criminal court, ethics committees notwithstanding. Nor are some of the guidelines recently issued by state medical societies completely unambiguous and reassuring. But already the dialogue has moved further, and inevitably some people are asking, on this tenth anniversary of the Quinlan case, if there is not a more merciful way of dealing with the irreversibly comatose patient.[5] "Can't we put my mother to sleep now that she is 90, comatose, lying on her side with legs drawn up in the fetal position?" recently asked Mr Alan L Otten in the *Wall Street Journal*, sure in his mind that if his mother could speak she would agree.[6] But judging from the replies to his articles, the resolution of this difficult problem may be several generations away.

Mistakes by doctors and lawyers

Another issue receiving publicity this year was that of doctors making mistakes. Several incidents were recently exploited by a publicity seeking press only too happy to capitalise on a certain prevailing mistrust in the medical profession; and perhaps modern "marketing" must share the blame for dispelling the once well understood notion that medicine is an imprecise art and that doctors are only human. So there was a resident in a teaching hospital, attending a relatively hopeless case, who wrote an abbreviated order for potassium to be given by "intravenous piggyback." Inexplicably the nurse interpreted this as "intravenous push," and injected the drug into a central venous catheter with predictable results. In the same month a 64 year old photographer had a malignant tumour removed from the orbit, a procedure during which cerebrospinal fluid is routinely withdrawn and later reinjected to detect leaks through the frontal bone. When the patient became hypotensive after the reinjection, it was discovered that the anaesthetist had inadvertently filled up the syringe from an unlabelled jar of glutaraldehyde in which the removed tissue was to be placed. Almost in the same week, in a similar mix up, a pregnant woman with lymphoma was irreversibly paralysed from the neck down when a house officer injected a cytotoxic drug into the spinal canal instead of a peripheral vein.

Yet even the law can make mistakes, some quite final and irreversibly, which is one reason why many people oppose capital punishment. But this year in Chicago there was great excitement when a young woman suddenly came forward saying that she had lied eight years earlier when she had accused a young man of raping her. She had merely wanted to cover up an affair with her boyfriend, she said, because she was afraid of her parents. For the newspapers the whole thing was like a new lease of life. For the young man, who had already languished in jail longer than most modern rapists, this meant release, but then the judge said that he had to send him back to prison unless a new trial was held. Under public pressure the governor intervened and held his own hearings. He then adroitly wheedled out of this one by declaring that the man was still guilty, but invoked "mercy and compassion" and commuted his sentence to the term that he had already served, thus effectively setting him free. But it was also recalled at the time that during the original trial the jury was quite divided. Much of the prosecution's evidence had been based on the finding of one pubic hair, which apparently could not have belonged to the boyfriend but was "not dissimilar" to the convicted man's. It just shows how slender is the thread on which man's destiny may hang.

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A 30 year old sensible, intelligent woman appears to have a hypersensitivity to garlic. Its presence in any dish makes her violently ill, sick, and giddy for the next four or five hours. What might be the reason for this?

In the absence of lip swelling, tingling of the mouth, skin reactions, or other features suggesting an immediate allergic reaction it is not possible to be dogmatic in excluding a psychological reaction. The story, however, suggests a specific food allergy—in which case this should be demonstrable by showing that a weal develops after putting a drop of dilute garlic solution on the skin and pricking through it with a needle. If it is difficult for the patient to avoid garlic some recent evidence suggests that oral desensitisation may be possible, starting with very high dilutions of garlic.[1]—M H LESSOF, professor of medicine, London.

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