

Letter from . . . Chicago

Hunger

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Last night I dreamt that I held hands with an enormously fat woman on Michigan Avenue. We were links in a chain of five million people who joined "hands across America" from New York to the Queen Mary's dock at Long Beach to raise money for the nation's hungry. The woman, who weighed 300 pounds, was angry at Mr Reagan for saying that the only hungry people in America were those who did not know what was available through government programmes or charitable institutions. Martha could not disagree more strongly. She was *always* hungry, she said, but also knew where to find food. She was pleased that Mr Reagan later changed his mind and joined the crowd to sing "America the Beautiful." She had been beautiful herself, she said, and she often changed her mind, which is why she had dropped out of Weight Watchers to wage war on hunger. She kept eating potato chips with great gusto, tugging at my arm at the same time. She tugged so hard that I woke up, pleased to find that Martha had vanished.

To make sure that she had gone I went downstairs to join the human chain. It was a happy event; everybody was laughing, feeling good, and acting friendly. A few people were fighting hunger by selling hot dogs. Others were distributing commemorative T shirts at inflated prices. Back in my study I found in the newspapers that even cynical reporters had nice things to say, though a few questioned the seriousness of the whole affair. One reporter had gone to the city's schools to look for hunger but had found waste instead, the garbage cans filled with hot dogs and fruit that the students had thrown away. It was the same everywhere she visited except for the new Japanese school, where each student brought a plastic box filled with small portions of delicate seaweed, broccoli, pickles, rice, and slices of orange—all of which were meticulously eaten so that nothing was thrown away.

Finding that hunger was less of a problem than garbage disposal, I turned to my other clippings. One item said that infants who drink tea may become anaemic because tea interferes with the absorption of iron from milk and vegetables. Another reported that the carbohydrates in pasta and potatoes inhibit competing proteins and raise serotonin levels, which may account for the Italians and Irish having much lower suicide levels than the Germans and Scandinavians. In Chicago a psychiatrist gave identical looking capsules to 23 patients and found that wheat and milk increased anxiety, irritability, and depression, whereas chocolate and placebo did not. This was sweet news for chocoholics but was taken with a grain of salt by sceptics. Some were even more sceptical about people taking vitamin supplements.

Reappearance as a dietician

At that moment there was a sudden knock at the door and Martha reappeared. She was a trained dietician, she said, and had

specialised in what she called supplemental nutrition. Everybody needed supplements, she explained, or they would end up being hungry even though they did not know it or show it. Why else, she continued, should the people be standing out there on Michigan Avenue? Didn't I know that millions of people suffered from vitamin deficiency? Then she vanished again so I began to read the recent warnings about the dangers of vitamin abuse. Some 5-10% of Americans take vitamin megadoses, it seems, in the hope of preventing cancer, osteoporosis, or senility. Promoted by manufacturers who have been likened to the snake oil salesmen of the 1880s, vitamins may cause neurological damage from pyridoxine, renal stones from ascorbic acid, and liver disease from vitamin A.

Yet nutritional deficiencies do exist. In China, for instance, at least 62 giant pandas have died of hunger since the arrow bamboos, the only food they eat, have withered. Fewer than 1000 giant pandas are left in their 30 000 square mile habitat in Shaanxi, Gansu, and Sichuan provinces, and it may take years before newly planted bamboos will grow tall enough to become food for pandas. Nobody knows if 45 million Chinese will link hands on National Panda Day to sing "China the Beautiful" and contribute two coins each to defeat panda hunger. Nor are hundreds of thousands of feathered creatures likely to form a chain across South Africa, even though they account for most of the ostrich skin and plumes in the world. Yet these 300 pound birds that cannot fly can run at speeds of 50 miles an hour, can go without water for a month, and will eat anything but prefer vegetarian fare. Contrary to popular belief, ostriches put their heads in the sand not because of psychological problems but because they are hungry and are looking for food. Also hungry are many medical students around the world, not for food but for skeletons to learn anatomy, especially since the Indian government has banned the export of some 15 000 full skeletons and an additional 50 000 skulls each year. Good substitutes are hard to find, plastic skeletons being inadequate because they do not show fine details. So rumour has it that unemployed terrorists are switching their profession, relocating from discos to morgues and from airports to cemeteries, to take up the time honoured occupation of body snatching.

At the mention of body snatching a ghostly Martha came straight out of the picture hanging in my study—from under the wig of the Earl of Godolphin, a survivor in many ministries down to that of Queen Anne—which I had bought at a local Dickens fair for \$30. "I know you are a doctor," she said, "so why don't you stop writing about ostriches and tea and get down to some gory operations?" "I am a physician," I said, "what you might call an internist." But my mind went blank and my attention shifted to an article quoting an old saying that "they make wine even from grapes," let alone from sorbates and sulphites preservatives, the egg white and fish glue that clear the wine, gum arabic, tartaric, citric, and malic acids, the silicone dioxide defoamer, the hydrogen peroxide bleach, the chemical that gives cheap wine an oak flavour, the ethylene glycol that causes renal failure, and whatever chemical made Martha come and go through Godolphin's portrait.

"If you won't write about gory operations," she said, "why don't

you mention the hospital that mixed up the two babies in the nursery so that each mother breast fed the wrong baby for two days? Or how about the neurosurgeon sentenced to live one month in one of the squalid tenements he rented out to poor people?" she pleaded. Indignant, I almost threw my inkstand at her, but then realised that I had not possessed one for 30 years. Moreover, when I looked up I saw only the serene face of Sidney Godolphin.

Differing views on attacking cancer

I hurried on with my work. I wrote about how the Wisconsin legislature at last voted to raise the drinking age to 21 to end "border hopping," silence protests from neighbouring states, and avoid the loss of \$12 million in federal highway funds. I noted that in Illinois a cancer registry had uncovered some cancer "hot spots"—clusters of oesophagus, breast, and bladder cancers in the north of the state, clusters of pancreatic, lung, and uterine cancer in the south, and clusters of leukaemia, lymphoma, and colon or rectal cancers throughout the state. About half of all cancers are preventable, writes a Wisconsin scientist, suggesting that we should worry less about the 5% of cancers caused by industry and more about the 30% caused by smoking. Another scientist thinks that the "War on Cancer," launched with so much fanfare by President Nixon 15 years ago, has been a failure and that we should spend less on treatment and more on prevention. Meanwhile surgeons are transplanting patches of stomach mucosa to cover areas denuded by oral cancer; they are reanimating faces by transplanting muscles with attached nerves to patients with facial paralysis—so called "smile transplants"—which cost some \$20 000 but are said to be successful in 75-95% of cases.

Moving on I noted how fish oil may prevent atherosclerosis, perhaps by changing the thromboxane and prostacyclin ratio, and apparently vindicating generations of mothers who had poured cod liver oil down their children's throats. How a report from Honolulu suggests that heavy drinkers have three times as many haemorrhagic strokes, especially subarachnoid bleeds, than abstainers, but nobody knows why. How a man who had vanished 15 years ago because of amnesia and taken a job under a different name in another city suddenly recovered his memory after bumping his head and surprised his wife by turning up on Christmas Day. How more doctors were joining unions to negotiate better terms with prepaid plans and government institutions. How the tobacco lobby in Illinois successfully defeated two antismoking Bills, one raising

taxes, the other forbidding smoking in public places. How officials wanted to ban the sale of all capsules, to prevent further tampering, but how for the time being the panic about cyanide poisonings had died down. How one snake is better than two in that in Rochester the medical school has dropped the caduceus as its official seal because it represents Mercury, the patron of gamblers, thieves, traders, and messengers, choosing instead a single snake curled around the Aesculapian staff. And how a Gallup poll has found that doctors and clergy are still considered by Americans to be the most prestigious professionals, followed by college professors, lawyers, executives, teachers, and politicians.

At this stage I tried to approach tactfully some topics that might be covered under the rubric body contour. I thought that I should mention how hospitals and doctors are making up for lost income by diversifying into the fitness business and setting up health clubs. In what Ivan Illich would have deplored as unnecessary medicalisation, they have people exercise while hooked up to monitors and conduct postpartum and back care classes as well as providing saunas, pools, running tracks, and exercise machines. The latter are also increasingly being used in the home, constituting a \$1.2 billion a year industry. Yet they must be used with care because people have been impaled by the seat post of their exercise bicycle, lost their sight from being hit in the eye by stretching devices, or broken their necks from falling on their head while hanging upside down from a bar. Then there are people who try to lose weight by swallowing plastic bubbles that fill up their stomach so that they don't feel like eating. In New York obese people can hire a Fat Squad that for \$300 a day will monitor their every move night and day, intervening promptly whenever their client approaches the refrigerator or pantry, conducting searches and confiscating unapproved food, and even using a reasonable amount of force if needed during the time specified in their contract.

I also wanted to write about the man who had lost 300 of his 850 pounds in nine months by living at an international health institute in the Bahamas on a diet of fruit, vegetables, vitamins, and flower pollens. But this was the last straw for Martha. Trembling with fury she flew out of the portrait, grabbing my pen so that I could not finish the story. I barely escaped by quickly stepping aside, and had no choice but to get away through the very route she had come in by. I spent an uncomfortable night hidden under the wig of the Earl of Godolphin, Viscount Rialton, and Knight of the most Noble Order of the Garter, while Martha—sitting at my desk surrounded by bags of potato chips and bottles of Coca-Cola—prepared the final version of her monograph on "Hunger."

Does the close viewing of television carry any hazards?

There is no evidence that sitting close to a television set to view it is harmful to the eyes. Indeed, elderly patients, particularly those with senile macular degeneration, are able to see and enjoy television better by sitting close to the screen. This is because the size of their central scotoma diminishes proportionately with the area of the television screen.—B A NOBLE, consultant ophthalmic surgeon, Leeds.

A 13 year old girl had a right hemicolectomy two years ago for infarction of the bowel which resulted from a caecal volvulus. Her recovery was uncomplicated but she has suffered frequent urgent loose motions up to six or seven times daily ever since. They may occur at any time of day or night, and she may occasionally pass some mucus. Otherwise she is well and her physical development is normal. What is the explanation for her symptoms and what diet or treatment is advised?

Several factors contribute to diarrhoea after hemicolectomy—the reduction in length of the ascending colon "reservoir," the loss of the ileocaecal valve, and sometimes removal of the terminal ileum. If much terminal ileum is lost there may be some spill over of bile salts into the colon which encourages diarrhoea, or bacterial contamination of the terminal ileum (because of the absence of an ileocaecal valve) may lead to bile salt deconjugation with the same effect. There is a trend towards spontaneous improvement as intestinal adaptation occurs. Simple treatment is often effective; a hydrophilic colloid

(methyl cellulose, isphagula) and drugs to delay intestinal transit (codeine phosphate, loperamide) are often sufficient, but the size and timing of doses has to be experimented with. If this is unsuccessful then the problem of bile salt diarrhoea may be assisted by regular aluminium hydroxide by mouth or more specifically the resin cholestyramine (as Questran). Dietary change is unlikely to help unless malabsorption is severe. If these therapeutic experiments are unsuccessful then more detailed investigation of ileal function should be carried out.—JOHN R BENNETT, consultant physician, Kingston upon Hull.

A patient has severe Reiter's disease with psoriasis and polyarthritis. His polyarthritis has responded favourably to treatment but he still presents obvious stigmata of arthritis in his hands, wrists, knees, and cervical spine. He has to drive a car. Should he notify the vehicle licensing authorities in Swansea about his polyarthritis?

A licence holder is required to notify any disability "which is or may become likely to affect your fitness as a driver unless you do not expect it to last for more than three months." If, therefore, the patient's present condition does not impede his handling of a car (including the use of the mirrors) then the decision whether to advise notification to the DVLC depends on the likelihood of relapse. If there has already been more than one attack notification is advisable.—P A B RAFFLE, former chief medical officer to London Transport, Banbury.