Letter from . . . Chicago

Not an offer to sell

GEORGE DUNEA

Some people would rather allow Don Giovanni to teach ethics to young schoolgirls than approve of doctors advertising. Yet even the commendatore's statue might shed a tear at the story of how Lincoln was saved by a radio show announcing a new cardiac programme. Once a mere listless shadow of himself, Lincoln was thought to have leukaemia and had been given only a few months to live. At the new heart centre, however, he was found to have complete heart block and received a lithium powered pacemaker to keep his heart rate from falling to below 130. This was as high as the pacemaker could be set but apparently was adequate, even though the normal heart rate should have been 180 to 200 a minute. For the patient was an 11 year old Siamese cat, the second in the world ever to receive a pacemaker. Presumably the surgeon was relieved that Lincoln did not follow more closely the Chinese calendar and turn out to be a fierce tiger (1986), a swift hare (1987), a fire breathing dragon (1988), or a boa constrictor in the year of the snake (1989).

Another advertisement, this time in a financial newspaper, warns about the dangers of mixed angina. This deadly disease you may unwittingly be carrying in your bosom while pointlessly still worrying about the worth of your portfolio. "Do you suffer from mixed angina?" asks the advertisement from this drug company with good earnings and a popular calcium blocker. Its tones are reminiscent of the old "do you suffer from hidden hunger?" Night starvation they also called it in the 1950s, a fearful illness, almost impossible to diagnose, yet quite easy to treat. All it took was a cup of the milky brew from the company sponsoring the advertisement. But now any executive can recognise mixed angina, even though the illness cannot be found in most cardiology textbooks. Hence the useful questionnaire in the advertisement. Do you get it at rest, at night, during sleep, at specific times of the day, under emotional stress, when your stocks are crashing, when the bears are rampaging on Wall Street? Does the pain radiate to the jaw, to the shoulder, to the wallet? Does it feel like indigestion, worse when the value of your shares declines below their 20 week moving average? Is it worse when the quarterly dividend is omitted and the price falls below book value? Then you must see your doctor, who will advise you what to take, what to do, how to diet, when to sell short, or tell you to have another cardiogram. But you must help him, for you and your doctor are partners in health care, and only he can prescribe the correct calcium blocking antispasmodic. Take only as directed—this is not an offer to sell—write and we will send you a prospectus. Your doctor will advise. Please also note that our company's research effort spans thousands of years, that our antispasmodics helped Nebuchadnezzar when he turned vegetarian, John the Baptist when Salome cured his migraine, and Atilla the Hun when he brought up an immense amount of blood on his wedding night. Nocturnal exsanguination those wretched Huns called it, confusing the symptoms of night starvation with hidden angina. But now there is a new partnership in health care, so visit your kindly general practitioner and ask him for our antispasmodic. It does, of course, have 200 unwanted side effects, so take only as directed (sorry, the legal department always makes us put this one in). And do write for a free prospectus. This is not an offer to sell—we emphasise—the wretched lawyers again, but pay no attention.

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Change of heart from the AMA

Advertisements are at their best, however, when they illustrate the serene joy that beautiful people, generally of opposite sexes, experience when they smoke their favourite brand of cigarettes. They may puff away on a sandy beach, in the Rocky Mountains, on a ranch, in space, or on the porch of their million dollar house. For here is life as we all deserve it, for we, too, can become beautiful people. Too bad about the blurb on emphysema and lung cancer, which the old fogies put in to spoil our fun—but then it is only in small print anyway, so why worry. But now the American Medical Association wants to take down all the posters of beautiful people smoking, kill the golden goose that sponsors sports events and gives away free cigarettes, and raise the minimum age for buying tobacco to 21 years. It wants to increase taxes to 32 cents a packet, which would place smoking outside the reach of some four million beautiful people. It also wants to ban vending machines, stop subsidising the tobacco farmers, forbid smoking in public places and on public transport, have even more terrible warnings on our beautiful packages, and urge insurance companies to offer discounts to non-smokers. It even wants to denounce advertisements that it thinks are misleading.

How did it come to all this? Not so long ago the AMA owned tobacco stocks and its officers grew tobacco on their luxuriant farms. It did not come without controversy. But now the AMA chiefs are selling their plantations, the house of delegates has approved an antismoking platform, and everybody talks about a smokeless society by the year 2000. Most controversial, however, is the plan to sponsor legislation banning the advertising of cigarettes in newspapers, magazines, and on posters. Fifteen years ago the government, exercising its regulatory mandate, banned such advertising on radio and television. But to meddle with the industry's $2 billion a year advertising campaign may be going too far. It could also be an interference with free speech as guaranteed by the constitution.

Yet public opinion did not seem to be unduly incensed by the AMA's proposal. After all, wrote some readers to the newspapers, people are weak in the "self will" department; the kids should be given a fighting chance; ordinary folk are tired of being pushed about by the giant corporations. Why worry about acid rain and emission controls if we are to do nothing about smoking? The public, according to two surveys, is also somewhat unperturbed by the prospect of a higher cigarette tax, some three quarters of the people surveyed supporting it as a way of saving lives and balancing the budget. Yet there were grumbles when a Chicago hospital announced that it would henceforth hire only non-smokers, expecting new applicants to sign statements saying that they

understood that smoking at the hospital or even after work would be grounds for dismissal. "They want to run your life," commented some employees, questioning how much authority employers should be allowed to exert over their staff. But it was also pointed out that airlines monitored the weight and appearance of their flight personnel and that a health spa would not be expected to hire a person so fat as to go against the image that it wanted to project. The American Civil Liberties Union thought that the hospital's policy was discriminatory but was not going to fight it. Others said that this was merely grandstand play by the hospital. The president of the Colorado based GROAN Organisation ("growing resentment over antifreedom noises") was indignant.

Lower socioeconomic phenomenon

Yet this is but one of the many actions resulting from a growing awareness that each year 350 000 Americans die because of cigarette smoking. Despite protests that the relationship between tobacco and illness is statistical and not causal, the doctors have largely accepted the evidence and have become active in alerting the public through information, advice, propaganda, and example. Few doctors still smoke, and many executives and professionals have also given up, so that smoking is becoming a lower socioeconomic phenomenon. Though much progress has been achieved through education and public pressure, the legislators have not stood still. Some 13 states and over 100 communities now mandate non-smoking areas in restaurants. Several Bills to ban smoking in public buildings, schools, and elevators have been signed into law. There are strong pressures to end subsidies for tobacco growers, unfortunately at a time of great distress for farmers in general. Tobacco growers would have trouble in starting other enterprises. The American Cancer Society wants sports organisations to stop accepting support from tobacco companies; many hospitals have banned smoking and have removed vending machines; doctors often display "thank you for not smoking" signs in their waiting rooms; and several corporations have also forbidden smoking on their premises. Medical journals have devoted special issues to the hazards of smoking, emphasising among other things that for the first time this year more women will die from cancer of the lung than of the breast. The AMA is continuing its crusade, some of its delegates recently declaring that they were "on a roll." The new president of the American Public Health Association wants an all out effort to eliminate the "brown plague."

Yet many doctors were disgusted by lawyers filing liability suits against tobacco manufacturers for selling products that had allegedly harmed their clients' health. Supporting this move were antitobacco activists who hoped that filing thousands of suits would discourage smoking by driving up the price of cigarettes to $4 a packet. Commenting on this approach one doctor advised that at a time when the practice of medicine was being threatened by these "parasitic predators that call themselves trial lawyers—we should wash our hands of this destructive nonsense now and forever." So no tears were lost when a Californian court rejected the claim on behalf of a patient with lung cancer and emphysema, reportedly so addicted that he smoked till he died, even though periodically he had to leave his oxygen tent to take a puff. It was also noted that the plaintiff's lawyer was the man who had flown to India after the Bhopal disaster to drum up business in the form of suits to be filed in the American courts.

Nor has it passed unnoticed, while the dangers of tobacco cannot be denied, that an antismoking campaign is just the kind of stuff that would appeal to the crusaders, moralists, prohibitionists, and other bigoted members of society. To eradicate smoking, a habit that has become so much part of our society, cannot be easy and will take decades. It would cause enormous economic hardships to many segments of our society unless acceptable alternatives were to be found. Furthermore, it *was* glamorous. Who can forget the excitement of puffing on your first cigarette as a teenager? It is indeed unfortunate that smoking has turned out to be so harmful. People are weak willed, nervous, and fidgety. They need to do something with their hands and they need to do something to assuage their mouth hunger. "An inexpensive way of maintaining a sense of inner control for people who lack it," contends one psychiatrist. At least, as one doctor recently suggested, we should avoid a moralistic attitude and try a lighter, more relaxed therapeutic approach—it may work just as well. In closing, I note an item about a woman who wanted to get rid of all the insects from her house in Las Vegas. Having previously tried two cans of bug spray without success, she thought that using 15 cans might do the trick. It did—especially when the cloud of bug spray was ignited by the pilot light on the kitchen stove. The explosion shattered the windows, blew off the roof, and set back the ideal of a smokeless society by at least a few days.

Why is it necessary for a woman to take additional precautions when changing from one type of combined pill to another?

So far as I am aware, there is no suggestion that extra precautions are necessary when switching to brands with similar or stronger biological activity. It is the existence of anecdotal reports of conceptions at the time of transfer to a weaker brand that explains the recommendation either to take extra precautions for 48 hours or to follow the better alternative advice mentioned below. The hypothesis is that a rebound surge of luteinising hormone may result from the lowered level of artificial hormones and lead to ovulation—coming as it would after the pill free week, which is when some women have a pronounced return of follicular activity.[1] It is presumed that there would be no continuing problem in later cycles, since accommodation would then occur, to sustained use of the weaker pill. It is difficult to believe that this can be important for most such transfers between modern formulations. Pregnancies are rare, for example, with the triphasic brands Trinordiol/Logynon and Trinovum; yet, on a regular basis, the use of these entails dropping from a stronger formula just before to a weaker formula for the phase immediately after the pill free week. Probably the problem relates to some rare individuals and primarily to large reductions in oestrogen or progestogen dose, or both.

Not knowing whether our own patient is one of the rare individuals, a prudent and simple solution to avoid the unpopular advice implied in the question is to instruct the woman to transfer directly to the weaker pill brand, with no break between packets. She should be advised that she may or may not see a short "period" (or breakthrough bleed) at the start of the new packet, but that contraceptive protection will be maintained. The third possible instruction, which appears in some manufacturers' leaflets, is to start the "new" brand on the first day of the next withdrawal bleed, again with no additional precautions. This advice is not ideal unless qualified because of the risk of conception if there were to be unexpected amenorrhoea after the "old" brand.—J GUILLEBAUD, senior lecturer in gynaecology, London.

1 Guillebaud J. In: *Contraception—your questions answered*. London: Pitman, 1985:79-87.

An elderly man has suffered all his life from the coeliac syndrome—recurrent diarrhoea related to several food intolerances, notably wheat. Exclusion of known irritants from the diet has largely controlled his symptoms, but abdominal discomfort, often painful, due to gaseous distension of the colon, is still troublesome. Is there any effective treatment for this?

There are several possible explanations. It would first be important to ensure that his coeliac disease is in remission by showing that the jejunal mucosa has returned to normal. Even in remission some coeliac patients remain intolerant of lactose; the lactase content of a jejunal biopsy specimen can be measured but it may be just as effective to exclude lactose from the diet for two or three weeks and assess the effect on symptoms. Some coeliac patients become constipated because they eat little cereal fibre. Increasing vegetable fibre (fruit and green vegetables) may help, but sometimes an artificial bulk producer such as methyl cellulose may be needed. If the coeliac disease is well controlled and if there appears to be no lactose intolerance and the patient is not constipated other food intolerance is a possibility and a systemic exclusion diet may be tried. If all these possibilities are ruled out, however, it may be that he has an irritable bowel coincidentally.—JOHN BENNETT, consultant physician, Kingston upon Hull.