

Letter from . . . Chicago

Sense and senselessness

GEORGE DUNEA

People sometimes tend to deplore the passing of certain virtues that seemed to shine so brilliantly in the past. Common sense, for instance, could be easily regarded as a casualty of medical progress—until we remember that our predecessors not so long ago cupped, bled, and took out colons for focal sepsis. Yet we must still contend with what Dr John Todd classified as one of the errors of modern medicine, the giving of treatments based on theoretical grounds and expecting them to work because they sound rational.¹ Hyperalimentation would seem to be one such treatment that has become grossly abused; and who would have once thought that no wound would ever heal unless the patient first developed diarrhoea from oral feedings or sepsis from subclavian catheters. There is a similar suspicion that “afterload reduction” for heart failure, so widely advocated in the scientific literature, does little for sick patients in real life, that likewise nitroglycerin pastes and strips seem to help mainly the manufacturers. And what are we to think of the current fad of giving sodium nitroprusside in one arm to reduce afterload and dopamine in the other to stimulate the heart, the one lowering the blood pressure and the other raising it, until even the sphygmomanometer gets confused—not to speak of plasmapheresis, coronary bypass, and the many other things that sound good in theory but remain unproved in practice.

In other disciplines the tendency to deplore the loss of common sense is also strong. How odd, writes Mr Irving Kristol, that nobody thinks it strange that people should have to read books on bringing up children or feeding them, or doing other tasks that have been carried out since time immemorial.² How peculiar that despite the modern experts and educationalists our schools turn out children who cannot read or write. Who would have thought 40 years ago, before the advent of criminologists and specialists in rehabilitating criminals, that the streets of our main cities would become so unsafe that people had to stay indoors for fear of being mugged. We have emptied the mental institutions, and are shocked to see homeless, helpless insane people sleeping in the gutter. We give contraceptives to young people and are surprised to find the teenage pregnancy rate rising. For all of these problems Mr Kristol blames half a century of what he calls the tyranny of ideas—“the tyranny exercised by academic, quasicademic and pseudoacademic ideas over common sense embodied in the practical reason of traditional wisdom.”³

If this approach is now under stress, giving rise to a new realist “intellectual neoconservatism,” it is because of the increasing discrepancy between theory and reality.² Hence the move to reform education, to eliminate useless programmes, to be more realistic about crime. So we read how more communities are banning handguns, how we have a new criminal federal code, signed into law last year by President Reagan. For once, critics said, the law aims not at more “humane” treatment of criminals but a more certain punishment. It reduces opportunities for parole, bail, or sentence haggling, and may actually promote

deterrents by increasing the certainty of punishment. It also changes the insanity defence by placing the onus of proof on the defence, repudiating the old tendency of courts to find people “not guilty by reason of insanity.” Henceforth, a defendant will not merely have to prove that he could not control himself, as did the assailant of President Reagan’s life, but he will have to prove that he was unable to appreciate that his act was wrong.³ And perhaps also indicative of “neoconservatism” was the execution in North Carolina, by lethal injection, of the first woman condemned to die since 1962. Demonstrating outside the jail were women with placards condemning the brutality and opposing all executions. But there were also fundamentalists urging people to read the Bible to find out what the Lord says will be the just punishment for murderers.

In a more classical vein we note the re-enactment of the classical Theban drama by a middle aged lady, still soft and attractive though plump and greying, who had been through four marriages from which she had escaped unscathed. The issue from one of these connections, a boy, had been put up for adoption with the brother of another husband. On turning 18 and wondering who his mother was, he was given an address where he met a certain woman. The two became friends, then lovers, then they married. Only later did young Oedipus find out that he had married Madame Jocasta, but the lady did not want him to go, threatening to trump up criminal charges against him if he left. “She was obsessed with preventing another woman from having him,” said the lawyers, relating how he had joined the navy for four years to escape and how he had unsuccessfully tried several times to have the marriage annulled.

Then there was a paraplegic, twice convicted for selling cocaine and condemned to five years in jail. Acting on the recommendation of his medical advisers, the governor of Illinois pardoned the man, thus reducing his sentence from five years to five months. What the state of the man’s reflexes, tone, or sensory function was we do not know; but detectives were surprised to see him out of his wheelchair walking about in a supermarket without assistance. So the governor cancelled his pardon and sent him back to prison; but nobody knows if his medical advisers are taking a refresher course in neurology or if their faces merely exhibit a faint malar blush.

Controversy over dioxin continues

Yet it will require more than a refresher course for scientists to come up with the final answer on Agent Orange. Two years ago I reported how earlier studies had shown no definite toxic effects on the Vietnam war veterans exposed to this dioxin containing defoliant. At the time angry veterans demonstrated in Washington and lobbied to persuade the government that their rashes, cancers, liver, and kidney diseases, and a variety of problems such as birth defects in their offspring, were caused by the chemical. Then a further study, initially to be conducted by the Veterans Administration, was turned over to the Centers for Disease Control in Atlanta. A few months later a study of pilots and other flying personnel exposed to large doses of the agent showed that the death rate was no higher than in controls. Two other large studies reported in

1983, one from Australia and the other one carried out in Vietnam, also showed no increase rate of birth defects. While the results and interpretations of these studies were severely criticised by the veterans other studies are continuing, but their results may not be known for years. The latest report, published by the Centers for Disease Control last August, concerned 700 families from Atlanta who had children born with congenital defects between 1968 and 1980. Again results were inconclusive and generally negative—some birth defects were more frequent in the veterans, others in controls, so that the issue whether dioxin is responsible for some of their ailments remains unresolved.

Notwithstanding these uncertainties attorneys representing 15 000 possible victims filed in late 1983 a class action suit against the seven former manufacturers of the chemical. With well known companies such as Dow Chemical, Monsanto, and Uniroyal among the defendants, the case was expected to be tried last May but was settled out of court hours before the jury selection was to begin. Under the agreement the companies are to establish a \$180 million fund to treat disabled veterans and their families. Many veterans, however, were displeased with the settlement, claiming that the award was insufficient, and talking about a further suit, this time against the federal government. Yet in October the judge denied the lawyers their request for a \$26 million fee as he did not wish to reward them for bringing a case that had no merit. Why then had he suggested a settlement in the first place, asked some people, wondering if the publicity had not so prejudiced the case that no jury would ever have ruled against disabled veterans. And they thought that the judge may have been worried about the future of a legal system that would allow lawyers to profit from "publicity campaigns masquerading as legal proceedings."

In another case a federal court recently found a veterans hospital guilty for failing to protect an 83 year old man with heart failure by putting side rails around his bed. The patient, who was awarded \$800 000 in damages, was left with permanent neurological deficit when he fell out of bed in the middle of the night and fractured his skull. Then there were suits against the manufacturers of a popular prosthetic artificial valve that had suddenly come apart, sending recipients into shock and even into court. In September a Miami jury awarded \$4.5 million to a woman who attributed her chronic pelvic inflammatory disease to the Dalkon shield intrauterine device. A controversial trial judge publicly chastised the embattled company for "corporate irresponsibility at its meanest" claiming that they had stalled the case; and there were accusations about sensitive documents and reports being withheld or destroyed. Then the company took the 12 year old dispute to a higher court, which ordered the judge's remarks to be struck from the record. Meanwhile, controversy continued on whether this particular design, with tail strings hanging into the vagina, could have promoted ascending infection by acting as a wick. The company was also fighting with the insurance company over who should pay for punitive awards and who for compensatory damages. Some 10 000 law suits have now been filed against the company, which has denied any guilt in connection with this device, withdrawn in 1974, but has paid out so far over \$200 million in settlements to plaintiffs.

Revengeful verdicts

In other suits the United States justice department has filed charges against the manufacturers of the uricosuric diuretic tienilic acid for failing to report to the food and drug administration that several patients had developed severe liver disease. The heir to one of the largest drug houses in America, convicted for sexually abusing his 14 year old stepdaughter, was sentenced by the judge in Michigan to take his own product, medroxy progesterone, to reduce his sexual drive—but on appeal this form of chemical castration was ruled illegal and replaced by a more conventional sentence. A rapist in south Carolina was also offered castration as an alternative to 30 years in jail, and accepted the option after hearing that many long term prisoners would give up an arm or a leg to be released. So far ethical and legal concerns have prevented

the sentence from being carried out, no willing surgeon having been found, and there were further doubts about the wisdom of the whole idea when it was pointed out that castration would make a man sterile but not necessarily impotent, especially if he took androgens. Not that a future testicular transplant would be totally ruled out in the victims of such a revengeful verdict, for nothing is impossible in these days of advanced microsurgery. We note in this context that a woman desperately wishing to become pregnant recently received an ovary and a fallopian tube from an identical twin. But other women, probably equally desperate not to become pregnant, were exposed to a consignment of oral contraceptive look alike in what was described as the largest and most important drug counterfeiting case in recent memory.

Then we read how in California a 35 year old veterinarian developed symptoms of influenza but turned out to have pneumonic plague. In Peoria, Illinois, 37 people developed botulism after eating sautéed onions. One of the victims died, several had to be intubated, one spent 102 days in the hospital and ran up a bill for \$200 000, and the hospital has filed for protection under federal bankruptcy laws to avoid liability suits. On the outskirts of Houston six teenagers killed themselves last fall in what was reported as the third outbreak of suicide among young people in America last year. Some people blamed the lack of social roots and high divorce rate of these new towns with shifting populations, pointing out that for 3000 children there was not a single grandfather or grandmother, and that barely one third of children lived with both parents. Also taking matters into his own hands was a man from a Chicago suburb, still mourning for his wife two years after she had died from cancer. Described as "bitter" about how she had been treated, and shunning the more conventional resort to the courts, he put on a ski mask, hunted down the doctor in his garage, and put two bullets through his head. When questioned, he explained that he had been dissatisfied with "the doctor's performance as a physician."

References

- 1 Todd JW. The errors of medicine. *Lancet* 1970;i:665-70.
- 2 Krostol I. Whatever happened to common sense. *Wall Street Journal* 1984;January 17.
- 3 Anonymous. Congress vs crime [Editorial]. *Wall Street Journal* 1984;October 23.

A hospital secretary works all day in a small windowless room lit by fluorescent lighting. Are there statutory regulations that define a minimum standard for an office environment? Is prolonged exposure to fluorescent lighting a health hazard?

There are no specific minimum standards for office lighting in current British legislation. The Offices, Shops, and Railway Premises Act, 1963 states only that lighting should be "sufficient and suitable." The Illuminating Engineering Society (IES) Code of Practice (1977) may be considered the authoritative document on this subject. It recommends a minimum office lighting intensity of 500 lux (1 lux=1 lumen per square metre), and deals with other important aspects such as flicker, light colour, and the maintenance of luminaires. Lighting should be increased for more visually demanding tasks such as fine work. Inappropriate office illumination is undesirable. Inadequate lighting stimulates pupillary dilatation, which must be compensated for by alterations in lens thickness. Excessive lighting, if it causes glare, will produce retinal fatigue, which induces rapid fine oscillations of the eyes (fixational restlessness) to preserve visual acuity. Both circumstances, if prolonged, cause fatigue of the ocular muscles, which may lead to symptoms attributable to "eye strain," such as headache and neck pain, especially in older employees. An excess of malignant skin melanomas in Australian office workers has been attributed to ultraviolet emission from fluorescent lighting.^{1,2} It must be emphasised that at present this is no more than a statistical association observed in one study. It has equally been argued that indoor office workers of high socioeconomic status are likely to have high recreational exposure to sunlight.³—W R LEE, professor of occupational medicine, Manchester.

- 1 Beral V, Evans S, Shaw H, Milton G. Malignant melanoma and exposure to fluorescent lighting at work. *Lancet* 1982;ii:290-2.
- 2 Maxwell KJ, Elwood JM. UV radiation from fluorescent lights. *Lancet* 1983;ii:579.
- 3 Mackie R. The pathogenesis of cutaneous malignant melanoma [Editorial]. *Br Med J* 1983;287:1568-9.