

I managed to visit one of the townships outside Cape Town with a Save the Children Fund feeding programme. This consisted of handing out dried milk and Pronutra, a high protein cereal, to mothers who had been given a card from a baby clinic to obtain the food supplements. Many of the black children were underweight and I had seen several admissions because of kwashiorkor, but only those well below the third centile for weight were referred to the nutrition unit for follow up.

Highlights of the trip

In a strange way the two days that I spent in townships were the highlights of my trip because they were so different from anything I had seen in other parts of the world or imagined from television. The range of social conditions in one black township took me totally by surprise—the accommodation ranged from small concrete houses and shanty town dwellings to accommodation in tents. Parts of the Indian township on the other hand were as affluent as anything I saw in “white” South Africa.

My elective to South Africa was an excellent experience. There

was much to see and enjoy—sandy beaches, national monuments, restaurants, and cinemas—but more important I saw a wide range of diseases and I hope that I learnt from it. The real problem was finding enough time to fit in everything that I wanted to do. After such a short visit I cannot offer any solution to the complicated political problems of South Africa. What did impress me was the normality of everyday life. This contrasted with the position portrayed by the media immediately before my departure.

So far as I was concerned this dichotomy between reality and what was reported on television was not entirely unexpected. Before going to university I had lived all of my 18 years in north Belfast and experienced minimal disruption. This is not to question the integrity of the television service, reporters, and journalists, but it does highlight a point that I think is often missed—that is, that a television camera can portray only a narrow angle view of events. It cannot give a broad view of the country as a whole.

I am glad that I did not heed the advice of my friends or I would have missed seeing part of such a beautiful country and experiencing the kindness and hospitality shown to me by the doctors, nurses, and students in the hospitals to which I was attached.

Letter from . . . Chicago

Pot-pourri

GEORGE DUNEA

When the mayor of Chicago, fighting for re-election, announced on television that his opponents had put forward nothing more than a pooper of tax proposals, many perplexed listeners rushed to their dictionaries. Others, however, recognised immediately what “pooper” stood for: a rugged avoidance of Gallic affectation and a determination to preserve the euphony and sweetness of the language of Chaucer and Milton. But when the *Wall Street Journal* dramatised the decision of the Food and Drug Administration (FDA) to delay approving TPA (tissue plasminogen activator) and thus “sacrifice thousands of American lives on the altar of pedantry”—“a decision made under the klieg lights of a packed hearing room”—many business executives taking the journal on the train with their coffee in the morning and their martini in the evening must have paused momentarily from their corporate preoccupations and wondered what on earth klieg lights were.¹

Yet it was difficult to find anyone who knew just what they were and more research was clearly indicated. But how could the FDA have been so cavalier as to expose its scientific advisory panel to lights that had not been studied? Is anything known about their safety? Do they cause cancer in rats, leukaemia in mice, or melanomas in albino rabbits? Are they as bright as fluorescent lights? Would it not be an extraordinary revelation—akin in importance to Watergate and remembered for ever as Kliegate—that the advisory board had met in utter darkness?

The editorial throws further light on this dark decision by explaining that each year 500 000 Americans die from heart disease,

compared with a mere 20 000 who have died from the acquired immune deficiency syndrome (AIDS); that in 1985 a multicentre trial was stopped because it conclusively showed TPA to be effective; that the panel sitting in the dark had no doubt that TPA dissolved clots but delayed approval because it wanted evidence that it prolonged life; that at the same dark meeting the advisory panel approved streptokinase, which has reduced mortality by 18% in a study of 11 712 Italian heart patients; that a prominent cardiologist sensibly pointed out that if you approve streptokinase for dissolving clots you might as well approve TPA, which is twice as effective; and that “patients will die who otherwise would live longer”—especially since a randomised trial conducted to satisfy the “bureau of chi-square studies” would be unethical.¹

The editorial concludes by asking, “Will American doctors lie down and let their patients die?” Will something be done to repudiate a preposterous decision made under the influence of klieg lights? Should coronary care units establish hot lines so that the chief of the FDA himself can randomise the victims by flipping a coin for every new patient entered in the trial?

Consequences on Wall Street

The panel’s decision caused dramatic consequences on Wall Street. The shares of Genentech, the manufacturer of TPA, which has risen and split and risen again, plummeted from \$42 to \$36, which turned out to be a good buying opportunity because within a few days the stock bounced back to \$40. It was suggested in the postklieg requiem that Genentech, the darling of Wall Street and rising star of genetic engineering firms, had been naive in allowing itself to be misled into believing that it needed to prove only safety and efficacy in dissolving clots. Some thought the FDA had been

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irked by the company's arrogance, its "TPA is coming" ads, its sales force ready to carry the gospel of TPA to every coronary care unit in the nation. Some thought that there had been a change in midstream at the FDA, a squabble between two of its internal divisions as to who should handle the drug application.² The FDA had apparently said in 1984 that improved survival data would not be required. Could an internal power play have led to a reversal of this policy? Clearly Genentech should not have assumed that sailing through the FDA's bureaucratic waters would ever be smooth and uncomplicated.

Three weeks later

Genentech now stands at \$42. The search for Klieg has turned up quite a "poopery" of news items. Gastroenterologists have found that in susceptible people chocolate relaxes the cardia and may cause heartburn. Sleeping on a waterbed may also cause heartburn and indigestion, apparently because people lie on them in peculiar positions. The active ingredient of peppers, capsaicin, may cause second degree burns of the mouth, gastric inflammation, and bleeding, also proctitis, as well as depleting the taste buds of substance P, so that one becomes accustomed to eating hot food without discomfort. Capsaicin is present in varying quantities in peppers, hence a classification in heat units on a scale of 0 to 300 000, ranging from mild paprika and bland chillies, through cayenne pepper, to unbelievably hot habanero peppers. Peppers, by virtue of their capsaicin content, are believed to stimulate metabolic rate, help dissolve blood clots (but not as well as TPA), cure the common cold, and produce a feeling of wellbeing by perhaps releasing endorphins.³

Less versatile is apple juice, which may however cause cramps, indigestion, and diarrhoea in infants by virtue of its sorbitol content. Older children, meanwhile, may be lured insidiously into enjoying the delights of alcohol through low alcohol content "wine coolers," advertised as though they were soft drinks. People eating chicken should beware because many are contaminated with salmonella. Men playing Santa Claus in department stores may develop a "sick Santa syndrome" consisting of sprains and a sore back from lifting hundreds of squirming children, as well as a variety of infections from inhaling their germs—flu, colds, mumps, measles, even tuberculosis—calamities avoided by flu shots, a mask, a proper diet, plenty of exercise and rest, and special Santa Claus vitamins. And a 13 year old girl has won a national spelling contest by spelling correctly staphylococci, thus defeating the runner up, who spelt dyscalculia with an "i" instead of a "y."

Still in the pot-pourri we find Indians reluctant to give up chewing betel nut or pan, a 2000 year old after dinner delight that may include tobacco, saffron, nutmeg, cardamom, and gum. It causes euphoria, a pleasant feeling of numbness, throat and mouth cancer, and red saliva that makes the streets of Bombay and Calcutta look like the aftermath of a massacre. But the makers of generic ibuprofen prefer brown, and won the right to so colour their pills, since nobody would expect relief from a tablet that looks so unlike the popular brown brand name preparation. Colour may be less important for credit cards, the wave of the future in health care, increasingly accepted in hospitals, doctors' offices, and emergency rooms as a convenient way of cutting costs, eliminating bad debts, and collecting payments earlier.

Then we read how with the blessing of Congress drivers in many states will again be able to speed on rural highways at 65 miles an hour and cause more accidents. The national transportation board has found that seat belts on school buses do not prevent injuries, thereby arousing the wrath of paediatric societies. The Mayo Clinic is invading Florida, having established an outpatient centre and now trying to build a 900 bed hospital in an already overbedded area. Also invading are the Asian roaches—differing from their local cousins by flying, being attracted by light, and not fearing man; and Africanised "killer" bees—working their way up from Brazil and bent on defying the new immigration laws to enter the United States. To defeat them scientists are trying to cross breed them with tamer European honey bees and overwhelm them by weight of sheer numbers.

Meanwhile a new blood test measuring blood serotonin levels may help doctors to identify suicide prone people. Another study supports the relation between aspirin and Reye's syndrome. A Chicago survey has found that local hospitals waste \$800 million a year (or \$825 on a typical seven days' \$5000 worth admission) through inefficiency, delays in obtaining x ray examinations and laboratory tests, and admitting patients who could be managed as outpatients. Medical librarians are having a difficult time keeping up with the price of scientific journals, some of which have gone up to as much as \$4000 a year.⁴ Heart specialists now recommend electrocardiography, blood pressure checks, and lipid determinations every five years between the ages of 20 and 60 years, then every two and a half years until 75 years, but none after that. Yet some think that low risk survivors of heart attacks are being tested too frequently and would do just as well with fewer electrocardiograms and treadmill tests. Finally, a well known drug manufacturer hopes that minoxidil lotion, once released from the klieg chambers, will promote the growth of patients' hair and increase the value of its own stock.

Six weeks later

Genentech is down to \$37. A British court has denied its patent application and a local competitor has raised his ugly head. Some investigators looking for Klieg now think that he is a war criminal who roasted FDA agents alive. Others have identified him as no less than the infamous Professor Moriarty, presently carrying out covert activities for the drug industry. Optimists still expect a spectacular Genentech run on the stock market, unaware of the dangers of the difficult period between early August and late July. Inept detectives have been rummaging through the dictionaries. At first they found nothing in English between kleptomania and knack; nothing in German between Klettern and Klient (what used to be called "patient"); and nothing between kiosque and knout among the only 11 words starting with "k" in the language of the original "poopery" itself. Then unexpectedly klieg lights turn up in the bright pages of an encyclopaedia. They are strong carbon arc lamps used for making movies and ascertaining the effect of dissolving clots in the heart. They were discovered by John H and Anton T Kliegl, who have nothing to do with the notorious Klieg. Unless—perish the thought—they are all part of a conspiracy, an extensive underground network. Already a prominent official suspects that there may be a whole "poopery" of Kliegs.

1 Anonymous. Human sacrifice. *Wall Street Journal* 1987 June 2:30.

2 Schlender BR, Waldholz M. Genentech's missteps and FDA policy shift led to TPA setback. *Wall Street Journal* 1987 June 16:1.

3 Page J. Taste bud burnout. *Hippocrates* 1987 May/June:16.

4 Holden C. Libraries stunned by journal price increases. *Science* 1987;236:908-9.

Is haematuria a common long term sequelae of prostatectomy for benign enlargement of the prostate gland?

Haematuria occurring after a previous prostatectomy for benign prostatic hypertrophy must not be assumed to be prostatic in origin and needs to be comprehensively investigated. Painless haematuria in these cases should be considered in the same light as someone who has not had a prostatectomy. The urine should be sent for cytological examination, microscopy, and culture. An intravenous urogram is essential, and if the upper urinary tract is normal then cystoscopy is undertaken. The commonest cause of bleeding is usually found to be a bladder tumour and only when this is excluded by endoscopy, and with the knowledge of a previously normal intravenous urogram, can the bleeding be ascribed to prostatic hypertrophy whether benign or malignant. In some patients bleeding may be due to residual prostatic tissue or recurrent adenoma. If that is the case then transurethral resection of the remaining or recurrent tissue will effectively cure the problem, assuming that a bleeding diathesis has been excluded.—J C GINGELL, consultant urologist, Bristol.