

NEWS

Women suffer first from lack of health-care services

Widespread and systematic discrimination has been responsible for the overall low health status of women across much of the world, according to *The State of World Population 2000* report, released by the UN Population Fund (UNPFA, New York, USA) on Sept 20.

The report entitled *Lives together, world apart: Men and women in a time of change* documents the extent of global sex-based discrimination. UNPFA says that such behaviour causes the death of millions of women and children and increases the spread of sexually transmitted diseases (STDs). For example, in Africa, HIV-infected women outnumber infected men by 2 million.

99% of the estimated 500 000 pregnancy and birth related deaths each year are in developing countries, according to the report: "Such complications take the life of about one in 48 women." "In some settings, as many as 40% of women have serious illness following a birth", says report. In June this year, WHO warned that women in Africa have a 200 times higher life-time risk of dying from pregnancy and birth related complications than women in richer countries.

Poor maternal health, the report adds, affects women and their children. For example, such health complications contribute to about 8 million stillbirths and newborn deaths each year. Poor abortion services also

cause concern and UNPFA notes that 40% of the estimated 50 million abortions that are done each year are unsafe. As a result, about 80 000 women die and millions have abortion-related illnesses and injuries. This burden could be substantially reduced if effective family-planning and post-abortion services were provided, says the report. Obstetric complications could be better dealt with if more hospital-based and mobile obstetric services were provided, suggests the report.

Josef Decosas, Southern African AIDS Training Programme, Harare, Zimbabwe, agrees that the poor state of sexual and reproductive-health services for women in most of Africa is a major source of ill health . . . and a major determinant of the spread of HIV. "Better, and more women-centred reproductive health services would do a great deal in decreasing genital-tract infections in women, most of which are not [caused by] STDs and most of which are inadequately and inappropriately treated in the application of STD control strategies", he says.

More and better quality perinatal

care is a basic requirement for decreasing perinatal HIV transmission, says Decosas. "Targeted programmes for STD control and for decreasing mother-to-child transmission of HIV are fine, but if they are not built on a foundation of adequate . . . sexual and reproductive health care they serve [as] little more than impressive indicators of short-term outcome."

Tony Klouda, a

technical advisor on reproductive health in Africa, for Care International, a non-governmental organisation, also questions the value of UNPFA's report. "The current conditions in many countries of Africa reveal the insubstantial nature of the report, and the emptiness of its rhetoric concerning rights, gender, society, and services". Klouda also notes that UNPFA acknowledges that in Africa there is insufficient infrastructure for clinic-based, integrated family-planning and STD services. "This therefore makes service-based or technically based approaches neither viable nor sustainable except in very limited circumstances", he says.

Khabor Ahmad

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Integrated care needed

The first case of mother-to-child transmission of vCJD?

Last week UK newspapers reported that four UK doctors had revealed that they suspected an 11-month-old girl had variant Creutzfeldt-Jakob disease (vCJD), which she may have contracted from her mother, who died from the disease in May.

The child has brain damage, is unable to swallow, and has convulsions and stiff limbs. Doctors have not been able to give another explanation for her signs and tests for the abnormal prion protein in appendix and lymph tissue have

been inconclusive. Proof of vCJD in adults requires examination of brain tissue at necropsy or by brain biopsy.

Prof James Ironside, a neuropathologist from the National Creutzfeldt-Jakob Disease Surveillance Unit, Edinburgh, UK, says "the position we are in just now is suspicion, as far as I am aware, and it is not proven that this child has the disease". In occasional cases of iatrogenic CJD occurring in younger patients during pregnancy there has been no

evidence of maternal transmission, adds Ironside.

Chris Verity, a paediatric neurologist from Addenbrooke's Hospital, Cambridge, UK, who is part of a national paediatric vCJD surveillance team, stresses the need for caution before drawing conclusions from this case. "We cannot comment on individual cases . . . and there are a whole lot of reasons why children may have problems with development".

Haroon Ashraf

Single-dose treatment shows effectiveness for Indian visceral leishmaniasis

Indian researchers have shown that a 7.5 mg per kg dose of amphotericin in a single injection has a 90% cure rate in patients infected with Indian visceral leishmaniasis. These findings were presented at the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in Toronto, Canada, on Sept 16–20.

The study included 203 immunocompetent patients with a confirmed diagnosis of visceral leishmaniasis recruited from four Indian centres. Patients were sent home on day 1 after receiving amphotericin, then followed-up on day 30 and day 196. One month after being treated with the drug, 196 (97%) of patients were parasite-free. Three patients had been lost to follow-up, one died of progressive disease, and three were excluded from the study after treatment was deemed to have failed. Meanwhile, 12 patients relapsed and one died from an unrelated cause. Of the remaining 183 (90%) patients, all were definitively cured at 6-month follow-up.

Lead researcher, Shyam Sundar (Banaras Hindu University, Varanasi, India), suggests that the quick, single, dose treatment may not only prove to be more tolerable to patients but may also be a cheaper therapy in terms of a shorter hospital stay and a shorter treatment regimen.

The current problem with successful treatment of leishmaniasis tends to be drug resistance and difficult or lengthy regimens—whether given intravenously or orally—and high toxicity-drugs.

In this study, although amphotericin was given in a slightly higher dose than typically infused at one time—up to 5 mg per kg is the standard dose—there were minimal adverse reactions and the total dose is dramatically reduced. The team reported that patients' side-effects included fever (8%), vom-

iting (3.5%), and backache (1.5%).

In India, says Richard Kenney (FDA Center for Biologics Evaluation and Research, Bethesda, MD, USA), the incidence of patient resistance to standard treatment has increased to more than 60% in the last decade. "Given the devastating epidemic in India", he adds, "anything that can improve the effectiveness of treatment, either by shortening the course or decreasing the expense is welcome". Moreover, other visceral leishmaniasis-ravaged areas, including southern Sudan and eastern Brazil, may find the single-dose treatment more affordable. Kenney adds that he would like to see a larger randomised, controlled trial to continue Sundar and colleagues findings.

Angela Pirisi

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Leishmaniasis tropica

US Food and Drug Administration defends use of placebo-controlled trials

Placebo-controlled trials are "not uniformly unethical", even when known effective therapies are available for the condition being studied, contend US Food and Drug Administration (Rockville, MD, USA) researchers in a two-part article this week. "Whether or not a placebo-controlled trial is acceptable when there is an existing therapy must be determined case by case and is heavily dependent on what harm will come to the patient by not getting the effective therapy", insists coauthor Robert Temple. "If they won't come to grief and you can make sure they understand, people can make that decision."

Temple and coauthor Susan Ellenberg argue that placebo-controlled trials are necessary to evaluate many new treatments because active-

control equivalence (non-inferiority) trials often cannot establish efficacy. They refute the notion that the Declaration of Helsinki, which provides a code of ethics for clinical investigation, bars placebo controls when it states: "In any medical study, every patient—including those of a control group, if any—should be assured of the best proven diagnostic and therapeutic method" (*Ann Intern Med* 2000; **133**: 455–63 and 464–70).

"The Declaration is not ambiguous, even though the FDA implies that it is. I can understand why they would want to defend themselves, but their defense is weak", comments Kenneth Rothman (Boston University, Boston, USA). "It's not up to regulators or scientists in a dual role as physicians to decide how much risk, discomfort, or

inconvenience a patient should have. Patients deserve the best treatment, and even if they volunteer for a study, they should get the best treatment."

According to Temple, the FDA position is "very mainstream" and "only Rothman and [Karin] Michels and maybe a few others" take the position that placebo-controlled trials are unethical. Were those "others" speaking to Richard Simon (National Cancer Institute, Bethesda, MD, USA), author of an editorial that accompanies the FDA articles? Two lengthy quotes in the editorial [p 474, third paragraph] are erroneously attributed to a paper by Rothman (*N Engl J Med* 1994; **331**: 394–98). Simon says that in criticising placebo-controlled trials, Rothman "overlook[s] the real problems of interpreting many active-control trials".

"They all want to talk about this as a scientific question. But to go down that road is a slippery slope", insists Rothman. "What they're saying is, to do the best science, we have to do something unethical. And I say the ethical discussion has priority. If it's unethical, why talk about the science?"

Marilynn Larkin

Final proposed revisions to Declaration of Helsinki

The World Medical Association (WMA) released the final proposed revisions to the Declaration of Helsinki on Sept 18 for discussion at their annual general assembly in Edinburgh, UK, on Oct 3–7. There has been considerable debate on the proposed changes relating to placebo trials and the distinction between clinical and non-clinical trials (see *Lancet* 1999; **353**: 1285). Secretary General of the WMA, Delon Human, said "this proposed revision . . . is an attempt to ensure that this historic document is brought up to date so that it is relevant to today's medical practise and appropriately protects human participants involved in biomedical research". The amendments can be read and commented on at www.wma.net. Haroon Ashraf

Growth hormone production linked to depression risk in children

Biological markers that predict the development of depression are elusive but a new study has revealed that young people at very high risk of becoming depressed often produce less growth hormone when given growth-hormone-releasing hormone (GHRH). "This is the first time that a physiological change has been detected in children before they develop clinical symptoms of depression", says co-author Neal Ryan (University of Pittsburgh, PA, USA).

The blunting of the growth hormone response had already been noticed in young people during an episode of major depression and after recovery. Boris Birmaher, Neal Ryan, and other colleagues investigated whether the same response occurred more frequently in those at particular

risk of depression. They enrolled 64 high-risk and 55 low-risk healthy patients aged 8–16 years. The growth hormone concentrations of each patient were assessed before and after giving GHRH. When given GHRH, the high-risk group secreted significantly less growth hormone than the low-risk controls (*Arch Gen Psychiatry* 2000; 57: 867–72).

"Our results suggest that abnormal regulation of the growth hormone response to GHRH may be a trait marker that antedates the onset of a depressive episode", says Ryan. He stresses that "longitudinal follow up of the high-risk subjects with low and normal growth hormone responses needs to be done". Ryan also admits that a measurement of growth hormone response to

GHRH is "extraordinarily unlikely to work as a screening test because, although the between group discrimination is real, it is not nearly large enough to be useful as a screen". The study is more likely to aid the group in their efforts to uncover the molecular mechanisms that underlie the blunting of the growth hormone response in young people with depression are not yet understood.

"We think that the growth hormone response is probably merely a marker for some central phenomena associated with higher hazard for depression", says Ryan. It is unlikely, he adds, that "growth hormone regulation per se is in the causal pathway to depression".

Kath Senior

Leptin effects on taste may explain why diets fail

Results from Japan give a new twist to the leptin story. In mice at least, leptin may modulate behavioural preferences for sweet stimuli, report Yuzo Ninomiya (Kyushu University, Fukuoka, Japan) and colleagues. Inhibition of peripheral nerve responses to sweet substances, they suggest, may help leptin regulate food intake.

Leptin, a key part of the physiological system that stabilises bodyweight, acts mainly at the hypothalamus to reduce food intake and increase energy expenditure. But because genetically obese *db/db* mice, which lack the leptin receptor, have a greater behavioural preference for sweet substances than lean control mice, the Japanese researchers decided to study leptin's effects on sweet responsiveness.

They report that the neural responses of the taste fibres that respond best to sweet tastes were suppressed in lean mice given leptin compared with non-treated mice and that leptin receptors were detected on taste-sensitive neurons. Leptin administration caused no neural inhibition in *db/db* mice.

These results, they write, suggest

that "the taste organ is a peripheral target for leptin" (*Proc Natl Acad Sci USA* 2000; 97: 11044–49).

Ninomiya adds that in separate behavioural experiments, "mice showed a reduction in preference for sweeteners [when given leptin] but not for other taste solutions", results that are consistent with the neural experiments.

"The neural data argue that if you take a normal animal and increase its blood leptin concentration, one reason that it eats less is because it gets less of a response to a sweet taste", notes Michael Schwartz (University of Washington, Seattle, WA, USA). "Variations in resistance to this effect of leptin might explain why some people have a sweeter tooth than others. And", he adds, "it would be interesting to test whether people develop a sweet tooth when leptin concentrations are lower than normal, when they have lost weight by dieting, for example. If they do, this could be one more reason why it is so difficult to keep weight off after a diet".

Jane Bradbury

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Naughty but nice

News in brief

Better cancer treatments

Radiation therapy can be improved by new gene-therapy techniques heard participants at the European Society for Therapeutic Radiology and Oncology Conference in Istanbul, Turkey, on Sept 21. "Based on what we have seen in animal tumour-cell lines we believe that the addition of gene-therapy agents will improve the efficacy of cancer treatments in humans". As well as helping to target the cells to be treated, they can also help in the production of the therapeutic drug within the tumour, said Matthew Spear (University of California, San Diego, USA)

Breast cancer screening challenged

Canadian researchers report that annual mammograms do not lower breast cancer deaths in women aged 50–59 years old who have professional breast physical examinations and are trained in breast self-examination. The team studied 40 000 women in the Canadian National Breast Screening Study-2. "We are not discounting the value of screening mammograms compared to no screening at all, but we are saying that effective and regular breast physical examinations with breast self-examination are an alternative to annual mammograms for women in their fifties", said co-author Cornelia Baines.

The “gender gap” in autoimmune disease

Why are women so much more likely than men to develop autoimmune diseases? Women are two to three times more likely to develop multiple sclerosis (MS) and rheumatoid arthritis (RA) and make up 75% of cases of myasthenia gravis. In fact, in the USA, of the 8.5 million people with autoimmune diseases, 80% are women.

“When you look at the numbers, it’s staggering”, says Caroline Whitacre, chair of the Department of Molecular Virology, Immunology, and Medical Genetics at Ohio State University College of Medicine. Whitacre is a leading researcher into the autoimmune “gender gap” and a member of the Task Force on Gender, Multiple Sclerosis, and Autoimmunity, set up by the US National Multiple Sclerosis Society.

In general, women produce a more vigorous immune response to infection, which may help explain why women tend to live longer than men. When challenged by an antigen, men’s T-helper lymphocytes produce a milder “anti-inflammatory” mix of cytokines, the so-called Th-2 response, in which antibody production predominates. Women’s immune systems, on the other hand, tend to generate a more “pro-inflammatory” mix of cytokines, the so-called Th-1 response, in which production of cytotoxic T cells predominate—except during pregnancy.

In pregnancy, Whitacre says, a woman’s immune system shifts towards the milder Th-2 response. This may explain why some women with MS and RA see their symptoms improve when they become pregnant, particularly in the last trimester. Then, within a few weeks of delivery, as though on schedule, the disease rebounds. For that reason Whitacre is particularly interested in what is going on during the last trimester and postpartum that causes these great changes in disease severity and is focusing on how changes in sex hormone concentrations during this time affect immune function.

That job, however, may not be an easy task, says Wendy Gilmore, assistant professor of veterinary anatomy at Texas A&M University (College Station, TX, USA), another member of the taskforce. Gilmore notes that oestrogens, progesterone, and cortisol can all shift the immune response towards a milder anti-inflammatory mode and are all up-regulated during pregnancy. Even testosterone, which

has been shown to have a strong protective effect in animal models of MS, increases in women during pregnancy, she notes. To further complicate matters, steroid hormones also have trophic effects, which “may be more important than the effect these hormones have on the immune system”, Gilmore says.

Right now, a great deal of attention is being focused on the effects of the oestrogens. Rhonda Voskuhl, assistant professor of neurology at the University of California, Los Angeles (Los Angeles, CA, USA) has been focusing on one oestrogen in particular, oestriol. During menses, the primary oestrogen is oestradiol, but during pregnancy oestriol predominates. In animal models of MS she and her colleagues have shown that doses of oestradiol similar to those seen in late pregnancy ameliorate the disease shifting the animals’ immune response towards the Th-2 profile. “It’s clearly protective”, she says. Voskuhl believes MS is predominately a genetic disease, perhaps with some environmental triggers. She suspects oestrogen and other sex-related hormones probably modulate the immune system, raising and lowering a threshold above which the combination of genetic and environmental risk factors trigger the disease.

Halina Offner, co-director of the Neuroimmunology Research Program at the Portland Veterans Medical Center (Portland, OR, USA), is taking another tack. Offner is looking to see whether the immune modulating effects of sex hormones can be used to improve the efficacy of other treatments. Offner has been testing vaccines that target the pathogenic T cells that cause the neurological damage seen in MS. Earlier clinical studies found that such vaccines would stabilise disease progression in some patients—and, interestingly, in men more often than women. Earlier this year, Offner and her co-workers reported that in animal studies it is possible to markedly improve the effectiveness of these vaccines by “bumping” up their concentrations of oestrogen to concentrations slightly higher than those seen during normal menstrual cycles but far lower than those seen during pregnancy. She

believes this oestrogen effect could enhance other MS treatments such as β -interferon.

Rheumatologist J Lee Nelson of the Fred Hutchinson Cancer Research Center (Seattle, WA, USA), however,

is less convinced that hormones are the key to understanding the autoimmune “gender gap”. If hormones are key, she asks, why don’t we see these diseases peaking in young adults, when the concentrations of these hormones are

highest in women. RA, she notes, tends to appear much later in life and incidence continues to rise with age.

So Nelson has been, investigating other immunological changes that occur during pregnancy, such as the effect of cells travelling from mother to child, and vice versa, on immune function. These cells persist for decades after a pregnancy both in children and their mothers. DNA studies in one woman with scleroderma suggest that she carries cells from one of her children 39 years after she gave birth.

Nelson hastens to say that having these cells from your mother or from your child in your body does not necessarily cause disease. In fact, it is so common that it may be beneficial. But she speculates that under certain conditions, perhaps due to particular combinations of HLA matching, these cells “disrupt normal cell-to-cell communication” within the immune system. The result is an autoimmune reaction similar to graft versus host disease seen in marrow and haematopoietic stem-cell transplantation, she says. If such cells are pathogenic, Nelson says, then they would explain, why women, because they bear children, have a greater risk for autoimmune diseases.

Of course, researchers agree that there are many other differences between men and women that might explain why women are more likely to develop autoimmune diseases. The obvious place to look for these differences are in the sex chromosomes says Whitacre. When the human-genome database goes online, she adds, “the Y chromosome is going to be one of the first places I look”.

Michael McCarthy

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More women have rheumatoid arthritis

NEW DELHI **India steps up anti-tobacco measures**

Tougher controls on tobacco use have been signalled in India during the past few weeks. On Sept 11, the Delhi cabinet banned the sale of cigarettes, rolled tobacco leaf beedis, and other substances of abuse to children younger than 18 years of age. It also barred the sale of such products within 100 m of schools.

The cabinet decision followed the direction of the Delhi High Court where a public-interest writ petition had been admitted, which highlighted the lapses in implementation of the Delhi Prohibition of Smoking and Non-Smoker Health Protection Act 1996. The petition specifically charged that the Delhi government was not implementing sections 8 and 9 of the Act. These sections pertained to the sale of tobacco products to anyone younger than 18 years of age and sale of such substances in the vicinity of educational institutions.

Delhi's Health Minister, A K Walia, says that the ban on sale to children will come into effect immediately, whereas the ban on sale near schools will begin in January, 2001. The penalty for violation includes a fine of INR 500–1000 (about US\$ 11–22) and imprisonment for up to 3 months. The police have been empowered to implement the new legislation.

In another blow to the tobacco industry, on Sept 8 the central government amended the Cable Network Rules and banned television advertisements for tobacco, alcoholic drink, and baby-milk formula on tele-

vision. There is additional bad news for the tobacco lobby: India's Health Minister C P Thakur told *The Lancet* during the recent Regional Committee meeting of the WHO South East Asia Region that India is moving towards banning smoking in government offices nationwide and is working on comprehensive tobacco-control legislation.

The adverse health effects of tobacco are increasingly engaging the attention of experts and policy makers in India, which produces nearly 7% of the world's raw tobacco, making it world's third-largest tobacco-growing country. The government's

“By 2020, tobacco will be solely responsible for 13.3% of all deaths in India”

most recent National Sample Survey data indicate that there are some 184 million tobacco consumers in India, with tobacco use differing greatly from the rest of the world. Some 96 million people use smokeless tobacco, and while 20% consume cigarettes, nearly 40% smoke beedis, which deliver more nicotine than cigarettes. The remaining 40% chew tobacco and tobacco-containing products such as paan masala, snuff, &c.

The incidence of oral cancers in India caused by tobacco chewing is one of the world's highest, at nearly a third of all cancer cases. In urban India, 25% of people older than 40

years of age who smoke also have chronic bronchitis.

A study by the Indian Council of Medical Research (ICMR) indicated that three tobacco-related disease groups—cancers, coronary artery disease, and chronic obstructive lung disease cost the country INR 277.611 billion (or US \$ 6.5 billion) in 1999, whereas the nationwide sale value of all tobacco products was INR 244 billion. “The study very clearly indicates that tobacco is not advantageous for the country and any action towards its control would be for society's benefit”, says N K Ganguly, director-general of ICMR.

ICMR says that nearly 160 000 people develop cancer in India each year as a result of tobacco consumption. Some 4.5 million people with angina or heart disease and about 3.9 million people with chronic obstructive lung disease have also been affected by smoking.

According to WHO, by 2020, tobacco will be solely responsible for 13.3% of all deaths in India. More than 1.5 million Indians—a sixth of the global toll of 10 million—will suffer as a result of a habit acquired today. Continued tobacco use will also mean a combined national loss of 18 183 million productive life years. Yet, despite public-health measures, experts are concerned that the industry is increasingly targeting the young, among whom the tobacco consumption is increasing.

Sanjay Kumar

JERUSALEM **Judicial intervention in use of new medical technologies in Israel**

Amalpractice decision involving ANIS 3 million (US\$ 750 000) compensation by the Jerusalem district court on Sept 14 is a small victory for one patient with a spinal arteriovenous malformation (AVM) whose paralysis might have been avoided if treated by experienced hands. It is also set to change hospital policy and how new technologies are put into practice by Israeli physicians. The court ruled that hospitals must inform patients about the level of experience of surgeons complex medical procedures, such as selective spinal angiography, are done for the first time.

“This is a legal-moral issue. The incident occurred in 1991. At that time, no-one in Israel had ever treated AVM. The patient did not

come in a state of life or death, so the doctor had to admit to himself and to his patient that he had never dealt with this complex condition and did not know how”, said medical legal expert and advocate, Zeev Weil, who represented the patient.

The judgment by Judge Ruth Or requires that hospitals “fulfil a responsibility” to ensure that an experienced senior physician is present when an inexperienced physician does a procedure for the first time. The inexperienced physician's failure to “call whomever is needed” could be interpreted as malpractice or negligence. In his testimony, British expert consultant in neuroradiology Brian Kendall (Royal Free Hospital,

London), emphasised the technical failings of the practitioner. He said the spinal angiography “was technically poor and limited in extent”, “vessels were not injected” or “not adequately opacified”.

“When a doctor carries out a procedure for the first time, he should have a more experienced practitioner on hand or he should inform the patient. However, we must recognise the need to train younger physicians or in several years we run the risk of having no doctors knowledgeable in certain procedures”, commented Leah Wapner secretary-general and legal advisor to the Israel Medical Association.

Rachelle H B Fishman

More confusion about South African President's stance on HIV

South Africa's ruling African National Congress (ANC) party and the Health Minister moved into damage-control mode this week to counter increasing confusion about President Thabo Mbeki's exact position on the link between HIV and AIDS. The more that the government has tried to explain Mbeki's understanding of the cause of AIDS, the more confused both the public and the media have become, commentators have said.

On Sept 15, the government took the step of placing advertisements in national newspapers to explain Mbeki's stance. The move followed the leak earlier in the week of a draft internal document of the ANC's national health committee, which is headed by health minister Mantho Tshabalala Msimang and which advises government on health policy.

The ANC document called on Msimang and Mbeki to publicly acknowledge that HIV is the virus that causes AIDS and to admit to the

mistakes that the government has made in handling the HIV epidemic in South Africa.

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Still confused in South Africa

The ANC moved quickly to erase any notion that there was discord in the party ranks saying the document was not the view of the ANC.

The government's newspaper advertisement—criticised by AIDS activists as being a “waste of taxpayers'” money and amounting to “double-speak”—says that neither Mbeki nor his Cabinet deny there is a link between HIV and AIDS. It goes on

to quote an interview with Mbeki in which he says that HIV may “very well” be the cause of AIDS. Mbeki has maintained that HIV is not the exclusive cause of immune deficiency—a view that is undisputed. However, he has so far failed to come out and state unequivocally that HIV is the cause of AIDS.

The ANC's alliance partners in government; the Congress of South African Trade Unions and the South African Communist Party this week reiterated their view that HIV is the cause of AIDS.

The media, meanwhile, is accused of sensationalist reporting of the issue. Msimang will meet newspaper editors later this month to discuss the “communication breakdown” on HIV/AIDS. The move has been welcomed by the editors who say that the longer the public remains confused, the greater the chance that more people will be infected and die.

Adele Baleta

Mandatory iodisation of India's salt ends

On Sept 13, the Indian government finally withdrew its 2-year-old order making iodisation of edible salt compulsory and statutory. The order was issued in 1998 to prevent iodine deficiency disorders (IDDs). Now the order has been withdrawn, despite health ministers of most of the Indian states being in its favour.

Although the Health Ministry notification was issued in May this year (see *Lancet* 2000; 355: 1797–1800), its implementation was put on hold, because of protests. Unhappy with the latest move, a group of scientists and consumers led by the Indian Council for Control of IDD's will take the matter to the Supreme Court. Chandrakant S Pandav, regional coordinator of the International Council for Control of IDD's, said that arguments based on the science of IDD's have been clouded by issues of pricing. The Council, according to him, is compiling all scientific papers published on the subject so far. But experts from the Jawahar Lal Nehru University say that all the work done on iodine deficiency in India—which led to the compulsory iodisation policy—was done by only one institution, and needs to be peer reviewed.

Dinesh C Sharma

Concern about rise in AIDS in Romanian adults

AIDS in Romania is mainly a disease of children, however, the number of young adults with AIDS has steeply increased during the past 10 years and seems set to continue to rise, according to a new report. Epidemiological data presented in the weekly medical bulletin *Viata Medicala*, states that the total number of AIDS cases in the 15–49 years age group notified by the end of June this year was 761. This total is 8.6 times more than the number detected by the end of 1991.

The most significant increase was reported in women—391 cases in 2000 versus 37 cases in 1991. However, the subpopulation of women aged between 25 and 29 years accounted for the highest number of AIDS cases in any of the adult subgroups—102. In this particular population, the disease transmission is likely to have occurred by unprotected sexual intercourse, since it is estimated that only 30% of sexually active women in Romania know about and use condoms. The number of men with AIDS in the 25–29 years age group increased to 73 in 2000 from 9 in 1991. Apart from sexual transmission, the injection drug use is thought to be a secondary factor.

Most AIDS cases—2340—are still

children between the ages of 5 and 9 years. These children have mainly been living in institutions and were infected with HIV by the use of contaminated medical equipment. Nevertheless, public-health experts are concerned at the striking increase in affected adults. Experts hope that this changing pattern will encourage general health-care professionals to improve HIV prevention and control measures, since there is the potential for AIDS to become a national problem.

Romania has a population of 22.4 million; there are currently approximately 11000 HIV/AIDS patients in total. The country's first HIV-positive adult case was diagnosed in 1985 but reporting of subsequent cases was forbidden for political reasons until 1989. During the early 1990s, Romania was confronted with a boom in HIV-infected children, most of whom were living in institutions and were probably infected before 1990.

Although very expensive, the appropriate therapies (including the most recent antiretroviral agents) are theoretically covered by the health-insurance system, and HIV testing is available.

Sabina Antoniu

Canadian scientists vindicated over whistleblowing

Health Canada crossed the line when it reprimanded two departmental scientists for expressing concerns on national television about the pressure they felt to approve the use of the controversial recombinant bovine somatotropin, a federal judge has ruled.

Drug evaluators Margaret Haydon and Shiv Chopra were entirely within their rights in bringing legitimate health and safety concerns about the hormone to the attention of the general public, Federal Court Judge Daniele Tremblay-Lamer said in a Sept 8 ruling. Her decision is perceived as a resounding vindication for whistleblowing by Canadian governmental officials. The “duty of loyalty does not impose unquestioning silence”, Tremblay-Lamer said in her 52-page ruling.

Haydon and Chopra had made extensive efforts to raise their concerns about the approval process with senior governmental officials before agreeing to the television interview. Their efforts even included a complaint to the Prime Minister’s Office about the way that product review of recombinant bovine somatotropin was being handled.

After the ruling, Haydon said in an interview that while the ruling vindicated her actions, she doubted that it would prompt much whistleblowing because civil servants are simultaneously aware of “harassment” which she and Chopra experienced before and since being taken off the drug-approval case in 1994. “And, of course, it’s certainly affected our careers as far as promotional opportunities”, she said. “We’ve been used as an example of what will happen [to whistleblowers] and most other civil servants are scared”. But the ruling “certainly defines our roles as civil servants, that it is our duty and responsibility to report anything, any wrongdoing, that could affect the life, health, and safety of individuals”, she added.

After years of review, Health Canada ultimately declined to license recombinant bovine somatotropin in 1999.

Wayne Kondro

Anger at graphic evidence at Omagh inquest

The families of the people killed by the bomb in Omagh in Northern Ireland 2 years ago (see *Lancet* 1998; 352: 632) are becoming increasingly angry and upset at the graphic details emerging from the inquest. The inquest began on Sept 6 in the town’s leisure centre, the same building where hundreds of injured were taken for triage and help in the immediate aftermath of the bombing.

The inquest is thought likely to be extended beyond its planned 4 weeks. Relatives were clearly distressed by what they have heard from witnesses who were at the scene and from the evidence from necropsies. Michael Gallagher, who chairs the Omagh Support and Self-help Group—and whose son died in the blast—said the families have met to “let it be known they weren’t happy” about the way the inquest was being conducted in relation to the details of injuries being given.

The inquest is hearing the details surrounding the deaths of 29 people in the bombing—although the coroner was asked on the opening day to consider adding the deaths of twins being carried by a woman who was pregnant when she died. That decision has been deferred by the coroner. Expert medical testimony has stated that none of those who died could have survived their injuries,

even if they had received immediate medical care.

The coroner allowed Dominic Pinto, consultant surgeon at Tyrone County Hospital, to make a statement to show what the medical and nursing staff had faced. When he arrived at the front of the hospital all seemed calm and quiet, “but what greeted me when I got to the main corridor was sheer pandemonium”, he said. This was not just a major incident, but a major disaster of battle-

field proportions, he said. There were people lying in the corridor, on trolleys the floor of the accident and emergency department, and overflowing into the radiology department. 240 injured people had arrived in the first 45 minutes after the bombing, he said, and the first casualties had got to the hospital within 5 minutes.

Pinto said the scale of the disaster was unique—the large number of casualties, the large number of elderly and of women and children, and the close proximity of the explosion scene to the hospital, “which soon became the centre of the incident”. There were many shrapnel injuries but a fairly small number of head injuries. In addition, several hospital staff had relatives or friends among the victims.

Karen Birchard

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After the 1998 bomb

AAAS calls for more gene-therapy oversight

A public body should be appointed immediately to oversee US research that includes changing the human germline, stated a special report released by the American Academy for the Advancement of Science on Sept 18. The report wants such a body to monitor work on “any technique aimed at modifying the genes that a person can transmit to his or her offspring”. The report also recommends that: “At this time, the investment of public funds in support of technologies for [inheritable gene modification] is not warranted”. Basic research can, however, be funded.

This examination of the framework of research into germline manipula-

tion was precipitated by reports of clinical advances in somatic gene therapy. The report is the result of more than 2 years work by scientists, ethicists, theologians, and policy analysts. A majority of the panel concluded that modifying human genes that can be transmitted to a person’s offspring is currently neither safe nor responsible.

The report also noted that the private sector has been heavily involved in the funding of somatic cell genetic research, which raises “questions about the influence of commercial interests” in inheritable gene modification.

Sarah Ramsay

EU calls for action to prevent youth suicide

With an estimated total of 12000 per year, suicide is a major public-health problem in France. In 1998, the French Health Ministry embarked upon an extensive national suicide-prevention programme. Now, France, which currently holds the European Union (EU) presidency is collaborating with other European health ministries and the European Commission (EC) to tackle the problem. The result, an international conference on the topic in Nantes on Sept 19–20, aimed to put suicide high on the European health agenda with a focus on prevention among young people.

Europe sees 700 000 suicide attempts per year, making suicide one of three principal causes of death among young Europeans, according to an EC report on adolescent health. Within the EU, Austria, Belgium, France, Denmark, and Finland have the highest suicide rates. Although

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Suicide increasing in Europe

suicide rates in these countries (30–40 per 100 000 inhabitants per year) do not reach the levels seen in Eastern European countries, they are substantially higher than those in the remaining Western European countries. The cause of this wide divergence is not known, but the report suggests that alcohol abuse is an important factor.

Despite different rates, there is one disturbing global trend in suicide: since the mid-1970s, the numbers of suicides are increasing, largely because of increases in the 15–24 years age group. For example, the proportion of suicides as causes of death before the age of 70 years has doubled in France since 1970 (from 4.6% to 10%), with the increase almost entirely in the 15–24 years age group (http://europa.eu.int/comm/health/ph/key_doc/ke01_en.pdf).

Wim Weber

UN report underscores hardship in Iraq

Despite “some” progress made during the United Nations (UN) oil-for-food programme for Iraq, nutritional problems remain “serious and widespread” in central and southern Iraq, according to a report released by the UN Food and Agriculture Organisation and World Food Programme last week.

The report calls Iraq’s malnutrition levels “unacceptably high”, saying: “micronutrient deficiencies are common and iron deficiency anaemia is high”. And the nutritional status of school children especially of those from rural areas and poor households is a cause for concern, the UN warns. But in the north, where the UN distributes food and medicine directly, the levels have been substantially reduced.

Food rations provided under the UN oil-for-food programme throughout Iraq, the report warns, “do not provide a nutritionally adequate and varied diet”. Although they provide reasonably adequate amount of energy and total protein, the rations have an insufficient

amount of vegetables, fruit, and animal products; many households cannot afford to supplement their diet with micronutrient-rich foods.

The report points out that 2 consecutive years of drought and lack of investment have resulted in substantial deterioration in agriculture in southern and central Iraq. In addition, health services remain far from adequate and the supply of medicines is not sufficient to meet local needs. The disrupted water supply has resulted in increases in diarrhoea-related infant and child mortality rates. The report adds: “The indication of high levels of malnutrition supports UN findings that infant and child mortality have more than doubled since the end of the 1980s.” The report recommends timely delivery of humanitarian imports including medicine, rehabilitation of the country’s agriculture and health sectors, restoration of safe drinking water, and support for nutritional services.

Khabor Ahmad

News in brief

Call for blood in USA On Sept 19, the American Red Cross stated that it is “suffering a severe blood shortage, one of the worst in its history”. Some hospitals have been forced to postpone scheduled surgeries because of an inadequate blood supply, the organisation said, while calling for more volunteer blood donations.

Australian asthma ruling For the first time in Australia a court has awarded damages for the harm caused by exposure to cigarette smoke. A woman sued the owner of a restaurant after she had severe asthma episodes. She had been seated in the non-smoking section but claimed that the conditions were smoky. She claimed that her asthma had been so severe that she had feared for her life and that she had coughed and wheezed for 2 months afterwards. The magistrate found that the atmosphere in the restaurant had caused the onset of the asthma attack and later problems. He held that an implied term of a contract to dine at a restaurant was that it would be safe and not injurious to health.

Clinton promises nursing-home money On Sept 16, US President Bill Clinton proposed a US \$1 billion cash injection to improve US nursing-home care and staffing levels. Clinton said that he would send legislation to Congress in the coming week to improve nursing-home quality nationwide. The initiative would invest the money over 5 years via a new staffing programme. It would also impose penalties on facilities that put residents at risk—fine payments would be ploughed back into the programme.

US antibiotic labelling On Sept 19, the US Food and Drug Administration stated there should be warning labels on antibiotics to remind doctors that over-prescription and inappropriate use encourage the development of resistant bacteria. “Antibiotic resistance is a serious and growing public health concern in the United States and the world”, FDA Commissioner Jane Henney stated. The proposed label would say antibacterial drugs should only be used in situations where a bacterial infection was either proven or strongly suspected.