FILE NAME: State of the Art Literature (SAL)

DATE: 1950

DOC#: SAL049

DOCUMENT DESCRIPTION: Magazine Article

The Cold-Tablet War

The government's fight against the antihistamine "cold cures" took a surprise turn this week.

Preparing for "cold-cure" hearings (Cleveland, May 15), the Federal Trade Commission had lined up several powerful witnesses to prove the advertising of Anahist (Nepera Chemical Company) and Resistab (Bristol-Myers) "false and misleading." Resistab claimed to "kill colds in one day ... stop colds fast." Anahist declared that "in a clinical experiment by the U. S. Navy Medical Corps, results were amazing ... many colds were literally nipped in the bud."

In Cleveland, the FTC will listen to doctors, rounded up by Nepera and Bristol-Myers, who will extol the benefits of the products. Anahist, for instance, says that it has records of 12,000,000 tablets prescribed in twenty months by doctors, and hundreds of medical witnesses to prove its claims.

In rebuttal, later in Washington, the FTC will present Dr. Norman Topping, famous cold expert of the United States Public Health Service, to say that colds are caused by viruses. Since antihistamines do not touch a virus, they cannot possibly prevent, check, or cure a cold.

The FTC's prize witness will be a representative of the office of the Navy Surgeon General, who will disclaim any connection with tests on Anahist. The Navy will assert that Capt. John M. Brewster of the Great Lakes Naval Training Center conducted Anahist tests on his own, and the Navy in no way endorses his work.

Small Studies

Air-pollution problems, some serious, some minor nuisances, came up for discussion this week in Washington when 500 engineers gathered for a government-sponsored conference.

Only about one half of the country's "offensive" industries practice odor control, Carey P. McCord of Detroit's Conservancy Laboratory told the assembly. The worst offenders are: plants processing animal, fish, or vegetable products; soap, paper, and chemical mills, and oil refineries.

Among the most effective deodorization methods, as listed by William H. Witheridge, ventilating consultant of General Motors, Detroit, are:

▶Combustion. Burning refuse or gases at 1,200 to 1,400 degrees Fahrenheit.

▶Masking one smell with another. This doesn't always work because part of the time it always thinks the cure is worse than the original smell.

▶Running offending base materials through carbon or some other chemical to "wash" out the smell. The odoriferous fluids then may be drained into a sewage disposal plant.

▶Condensation. Boiling refuse in huge vats in sealed rooms, condensing offending fluids, and then dumping them into sewage systems.

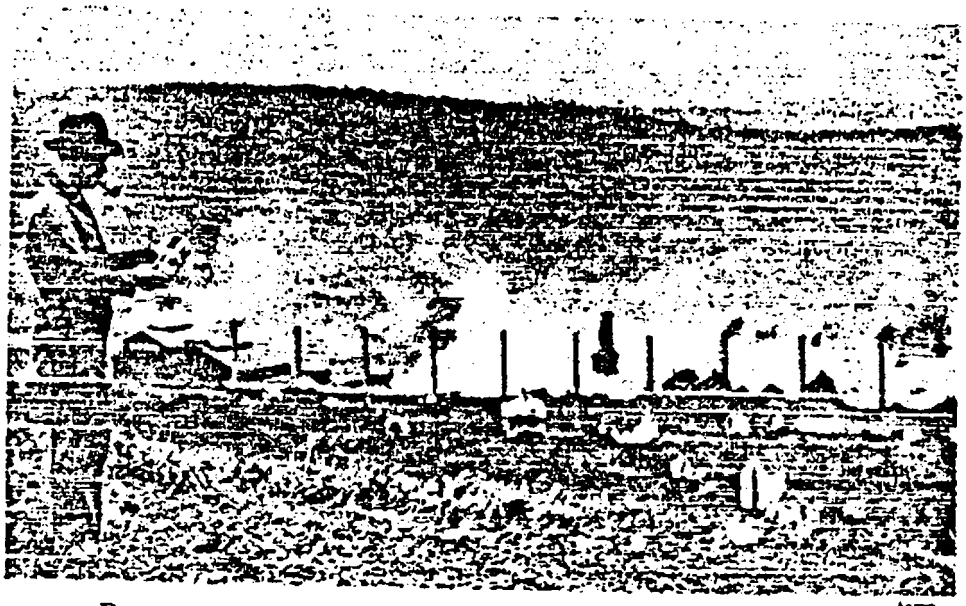
▶Heat. Some industries have increased the heat of their smelly gases so they will shoot up the smokestack faster and rise higher into the atmosphere. But tricky weather conditions at times toss the nasty gaseous smells back on the community.

Most people believe that if air smells bad, it must be injurious to the health. Odors may warn of danger, visiting doctors told the engineers, but polluted air which does not offend sometimes may be more harmful than smellier fumes.

Damage to the tissues of the throat and lungs may be so gradual that it is not recognized by the people affected. Only through extreme outbreaks, such as the Donora, Pa., disaster in October 1948, when twenty persons died and some 6,000 were made ill from air contamination, is public attention drawn to the mass danger.

Studies conducted by the United States Public Health Service now point to airborne particles as the cause of some forms of cancer and respiratory ailments. Dr. W. C. Hueper of the National Cancer Institute, Bethesda, Md., referred specifically to air pollution with asbestos, selenium, beryllium, arsenic, and chromates as the probable cause of increased lung and respiratory tract cancer.

Dr. Marion B. Sulzberger, director of New York University Hospital (Bellevue), declared that constant and repeated exposure to certain air contaminants, such as benzene, chlorine, tetraethyl lead, DDT, arsenic, mercury, naphtha, and turpentine, may produce precancerous warty growths and inflammatory skin diseases.



Donora postmortem: A technician prepares a test for pollution

He Saved Women

In the field of women's diseases, the nineteenth-century doctor literally worked in the dark. Woodcuts of the period show a female patient stretched on the examining table, not only fully clothed but wearing a hat and gloves. From waist to feet she is draped in a sheet under which the unseeing physician extends his groping hands to solve the mystery of her nearly always incurable ailment.

In Europe and in the United States, a few pioneer surgeons had already experimented with awkward eighteenth-century devices for treating the complex female tract. Then in 1845, from Montgomery, Ala., came Dr. J. Marion Sims, with his extraordinary skill and cunningly devised instruments for repairing the ravages of childbearing. Out of Sims's medical triumphs, errors, and hospital squabbles, the modern specialty of surgical gynecology was born.

Sims's personal story, plus a colorful history of his times, is now told by the 80-year-old Alabama internist, Dr. Seale Harris in "Women's Surgeon,"* a book published last week.

In 1845 Dr. Sims attended a 17-year-old Negro slave girl, Anarcha, who had lost control of her bladder and rectum after childbirth. In medical books and articles, Sims had read of this hopeless condition, known as vesicovaginal fistula, or rupture of the bladder, but he had never seen it in his practice.

A month later Dr. Sims was called to treat another Negro slave girl, Betsy, for the same incurable complaint. Then three months later, he had his third case of

*Women's Surgeon, the Life Story of J. Marion Sims. By Seale Harris, M.D. 432 pages. Macmillan. $5.