the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD
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Eye Problems

Dr. Robert Mendelsohn

This month, my Newsletter devotes itself to the things that can happen to people's eyes, things that can happen because of disease factors or because of iatrogenic--doctor prescribed--factors, from the silver nitrate placed in a baby's eyes at birth to the medications doled out in later life.

Q I just found out that having silver nitrate drops put into a baby's eyes directly following birth can have serious consequences.

I know nothing about this process, and I'd never even heard of it. But a friend who told me about it says it's done because the doctors assume the mother has a venereal disease. She says an expectant mother should get in writing from her doctor that she is clean and pure and has absolutely no traces of V.D. Then the doctor wouldn't have to place the silver nitrate drops in the baby's eyes, and if he did, the mother could sue the doctor. Is my friend right?

Just what are silver nitrate drops, what do they do, what are they used for, how are they harmful, and what do they cause?--Mrs. B.P.

A *Silver nitrate drops for babies' eyes*

Doctors in the United States routinely place silver nitrate drops--a caustic chemical agent--into the eyes of every newborn infant since they assume every mother has gonorrhea. They do not test the mother for gonorrhea, claiming that the test has a certain margin of error and therefore, "just to be on the safe side," they behave as if every mother harbors this venereal disease.

Doctors have gone to every state legislature to make sure that this practice is mandated into law. In my book "Confessions of a Medical Heretic" (Contemporary Books, $9.95) I refer to this ritual as the holy water of the religion of Modern Medicine. The practice poses several problems. First, it doesn't always work, since silver nitrate is far from being 100 per cent effective in preventing gonorrheal eye infection of the newborn. In the event that the baby does develop gonorrheal

ophthalmia, he then must be treated with penicillin or another potent antibiotic. Second, silver nitrate causes a chemical conjunctivitis in 30 to 50 per cent of babies, so that their eyes fill up with thick pus, making it impossible for them to see for the first week or so of life.

During the first year of life, silver nitrate may produce blocked tear ducts which necessitates difficult surgical intervention. Finally, some believe that the high incidence of myopia and astigmatism in the United States may be related to the instillation of this caustic agent into the delicate, tender membranes of the eyes of the newborn.

Certainly the letter you propose to write should satisfy the doctor. If he is truly concerned about your baby, then he may be willing to defy state law, thus opening up the possibility of a long-overdue court decision. Admittedly, this kind of action requires a certain amount of courage on the part of the physician.

I have advised mothers, when the obstetrician comes near their baby with those drops, to look the doctor straight in the eye and say, "Doctor, I didn't have gonorrhea when I came into your delivery room." (If a mother thinks she might have gonorrhea, then she should so inform the obstetrician, who can properly diagnose and treat the disease long before the time of delivery.) The father, present in the delivery room, can help protect his child by questioning and challenging the doctor.

Now that modern medicine has abandoned the routine annual physical exam, the routine annual chest x-ray, the routine annual Pap smear, and the routine repeat Caesarean section, I hope that the routine use of silver nitrate drops will be the next to go. Attitudes such as you expressed in your letter will hasten that day.

Why do baby's eyes cross?

Q What causes a baby to be cross-eyed? Is this condition hereditary? What is the treatment?--Fresno Reader

A Cross-eyed babies are fairly common, as are articles about them in medical journals. There are enormous differences of opinion on causation and treatment, and the medical words used to describe this condition create even further confusion--strabismus, pseudostrabismus, amblyopia, esotropia, and exophoria. Even the word "squint," which to most of us means peering through narrowed eyes, becomes "cross-eyed" in medical jargon.

There seems to be general agreement among doctors that transient strabismus may be normal during the first year of life. While the experience of many parents and doctors demonstrates that infants and children can and do outgrow all but the most severe forms of cross-eyes, some specialists predict blindness if parents do not immediately consult them on even the slightest hint of crossed eyes.

Crossed eyes tend to be more common in babies born prematurely. Diseases such as cataracts may lead to crossing of the eyes. Such conditions, rather than heredity, should be looked to for a cause.

Treatment alternatives for young children include eyeglasses, patching, and eye exercises, but such treatments are prescribed far more often than actually carried out. Despite the failure of parents and children to follow the doctor's advice about treatment, loss of vision from this condition is rare. Surgery on the eye muscle is another alternative, but sometimes surgical overcorrection leads to further surgery.

The whole issue poses the kinds of problems that, in the immortal words of Tevye, The Fiddler on the Roof, "would cross a rabbi's eyes."

Q In your column about the "enormous difference of opinion" on causes and treatment of crossed eyes (strabismus), you intimate that crossed eyes may straighten themselves. In fact, treatment is rather standardized, even though causation is often obscure: Professional help may save vision or assist in developing vision that will otherwise remain totally undeveloped.

Crossed eyes may or may not straighten themselves, but a professional consultation, preferably with a medical eye specialist (ophthalmologist) is worthwhile when crossed eyes are detected or suspected. The specialist can assist in judging the severity of the condition and whether treatment is indicated.

An untreated crossed eye can be cosmetically unsatisfactory, can fail to learn fusion, can fail to develop normal acuity, or can have a combination of these failings. With treatment, it sometimes is possible to avoid all these problems.

Your allegation that treatment prescriptions for crossed eyes--including glasses, patching, and eye exercises--often are not carried out is a slap in the face of conscientious parents and practitioners. Your allegation that loss of vision from this condition is rare flies in the face of acknowledged fact that decreased vision or total absence of useful vision is the rule, rather than the exception. In fact, unless the patient is an "alternator," impaired vision in one eye of an untreated crossed-eye patient under six years is a certainly. Loss of vision is preventable or at least treatable when discovered before age 6. A routine eye exam at about age 4, or when vision testing is possible, is recommended for all children. Those suspected of crossed eyes or poor vision or other visual problems should be seen even earlier.

You refer to cataracts as a possible cause of crossed eyes. Cataracts are rare in children, and usually are not associated with strabismus. The cause of strabismus remains obscure--prematurity or birth injury may contribute--but it is most often due to farsightedness and is cured completely with glasses, sometimes aided by medication or exercises. Patching may be used, as may prisms. Surgery is used when necessary, and overcorrection or undercorrection may occur. But surgery often improves or relieves the problem, although difficult cases may require two or more operations.--R.R.N., M.D.

A You have described your personal experience with crossed eyes; let me now describe mine. In my role as consultant to a therapeutic nursery school over a 10-year period, I had occasion to examine many children with crossed eyes. Many had already been seen by ophthalmologists who had recommended muscle surgery and were referred to me by the professional staff (teachers, social workers, psychologists, and psychiatrists) who were concerned about the emotional effect of surgery and hospitalization on these pre-schoolage children.

Having heard from parents the ophthalmologists' warnings that failure to operate might lead to blindness, these professionals asked that I speak directly to the ophthalmologists to determine whether surgery really was necessary or whether it might be postponed without danger. Many of them, indeed the majority, agreed that a six-month waiting period would present no hazard.

In some children, the condition disappeared within six months, and the staff claimed that this improvement in eye-muscle functioning coincided with an improvement in the child's behavior and emotional state. As for the children who did not improve, we frequently consulted again with their ophthalmologists, requesting additional six-month reprieves. The spontaneous improvement rate was dramatic, not only in this therapeutic setting, but also in my own private practice.

Since both of us agree that the cause of crossed eyes is generally obscure, perhaps it might be fruitful to examine areas that have escaped our attention. For example, as a pediatrician, I often have wondered whether the routine instillation of silver nitrate drops in the eyes of newborn infants with the subsequent high incidence of chemical inflammation of the lining membranes of the eyes might be a significant factor in crossed eyes.

The treatment of strabismus is still questionable (in the absence of long-range studies evaluating comparable treated and untreated groups), and the cause of children might be better served if we pediatricians and ophthalmologists got together to look for better methods of prevention.

Q

Although I had been going to the same eye doctor for nearly 25 years, I'm now visiting an eye specialist nearer my home. After examining my eyes, this new doctor put some drops in them and then had his nurse put me into another room where she put four additional different eyedrops into my eyes. I was told to sit in the waiting room and wait for my eyes to dilate. After only about a minute or two, my eyes became heavy, my mouth became so dry that I could not swallow, and I felt woozy. I thought I was going to pass out.

By the time I got out of that office, I was in another world--I still can't understand how I made it home. My eyes were fluttering, and I could barely see. It's now the next day, and I still don't feel completely like myself. Could I be allergic to these eyedrops? I know all this sounds funny, but I also know I've always felt all right with every previous eye exam. Have you ever heard of anything like this?--J.K.

A

Allergic reaction to eyedrops

Most eyedrops used for diagnostic purposes contain either atropine or atropine-like drugs. Your reaction sounds like the not-uncommon classical effect of atropine overdosage, that is dry mouth, depression, loss of balance, disorientation, and difficulty in swallowing.

Armed with this information, your next step is to find out from both doctors the exact name of the eyedrops each uses as well as their concentration and the dosage used on you. This will enable you, together with them, to determine precisely why this reaction occurred. And you should then be able to go for your next exam with your eyes wide open.

Q

Is there any cure, or even any temporary relief, for staph infection of the eyes? I have had this ugly, messy, so-called minor affliction for more than a year, and I've now given it to my poor, long-suffering husband!

This condition was diagnosed as a staph infection at our local Eye, Ear, Nose Hospital. Subsequently, several doctors have tried to clear it up, but some of the eyedrops actually seem to make my eyes worse! The only doctor who helped in even a small way was an allergist.

I hope you'll tell me my condition is not incurable.--Mrs. R.W.

A

Cures for ocular staph infections?

While it was informative of your doctors to tell you that your eye infection was due to the staphylococcus germ, it would be even more important for them to determine by appropriate tests whether your particular staph belongs to the antibiotic-resistant, hospital-based group. Then, you might be able to tell whether this germ was present at the outset of your infection or whether you picked it up at that local eye, ear, nose hospital.

The relief you temporarily received from the allergist provides an important clue, since many eye infections are superimposed on an underlying allergy. Your next step is to find an allergist who, going beyond the conventional skin testing, can help you identify possible environmental factors which may provide the key to the mystery of your "incurable" condition.

Q For several years my eyesight has been deteriorating until I now read with difficulty. I am troubled with dry eyes and have stabbing pains in my left eye from time to time. I am 67 years old.

Recently, I was examined by an ophthalmologist who assured me that my glasses have been fitted correctly, that I did not have glaucoma, and that he could find nothing wrong.

Since I have been taking Lomotil for approximately 12 years and have been putting drops in my eyes for the last two or three years, I am wondering whether my eye trouble could be a side effect of one or the other, or of the combination of both these medications. What do you think?--H.S.

A Searle's Lomotil, a federally-controlled substance related to the narcotic Demerol, usually is prescribed for very short periods in the treatment of diarrhea.

Can Lomotil cause eye problems?

While eye symptoms are not listed among its adverse reactions in the prescribing information, the AMA Drug Evaluations, Third Edition, specifically states that blurred vision is one of Lomotil's untoward effects.

Since I have never heard of anyone taking Lomotil for 12 years, the first step for you or your doctor (or both) to take is to consult with Searle & Co. to see whether they have any information on such prolonged use. Next, your physician should determine the exact composition of those eye drops to see whether any of their ingredients alone or in combination with Lomotil may be responsible for your symptoms. Of course, if your diarrhea has finally subsided (which I sincerely hope), you could try discontinuing both the Lomotil and the drops to see whether this modest experiment results in the disappearance of your problems.

Q I have a heart arrhythmia for which my doctor has prescribed Norpace every eight hours. Can you tell me the side effects of this medicine? My eyes are sore since I've begun taking this medicine, and I feel weak at times. I'm 70 years old.--D.L.

A You shouldn't be surprised that you have developed eye symptoms upon taking Searle's Norpace since the prescribing information clearly lists dryness of the eyes and blurred vision among the adverse reactions. General fatigue and muscle weakness also appear on that same list. No patient on Norpace should fail to carefully read and re-read the long list of warnings, precautions, and adverse reactions associated with this powerful antiarrhythmic drug.

Eye distress from Norpace

Q I have been taking Dyazide for two years, and I'd like to stop because I've read it can cause yellow vision. Since my eyes are already bad, I don't want anything more to happen to them. A friend takes Serapes from which she has suffered no side effects. Please tell me about Serapes for high blood pressure.--T.A.

Dyazide and Serapes cause yellow vision

A You are quite right--Smith Kline & French's antihypertensive Dyazide can cause yellow vision. Other drugs--all of them antihypertensives--which can cause yellow visual color disturbances include Aldoril, Esidrix, Hydrodiuril, Hygroton, Rauzide, Regroton, and Salutensin.

Although your friend hasn't had any side effects from Ciba's Serapes, you may be interested in learning that this drug also may cause yellow vision. And, as long as you are interested in the eyes, you should know that Serapes may cause glaucoma, inflammation of the lining of the eye (uveitis), degeneration of the optic nerve, excessive tearing, conjunctivitis, and hypersensitivity to light.

Q I have been taking the mild diuretic Enduron for my blood pressure. I am also taking Ativan to quiet my nervousness. I have been having quite a bit of pressure from problems, especially because my eyes are bothering me with conjunctivitis. I have floaters in my eyes and also flashing at the corners of my eyes. All these things make me nervous, and I can't find anything to help. Will the Ativan bother my eyes? I haven't been taking it very long, and I don't want to get in the habit of taking anything. Is there another tranquilizer that's safer? I hear there's a new one on the market that has fewer side effects. The flashing in my eyes seems to come after I take Enduron.--Mrs. A.M.

Ativan and eye symptoms

A Your letter mentions several eye symptoms--conjunctivitis, floaters, and "flashing" at the corner of the eyes. While none of these conditions is specifically mentioned as a side effect of your antihypertensive Enduron, other antihypertensives, including Apresoline and Serapes, do list conjunctivitis as an adverse reaction. Furthermore, that tranquilizer you are taking--Wyeth's Ativan--is specifically contraindicated in patients who have certain kinds of glaucoma.

These clues should be sufficient to send you to an ophthalmologist for a careful examination, especially since you are still in the early stages of Ativan treatment. The prescribing information on this drug states that its effectiveness in long-term use (more than four months) has not been determined by systematic studies.

Q Both my sister and I have a similar eye disorder. We cannot find a solution to our problem, which is lack of tears, and several different top ophthalmologists whom we have consulted are unable to help us. Our main tear ducts give off only 30 per cent of the normal fluid needed to lubricate our eyes. Our secondary ducts (which give off fluid for crying, etc.) are normal. We both are middle-aged and married, and we have different diets. Both of us have tried Vitamin A, C, and E, as well as all kinds of eye drops and ocular lubricants. Nothing helps. We both have 20/20 vision with glasses.

Our problem causes excessive blinking, red swollen eyelids, bloodshot eyes, and no desire to read or to do close work at night because of the eyestrain we suffer. Do you have any advice?--R.S.

Lack of tears

A Ophthalmologist John Eden, M.D., author of The Eye Book (Penguin Books, $3.95), points out that lots of perfectly normal people can develop red eyes and discomfort from smoking, late hours, air pollution, drinking, or long strenuous use. That sounds to me pretty much like the symptoms you describe.

If your doctors think you actually have a disease, ask them to share its name with you so that you can then (using the daylight hours) read up on it.

Q In 1979, my eye doctor said I was growing cataracts in both eyes but they did not yet require surgery. Soon after that, I began experiencing a great deal of discomfort--it felt as though something was in my eyes. I had pressure and a tightening feeling.

I took it for granted that my symptoms were due to the cataracts. When I finally discussed it with my eye doctor, he said cataracts would not cause that kind of discomfort without some loss of vision.

About eight months ago, my eyes began to show puffiness. This condition came on very gradually. The swelling is around the eyes, and it is the most uncomfortable feeling.

I've been visiting my eye doctor repeatedly, and I even went to another doctor for a second opinion. Both doctors maintain that the swelling is not caused by any eye problem. I have had a complete physical exam in which everything checked out negative. (I have not yet had a bladder scan.)

I went to a dermatologist for a number of months, and he gave me a pill called Polaramine as well as a special preparation for washing my face. No relief so far. The condition is unbearable--my eyes are more than half-closed from the swelling. Somewhere, someone knows the answer. I hope it's you.--S.P.

A One of my favorite rules in medicine is: When you cannot explain a patient's symptoms by a disease, always investigate the treatment.

Mysterious swelling around eyes

In your letter, you do not say that you took any drugs before your eyes began to swell. But you do mention that, while everything checked out negative, you did not yet have an x-ray of your bladder. Now the Sherlock Holmes instinct in me immediately comes to life. Why, out of all the many tests and examinations, would you single out the bladder for special attention? Could it be that you have had problems with your bladder? Perhaps cystitis, one of the most common female conditions? Building on this hypothetical case even further, is it possible that Gantrisin was prescribed for your cystitis? If so--Watson, come here! Gantrisin is one of the drugs known to cause swelling about the eyes!

Please let me know if this long-range, far-fetched diagnosis of mine solves the mystery.

Medical News

According to a recent ruling of the Ohio Supreme Court, drug companies need not warn patients of the risks of their product--they only have to warn the doctors.

G. D. Searle benefited from this ruling when a $2 million product liability suit against it was dismissed by the Court. The suit had been instituted against Searle by a woman who took the birth control pill, Ovulen, which the firm manufactures. The woman had had a history of toxemia (including high blood pressure) during pregnancy, and after childbirth a new gynecologist again put her on Ovulen, the drug she had taken before her pregnancy. Two years after giving birth, the woman suffered a stroke which partially paralyzed her. She and her husband sued Searle, charging that the company's warnings which accompany Ovulen were deficient because they failed to warn women with a history of toxemia during pregnancy that they are more likely to suffer a stroke if they use birth control pills.

The new doctor claimed he had never been told she had toxemia, and thus he couldn't have warned her about the risks of Ovulen. The Ohio Supreme Court accepted that argument, noting that a physician acts as a "learned intermediary" between the manufacturer and the consumer.

Another View

by Marian Tompson
Executive Director,
Alternative Birth Crisis Coalition

Itsuro Yamanouchi, M.D., is a man of many talents. An accomplished photographer who has had one-man shows in London, Tokyo, and Paris, he is chief of pediatrics at Okayama National Hospital in Japan. I've written previously about his work with premature babies and with the development of a transcutaneous sensor which eliminates the drawing of blood in order to measure bilirubin in the newborn. The quality of care of newborns in Okayama is reflected in an infant mortality rate of 3.2 per thousand in 1980, the lowest in Japan whose overall nationwide infant mortality rate was 4.9 per thousand that year.

But best of all for me, Dr. Yamanouchi is a friend. While we keep in touch most of the time by mail, there are rare occasions, such as this past December, when we actually got together and talked about the state of medicine and his progress in the search for non-aggressive and non-traumatic approaches to the care of the newborn.

On this particular visit, Dr. Yamanouchi was especially excited about the good results he and his associates were having in lowering the incidence of retinopathy in premature babies. About 30 years ago, the use of oxygen became recognized as a cause of blindness in premature infants. Since that time, despite careful attention to oxygen administration, blindness and other retina damage continue to occur, although this incidence has decreased.

Oxygen levels usually are monitored by the drawing of blood samples, but recent studies have shown a wide swing in oxygen levels over short periods of time, thus bringing the value of this kind of spot-checking into question. When blood is drawn daily, a premie may have nearly half his blood volume removed in a week's time, and the infant then must be transfused with adult blood. But since adult blood has higher oxygen levels, there is speculation that such blood replacement may contribute to the baby's problems.

For more than four years, Dr. Yamanouchi and his associates have relied on a transcutaneous monitor (a technique developed by Renate and Albert Huch) in which a sensor is placed on the infant's upper chest. Thus, oxygen information can be obtained without the drawing of blood. Each baby also is fed the milk of its own mother, beginning with freshly-expressed colostrum. In extremely small infants, supplements are added during the period of rapid catch-up growth, but no Vitamin E is added, since mother's milk is rich in that vitamin. Over-hydration is strictly controlled to avoid edema of the tissues. Ophthalmologic follow-up proceeds until the infant is one year old.

The results? Eight hundred and ten low birthweight babies--the survivors of 855 babies who were admitted to the Okayama National Hospital from January 1977 to August 1980--did not develop blindness! While 20 babies, most of them weighing 1,000 grams or less, did develop retinopathy, the damage in all cases was classified as Grade 1, which is described as "minor peripheral change" in which vision usually is normal. This represents the best results of any yet reported in the literature.

Dr. Yamanouchi feels strongly that the combination of non-invasive monitoring, along with breast milk from the infant's own mother and the control of hydration, are the keys to successful outcome. It is his hope that arterial and aortic blood sampling, "which is invasive, aggressive, and traumatizing for the infant," will eventually be abandoned.

Now that's the kind of scientific progress I like to hear about!

Male Practice: How Doctors Manipulate Women, Dr. Mendelsohn's latest book, is now available from Contemporary Books ($10.95).

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Robert S. Mendelsohn, MD, Editor
Vera Chatz, Associate Editor