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

VOL. 10, NO. 8

BULK RATE
U.S. POSTAGE
PAID
PERMIT NO. 9323
CHICAGO, IL

P.O. Box 982 Evanston, Illinois 60204

Understanding Fever...Contact Lenses, Adoptions, Tanning Booths

Dr. Robert Mendelsohn

Fever-phobia--an abnormal fear of elevated temperature--is a serious contagious disease which originates with modern doctors as a result of their medical education and which is transmitted by them to their patients.

This issue of my Newsletter aims to liberate each reader of this doctor-produced phobia. Thus, a patient, or parent of a patient, will in turn recognize this disease in any physician who begins his inquiries by asking, "What's the temperature?" If a physician shows this symptom of fever-phobia, the patient can reassure and calm him by pointing out that the finding of elevated temperature merits low priority in reaching a correct, accurate diagnosis.

By curing the physician of this mental aberration, the patient improves his own chances of receiving the right diagnosis and avoiding dangerous "antipyretic" drugs. Perhaps in the not-too-distant future, when rational thought replaces mysticism in the minds of modern physicians, both doctors and patients will consign the foolish, misleading thermometer to the ashcan of history, replacing the futility and risks of this quantitative instrument with the incalculable worth of the qualitative, carefully performed, complete history and physical examination.

You can help to get this process started the next time your doctor unthinkingly blurts out, "What's the temperature?" Join my family and friends and patients by responding, "Oh, doctor, we don't keep a thermometer in our house. Please take my history so that we can both understand what's wrong with me."

If the doctor responds feverishly to that reasonable request, it's high time to turn him in for a new one.

Q

For the past five months, I have been running a low-grade temperature. I am 21 years old and have had numerous blood tests and x-rays, all of which indicate I am healthy. I know this fever is not normal for me, although it may be for some people. I feel terrible every day because of it, and I must fill up on aspirin for relief. I have been given various antibiotics (Keflex, tetracycline, penicillin, etc.), and I cannot continue taking these drugs indefinitely. Nor can I continue running this fever, which sometimes goes as high as 99.4 degrees. No one has found any explanation for my condition. Please help.--T.S.

A

Fever without cause

Your brief letter fails to provide some of the most important information. How did you discover you were running a low-grade fever? You do not mention any symptoms except concern over your temperature. If you indeed have no symptoms, then why are you so sure that this temperature is not normal for you? Furthermore, have you considered the possibility that your apparent temperature elevation may be a result of "drug fever" from the antibiotics?

The thermometer, like many other medical instruments, can cause plenty of mischief and mistakes. The burden of proof that you are indeed sick is now upon you.

Aspirin risky for fever

The next time your doctor tells you to take aspirin to bring down fever, ask him if he is familiar with the work of Dr. Matthew J. Kluger, Professor of Physiology at the University of Michigan Medical School, who reported (Executive Health, March, 1984) that when infected lizards were given aspirin, a significantly higher death rate resulted. The same thing happened when bacterially-infected rabbits had their fever kept down. Similarly, suppression of fever with an aspirin-like drug in ferrets led to increased amounts of viruses in the animals' upper respiratory systems.

Since aspirin is far from an innocuous drug (when given to children with flu, it may cause the often fatal Reyes Syndrome and in adults, it often causes stomach bleeding), maybe you ought to ask your doctor to think twice before he prescribes it, and you should think twice before you take it.

My 14-month-old son runs a high fever (104 to 105 degrees) every three to six weeks. This fever lasts about five days. The first time this happened, he was eight months old. He subsequently was hospitalized to determine the cause. During hospitalization, he had chest X-rays, blood and urine tests and a spinal tap, was given ampicillin injections and released with the diagnosis of a virus.

Since then, the fevers have continued with no other apparent symptoms. He has been seen by two pediatricians, a children's neurologist, and has been taken to two different emergency rooms. He has had additional blood work, urine tests, chest X-rays, and an EEG, all of which have been in the normal range.

During one such episode, he developed febrile seizures and was given CPR. It is now three weeks later, and he has just "recovered" from another five-day bout with fever. The hospital emergency room diagnosed nothing other than fever. My own pediatrician can come up only with treatments like Tylenol and liquids, saying he knows nothing else to test for. My continued anxiety has only produced the suggestion that I seek another opinion, but I don't want my son to go through any additional unnecessary tests.

My son's delivery was a C-section which followed a normal pregnancy. I breastfed him for nine months. His immunizations are up-to-date, and he is growing and developing normally. When he was five months old, he had a very mild case of chicken pox.

Please help us! We need your advice badly.--Mrs. A.M.

Why frequent fevers?

Up until now, you and your doctors have been looking for a naturally occurring disease that will account for your son's fevers. Despite many tests and many doctors, no such disease has been found. This is a strange situation. Whenever such a strange situation occurs, i.e., whenever doctors are unable to account for a patient's symptoms, one must look for diseases caused, not by nature, but by doctors (iatrogenic disease).

After your child's first fever, he was hospitalized. (Your letter does not explain why he was hospitalized, since all the tests and treatments you mentioned could have been done as an out-patient.) Might he possibly have picked up a nasty nosocomial (hospital-acquired) infection which might account for his subsequent fevers? You mention that he was treated with ampicillin. Perhaps this antibiotic or other drugs prescribed for your child could have caused drug fever, a not-uncommon complication of antibiotics. Since your son has been in and out of doctors' offices, emergency rooms, and hospitals, he has had ample chance to pick up antibiotic-resistant germs, especially since his normal skin

barrier to disease was repeatedly ruptured by those blood tests and that spinal tap, thus providing a port of entry for hospital germs.

If your doctors are as conscientious and dedicated as you make them appear, return to them and ask them to help you construct a chart showing the duration and route of each medication taken; the dates when your son was exposed to medical environments; the dates on which his skin was penetrated by a needle (including immunizations), and the dates when any other invasive procedures were carried out (e.g., were any urine specimens obtained via catheterization?). Obtain the hospital records and carefully scrutinize them to determine whether any events or procedures took place that you are not aware of. Then, see whether any correlation can be established between these iatrogenic and nosocomial causes of disease and, except for the first episode, for your child's recurrent fevers.

Q Having been educated by you regarding childhood illnesses, I now know that a fever in a child has no relationship to how ill he is. So why would the criteria for whether or not a child is ill enough to be kept out of school be whether or not he has a fever? I was told that the presence of a fever indicates whether the disease is contagious. Is this correct?--M.M.

A *Does fever constitute contagion?*

I too cannot understand why you were told that a fever necessarily indicates contagiousness. After all, plenty of fevers are totally unrelated to infections (for example, fevers caused by prescription drugs) and plenty of contagious diseases (for example, the common cold) may carry no fever at all.

Why not ask the authorities at your child's school to tell you who sets their medical policies. Perhaps they listen to a doctor. Perhaps a nurse. Once you know who is in charge, maybe you can successfully educate that person in the same way that I, with due modesty, have successfully educated you.

Q I know you have criticized both patients and doctors for depending too much on temperature-taking. Yet, I am still worried whenever my child's fever shoots up. Am I wrong?--A.F.

A *Don't fear fever*

You don't necessarily have to believe Dr. Mendelsohn. G. James Fruthaler, Jr., M.D., prominent pediatrician at New Orleans' Ochsner Clinic, recently stated, "Ritual temperature-taking by doctors and nurses has generated a great deal of the misconception and fever phobia prevalent among parents for generations." This statement delighted me because it is in agreement with my long-held opinion that the medical profession is responsible for parents' fear of fever.

Dr. Fruthaler cited increasing evidence that elevated body temperature helps fight infection, and, of course, I agree. This is why I wonder why doctors seem so obsessed with "bringing down the fever."

Dr. Fruthaler emphasizes the importance of a child's general behavior as an indicator of illness: "A child who is slumped on someone's shoulder, staring into space and showing no interest in what is happening is likely to be much sicker than the child who screams and fends off the doctor or nurse." He adds, "Fever is a natural defense mechanism. Temperature will not rise to a harmful level unless the child is kept too warm or is allowed to dehydrate. Fevers do not automatically require treatment."

The next time your doctor begins his questioning with "What's your child's temperature?" suggest that he can overcome his fever phobia by paying attention to Dr. Fruthaler's wise recommendations against routine temperature-taking.

Potpourri

I love the idea of extended-wear contact lenses, but I wonder whether it's really safe to leave them in for days at a time. What's the latest information you have on this subject?--B.C.

Contact lenses and safety

When extended-wear lenses first came out a few years ago, they were touted as being so comfortable that users could wear them for up to 30 days. When I first heard that, I blinked by eyes (sheltered behind thick eyeglass lenses) in disbelief. "How could so delicate an area as the cornea be subjected to a month's worth of soil and irritation without serious consequences?" I wondered.

Well, it appears the extended-wear lenses can't be worn for as extended a period as was originally thought. According to the Chicago Tribune (June 1, 1986), "It now seems the 30-day continuous wear claim was a bit optimistic."

According to one contact lens specialist, Dr. John Valentino, "Extended-wear means extended periods, not 30 days; I think companies were irresponsible to ever advertise that....The eye is a pretty dirty place. It's ridiculous to think you can leave something in your eye for 30 days or more without cleaning it."

If you are seriously considering the extended-wear lenses, you should know that their use can result in abrasion of the cornea, which may take a week or two to heal, corneal edema (swollen eye tissue), resulting in blurred vision, and bacterial infections, some of which are serious enough to form corneal ulcers, which in turn can cause vision loss which may be corrected only by a corneal transplant.

Donald Doughman, M.D., chairman of the department of ophthalmology at the University of Minnesota, has stopped prescribing extended-wear lenses because of the serious infections he has seen (Chicago Sun-Times, February 5, 1986). Although the Food and Drug Administration had approved extended-wear lenses for continual use for 30 days without cleaning, the agency now is investigating whether the lenses put their users at greater risk than do lenses which must be removed daily.

The original ballyhoo about the safety of extended-wear lenses now has been tempered by the reality of the dangers that can develop when bacteria become trapped in the eye for long periods of time. Just as with new drugs and new surgeries, these lenses were mass marketed as a breakthrough, and just as with many new drugs and new surgeries, we are now getting word of their breakdown.

Don't shut your eyes to the newly-revealed risks of these extended-wear lenses!

Attacking adoption

A decade ago Suzanne Arms made a powerful attack on conventional obstetrics in her landmark book "Immaculate Deception." Now she has done the same thing for adoption in "To Love and Let Go" (Knopf, $14.95).

My earliest childhood memory about adoption is the reaction some of my relatives had to my distress at being insulted by the little girl who lived across the street. They said to me, "Oh, don't pay any attention to Angela. She's adopted." Of course, that could only have happened in that "benighted era." Or could it?

A quarter century later, when I began my medical practice on Chicago's Gold Coast, I found that many of our affluent patients had adopted children. The medical records of these children carried a red tag to alert us doctors to the possibility of trouble. From the medical grapevine, I learned that

adopted children were prone not only to an excess incidence of emotional disturbances, but also that they were "over-represented" in clinics dealing with brain-damaged, learning-disabled and epileptic children.

Citing no supporting evidence, psychiatrists told me that the troubles of adopted children stemmed from their adoptive parents who, deep-down, exploited them as fertility devices by hoping that their adoption could lead to subsequent conception of a natural child (and, in many cases, it did). If this theory were true, the outcome of children who were adopted into families which already had a natural child should be different from that of first adoptees. However, neither I nor anyone else have done any studies to support or refute this possibility.

For at least a decade while I was in private practice, I participated in adoptions. Several times a year, I was called to a hospital to examine a baby who was to be adopted. I quickly learned that, right up there with the queries about inherited disease, the prospective parents would wonder, "What do you think the baby's ultimate color will be?" Older, more experienced doctors taught me to carefully note the hue of the scrotum in males and the labia in females to help in forecasting ultimate color. Another benighted era.

Still later, I grew concerned about the fate of adopted children when they became adults. When planning marriage, how did they know whether they were unwittingly marrying a blood relative, with all the attendant biological consequences? I learned that, in order to prevent this kind of unwitting incest, Jewish law forbade secret adoptions (the kind which, of course, are conventional in this country). Adoption had to be supervised by a qualified rabbinic court which then had the duty of informing the child about his or her true parentage when that child reached adulthood. I was no impressed by this historical and biological wisdom that, during the last few decades, I have refused to participate in secret adoptions.

This personal background comes by way of explanation as to why Suzanne Arms' book is so meaningful to me. Her narration of several different forms--conventional and unconventional--of adoption should prove even more meaningful to anyone who is contemplating adoption--particularly the 25 percent of all married couples in the United States today who are infertile.

A local health clinic recently installed tanning beds. These booths are springing up like mushrooms, and I question how safe they really are. Perhaps not coincidentally, the Mayo Clinic has opened a huge melanoma treatment center. What is your reaction to these developments?--A.P.

Are tanning booths dangerous?

As a lifelong worshipper of the real thing, I have not been attracted to the artificial tanning booth. Yet I can understand and even sympathize with the desire of people who cannot take a winter vacation to look like those who can. I can understand modern women thinking that tan is beautiful, even though their grandmothers believed white skin to be the mark of aristocracy.

I even can understand that certain doctors believe in the artificial method of tanning the skin because doctors generally feel that the artificial is just as good as the natural. Don't they tell women that artificial sex hormones, such as Premarin, can totally replace women's own sex hormones? Don't they tell people with thyroid disorders that synthetic thyroid hormone is a perfect replacement for one's own? And don't many of them still tell mothers of newborn babies that infant formula is a perfectly acceptable substitute for breastmilk?

The belief that artificial is just as good as natural is one of the hallmarks of the modern doctor. On the other hand, plenty of doctors fear

that cancer and other disease conditions can be caused by the tanning booth, just as they fear these diseases can be caused by natural sunlight.

While this correlation is widely accepted, the scientific evidence necessary to establish a causal linkage between sunlight and cancer ranges from sparse to non-existent. There is no point in carrying out animal experiments, which, at best, can teach us only that certain animals should not get a suntan or that other animals should not patronize tanning booths.

Since your letter mentions melanoma therapy, you should know that there has never been a controlled experiment performed to establish the effectiveness and safety of any currently-used treatments for malignant melanoma. Therefore, scientifically speaking, methods used in melanoma treatment centers remain in the category of "unproven remedies."

Even the common practice of surgical removal of moles is not grounded in scientific fact. The doctor, of course, threatens the patient with cancer and death if certain skin blemishes are not treated. But, in the absence of scientific studies, no one knows for sure whether treatment methods used by dermatologists and others (a) decrease the incidence of deaths from cancer, (b) increase the incidence of deaths from cancer, or (c) none of the above. If you don't believe me, ask your dermatologist whether the incidence of deaths from skin cancer are any higher--or any lower--in those patients who fail to follow his treatment recommendations.

Doctors are fond of "blaming the victim" whenever possible. If a woman delivers a malformed child, the doctor doubtless will ask about her drinking habits during the pregnancy, while often failing to ask questions about the prescription drugs she may have been given. Doctors who are faced with patients who have lung cancer universally delve deeply into smoking habits, while overlooking the matter of accumulated radiation effects of chest X-rays.

Blaming the victim is a very effective method of covering up one's own inadequacies. Since blaming the tanning booths seems to fall into this genre, balance my suspicion of those booths against at least an equal suspicion of those who condemn them.

I know how you feel about the dangers of hospitalization and I share your feelings. However, my child absolutely must have surgery, and she will be admitted to the hospital next week. How can I protect her while she is there?--Mrs. C.F.

Protecting a hospitalized child

As you and I both know, hospitals are dangerous places. I hope you realize how dangerous they really are. For example, a 1978 study in a hospital pediatric ward revealed that one-sixth of the children at risk acquired respiratory illnesses while in the hospital. During a 1979 epidemic of meningitis in a Florida hospital nursery, two children died and three others suffered permanent paralysis or brain damage. In the Florida outbreak, as well as in many others, the outbreak was traced to the failure of medical personnel to wash their hands!

The threat of iatrogenic (doctor-produced) illness mounts in the hospital because doctors are strongly motivated to employ all the medical technology available to them, even when it may be of dubious value in diagnosis or treatment. Every needle a doctor inserts creates a pathway into the body for infectious organisms. Every drug he administers holds the possibility of harmful side effects. Every X-ray he orders carries the possibility of causing radiation-induced damage in the child's later years.

In November, 1979, Pediatrics, the journal of the American Academy of Pediatrics, observed:

"When a young child must be hospitalized, the effects of the experience can be very detrimental. Several studies have indicated that these

effects may evidence themselves as behavior disturbances, regressed development, retarded recovery and the like. Two studies from Britain provide striking evidence that a hospital admission of greater than one week's duration, or repeated short admissions before the age of five years, are associated with an increased incidence of behavior disturbances at age 10 years and into adolescence."

Although you say that your child "absolutely must have surgery," let me suggest that you still may be able to avoid hospitalizing your child. Ask the doctor to prove to your satisfaction that the things he plans to do in the hospital can't be done in an outpatient facility, with aftercare provided at home. Since much of the surgery performed on children is unnecessary, and since much of that which is indicated can be performed safely and adequately without hospitalizing the child, why risk hospitalizing your daughter for one ailment at the risk of giving her another?

If hospitalization really is unavoidable, don't permit your child to spend one minute alone in the hospital. If you can't be with her yourself, make certain that some other familiar face and concerned observer is at hand. Familiarize yourself with the medications and treatments she is to be given, and watch the medical personnel like a hawk so they don't make any mistakes. Don't be intimidated by doctors and nurses. Demand information about medications and treatments, ask about risks and side effects, be alert to sanitation deficiencies and ask your doctor to release your child as soon as possible.

Cholesterol campaign accelerates

Since this Newsletter serves as an early warning system for patients, let me call your attention to the latest scare campaign about cholesterol.

This new effort to frighten patients into blood tests for cholesterol levels is being mounted by Mead Johnson Laboratories in concert with several prestigious medical organizations (Columbia University's College of Physicians and Surgeons, the American Heart Association, National Heart Lung and Blood Institute, American Dietetic Association, etc.). This high-powered group has an equally high-powered "distinguished Editorial Advisory Panel" whose chairman, Robert Levy, M.D., professor of medicine at Columbia University, states: "We owe it to our patients to effectively treat elevated blood cholesterol levels...and we must be prepared to educate our patients in an informed and comprehensive manner."

In order to insure that every adult in the country (and children with family histories of a high blood cholesterol or heart disease) be checked for elevated blood cholesterol, these distinguished doctors have prepared several "educational" materials, including illustrated flip charts, audio cassettes, and other "teaching" tools. The program is intended to contribute to "national cholesterol awareness and education."

Only at the end of their press release which heralds this educational campaign does Mead Johnson reveal that they are the producers of Questran, a widely-used anticholesterol medication. They correctly report that Questran causes a reduction in heart attacks, but they fail to report the scientific evidence brought to you in 1984 by this columnist that patients on Questran suffered a remarkable increase in deaths from accidents, homicides and suicides. Thus, in medical terms, the "funeral rate" remains the same.

The People's Doctor Newsletter
P.O. Box 982
Evanston, Illinois 60204

Published monthly. Subscription rate: $24.00 annually.
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Another View

by Marian Tompson

Michelle, who is 10 years old and the eldest of my grandchildren, was vacationing with cousins when she phoned her mother. "Mom, I'm not feeling well," she explained. "My throat is a little sore and I think I have a fever. Would you please look in 'How to Raise a Healthy Child in Spite of Your Doctor' and tell me what Dr. Mendelsohn has to say."

What a smart girl! Since Michelle knew that her mother always referred to "How to Raise a Healthy Child" when any of the four children in her family was ill, it was natural for her to go to a book before even considering going to a doctor.

Fortunately, today there is a growing number of resources to help parents and children evaluate illnesses and to provide them with the kind of background information they seldom receive during the rush of an office visit. As one mother explained, "It's like having a good friend, who's also a doctor, with whom you can feel free to sit down and discuss all those things you wanted to know more about but that would take too much of your doctor's time during a regular visit."

A new entry in this market is "Pediatrics: A Course for Parents," by George Wootan, M.D. (Box 403, Hurley, New York 12443). The course, which consists of 10 90-minute tapes and a workbook, covers material presented by Dr. Wootan during his weekend parent seminars which have been held around the country since 1979. Topics include: What is an Emergency? Common Childhood Illnesses and How to Handle Them at Home; Immunizations; Medications; How to Choose a Family Physician; and Getting Satisfaction From Your Doctor.

While listening to the tape on fever, I learned that when the body temperature rises above 102 degrees, huge amounts of interferon, a powerful antibiotic and antiviral agent, are produced. Fevers are "user friendly," and when we lower a child's temperature, we actually are depriving him of a potent defense mechanism. Dr. Wootan points out, as does Dr. Mendelsohn, that the height of the fever has nothing to do with the severity of the disease, and there is no reason to fear a convulsion simply because the child's temperature is high. A child with a fever should be dressed according to the weather or the temperature inside the house, not according to his body temperature. The child's body will regulate his inner temperature as necessary, even with a fever. Dr. Wootan reminds us that most fevers are viral and last from three to seven days, regardless of what we do.

The July/August issue of Mothering, one of my favorite resources for all kinds of information, carries an article on fever by Dr. Wootan. Mothering editor, Peggy O'Mara McMahon, follows this article with a listing of fever soothers. Numbered among them are nursing, rocking, singing, holding, foot massage with garlic oil, a ginger foot bath, homeopathic remedies, the eating of infection-fighting foods such as garlic, onions and chilis, and the use of such soothing odors as lemon, eucalyptus, lavender and thyme. Recognizing that we tend to focus on fever because it is the most easily noticed symptom of illness, McMahon also lists other body signs of illness to help us decide if home care or professional care is most appropriate in a particular situation.

When we use these kinds of resources, they demand that we pay attention to one another. We have to observe our children when they are well so that we can easily recognize the difference that tells us that they are ill, even when they don't have a fever. But that's what parenting is all about, isn't it? And isn't it high time that this inherent wisdom and good sense of informed and loving parents is acknowledged and nurtured?