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by Robert S. Mendelsohn, MD

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IN THIS ISSUE: Beware of Hib Vaccine . . . Disposable Diapers are Dangerous

Dr. Robert Mendelsohn

The two main subjects of this month's Newsletter, the Hib vaccine and disposable diapers, at first may seem to be of interest only to parents and grandparents of very young children. But that is not entirely the case. Both these questions raise far larger issues than just whether babies should be immunized with a certain new vaccine or whether they should wear cloth, rather than paper, diapers.

With the Hib vaccine, we face the entire question of disease borne from one child to another in daycare centers. Should the problem be dealt with by the quick fix of a shot, or should our society rather be looking at the overall question of what happens to babies of women who work?

With disposable diapers, we face an ecological as well as a health issue. Even if we change those disposable diapers so quickly that no diaper rash results, what happens when those non-biodegradable diapers fill our landfills to overflowing? Ultimately all of us pay the bill with both these issues.

Q

The director of my child's daycare center is pressuring me to have my child immunized with the Hib vaccine. Should I take his advice?--M.U.

A

Beware of Hib vaccine

Just as with the older vaccines, the best advice I can give parents is to carefully read the prescribing information before permitting the doctor to use this new Hemophilus influenza b vaccine.

You then will learn that, in addition to the active agent or germ, the vaccine injection also contains lactose, thimerosal (a derivative of mercury) and sodium chloride. You might ask your doctor whether any studies have shown that the injection of these materials--sugar, mercury and salt--is safe. I know of none.

Be sure that your doctor has a second syringe available if he gives your child the shot. The prescribing information states that an epinephrine (adrenaline) injection should be available for immediate use if an anaphylactoid (shock-like) reaction should occur. Also, be sure he takes a careful history and performs a physical examination on your child, since any febrile illness (one that is accompanied by a fever) or active infection is reason to delay the vaccine.

If you decide to have the doctor inject the vaccine, watch that he injects it in the right place. The vaccine should be given under the skin (subcutaneously) and not intradermally (between the layers of the skin), intravenously or intramuscularly. The safety and efficacy of these other routes of administration have not been evaluated.

Where has the vaccine come from? Has it been sitting on a table or in a drawer? The prescribing information says the Hib vaccine should be refrigerated upon receipt and should be stored when not in use at 35 to 46 degrees Fahrenheit. Be sure the vaccine is taken out of the refriger-

ator and not out of the freezer, since the prescribing information carries the warning--DO NOT FREEZE.

If you can, determine when the doctor mixed the vial of vaccine with the vial of diluting fluid, since, after mixing, the vaccine is stable for only 30 days when stored as directed. The date of mixing (reconstitution) should be recorded on the label of the vial containing the vaccine. Look at the label before the shot is given to make sure the expiration date has not passed.

Health dangers of daycare

The bad news about daycare centers has been extensively presented in a special supplement to Pediatrics, June 1986, the official journal of the American Academy of Pediatrics.

Children in daycare centers, their teachers and their household contacts have higher rates of diarrhea, hepatitis, meningitis, and ear infections than do children who are not in daycare. These children also are at risk of various types of developmental deficits, including personality flaws, less intellectual development, and an increased sense of social isolation.

Daycare centers which accept children who are younger than two years of age reported three-and-a-half times as many cases of diarrhea as did centers which did not accept such young children. Thus, children in diapers are a "risk factor" for diarrhea in daycare settings. Staff members who diaper children and also prepare or serve food to children play an important role in transmitting the germs associated with diarrhea.

There is now indisputable evidence, spanning 13 years of study, that daycare centers play a very significant role in spreading viral hepatitis among children (in whom it manifests itself as a mild disease), center staff, and adult household contacts of daycare children. In contrast, viral hepatitis can be very serious and can carry the risk of death when it strikes adults.

Children younger than three years old have much higher rates of Hib (a disease caused by the Hemophilus influenza germ) than do children who are not in daycare, and daycare attendance is particularly asociated with elevated rates of the deadly Hib meningitis. Other forms of meningitis may also plague daycare centers. Measles and tuberculosis can be communicated in daycare settings.

Ask your doctor to let you read this important supplement, which is fully documented with 172 references. What can you do after you have absorbed the grim evidence that daycare centers have joined other institutional settings, including homes for the retarded and hospitals, in being medically dangerous places for both children and adults?

1) If any member of your family becomes ill, and if you belong to the millions of American families which, either through choice or necessity use daycare centers, think about the center being the source of the disease. Did the workers at the center--particularly its medical personnel and consultants--warn you about the increased risk of various infectious diseases in your family at the time that you enrolled your child?

Ask your local health department about the disease record of your child's daycare center as compared to others in the area.

2) If you work in a daycare center, be aware that you face an increased risk of contracting important disease conditions.

3) If you fall into neither of the two above categories, think about strategies, both private and public, which you can initiate and implement to help working parents.

I received the enclosed "Dear Parent" letter from the Ministry of Health of the Province of British Columbia by way of my daughter's private school. The letter tells about the Hemophilus influenza type b vaccine which is being offered to children aged two to five years. The letter says this

type of influenza "is the major cause of epiglottitis and meningitis in children under the age of five years," and "Children attending day care centers are more at risk because of increased exposure, both in the number of children they are in contact with and the number of hours of exposure."

Is there a good chance that either my three-year-old or my one-year-old will get meningitis if they are not immunized?--C.S.

A Since the Hib vaccine first was introduced a few years ago, I have been warning people about the tendency of doctors to use a new medicine as fast as they can before all the adverse effects are known. Now, the darker side of this new vaccine, designed to prevent children from getting meningitis, is beginning to surface.

In an article entitled, "Meningitis Risk Seen from Use of Vaccine" (St. Paul Pioneer Press Dispatch, April 21, 1987), Minnesota state epidemiologist Michael Osterholm reported that, instead of protecting children from meningitis, the Hib vaccine increases the risk of illness. Speaking to physicians and health experts from around the United States who were gathered at the National Institutes of Health, Osterholm reported that a study of children who had received the Hib vaccine since its introduction in 1985 showed they faced a fivefold increase in the risk that they will be infected by the Hemophilus influenza type b bacteria (against which the vaccine is supposed to protect them). This Minnesota study found the vaccine has an effective rate of minus 86 percent, meaning the number of infected children grew. In Minnesota, many doctors have stopped administering the vaccine until they get a definitive response from the FDA.

In contrast, the original study of children in Connecticut, Pittsburgh, and Dallas which was done by Dr. Eugene Shapiro of the Yale University School of Medicine, found the vaccine to be effective 89 percent of the time. The most startling revelation is that Shapiro excluded Minnesota from his study (even though that study used the same methodology) because the state's results were so far out-of-line from the other areas examined. I hope every reader of this Newsletter, whether in the United States or in Canada, is aware of the almost uncontrollable tendency of researchers to throw out findings that don't agree with their preconceived conclusions!

In view of this important news, every parent whose doctor recommends the Hib vaccine must ask the doctor if he knows what's happening in Minnesota.

Hib disease follows vaccination

The authoritative Centers for Disease Control publication, Morbidity and Mortality Weekly Report, reported in its August 21, 1987 edition that invasive Hib disease was occurring in children who previously had been vaccinated with that immunizing agent.

When the vaccine was introduced in 1985, the FDA asked its manufacturers to conduct post-marketing studies. As a result, the FDA, CDC, vaccine manufacturers and individual vaccine investigators have received spontaneous reports of these vaccine failures.

The word "spontaneous" is important. It indicates that government agencies and vaccine manufacturers have depended on passive surveillance in their search for adverse effects. "Passive surveillance" is the epidemiological term used when there is only voluntary, spontaneous and therefore spotty reporting of adverse effects by patients and doctors to the government or drug companies. In contrast, "active surveillance" refers to a situation in which the company making the drug or vaccine and the government's health and watchdog agencies make an effort to check up on the patients to determine the extent of adverse effects.

For example, in active surveillance, a vaccine manufacturer or the FDA might keep a file card on each person who was given the vaccine during

field trials. Then at some point--days, weeks, months or even years later--each vaccinee and his family would be contacted, examined and closely questioned to determine both the efficacy and safety of the vaccine.

As you can see, from the scientific standpoint, active surveillance is vastly superior to passive surveillance. However, not too unsurprisingly, vaccine manufacturers are quite resistant to the idea of active surveillance. They claim it is too expensive, too time-consuming, etc.

I often have felt that a more basic reason for opposition to active surveillance is vaccine manufacturers' fears of what such a scientific study might turn up. But even with inadequate, slapdash and sloppy passive surveillance, bad news about the Hib vaccine has surfaced. Investigators at the Northern California Kaiser Permanente Health Plan and the Minnesota Department of Health have reported some cases of invasive Hib disease during the one-week period following vaccination.

Last year, one investigator suggested in the New England Journal of Medicine that these vaccine failures might be due "to an inability to induce an appropriate antibody response." Translating this into English, the vaccine might not work.

The CDC says further investigation is necessary to evaluate the meaning of Hib cases found soon after vaccination. They warn that physicians should be aware that "cases may occur in the week after vaccination, prior to onset of the protective effects of the vaccine."

I will not argue with the CDC that physicians should be aware of the vaccine failure. But just in case your physician does not have time to read this weekly government publication, I think it important that patients get the message directly.

Q Recently my four-month-old grandson had an operation for a rectal abscess. He is doing fine now but the surgeon says he may have more abscesses later.

I told my son that I never heard of this in an infant, and he said the pediatrician told him it is becoming more common. I said I thought disposable diapers could be the cause. I suspect that the pediatrician didn't agree, because after using cloth diapers for a while, the parents went back to disposables.

I had six children of my own, and it seems to me that, if something is becoming more common, there has to be a cause. I think the cause could be disposable diapers because they are becoming more common.

I am a retired operating room nurse, and I wish I could find a doctor with your ideas.--E.G.

A I assume your grandson's doctor has ruled out one of the more common causes of rectal abscesses in infants and children--severe constipation.

Rectal abscesses and disposable diapers

With that factor out of the way, I certainly agree with your suspicions about disposable diapers. In my latest book, "How To Raise A Healthy Child In Spite Of Your Doctor" (available at $9.95 from The People's Doctor, 1578 Sherman, Evanston, Illinois 60201), I recommend against the use of disposable diapers, as well as plastic or rubber pants, since these coverings lead to retention of moisture on the tender skin of infants. Moisture helps the growth of bacteria which is the recipe for infections ranging from simple diaper rash to severe abscesses.

As a retired R.N., you probably can remember the days when infants, even in newborn nurseries, were covered only with cloth diapers. Today, however, many pediatricians have caved in to the manufacturers of paper, plastic and rubber. Your grandson is lucky to have such a concerned grandmother.

Q I have to disagree with you that babies who wear cloth diapers get fewer rashes than babies who wear disposable diapers. My son is 18 months old,

wears disposable diapers and has never had a diaper rash.

Your error is in thinking that the diapers cause the rash. I think the prolonged contact with the urine is what causes it. If you change the baby regularly, not only will you have a dry, rash-free baby, but eventually you will teach the baby to detect his own wetness. My son now brings me a clean diaper when he is wet because he has learned not to stay in a wet diaper.

Even though the disposable diapers are more expensive, and I am unemployed (and therefore am home with my baby getting this knowledge first-hand), it is one expense I will dish out for.

Your readers should take time to care for their babies properly and not let them sit in a soaked diaper for hours.--J.G.

In praise of disposables

A Your letter makes me happy for several reasons. First, I don't hear from many fathers. Second, I don't hear from many fathers who are as devoted to their little babies as you are. And third, I don't hear from many fathers who assume major responsibility for changing diapers.

Finally, I don't hear from many fathers who have carefully thought about the relationship between different kinds of diapers and their baby's rash or lack of a rash.

Congratulations to your 18-month-old son for bringing you his diaper. He certainly knows how to get his message across. And congratulations to you for being able to teach him this admirable form of communication.

However, you leave me with a serious dilemma. I don't know whether to pray that you find a job or to hope that you remain unemployed and, therefore, stay home with your baby.

Last year, I received a "Dear Member" letter from the American Academy of Pediatrics introducing me to a slick eight-page, three-color brochure entitled "Diaper Rash." This brochure, the letter said, was developed through an educational grant from Procter & Gamble, and the information had been approved by AAP technical experts.

Without bothering you with the kind of information every mother and grandmother know (such as wet diapers have something to do with diaper rash and zinc oxide ointment may help), I call your attention to the last page of the brochure upon which is a graph "clinically" comparing the severity of diaper rash to the type of diaper used.

Like me, you may have thought that cloth diapers would win the contest --being the best for preventing diaper rash. Not so. According to Procter & Gamble and the AAP, the studies they cite show that "new disposable diapers" were the most effective in preventing diaper rash. Conventional disposable diapers came in second, and cloth diapers came in last.

The only piece of information left out of the thousands of words in the pamphlet is the fact that Procter & Gamble manufacturers Pampers, which--believe it or not--had come out with a new disposable diaper at the time of this brochure's publication.

Wouldn't you think the learned Academy would be embarrassed to be fronting for Procter & Gamble in such a transparent way? When the Academy was approached by Procter & Gamble with all that money to produce the brochure, why didn't it simply say, "Use the money to speak for yourself, Procter & Gamble"?

Disposing of disposables

In the past, my concerns about disposable diapers have been limited to the excess incidence of diaper rash, both mild and severe, from these replacements for cloth diapers.

Yet, some information has crossed my desk which makes me realize the problem is more than skin-deep. I have learned that 70 percent of all

diaper changes now take place with disposable diapers, and about 90 percent of mothers who diaper their infants use disposable diapers at least part of the time. A 1983 study by the Department of Virology, Baylor College of Medicine reported: "The presence of viruses in untreated human fecal material in solid waste disposal sites originated largely from the increased widespread use of disposable diapers, which often send feces through landfill sites rather than through the sewage plants."

According to what I have read, disposable diapers are responsible for about 95 percent of clogged sewer lines in the U.S.; "Not since the Middle Ages has there been so much human waste in a community's garbage," and a highway cleanup campaign has disclosed that the largest single category of litter is soiled disposable diapers. For a newsletter detailing this subject, write to one of America's most vocal consumer advocates, Ida Honorof, P.O.Box 5449, Sherman Oaks, California 91403.

Perhaps the activists who are demonstrating on behalf of environmental issues should make disposing of disposable diapers a priority issue. That is, if they themselves are not using them on their own babies!

Potpourri

Out-maneuvering Heimlich

It was only three years ago that I met the eminent physician, Dr. Henry Heimlich. Of course, like many of you, I had heard of the lifesaving Heimlich Maneuver during the course of many years, even though I never had a chance to try it out either on a person choking in a restaurant or a victim of a near-drowning.

In 1984, at the invitation of The New Medical Foundation (an organization of which I am president), Dr. Heimlich appeared at a special seminar held in Chicago. At this meeting, eight eminent doctors from around the country joined me in sharp criticism of modern medical practices. In front of an audience composed of physicians, scientists, journalists and ordinary people, Dr. Heimlich severely criticized the American Red Cross for its quarter century of teaching that backslaps were the way to deal with choking and drowning victims.

Dr. Heimlich argued that the backslap technique was more likely to kill the patient by forcing the obstructing food or water even more deeply into the lungs. He argued instead for adoption of his own technique, originally named "the sub-diaphragmatic thrust," later to be re-named "The Heimlich Maneuver" by the Journal of the American Medical Association.

Dr. Heimlich's presentation subsequently appeared together with those of the other eight dissenting doctors in Contemporary Books' "Dissent in Medicine, Nine Doctors Speak Out" (available for $8.95 from The People's Doctor, 1578 Sherman Avenue, Evanston, Illinois 60201). Right after Dr. Heimlich's presentation and the ensuing lively discussion (all the discussions are presented in "Dissent in Medicine"), the Los Angeles Times medical reporter Allan Parachini telephoned the American Red Cross for a reaction. Shortly thereafter, the American Red Cross and the American Heart Association reversed their positions on cardiopulmonary resuscitation, rejected the backslaps and adopted the Heimlich Maneuver as the only approved emergency treatment for choking victims. Later, the Surgeon General of the United States joined in endorsing the Heimlich Maneuver.

I thought the matter had come to a happy ending. I was wrong.

On July 24, 1987, in the Journal of the American Medical Association, James P. Orlowsky, M.D., a doctor from The Cleveland Clinic, blamed the Heimlich Maneuver for the death of a 10-year-old who had a near-drowning episode in a swimming pool. Orlowsky claimed that the Heimlich Maneuver, which had been used on this child, had caused the child to vomit, and the vomitus thereby had been aspirated into the child's lungs.

Knowing JAMA is a "peer-reviewed" journal, I telephoned Dr. Heimlich for his comment, assuming that JAMA's editor undoubtedly had called upon Dr. Heimlich as the most obvious peer reviewer. I was wrong. Neither Dr.

Heimlich nor Edward Patrick, M.D., Ph.D., of Purdue University nor any other supporter of the Heimlich Maneuver in the scientific community had been contacted by JAMA's editors.

But Dr. Heimlich did share with me some of his suspicions about the Orlowsky article. First, the drowning incident had occurred seven years before publication of Orlowsky's article in JAMA. Why so long? Second, autopsy of the child showed that his lungs were filled, not with aspirated vomitus from the stomach, but rather with swimming pool water. Third, the child's lungs were found to be collapsed (pneumothorax) from misplacement of the breathing tube inserted by his "rescuers." Most surprising of all, Dr. Heimlich had received a signed letter from a former nurse at The Cleveland Clinic telling him that the drowning had occurred at The Cleveland Clinic's own swimming pool! The nurse criticized the behavior of the lifeguard staff at the pool, reported that the child had gone swimming immediately after dinner, and voiced her suspicion that the Heimlich Maneuver was being made the scapegoat for the child's death.

This surprising turn of events stimulated me to telephone Dr. Orlowsky to ask him if the child had indeed drowned in The Cleveland Clinic's own pool. If so, why had this significant piece of information been left out of the published case report? Since Dr. Orlowsky was not in his office, I left a message for him to call me. I spoke instead to The Cleveland Clinic's public relations officer, one Marilyn Mosely, asking her if The Cleveland Clinic had a swimming pool. (After all, no hospital where I ever have worked has been so fortunate.)

Ms. Mosely told me that since part of the hospital formerly had been a hotel, The Cleveland Clinic did indeed have a swimming pool. She knew about the Orlowsky paper, but she denied any knowledge of whether the tragedy had occurred at the Clinic's swimming pool. The following week, Dr. Orlowsky returned my call--all he could tell me was that the drowning occurred in an "indoor" pool. Subsequent calls by me to the hospital's PR department went unanswered. And that's where things stand right now.

This evolving saga is important for several reasons. First, the stakes are high, pitting the world-renowned Cleveland Clinic against the already-legendary, larger-than-life Henry Heimlich. Second, this drama is one part of the growing evidence that, in the scientific world, controversies that appear to be purely scientific on the surface often carry political undertones. Third, why did JAMA elect to publish this case report so many years after the child's death, and what are the full facts about the peer review process in this case? Fourth, I again am impressed with the integrity and growing courage of nurses who run considerable risks by telling the truth about their patients and their patient's doctors.

"Show and Tell" sinks to new depths

"Anatomically correct doll has condom, will teach," reads the headline of a story in American Medical News (September 11, 1987). Oh come on, Dr. Mendelsohn, you say, you're making this one up. Oh, how I wish I were.

It seems that dolls retailing for $50 in which "the male carries a condom in the pocket of his slacks" are in the vanguard of teaching materials to "protect children and teenagers from acquired immune deficiency syndrome [AIDS] and other sexually transmitted diseases."

"The male and female figures are 22 inches high and have all the natural body openings and body hair. The female also has a sanitary napkin, tampon, and a baby with cord and placenta that can be removed from the vagina.

"Schools, hospitals and families have begun using the dolls with individual children and classes for showing, instead of just telling about sexuality and health."

Oh brave new world that has such people in it!

Another View

by Marian Tompson

Have you noticed the ads for the new super-absorbent disposable diapers? The manufacturers of these paper diapers would like us to focus on dryness and diaper rash. But even when we put aside disputes about the validity of the studies used to support these claims and when we disregard the obvious comfort quotient that wearing cotton provides over wearing paper, a number of critical concerns about disposable diapers still are being voiced by both consumers and health professionals.

In June, 1986, Ruth Lawrence, M.D., professor of pediatrics at the University of Rochester wrote the American Academy of Pediatrics, responding to the Academy's brochure which conveyed the message that disposable diapers were far more effective than cloth in reducing diaper rash. Voicing her suspicion that the rashes she had been seeing in newborns were diaper related, Dr. Lawrence explained: "More recently with the introduction of the new Pampers Ultra into the newborn nursery, we have seen an incredible outbreak of diaper rash. Male babies are particularly affected, and we have seen infants whose perineum and scrotal tissue just ooze blood. Because of the incredible intolerance of these newborns for this new product we have discontinued its use in our nursery...." According to the Empire State Consumer Association, reactions to the new gel chemical compound even are being seen in employees who work in factories where the diapers are manufactured.

There are other concerns as well. For example, no studies have been done on the migration of the chemicals in the gel compound to the reproductive organs of the babies who wear these diapers 24 hours a day for two to three years. With the recent revelation by Greenpeace Canada of dioxin in disposable diapers and other paper products, this worry escalates. Since it long has been known that chemicals migrate out of paper packaging materials into food, particularly fat-containing foods, it would be no surprise to find dioxin doing this as well. As explained by Ellen Silbergeld, a respected toxicologist with the Environmental Defense Fund, putting cream on a baby's bottom and then covering it with a paper diaper provides a perfect matrix for transferring dioxins from the diaper to the baby.

Because of the superabsorbancy of the material and the expense of the diapers, mothers tend to leave urine-filled diapers on their babies for as long as possible. It's not unusual to hear mothers talk of now being able to get by on only two or three diapers a day. The fact that disposables do not breathe actually raises the baby's skin temperature--one study claims it raises it by four degrees. In the Spring, 1987, issue of Mothering, Nan Scott pointed out, "This not only is a potential source of irritation in itself, but when the heat combines with wetness on or near the skin and with the bacterial breakdown of urine, the risk of skin infection increases."

And then there's the environmental issue. Did you know that in the United States we throw out 18 billion dirty diapers a year? That's enough diapers to stretch back and forth to the moon at least seven times. Most of these diapers are buried in municipal landfills. Because of the plastic in the diapers, it can take decades for them to disintegrate. Meanwhile they leak viruses and bacteria into the earth and pollute underground water supplies. With five million tons of dirty diapers being buried in landfills throughout the United States each year and so many questions still unanswered about the chemicals and toxins they contain, isn't it about time we carefully assess what the ultimate cost of using disposables might be to us all?

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