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

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The Illogic of Silver Nitrate . . .
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Dr. Robert Mendelsohn

The silver nitrate ritual, however illogical and devoid of scentific validation, is a crucial sacrament in the religion of Modern Medicine. Capable of producing damage (unlike the holy waters of traditional religions), the doctor-priests' holy water forever stamps every woman in this country with the stain of his religion's Original Sin. While the original sin of other religions may be theological, the Original Sin of the religion of Modern Medicine is gynecological. Every American mother is assumed to carry the germ of gonorrhea in her birth canal.

The doctor-priest curses the parents: "If you reject my holy water, your child will go blind." The parents, frightened, indeed panic-stricken, deliver their precious newborn onto the sacrificial altar to appease the powerful doctor.

Recently, some enlightened parents have risen up against this tyranny, and some doctors have admitted the uselessness and the hazards of silver nitrate. However, please note that the doctor-priest has not abandoned the ritual and admitted that some--perhaps many--mothers are free of venereal disease.

Instead, the doctor has switched from one unproven, risky holy water to another unproven, risky holy water. He now piously reassures questioning parents, "Oh, no, I wouldn't use silver nitrate on your baby; now we use antibiotic eye drops." So strong is his belief in the Original Sin of mothers that--logical or senseless, safe or dangerous--the holy water ritual must be performed on every newborn baby.

However, mothers--and fathers--will not be fooled very long by this sly switch in composition of the holy water. And when they discover the doctors' deception, their justified wrath--collectively and individually--will lead to retribution against the priests who insulted their purity and--without cause--attacked their babies.

If you have had enough of the religion of Modern Medicine and are ready to revolt against this modern idolatry and its devilish priests, the silver nitrate/antibiotic eye drop ritual is a good place to start.

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 V.D. She says an expectant mother should get in writing from her own doctor that she is clean and pure and has absolutely no traces of V.D. Then the doctor who delivers the baby wouldn't have to place the silver nitrate drops in the newborn'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.

Why 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 percent 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 percent of babies; 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 necessitate difficult surgical intervention. Finally, some people 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 covering membranes of the eyes of the newborn.

The letter you propose to write certainly 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 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. (Reprinted from Vol. 6, No. 1.)

Q

In your book, "MalePractice," you write that the purpose of silver nitrate drops is to protect the infant's eyes against gonorrhea, and you say there is no logical reason for the use of silver nitrate if the mother doesn't have a venereal disease.

Neither my husband nor I have had any kind of venereal disease, but I am wondering whether I may be an unsymptomatic carrier and whether this might affect my unborn child. If I were such a carrier, would the symptoms manifest with my husband? Can we be sure we don't have a venereal disease if neither of us has had any symptoms? Our baby is due October 1. Will the baby be safe if we don't administer this undesirable chemical into its eyes? We are planning to move to California, and we don't know what that state's laws are with regard to silver nitrate.--C.A.

Silver nitrate and gonorrhea

If you think there is a chance you might have a venereal disease, with or without overt symptoms, you must immediately tell your doctor about your concerns. He then can carry out the necessary tests to determine whether your suspicions are justified. While the baby of any mother suspected of having symptomatic or asymptomatic gonorrhea should receive silver nitrate prophylaxis (for the prevention of gonorrheal eye infections in the newborn), you should know that sometimes more than one venereal disease can

exist in a person's body. For example, if you are worried about harboring gonorrhea, you also should be worried about syphilis.

As the argument accelerates over whether to routinely pour silver nitrate/antibiotic eyedrops into the eyes of newborn babies (in order to avoid gonorrheal infection) it now appears that this treatment is not always efficacious, even when gonorrhea is present.

The Center for Disease Control's weekly report (MMWR October 7, 1983) described a case in the San Diego, California area in which a newborn developed a gonorrheal infection of his eye. Yet that child had been treated prophylactically with the antibiotic erythromycin five minutes after delivery.

Various medical mistakes led to this child's infection: The father, who had been seen at the clinic of the Naval Air Station (which is unnamed in the report), had been diagnosed as having gonorrhea and was treated nine days before the birth of the infant. At the time, the mother was not contacted either for evaluation or for treatment. One day before delivery, the mother visited the local health center (also unnamed) and was found to have a yellow green, odorous vaginal discharge. Cultures were taken but no antibiotics were administered. The next day, the woman was admitted to the obstetric ward (of an unnamed hospital) in active labor and a copious green vaginal discharge was noticed. An internal fetal monitor (the metallic device attached to the baby's scalp before birth) was applied but the doctors (also unnamed) prescribed no treatment for the vaginal discharge. Twenty-four hours before birth, the results of the culture obtained from the mother two days earlier finally were reported--positive for gonorrhea.

Both mother and baby subsequently were treated with pencillin. The baby was treated with benzathine penicillin, even though current CDC recommendations are to treat infants born to mothers with gonococcal infections with aqueous crystalline penicillin G. The next day, when the baby was two days old, the infant developed a copious yellow discharge from both eyes along with swelling and redness. Laboratory examinations confirmed the diagnosis of gonorrhea. At this point the infant finally was treated with aqueous penicillin for the next seven days; his eyes were washed with saline every 30 minutes to one hour, and tetracycline eye ointment also was used. The infant's eyes gradually improved, and no damage could be found on later examinations.

This is not the first time that gonorrheal infection of the eyes has occurred despite the use of erythromycin ophthalmic ointment. A 1983 article in the Journal of the American Medical Association also reported that the gonorrhea organism can cause gonoccocal ophthalmia despite prophylaxis with erythromycin or with silver nitrate. In another study (Pediatrics 1976), 44 of 46 cases of gonoccocal ophthalmia occurred despite silver nitrate prophylaxis.

In light of the above, you might ask your doctor why he and his colleagues have gone to state legislatures to force your infant to start life with powerful (therefore dangerous) chemicals in the tender, tiny membranes of his healthy eyes. You even might write to William H. Foege, M.D., Director of the Centers for Disease Control, Atlanta, Georgia 30333.

Ask him whether his agency still supports routine, mandatory eyedrops and eye ointments for all newborn babies.

Q Our two sons, ages eight and 11, are showing signs of nearsightedness. Both my wife and I have worn glasses since our childhood to correct myopia and astigmatism, and we hate the thought of hindering two otherwise-healthy children with a lifetime of eyeglasses.

We have read that nearsightedness and farsightedness both result from an improper focal length in the relation of the eye's lens to its retina. Theoretically, myopia results when the eye is elongated from front to back, causing the lens to focus at a point before the retina.

Why do so many people these days seem to be wearing glasses or contact lenses? Can heredity really be the culprit, as our reading tells us it is? If so, why is there no history of nearsightedness (or any other eye defect) in both my wife's and my parents or grandparents? Why don't animals have defective eyesight, especially domesticated animals?

We theorize that perhaps, during the growth period, a child's skull bone structure development does not keep pace with his eye growth. The resulting restriction of the eye socket would cause the eye shape to deform and thus impair vision.

Theoretically, such a condition would correct itself when the bone structure around the eye grew to accommodate an eye of normal shape. But at this crucial juncture, most children are fitted promptly with corrective lenses. The lenses correct the child's eyesight, but they act as a crutch and never allow for the normal development of the eye's focusing system. The result is a permanent dependence on corrective lenses.

What do you think of these ideas? Is anyone doing research on this?--M.J.

Is myopia related to silver nitrate use?

A I am pleased that you are thinking about the epidemic in this country of myopia, hyperopia, and astigmatism. Over the years, many techniques (e.g., the Bates Method) have evolved for helping people see without glasses. But, in addition to your concern about management of these eye conditions, you are correct in raising questions about the cause. I long have been suspicious of the heredity argument because doctors almost always invoke heredity when they do not know the real cause. Doctors also tend to use heredity as an excuse for all kinds of damage to humans, damage that often later turns out to be environmental in origin--e.g., congenital malformations due to drugs taken during pregnancy.

Therefore, whenever I hear doctors invoke "heredity," I always look for iatrogenic (doctor-produced) causes. What procedure do doctors carry out on practically every newborn in this country? As every parent knows, I am referring to the routine mandatory instillation of silver nitrate or antibiotic drops into the eyes of newborn infants (a procedure used in order to prevent blindness from gonorrhea).

In addition to the early complications of these drops (conjunctivitis, blocked tear ducts), some of us long have suspected that the administration of this caustic agent into the delicate membranes of the newborns' eyes may be responsible for causing millions of people to later need corrective lenses.

There are no studies to support my theory, neither are there studies which show that those eyedrops--given to the infant immediately after birth--are safe. Such studies would not be difficult to conduct. One could examine the eyes of people who have not had silver nitrate drops (those born in other countries, those born at home where their birth attendants winked at the law). One could even examine the eyes of infants delivered by doctors who have listened to my teaching over the past quarter century that they stand at least 10 feet away from the baby when squirting the silver nitrate. This group then could be compared with those who have had the holy water of silver nitrate administered by the priest (the M.D.) within the temple (the hospital).

But don't hold your breath waiting for this kind of study to be done. Instead, continue to pursue your theory just as I will continue to pursue mine.

While I have long been conducting a campaign against the routine use of silver nitrate drops in the eyes of every newborn baby, efforts in that

direction have not resulted in notable success. Or at least, not until the closing days of 1983. On December 23 of that year, a Canadian couple won a court injunction (the first to my knowledge) which forbids doctors putting silver nitrate drops in the eyes of their baby.

As reported in the Toronto Star (December 24, 1983), Justice Elmer Smith of the Ontario Supreme Court granted the injunction to Susan and Jan Petersen of Ottawa, thus saving their baby from this caustic solution which stings and causes temporary blindness. After Mrs. Petersen's lawyers presented evidence that she does not have gonorrhea (the century-old reason for giving silver nitrate), the Supreme Court restrained the Ottawa Civic Hospital, the Health Ministry, the Petersen's physician, and the Ontario Attorney General from administering silver nitrate drops to the baby.

Canadian court enjoins silver nitrate use

That's the good news. The bad news is that, deprived of one of their favorite treatments, the infuriated Canadian doctors began to take revenge. Publicity from the case already has led the Ottawa Civic Hospital to adopt "a strict new policy concerning newborns." Infants at the hospital (who in some cases might have been quietly exempted from silver nitrate) now are being made temporary wards of the Children's Aid Society so that the drops can be administered. The Canadian Pediatric Society is recommending antibiotic eyedrops that sting less than silver nitrate. However, parents will learn quickly that no scientifically controlled study ever has been done to prove the effectiveness of these antibiotic eyedrops, which may lead to the child's sensitization to these antibiotics in later life as well as to other complications.

The example set by the Petersens and by the Ontario Supreme Court should point the way for every couple expecting a baby here in the United States. Ask your doctor if he agrees with Dr. Gerd Schneider, the Petersen's physician, who opposed the use of silver nitrate drops and who supported the court challenge. Ask your own doctor whether he would support a court challenge in the U.S.

Medical News

Cholesterol study has strange results

In my Newsletter, Vol. 8, No. 2, I raised questions about the latest "breakthrough" in modern medicine--the news that the cardiac death rate can be cut by lowering blood cholesterol through the use of diet plus cholestyramine (Questran). I criticized the prestigious doctors at the National Heart, Lung, and Blood Institute and at the American Heart Association for reporting their results in the public press before giving doctors a chance to read the complete scientific evidence in the medical journals.

Now that the evidence has been presented in the Journal of the American Medical Association (January 20, 1984), let's take a look at the almost incredible answers to my questions.

I had requested details about the nature of the diet that was prescribed. Yet in this one-year, $150,000,000 study which involved thousands of patients and which was carried out by distinguished doctors and medical centers, the elements of the diet in terms of food are not mentioned. Instead of telling us about milk or sugar or flour or vegetables or meat, the researchers prescribed a "moderate cholesterol-lowering diet." Instead of talking about fruits, butter, vitamins, or trace minerals, the researchers discussed "a polyunsaturated-to-saturated fat ratio..." Why this omission? Did the researchers believe in their cholesterol-lowering diet? The researchers state, "When the [study] began, it was the practice of many physicians to recommend such a diet to hypercholesterolemic patients." In other words, the diet wasn't their own idea. They might well have preferred to tell people to disregard diets prescribed by their own doctors. They might have preferred to tell the experimental subjects to eat whatever they wanted (Twinkies, cream puffs, baked Alaska, whipped cream), but they recognized that people, and their individual doctors, know that diet is important in the prevention and treatment of cardiac

disease, and they knew their subjects would not listen to the researchers who told them that any kind of food was o.k.

Not only did the researchers seem to lack commitment to dietary management, but they also used the diet to get subjects for their study. Or as they put it, "...It was hoped that such a diet, along with a nutritional counseling program, would facilitate recruitment of participants." Rather than take the risk of running an elaborate study to which no subjects would come, the investigators bent their study to the wishes of the people. So don't bother looking to this study for any helpful information about diet.

As important as the diet question is, I am even more fascinated by the statistics on the death rates of the participants in this study. In Vol. 8, No.2, of my Newsletter, I mentioned that the drug takers suffered fewer cardiac deaths--as a matter of fact, 24 percent fewer deaths (30) than those patients not on the drug (38). Because of my inbred suspicion of medical researchers, I raised the question, "Were there deaths that had been caused by the drug itself?"

Right in the bold-face first paragraph which summarized the article, the researchers admit, "The risk of death from all causes was only slightly and not significantly reduced in the cholestyramine group." In other words, the people who were on the drug were just as likely to die as the people who did not take the drug! While they weren't dying from the nation's number one killer--heart disease--they were nevertheless dying. What was killing them?

The very next sentence states that the cholestyramine group had "a greater number of violent and accidental deaths." There were 11 deaths from accidents and violence in the cholestyramine group compared with four in the placebo (dummy tablet) group. Of these, five in the cholestyramine group were homicides or suicides versus two in the placebo group. Six of the cholestyramine group deaths were due to accidents, mainly automobile, versus two in the placebo group.

How do the researchers explain the excess death rate from violent causes? "Since no plausible connection could be established between cholestyramine treatment and violent or accidental death, it is difficult to conclude that this could be anything but a chance occurrence."

But hold it right there a moment! If these violent and accidental deaths, already shown to be statistically significant, are just a chance occurrence, why isn't the drop in heart disease from the drug also just a chance occurrence? Why hasn't at least one of the hundreds of researchers considered the possibility, even the likelihood, that some of those excess deaths were caused by anxiety, shortness of breath, headache, dizziness, fainting, eye inflammation, fatigue, and the other dozens of listed side effects of cholestyramine? Why didn't newspaper headlines read, "Heart drug responsible for 40 percent more suicides, homicides, and automobile accidents"?

I am sending a copy of this Newsletter to the researchers as well as to the Journal of the American Medical Association, the renowned, refereed, peer-reviewed, scientific journal that approved this article for publication, and I will share with you any response I receive. Meanwhile, you may wish to write for your own reprint of the scientific article--if so, send your requests to Lipid Metabolism-Atherogenesis Branch, National Heart, Lung, and Blood Institute, Bethesda, Md. 20205 (Basil M. Rifkind, M.D.). You then will be able to read other surprising aspects of this study--e.g. the almost double number of operations or procedures involving the nervous system in the cholestyramine group; the amost double number of gastrointestinal cancers, and the higher incidence of gall bladder surgery.

A bit of not-so-tongue-in-cheek practical advice while you and I are waiting for answers: If your doctor prescribes Questran for you, the least you can do is call your insurance agent and make sure your insurance policy carries a double-indemnity clause!

Potpourri

Forcing surgery for unborn fetuses

The latest ethical question being posed by some doctors--should pregnant women be forced to submit to operations on their unborn fetuses--has arisen in discussions at the University of Colorado, the Kroc Foundation, the National Institutes of Health, Massachusetts Institute of Technology, and the Hastings Center. Now that doctors are able to perform prenatal surgery for hydrocephalus (water on the brain) and hydronephrosis (enlargement of the kidney due to obstruction), some neonatologists want to perform these kinds of operations. But apparently some mothers are putting up resistance. So now the doctors, according to an Associated Press report from Boston (January 17, 1984), "are ruminating over the emotion-laden dilemmas" of this kind of therapy.

You may be shocked by the scenario of a court-ordered forcible strapping of a woman to an operating table in order that an operation can be performed on her fetus. But it doesn't surprise me, since in recent years, I have watched doctors use the courts to force all kinds of medical procedures. Doctors have requested that newborn infants be made wards of the State so that silver nitrate drops can be poured into their eyes; they have gone to every state legislature in this country to mandate other unproven and controversial medical procedures, including immunizations, PKU and other neonatal screening tests; they have gone to the courts to force parents to either accept orthodox therapy for their children who are afflicted with cancer, or else flee the country; and they have gone to the courts to force women to have Caesarean sections.

So why be surprised that some doctors have decided to expand their hegemony to include court-ordered treatment of the fetus? Since the dominant principle in modern medicine is "that which can be done will be done," just as with Barney Clark and the artificial heart, doctors now are technologically capable of performing fetal surgery, and patients are available as a result of newly-acquired diagnostic abilities (amniocentesis and ultrasound).

A mother may object to the procedure on the grounds that she may be harmed (and may even die) as a result of the diagnostic procedures and surgical intervention on her unborn fetus. But doctors already have shown themselves quite ready to sacrifice the mother's interests to those of the fetus, e.g., court-ordered Caesarean sections (the Caesarean section carries a maternal mortality 20 times as high as vaginal birth). As a matter of fact, for the last quarter of a century, doctors have been willing to use methods of birth control (the Pill, IUD, tubal sterilization, abortion, hysterectomy) which endanger the life of a woman in order that a fetus will not even be born or conceived. Whether in prevention of birth or in the saving of the fetus, the woman takes second place in the eyes of the doctor.

This attitude is in direct conflict with my own religion's standards of ethics. Jewish law never has given an unborn fetus rights equal to those of the mother. Indeed, if for any reason, the fetus during pregnancy or delivery threatens the life of the mother, Jewish codes mandate that the fetus be destroyed. Therefore, Jewish doctors and Jewish patients should be aware of the theological implications of amniocentesis and fetal surgery, both of which carry risks, however small, to the mother. Members of other religions similarly must consult their clergymen to discuss the application of their traditional religious teachings to this new situation.

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Another View

by Marian Tompson
President, La Leche League International

The more one examines the issue of silver nitrate for newborns, the "curiouser and curiouser" it becomes. For one thing, the specifics of treatment depend upon where the baby is born. For example, in one hospital, nurses are told not to mention that erythromycin is an alternative treatment for silver nitrate because erythromycin is more expensive, and keeping it on hand would put the department over budget.

This approach was disputed by a pharmacist in another hospital who pointed out that the hospital routine of prying the babies' eyes open and flushing them out with Dacriose three times a day during their hospital stay actually made the silver nitrate treatment more expensive than erythromycin.

To quote the American Academy of Pediatrics, the use of silver nitrate "results in a high frequency of chemical conjunctivitis." For this reason, some hospitals now use erythromycin exclusively, or at least make it available to parents for an additional price.

In 1980, the American Academy of Pediatrics published a revised statement on "Prophylaxis and Treatment of Neonatal Gonococcal Infections" (Pediatrics, 65:1047-1048). Based on recommendations by the Center for Disease Control, the Academy for the first time recommended the use of tetracycline or erythromycin, along with silver nitrate. When I read that statement, I was surprised at the lack of scientific evidence for many of the recommendations. For example, the suggestion that "None of the agents used for prophylaxis should be flushed from the eye following instillation" is followed by the admission that "Critical studies have not evaluated the efficacy of silver nitrate prophylaxis with and without flushing, but anecdotal reports suggest that flushing may reduce the efficacy of prophylaxis. In addition, flushing probably does not reduce the incidence of chemical conjunctivitis."

The recommendations are replete with such phrases as, "No studies have evaluated the effect..." "although definitive data are not available ..." and "the precise risk...has not been determined." Apparently influenced by the studies of Perry Butterfield and others on the effect of silver nitrate therapy on visual impairment and maternal attachment, the Academy does allow that delayed prophylaxis for up to one hour after birth probably will not affect efficacy and should facilitate initial maternal-infant attachment. (Note: In "A Good Birth, A Safe Birth," by Korte and Scaer, Bantam, 1984, Butterfield is quoted as follows: "Infants with silver nitrate in their eyes do not follow an object or scan around the room. They also are fussier and rarely have their eyes open within the first three or four hours. Infants who have not had silver nitrate or other eye prophylaxis are quiet and alert after birth, able to scan the room and follow faces and objects. And their parents, especially father, are more affectionate and involved with their babies."

But for me the real clincher was the revelation in Current Therapeutic Findings (Vol. 17, Feb. 83, "Prophylaxis of Neonatal Conjunctivitis") that conjunctivitis due to gonorrhea has "decreased significantly" and that Chlamydia Trachomatis is "currently the most common cause of neonatal conjunctivitis in the U.S." And would you believe that silver nitrate cannot prevent this problem!

In silver nitrate, we have a therapy with unpleasant and harmful side effects, one which is appropriate for only a small number of infants but which still is being used to treat the majority of infants without giving them any protection against the kind of infection they are most likely to encounter. Do you see what I mean by "curious"?