observed when the test was read. The weakly fluorescing reactive FTA-ABS should be regarded with considerable scepticism if there is no other evidence—serologic, clinical, historical or epidemiologic—of syphilitic disease.

MARY RIGGS, MD

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Unavoidable Vaccine Reactions

A 1974 JUDGMENT by a Texas Federal Appeals Court may seriously and adversely affect public immunization programs throughout the country. The plaintiff in the case was an infant girl in whom paralytic poliomyelitis developed two weeks after poliovaccine was administered to her at a local health department clinic in the spring of 1970. At that time an epidemic of poliomyelitis with over 20 cases was reported in an area of Texas close to the Mexican border. A number of expert witnesses testified that the child's disease was probably due to wild poliovirus circulating in the community. However, the court disregarded this testimony, and ruled against the vaccine manufacturer for failure to warn the infant's parents of possible vaccine complications. The Center for Disease Control estimates that one vaccine recipient-associated paralytic case occurs for every 11.5 million doses of poliomyelitis vaccine distributed in the United States. The court said that the manufacturer of an "unavoidably unsafe product" had a duty to warn the consumer of the risk in use of the product, no matter how slight the chance of injury. This case was appealed to the Supreme Court but the lower court ruling was upheld.

This legal decision requires that manufacturers directly inform each vaccine recipient of the possible complications attendant on use of their products. This decision has placed a burden on public or other outpatient facilities where nurses administer vaccines to groups of patients. The need to inform apparently does not, as a result of this legal decision, add an additional burden on private physicians, who should have a closer medical relationship and adequate communication with their patients.

As a result of the court ruling, national guidelines are being prepared on what information about rare vaccine complications should be conveyed to vaccine recipients attending public clinics and how it should be done. A few severe and unavoidable reactions will continue to occur even when vaccine recipients are informed about the risks involved. The question of compensation for these reactions is a difficult one, but needs to be answered equitably both for the patient and providers. To date, six European countries and Japan have plans under which the state provides compensation to persons adversely affected. It is hoped that a critical review of the present United States system (or lack of system) to compensate those who suffer severe adverse reactions will result in clarification and resolution of this problem.

JAMES CHIN, MD

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Recent Advances in Imported Disease

LARGE NUMBERS of American tourists travel to exotic parts of the world and imported disease should be a concern of physicians in this country.

In recent years imported civilian malaria has surpassed the number of military cases and any traveler presenting with chills, fever and headache must be considered possibly to have malaria. Chemosuppression, usually with chloroquine, should be recommended for all travelers to malarious areas. Typhoid fever should also be considered in a febrile traveler. Chloramphenicol and ampicillin resistant strains of Salmonella typhi are becoming more frequent and widespread worldwide and where this occurs, the treatment of choice should be co-trimoxazole, a combination of trimethoprim and sulfamethoxazole.

Perhaps the leading parasitic cause of diarrhea in travelers is Giardia lamblia, which is contracted worldwide and most particularly by visitors to the Soviet Union. A number of waterborne outbreaks of giardiasis have also occurred in this country. Typical symptoms include foul diarrhea, gas and bloating, and prevention should be directed to avoidance of untreated drinking water and fresh fruits and vegetables. The scourge of travelers, "turista" or travelers' diarrhea, has recently been found to be most likely caused by enterotoxin producing strains of Escherichia coli —and it is possible that prophylactic antibiotics

may be of benefit and that a specific vaccine could be developed. Intestinal helminths are not infrequently contracted both abroad and in this country. A new broad-spectrum anthelminthic, mebendazole, is highly effective and well tolerated, and is particularly useful against trichuriasis (whipworm).

Hepatitis A is much more frequently acquired abroad than in this country and is also more common than hepatitis B. Gamma-globulin prophylaxis should be recommended for all travelers to highly endemic hepatitis areas as this is a proven effective means of preventing or at the least greatly modifying hepatitis A. There have been no smallpox cases imported into this country in recent years and at this time the only country reporting smallpox is Ethiopia. Nonetheless, it is likely that proof of vaccination will be required for some time for entry into many foreign countries.

MARTIN S. WOLFE, MD

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Lest We Forget: Smoking Revisited

OUR READING MATERIAL, medical and otherwise, is increasingly filled with descriptions of newly recognized threats to our health. Not to detract from the importance of these, we should periodically put them in perspective by being reminded of the sheer impact of a danger which is surely the most important to be yet recognized, both because of its impact and because of its preventability.

Whatever the benefits, the costs of smoking more than one pack of cigarettes a day include, as a conservative minimum, the following:

- Huge (by factors of 8 to 12) increases in the risk from cancer of the lung, buccal cavity, pharnyx and larynx.
- Large (more than twofold) increases in the risk from cancer of the esophagus, bladder, liver and biliary tree, and pancreas.
- Increases in the risk from cancer at most other sites. Overall, the person taking up smoking probably increases his or her long-term risk (before 65) of cancer from about 12 percent to about 25 percent.
- Large (more than twofold) increases in the risk from chronic obstructive pulmonary disease, chronic bronchitis, and peptic ulcer. The lifelong increment in risk probably amounts to at least 1 to 2 percent.
- Most important of all, large (more than twofold) increases in risk from coronary heart disease. Men who smoke cigarettes increase their long-term risk of a premature (before age 65) major coronary disease event from about 8 percent to over 25 percent.

The sum of these increases in morbidity works out to be about a 30 percent chance of an unnecessary and premature serious disease. Whatever the influence on morbidity, the coldest and hardest fact is that the increase in the probability of premature death from any cause is such that smoking entails about a 20 percent chance of premature and unnecessary death.

Moreover, the dangers of cigarette smoking are even greater for persons already finding themselves at increased risk for other reasons. For example, risk from lung cancer is not measurably increased after exposure to asbestos in nonsmokers, whereas in smokers it is astronomically high. Smoking synergistically increases the coronary heart disease risk in hypertensive patients and those with elevated blood lipids.

Although quantitation is difficult, the practice of smoking also is costly to nonsmokers. Because of the foregoing, nonsmoker's insurance premiums are increased in direct proportion to the number of their fellow citizens who smoke. Some evidence suggests that smoking is detrimental to children *in utero* and to nonsmokers in the vicinity of smokers. It has been estimated that smoking is the most important cause of fires in buildings and of fire casualties. Thus some of the direct and indirect costs of accident morbidity and mortality (including fire insurance premiums) must be added to the total.

No doubt the list could go on, but it need not. The smoking of cigarettes is surely a formidable contender for the prize of biggest optional detriment to the quality of American life, and that fact must not be allowed to get lost in the discussion of newly recognized dangers, whether the discussions are between physicians, or between physician and patients.

THOMAS M. MACK, MD

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