to act exclusively in the interest of his individual patients, and that this action should be contrary, if need be, to any other interest. It is consistent that a patient's interest might be contrary to the fiscal interest of the United States. It is certainly consistent that the interest of individual patient care as provided by individual doctors is outside the PSRO program, and not within it.

I think it is time for doctors to concede that the PSRO program is contrary to their historic professional role, and that it serves neither their interests nor the interests of their immediate patients. Therefore, doctors have no business in it. To the extent that PSRO's serve some other agencies' interests, let those agencies participate, let them be clearly identified therefore as working in their interests within PSRO's and let it be clearly identified that PSRO's are fiscal agents of the United States government with a potential adversary position toward the care of individual patients. This will align everyone in a proper position, physicians with their patients, fiscal agents with the government. Adversary positions will then be honestly confronted, and perhaps a more equitable cost distribution will evolve.

ARNOLD L. FLICK, MD
San Diego

Holism and the 'Team Approach'

TO THE EDITOR: I have read with great interest the articles on holistic medicine in the journal. I have one major fear regarding this development: that traditional medicine in the future may suffer from a problem that confronts the Judeo-Christian religions at present, the invasion of cults.

I would prefer the simple term "team approach." In 1952 when the Child Development Center of Children's Hospital of San Francisco was started, the Crippled Children Services of the state made it one of its diagnostic centers. This gave us an opportunity to utilize several medical specialists in our diagnostic procedures. In addition to physicians, our staff consisted of physiotherapists, occupational therapists, a social worker, a psychologist, a speech therapist and an educator. The parents of the children formed their own group for mutual help and support. The staff had a weekly conference for discussion of problems related to the children, the parents and community facilities needed. In a recent issue of *New Horizons* (a publication of Children's Hospital), I see that a surgical group there has also organized a team for surgical services. Apparently holistic medicine has the same aim and intention, but, as mentioned earlier, I greatly fear the intrusion of undesirable cults.

HULDA E. THELANDER, MD
Clinical Professor of Pediatrics, Emeritus
University of California, San Francisco
Tiburon, California

Acne and Teenagers' Diets

TO THE EDITOR: It is paradoxical that in an issue featuring a forum on holistic and humanistic medical care there should be an editorial ("Acne —Fact and Folklore" Vol 131:547-548, Dec 1979), by Dr. Albert Kligman, that puts dietary care of acne patients in "the fogs of folkloric beliefs."

He states "youngsters can be rescued from the burdens of misbeliefs such as . . . avoiding . . . chocolates . . . soft drinks . . . ." Even the Supreme Court allows minority opinions so I would like to express a minority opinion. In 1966 I wrote an article for *Cutis* magazine in which I correlated population studies which attempted to show that people on a polyunsaturated liquid oil diet did not have as much acne as those eating a saturated solid fat diet. Since it is impractical to take 100 young people and keep them in cages on controlled diets, the main recourse is to do population studies.

Once the follicle is impacted and distended, it will not function perfectly even on a good diet. The comedones have to be removed and the follicles have to shrink down to capillary size again. So any dietary control involves two to six months at least.[1] Changing one saturated fat for another will not dispell the "folklore."

I admire and respect Dr. Kligman's contributions to medicine, and have just ordered tapes of lectures he has given, but I do reserve the option to disagree totally with him on diet. I agree chocolate is not a teenager's greatest enemy. It is the cow: first in her butterfat—butterfat in milk, in butter, in cheese, in yoghurt, in ice cream (and margarine is as bad if it is physically a thick hard fat)—and second in beef fat—in hamburger and hot dogs and sausage and steak. I agree that soft drinks have never caused a comedome —hard fats do that—but excess sugar lowers the opsonification index of polys and small pimples grow into "raging, inflammatory lesions," to quote Dr. Kligman.

So ice cream and malts and chocolate pack a double whammy—they plug up the follicle with

thick viscous fat (hot sunshine and sunburns help to thin it and improve it), and they interfere with the polys' ability to destroy acne bacillus so the small pimples get to be big cystic pimples.

GUSTAVE H. HOEHN, MD
San Gabriel, California

REFERENCE

1. Hoehn GH: Acne Can Be Cured. New York, Arco Publishing Co., Inc., 1977

Cimetidine-Associated Thrombocytopenia and Leukopenia

TO THE EDITOR: A brief case report is presented of a 52-year-old man with alcoholic cirrhosis and upper gastrointestinal hemorrhaging, who was treated with intravenous administration of cimetidine on two separate occasions during the same stay in hospital. Leukopenia and thrombocytopenia developed during both treatment periods.

He was admitted to hospital on August 23, 1978, with upper gastrointestinal bleeding. He had consumed no alcohol since July 21, 1978. The findings of a physical examination showed no abnormalities. Laboratory results on admission include the following: leukocyte count, 5,600 per cu mm; hematocrit, 28 percent; prothrombin time, 12.0 seconds (control 10.7 seconds); total protein, 6.0 grams per dl, and serum albumin, 3.4 grams per dl. Total bilirubin, alkaline phosphatase, serum glutamic pyruvic transaminase (SGPT) and serum glutamic oxaloacetic transaminase (SGOT) were within normal limits. Endoscopy disclosed large esophageal varices with adherent clots and erosive duodenitis. The patient was treated with 300 mg of cimetidine, given intravenously every six hours. During the next five days bleeding continued, and a total of eight units of blood was administered. He was given pitressin intravenously and received no other medication. On August 28, he was stable and eating, but the intravenous administration of cimetidine was continued. Two days later the leukopenia and thrombocytopenia were discussed, and cimetidine treatment was stopped (Table 1). On August 31, platelet and leukocyte counts were increased to pretreatment levels. On September 1, 36 hours after administration of cimetidine, a bone marrow

TABLE 1.—*Complete Blood Counts During the Patient's Stay in Hospital*

Date	*Time*	*Leukocytes (per cu mm)*	*Polymorphonuclear Cells (percent)*	*Monocytes (percent)*	*Lymphocytes (percent)*	*Eosinophils (percent)*	*Platelets (per cu mm)*	*Hematocrit (percent)*
8-23-78	18:00	5,600	85	3	11	1	110,000	28
Cimetidine therapy started, 8-23-78								
8-24-78	7:00	2,600	..	..	..	..	55,000	29
8-25-78	7:00	2,900	90	1	9	0	50,000	29
8-25-78	21:15	2,000	..	..	..	..	63,000	23
8-26-78	7:00	2,100	85	2	12	1	45,000	27
8-27-78	7:00	2,500	..	..	..	..	58,000	33
8-27-78	16:30	2,100	80	0	20	0	.....	32
8-28-78	7:00	2,500	79	0	19	2	57,000	33
8-29-78	13:30	2,500	80	5	13	2	22,000	31
8-30-78	7:00	4,300	80	5	13	2	64,000	36
Cimetidine therapy stopped, 8-30-78								
8-31-78	7:00	14,400	92	5	3	0	90,000	33
9- 1-78	7:00	10,000	91	0	9	0	110,000	31
Bone marrow aspiration, 9-1-78								
9- 2-78	15:45	11,100	91	6	3	0	160,000	23
9- 2-78	21:45	14,300	91	5	4	0	173,000	29
9- 3-78	7:00	11,700	..	..	..	..	.....	27
Cimetidine therapy started, 9-3-78								
9- 3-78	22:30	16,600	..	..	..	..	.....	29
9- 4-78	1:30	19,300	..	..	..	..	130,000	34
9- 4-78	10:15	12,100	..	..	..	..	61,000	37
9- 4-78	17:15	10,000	..	..	..	..	48,000	36
9- 4-78	21:00	8,200	..	..	..	..	40,000	35
9- 5-78	6:15	7,200	..	..	..	..	48,000	35
9- 5-78	15:15	5,900	86	3	11	0	.....	32
9- 5-78	19:30	4,700	..	..	..	..	.....	29
9- 6-78	18:15	10,200	..	..	..	..	28,000	34
9- 7-78	7:15	5,000	..	..	..	..	28,000	38
Patient died, 9-9-78								