Letters

Journal Changes

To the Editor.—Since THE JOURNAL changed printers, for the first time in many a year I began to receive THE JOURNAL on the day of its publication instead of several days or even weeks later as in the past. There is also a noticeable improvement in the quality of reproduction of the illustrations, and it is much easier to tear the sheets out for filing.

My enthusiastic congratulations on your wise switch!

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Weight Reduction Neighborhood Health Program

To the Editor.—Weight reduction for the overweight and obese patient has been of great concern to the medical specialist over the last decade. The denver Department of Health and Hospitals, through their Nutrition Section in the Neighborhood Health Program, offers nutrition counseling to low-income obese and overweight patients in an endeavor to take off unwanted pounds.

Each patient is referred by a physician for weight reduction. A diet history is taken in order to determine nutrient intake and meal and snack pattern. Realistic goals are agreed upon after ideal weight is figured. Economic resources, level of education, degree of motivation, and food preferences are all considered in developing the individual meal plan for each patient. Serving portions are demonstrated with food models and sample menus planned with each person. Increased activity is encouraged depending upon the patient's physical condition. Each person is reevaluated at periodic intervals determined by the patient and the dietitian. Weight is placed on a graph as a way of encouraging those losing at a satisfactory rate and of motivating others. Discussion of questions, problems, and family acceptance occurs at the time of subsequent visits.

In an attempt to evaluate long-term results of counseling, records of all patients who received initial weight-control diet counseling between May 1, 1968, and April 30, 1969, at the two Denver neighborhood health centers and who had no known metabolic disorders were reviewed to determine weight status at the end of approximately one year. Availability of weight data depended upon the patients having returned to the centers for medical care, as the goal of the Nutrition Section is to follow cases only three months for weight reduction due to a large caseload. A total of 617 records were reviewed and 204 had the necessary weight data available.

One year after initial counseling, 62% maintained a weight loss. A total loss of 1,751 lb was maintained, which is an average of 13.9 lb per patient or 1.2 lb per month. Fifty percent of the successful losers had done so without aid of any appetite depressants.

It is concluded that nutrition counseling, with support from the physicians, can have a positive effect in the long-term weight-loss program especially since all patients would probably have gained weight in accordance with their past experience had it not been for the aid of nutrition counseling.

HELEN LOVELL
Denver

Extreme Hyperthermia From LSD

To the Editor.—Friedman and Hirsch's article, "Extreme Hyperthermia after LSD Ingestion," (217:1549-1550, 1971) should be interpreted with caution. The case report of a hyperactive, verbally unresponsive patient with mildly elevated blood pressure, increased heart rate, and slightly dilated and reactive pupils is consistent with amphetamine as well as LSD overdose. The amnesia for the episode experienced by the patient is not particularly characteristic of either an amphetamine or LSD overdose but is very characteristic of abuse of illicitly available potent centrally acting anticholinergics (such as piperidyl benzilate) and high doses of over-the-counter anticholinergics (eg, atropine and scopolamine). The only clinical feature in the patient described that would argue against an anticholinergic having been abused is the fact that the patient's pupils were not widely dilated with minimal response to light.

A reading of the article might lead a physician to treat an unresponsive hyperthermic patient suspected of drug overdose as recorded in the article. Although the treatment outlined would be equally adequate for LSD or amphetamine overdose, it would be contraindicated if an anticholinergic had been abused because the authors gave chlorpromazine which because of its own anticholinergic properties could (theoretically, at least), worsen the patient's condition.

Finally, the patient's statement that he took LSD can not be accepted at face value because of the deceptions prevalent in the illicit drug market. Because of such deceptions, it would seem prudent to avoid use of any procedure or medication that might aggravate a patient's condition and equally prudent not to report a reaction as definitively due to a specific illicit drug unless laboratory analysis (of the illicit preparation or appropriate biological fluids) has confirmed the suspicion.

BARRY LISKOW, MD
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Preferential Inhibition of Tumors by Drugs Depressing DNA Polymerases

To the Editor.—In chemical sensitivity tests on hundreds of human cancers and in radioactive tracer studies on more than 80 human cancers, one or more sulfhydryl (SH) inhibitors have shown greater activity against tumors than against normal tissues.[1,2] The clinically useful SH inhibitors have now been found to depress DNA polymerases in vitro, with greater effect against RNA-dependent DNA-polymerase activity than against DNA-dependent DNA-polymerase activity.

Clinically, SH inhibitors, selected according to individual patient sensitivity tests, have led to regression of a wide range of human tumors, without apparent interference with wound healing or injury to hematologic status. In two series totaling over 120 patients, the majority of patients whose cancers could be tested obtained objective regression from the SH inhibitors alone, or combined with other selected drugs. Randomized experiments in Japan with the Kondo sensitivity test[3] similarly have shown promising clinical results for patients receiving antitumor agents selected by sensitivity tests on their own cancers. In one perfusion series, survival rates at 9 and 18 months after surgery were twice as great for patients receiving drugs in accord with individual sensitivity tests as for unselected patients.[3] Results of the Kondo test, agar plate assay, and radioactive tracer studies on more