Dr G's MediSense

Volume 1 Number 3

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CHEW ON THIS STOGEY

by Ann Gerhardt, MD Subscribe (free) via algerhardt@sbcglobal.net.

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I'm fuming mad about the decimation of the U.S. Department of Justice (DOJ) case against Big Tobacco (see related article for details of the case against the 6 major tobacco companies). By reducing the penalty sought from $130 billion to $10 billion, the government decided that we need only exact payment from tobacco companies to save the lives and lungs of those who will become habitual smokers in the first year after the final court decision. It would appear that, to Asst. Attorney General McCallum, who announced the decision, the **45 million current nicotine addicts are goners**.

The economic costs of smoking are more than $167 billion per year, including worker productivity losses, the cost of cessation programs and $75.5 billion in direct smoking-related medical expenditures. Tax on tobacco products pays for only a small fraction. The rest comes from taxes and insurance premiums paid by you and me, and, since 1998, the states' Master Settlement Agreement (MSA) funds. I hope that this article will stimulate you to think about tobacco's true cost to society and who should pay for it.

Society's financial burden of tobacco includes the costs of medical care, education and prevention programs, pharmacological treatment of nicotine addiction, regulation of advertising, clean air regulations, disability and early retirement payments and enforcement of the restriction of tobacco sales to minors. Taxing and penalizing the entities that produce and sell tobacco products sounds good. After all, they profit from addicting and killing people. However, it is naive to think that they will take a cut in profit: They pass on their cost to consumers. Why not? Why shouldn't people pay for their own addiction?

Expecting addicts to pay the cost of their habit makes sense. But. Most adult smokers and chewers got hooked as teens. Teens don't always make rational decisions. It also turns out they become addicted much quicker than adults. **Adolescents experience symptoms of nicotine addiction within only four weeks of starting smoking**. With only a few cigarettes per week, they have the same degree of addictive symptoms as adults who have smoked heavily for years.

It seems that Big Tobacco knows this. Why else, when selling tobacco products to minors is illegal, would they advertise to children and teens? They certainly do it, as evidenced by paying to place cigarettes in teen movies and making Joe Camel a cute cartoon character, with proven product recognition by children. Tobacco companies couldn't have missed the fact that 86.5% of adolescents who smoke daily are unable to quit and continue to smoke into adulthood. Or that most adult smokers got hooked as minors. Sounds like a lifetime, albeit shortened, of profits for nicotine suppliers.

The DOJ seeks a ruling that would prohibit tobacco companies from targeting children and teens in advertising. Let's hope that the DOJ doesn't gut that penalty, because tobacco ads to children succeed. **Between 1991 and 1997 cigarette use by high school students rose by 32%.** In 2003, 3.6 million U.S. adolescents smoked and adults between 18 and 25 years old constituted the group with the highest smoking rate, 44.8%. Of all individuals who start using tobacco in adolescence and continue a lifetime of smoking, half will be killed by tobacco, and half of those will succumb to fatal tobacco-caused disease before age 70.

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There are those who say that a quick death from cancer before age 70 saves society the cost of illness and nursing homes for old people. Maybe, but I'd prefer to be part of a culture which prevents teenage addiction and values life and sputum-free breathing more than scrimping money for grandma.

The DOJ suit must prove that tobacco companies knew that tobacco addicts people. Of course tobacco companies knew that tobacco addicts! Why else would they fortify cigarettes with added nicotine??? Plenty of research proves that nicotine addicts. Even if they doubted the data, I'd bet that each chain-smoking executive had experienced first hand the physical and mental craving associated with nicotine deprivation.

Did tobacco companies know that tobacco causes disease and kills? Hel-looo!!! Of course tobacco executives knew! No one who runs a multi-billion dollar company is stupid. They couldn't have missed something that hasn't been a debatable subject for years. Research has documented cigarette-related illness, now the leading preventable cause of death in the U.S., for over 30 years. **In 1990, smoking-related illness accounted for nearly one in five deaths and more than one quarter of all deaths among those 35-64 years of age**. Between 1997 and 2001, cigarette smoking caused an estimated 438,000 premature deaths annually. Most succumbed to lung cancer (28%), chronic emphysema and obstructive lung disease (21%) and heart disease (20%). During the same period, smoking during pregnancy stubbed out an estimated 910 infants' lives annually. Beginning to smoke, in essence, constitutes a decision to live approximately 14 fewer years.

The poisons in tobacco clog and constrict blood vessels enough to shut off the blood flow to the tissue they normally supply. If this occurs in the heart, the person has a heart attack; if in the brain the person has a stroke; if to the kidneys the person goes on dialysis; or, if to the leg - guess what? – an amputation. Tobacco smoke destroys lung: Lung tissue either dies, leaving scar tissue and holes or is replaced by lung cancer. Tobacco causes mouth, throat, esophagus, cervix and breast cancers and leukemia (cancer of blood cells). Tobacco contributes to macular degeneration, cataracts, osteoporosis, heart failure and ulcers.

In November 1998, the Master Settlement Agreement (MSA) awarded $246 billion to be paid by tobacco companies to 36 states over 25 years for medical expenses and prevention programs. Big tobacco passed on the cost of the MSA to consumers, but this really didn't curtail consumption. In 2003, five years after the MSA, the average cigarette consumption by Americans **peaked at 1837 cigarettes per person** (every U.S. human, not just smokers) per year - almost a billion pounds of tobacco. Not until 2004 did consumption decline, by a measly 67 cigarettes per person per year.

With states ramping up anti-tobacco advertising, it costs Big Tobacco more to dupe people into lighting up. In 2001 the companies spent $11.2 **billion** on advertising, compared to the states' $883.2 **million** for tobacco prevention and control programs. The companies compensated for the MSA by nearly doubling advertising and promotional expenditures between 1997 and 2001, to more than $30 million per day.

MSA and tobacco tax revenue combined ($20 billion in 2004) don't come close to the cost of tobacco ($167 billion per year) to society. Society, as in you and I, pay the difference, but we shouldn't have to. I don't mind being part of a society that pays to prevent or fix problems that are no fault of those who benefit from those programs. Education, ensuring food and drug safety, and programs for the mentally ill come to mind. Smoking and chewing tobacco don't qualify in my book.

By reducing the penalty sought in the DOJ's case against Big Tobacco, this administration essentially places the cost of tobacco addiction squarely on the American public, rather than smokers and tobacco company shareholders – An odd action for an administration that reputedly encourages personal responsibility. Numerous anti-smoking activists and even the Justice Department lawyers have accused McCallum of undermining the government's case in favor of political consideration and support of big business(1).

This is not a question of preserving big business' right to make a profit. If people are stupid enough to light up or chew on an addictive, but legal product, Big Tobacco has a right to capitalize on that idiocy. They may be unscrupulous and rather uncaring about profiting from killing people, but tobacco is still legal. No one should ask the public to pay for the fall-out of that business, however.

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Chew on This Stogey, from page 2

The companies, farmers and store-keepers involved in the tobacco industry should incur the true expense of their industry, which might affect their profit. (Oh, darn). Along the way, they pass any penalties, fees and taxes on to their customers. In the end, the consumer will pay for the cost of his/her habit. ONLY IF we refuse to pay it for them.

Paying a penalty now for past years' profits certainly won't hurt Big Tobacco's shareholders from those years– they've collected their dividends. Current shareholders might realize less profit … Now that's an idea - Rather than cutting the penalty sought in the current suit, the government might consider **increasing** the penalty. This would increase tobacco prices, possibly reducing the number of smokers. It would penalize future shareholders, rather than future taxpayers, and truly be "forward-looking."

[1] Asst Attorney General McCallum was a partner in the Alston and Bird law firm, which did legal work for R J Reynolds Tobacco.

THE U.S. GOVERNMENT VS BIG TOBACCO

by Ann Gerhardt, MD. Subscribe (free) to **DrG'sMediSense** *by emailing algerhardt@sbcglobal.net*

Who should pay the cost to society for tobacco addiction? This question smolders beneath the current six-year court battle between the US Department of Justice (DOJ) and six major tobacco companies. The issue attracted media coverage when the DOJ reduced the penalty sought from $130 billion to $10 billion.

The DOJ seeks to punish the tobacco companies for denying the existence of and conspiring to conceal the health dangers and addictive nature of nicotine, for targeting young people in ads, and then lying about it - for the past 50 years. The case, begun during the Clinton administration, accuses tobacco companies of violating the Racketeer Influenced and Corrupt Organizations Act (RICO). Initially the government sought financial penalties that would 1) repay past profits (euphemistically termed 'disgorgement'), 2) treat smoking-related illness (essentially repay the government for Medicare expenses for smokers), and 3) pay for programs to un-addict current and future smokers. The DOJ also sought to restrict the industry's scope of in-store promotions and advertising language and to eliminate vending machines and advertising to children and teens.

Early on in the trial a federal judge had cleared the way for the biggest civil racketeering suit in history by ruling that the government could seek $280 billion as repayment of allegedly ill-gotten profits. The government's case suffered a blow when the judge rejected the claim that tobacco companies should pay for the costs of treating sick smokers. In November 1998, thirty-six states had won such a medical-expense-repayment suit, the Master Settlement Agreement (MSA).

Another huge hit came in February 2005, when an appeals court ruled that the tobacco companies were not liable for repaying past profits. The court ruled that disgorging profits was "backward-looking" and not designed to prevent future fraud, which is a key component of anti-racketeering laws.

The government slammed its own case this summer, surprising even tobacco company lawyers, when Associate Attorney General Robert McCallum decided to reduce the penalty sought to $10 billion to treat tobacco addiction. He said that this was consistent with a "forward-looking" approach: The fine should only pay to un-addict smokers who will become habitual smokers in the first year after the final court decision - those who have not yet become addicted. Government expert Michael Fiore had testified that smoking cessation programs for 45 million current smokers would cost $130 billion over 25 years.

The Justice Department's Office of Professional Responsibility launched an investigation into why the proposed penalty was reduced. Six leading public health organizations have intervened as parties in the case, saying the government has abdicated its responsibility. They hope to restore remedies commensurate with tobacco companies' wrongful conduct.

The court has yet to make its final ruling. The judge can award any penalty, regardless of what the DOJ asks.

See http://www.usdoj.gov/civil/cases/tobacco2/ for the history of the case, and, for the history of the legal brief, http://www.usdoj.gov/civil/cases/tobacco2/20050824%20US%20Post-Trial%20Brief.pdf

INFLUENZA PANIC *by Ann Gerhardt, MD. Subscribe (free) to DrG'sMediSense @ algerhardt@sbcglobal.net.*

Flu season is upon is. People and the government are panicking about a potential pandemic of avian flu. The strain, H5N1, closely resembles the virus that caused the 1918 influenza disaster that killed over 20 million people. It certainly is a danger, but so is 'ordinary' flu.

Many people confuse 'flu' with other illnesses, and the word 'flu' tends to be a catch-all term. True influenza is a viral illness, with symptoms of very high fever, muscle aches, cough and scratchy throat. Symptoms develop within hours and make one feel like having been run over by a truck. Only rarely does an influenza victim experience nausea, vomiting and diarrhea. An illness with predominantly stomach/bowel symptoms is not influenza. Other respiratory viruses that cause fever and cough circulate during Fall and Winter and may be confused with influenza.

An infected individual is contagious from two days *prior* to the onset of symptoms until after the fever abates. A small percentage of people acquire the virus without experiencing illness. People who don't even know they are infected can pass the disease on to others. **This makes 'respiratory etiquette' the most important means to prevent viral infection and spread.** Respiratory etiquette includes 1) covering your mouth and nose when coughing or sneezing, 2) washing hands frequently and always before eating or touching your face, 3) talking 2 feet away from an individual so the spray that carries virus with each P and T doesn't land on your listener, and 4) avoiding people or wearing a mask.

Run-of-the-mill influenza kills ~35,000 people each year in the U.S. (1 million world-wide). Either the virus destroys lung tissue or it makes a person susceptible to secondary infection with bacterial pneumonia. Chronically ill, elderly or immune-suppressed individuals are most susceptible. Dangerous, killer influenza strains infect deep in the lungs, with destruction of lung tissue characterized by severe shortness of breath, bloody sputum and typically rapid death.

The current worrisome strain of avian virus doesn't pass easily between humans. A similar H5N1 virus caused the death of a 3 year-old boy in Hong Kong in 1998, but never led to an epidemic, because health officials slaughtered thousands of infected chickens. A human pandemic won't occur unless the virus transforms into a form that does not require contact with infected birds for transmission. Typically this transformation occurs when an avian strain infects a pig, where it mutates into a strain that is capable of attaching to human lung tissue and passing between humans.

An extensive surveillance system monitors viral strains that cause illness each year. Vaccine makers use the system to detect and create vaccines for emerging strains that might cause disease the next year. With any luck, the vaccine currently in distribution will prevent illness from whatever strain circulates in the U.S this year. Get a flu vaccine just in case. Even without an avian flu pandemic, you don't want to be one of the 35,000 who will die of 'ordinary' flu.

Fear of a pandemic with swine flu panicked influenza experts in 1976. They believed that a swine flu virus that killed 4 soldiers at a military base was very similar to the virus that caused the 1918 flu disaster. The President and Congress approved a law to vaccinate every U.S. resident. The vaccination program was aborted after physicians reported possible vaccine-induced Guillain-Barre syndrome. The U.S. government lost millions of dollars in vaccine liability suits ... and a pandemic never materialized.

Can we prevent an avian flu pandemic this year? Asian officials are killing infected birds and vaccinating healthy ones. The virus may never mutate to a form that travels easily enough to cause an epidemic. If it does, a vaccine takes months to produce. Even after vaccination, the immune system requires ~10 days to respond sufficiently to prevent infection. If we don't start vaccinating until the pandemic starts and it takes 6 months (per the President's announcement) to vaccinate every U.S. resident, many of us could be dead by the time vaccination is complete. **This makes following the guidelines for prevention, listed in paragraph 3, very important.**

Do NOT get a flu vaccine if you are allergic to eggs or have a history of any possible adverse reaction to influenza vaccine. The inactivated, injectable vaccine is appropriate for any age over 6 months. Healthy, non-pregnant people, ages 5-49, can take Flumist, which is a live, attenuated vaccine for nasal spray administration.

Once infected, rimantadine, Tamiflu or Relenza reduce symptoms, but must be started within 48 hours of onset of illness. They may also prevent disease if taken immediately after exposure to an influenza victim. Viral resistance to these drugs develops easily. The H5N1 avian strain of current concern is only susceptible to Tamiflu.

ECHINACEA FOR COLDS - PANACEA OR TERRIFIC PLACEBO?

by Ann Gerhardt, MD. Subscribe (free) to **DrG'sMediSense** *by emailing algerhardt@sbcglobal.net*

Bottom Line at the Top: Echinacea, used to treat colds, has not out-performed placebo in 3 well designed studies. Those studies probably did not evaluate the most active form of the herb. Echinacea pallida root extract, pressed juice (administered as drops) of Echinacea purpurea and possibly other liquid Echinacea preparations may be effective. Echinacea often works in people who believe it will. Do not take it for a long period of time or if you are pregnant.

People have used Echinacea for thousands of years to treat colds and other infections. A recent, well-designed study "proved" that an extract of Echinacea angustifolia root "doesn't work". The accompanying editorial said so and asserted that medicine should stop wasting time doing more Echinacea studies.

As I have written before, medicine and editorialists should stop being so sure of themselves. A good study compares one pure substance to another, usually a placebo (an inactive agent). The conclusions of any given study apply **only** to the specific extract (chemical preparation) of the specific herb that was studied. Science may not have studied the correct extract and herb and route of administration yet.

Two other good research studies, in which the subjects *did not know* which substance they were taking, did not show any benefit of Echinacea over placebo. In six out of seven studies in which the *subjects knew* whether they took Echinacea or placebo, Echinacea lessened symptoms and shortened the cold's duration**. At the very least, Echinacea has a strong, beneficial placebo effect.**

Many Echinacea varieties and preparations exist. Extracts of three Echinacea species, E. purpurea, E. angustofolia, and E. pallidas, exert effects on immunity in mice. Various, but not all, extracts of the roots, seeds, flowers or leaves of the 3 different species exert effects. Each extract is standardized to some presumably active component: The researchers presume that they study the active one(s). This may or may not be a correct assumption.

The 1992 German Commission E (the equivalent of an Herbal Food and Drug Administration) approved only the use of E. pallida root extracts or juice pressed from E. purpurea. None of the studies mentioned above used either of these. Anecdotal evidence suggests that liquid preparations, that can coat the throat and lymphoid tissue, work far better than do capsules or tablets. Liquids would be hard to use in a controlled study, because the bitter taste would make it obvious who had ingested Echinacea.

As a **personal anecdote**, I can tell you that Echinacea tea (not pill) works for me. At the start of a few sniffles and throat scratches, I drink a cup or two per day. After about two days the symptoms disappear. I don't know whether it truly kills the cold or its disgusting taste makes me and my immune system ramp up so I can stop drinking it. I reduce my work load and get more sleep, and that probably helps, too.

Whether active agent or effective placebo, Echinacea is relatively safe, with a few caveats. Echinacea during pregnancy has caused fetal death. Prolonged use of Echinacea may lead to autoimmune diseases.

I strongly recommend the placebo effect for colds. If you believe in whatever you take for a cold, it can work very well, regardless of inherent effectiveness. A burgeoning field of medicine links our psyche with immune function. If you are positive and happy, the immune system *usually* works better.

Other tools to **prevent colds**: Wash your hands frequently. Avoid sick people and close conversations. Sleep 8 hours a day. Keep your hands away from your face until you can wash them after being in a public place or with sick people. Control allergies to avoid fluid accumulation that can become infected. Get regular, mild-moderate exercise. Stay happy and excited to live the next day. **Treatment:** Antibiotics don't work – new anti-virals aren't here yet. Over-the-counter remedies reduce symptoms. Sleep. Decide to get better.

MATRONS IN POLAND DO IT… *by Ann Gerhardt, MD*

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Attire and appearance seemingly matter little to the throngs of Poles and tourists drawn to the Polish Tatra Mountains' idyllic valleys, lush forested hills and panoramic views. People don't seem to notice that they don't match the stereotypical hiker - Not the purse-toting matrons picking their way stone by stone or the gawky teens striding steep trails.

We've just returned from Poland, where we wandered miles of urban streets, hiked remote dirt roads and trekked the mountains. Though we met few walkers on rural roads, the urban streets and National Park trails teemed with travelers on foot. Congested cities and the high cost of cars and gasoline (equivalent to $5.40 per gallon) easily explain busy sidewalks and packed trains and buses. I'm guessing that beauty and a lack of intimidation attract walkers, even non-traditional types, to the mountains.

The Poles, unlike Americans, do not seem to be hampered by image, at least as it relates to hiking. This **marvelous attitude means that image is one less barrier to fun fitness**. Children bop from stone to stone, large groups of fashionable teens chatter their way along trails, and aged nuns, sporting full habit, sturdy shoes and backpacks, hoof their way up the hill. The few sinewy, serious hikers, in full mountain-wear and sturdy boots (minus the Tyrolean hats), constitute the minority.

Hiking is terrific exercise. Burning calories depends on moving a mass (yours and your pack) through distance (the trail). Muscular efficiency also affects calories necessary to complete the walk. **The larger the mass, the longer the trail and the worse the efficiency, the greater number of calories burned.** Whether you take one or three hours to complete a trail, you've burned the same number of calories.

There is no rule about speed on trails. Bounding up and down a trail requires more muscle and cardio-respiratory fitness than does dawdling, which **permits seeing and appreciating more lizards, lupin and scenic vistas.** Moseying along for miles over many days eventually builds muscles and fitness. Once you have the muscles and fitness, you can choose to bound or mosey - Either way, you get more out of hiking than driving the same route.

With hiking, every muscle from the waist down to the toes is necessary to hoist the body up, propel forward, maintain balance and absorb the impact of stepping down. Walking poles strengthen the arms and back muscles, while assisting with balance and protecting knees. Weight training in the gym selects one or a few muscles to strengthen. Hiking a trail exercises them all at once, while improving heart and lung function. A current fitness fad focuses on balance, suggesting we stand on one foot for a prolonged time - How *boring*, unless you are the Karate Kid practicing the stork move by the ocean. Hike an uneven trail, and **balance, fitness and strength gradually develop without thinking about it.**

Trekking is a good way to add variety to an exercise program. There is no rule that exercise has to be the same activity every day. Mixing up more mundane exercise with a walk to the end of a bus line (and take the bus back) or a weekend hike in the hills is a good thing.

Hiking Tips: Take water - about 16 ounces for each hour of hiking – more in hot weather. Wear lighter clothing for uphills. Carry warm clothes that can be layered for downhills. You might even need gloves, jacket and hat for exposed peaks. Poles are good but not necessary. Use firm soled shoes, with good ankle support, not only for your ankles, but also to keep your toes from jamming into the toe of the shoe.

Kudos to the educators, athletes, dancers, judges, janitors, politicians, artists, actors, writer, singers, poets, and social activists - to all who dare to look at life with humor, determination, and respect.

Maya Angelou

GETTING THE MOST OUT OF YOUR DOCTOR #3:

by Ann Gerhardt, MD *Subscribe to* **DrG'sMediSense** *by emailing algerhardt@sbcglobal.net*

Act like you think the doctor is smart and you value his/her opinion. This tends to make any person work harder for you. A good way to do this is to describe your symptoms, not your diagnosis. It is very frustrating for a doctor to hear, "I have the flu," without being told what the patient actually is experiencing. Joe Patient may think his vomiting and diarrhea are 'the flu' but doctors think of 'flu' as a specific viral respiratory ailment. If the doctor doesn't clarify your actual symptoms, you might get a nasal spray instead of the rectal suppository you need.

Symptoms include things like (but are not limited to) pain (you name the body part), fever, rash, weakness, burning, blurred vision, shortness of breath, cough, falling, numbness, swelling, redness (or any other change of color), constipation, nausea, hair falling out and bleeding. These are what you **feel** and experience. DO describe these.

A **diagnosis** is something like heart attack, influenza, cancer, gout, stroke, migraine, hepatitis, colitis, neuropathy, arthritis, asthma, malnutrition, sinus infection, psoriasis and sciatica. These **cause** what you feel. AFTER describing the problem and listing symptoms, you can offer suggestions for the diagnosis. You could say that you (or your family) have had something similar in the past and it was diagnosed as whatever. You will have an ally if you let the doctor at least THINK that you care about his/her assessment. You never know, maybe presenting it this way will lead to a diagnosis and treatment that keep you from getting it again.

QUESTIONS FROM READERS: CALORIES, PROTEIN & WEIGHT

by Ann Gerhardt, MD *Subscribe to* **DrG'sMediSense** *at algerhardt@sbcglobal.net*

Q: I enjoyed your latest newsletter and the formulas for calculating caloric needs. Where did you get this formula and does the body weight calculation include 5 pounds of clothing? If so, then my ideal body weight is 22 pounds more than my current weight. Alan, from Kansas

A: The formulas for calculating energy needs are variations of the Harris-Benedict formula, derived years ago and variously validated or condemned since then. There are 280 other formulas in the nutrition literature, so clearly the 'experts' disagree on which works best. I changed the original formula from kilograms and centimeters to pounds and inches, then rounded off the multipliers. C**alorie calculations are gross estimates** anyway, and almost everyone does a poor job of estimating the calories they eat. I tweaked the original Harris-Benedict formula by substituting ideal weight for actual weight. We should calculate and eat the number of calories that moves us toward the ideal, rather than whatever shape currently exists, if not ideal.

If your estimated ideal body weight does not fit your preconceived idea: First **re-measure your height** to make sure you use your actual height rather than a delusional number, for the calculation. Most people over 35 shrink with aging, most commonly from progressive squashing of discs in the spine.

Please recognize that the **ideal body weight formula gives a middle number for an appropriate range of ideal weight** for a given height. Individuals with a narrow torso, small bones and/or difficulty building muscle should weigh less. Others, with broad, stocky frames, who make muscle by just turning over in bed, should naturally and healthfully weigh more. Ideal body weight does NOT include 5 pounds of clothing, shoes, or a towel. Weigh naked. Even the weight in the doctor's office is not accurate if you don't weigh without clothes.

Q: Is there anything bad about protein? You wrote that we normally get too much but I wasn't sure if that was bad for some reason. Enlighten me! Tricia, from Texas

Protein in and of itself is not bad. Eating more protein than a person needs either displaces other healthy food from the diet or adds excess calories. In people with kidney disease or diabetes, excess protein of any type may accelerate the decline of kidney function. Animal protein foods (meat, poultry and full-fat dairy) contain saturated fat, which raise LDL-cholesterol levels, contributing to heart disease. Meat raises uric acid levels, which can cause gout and damage kidneys.

DrG'sMediSense

Author's Notes, Disclaimer and other assorted details: Please read at least once.

The focus of DrG'sMediSense is to put medical news into a context of medical knowledge and practicality. Some of you have requested articles about broad subjects that don't relate to any recent news and would require huge articles. I'll oblige from time to time, but will bite off pieces of each subject over a number of issues, rather than writing a single dissertation. If I don't address your idea readily, it's because I don't feel I can do it adequately or I have to figure out how to do it without being too long-winded.

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Reader input: If you want any particular subject to be discussed in Dr G's MediSense, just let me know. If I'm clueless about it, I'll let you know. If you want me to publish an alternate point of view, write to me. If I don't think you are off your rocker, I'll print it: I like controversy. But remember, it's my newsletter. **Contact** algerhardt@sbcglobal.net.

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