By the time adolescents reach 18 years of age, they have developed their sexual identity. This identity becomes stronger with sexual experience, according to researchers at the Adolescent Health Program, University of Minnesota Hospital and Clinics, Minneapolis.

Using a voluntary, anonymous, confidential survey, researchers examined the sexual orientation of 34,706 students in grades 7 to 12 (49.8% male; 50.2% female). The students represented various ethnic, geographic, and socioeconomic backgrounds. Respondents were asked questions regarding their sexual orientation, fantasies, and behavior.

Overall, 10.7% of the surveyed students were unsure of their sexual orientation; 88.2% said they were totally or predominantly heterosexual, with 1.1% describing themselves as bisexual or predominantly homosexual. Particularly among boys, religious beliefs were correlated with dimensions of homosexuality: 59% of the homosexual boys and 23% of the bisexual boys identified themselves as "not at all religious."

With age, students become more sure of their sexual preference: 25.9% of those 12-year-olds surveyed considered themselves unsure about their sexual preference, compared with 5% of the 18-year-old students.

Complete results are published in the April issue of *Pediatrics*.

Cigarette advertising should be banned throughout the world, recommended officials attending a United Nations–sponsored health conference in early April.

Although smoking in Western countries has declined in recent years, particularly among men, more persons in developing countries are lighting up.

"The tobacco industry sees that it is losing clients in the developed countries, so it is trying to get more clients in the developing countries," said Jorge Pilheu, chairman of the 8th World Conference on Tobacco OR Health. "It is doing that through advertising," said Pilheu.

The World Health Organization estimates that cigarette smoking in Third World countries is increasing by more than 2% annually. In these nations, 40% to 60% of the men and 2% to 10% of the women smoke.

Although conference attendees noted that tobacco advertisers are targeting their message to women in developing countries, US Surgeon General Antonia Novello, MD, criticized the companies' targeting of children. In particular, R. J. Reynold's cartoon

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editorial comments
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character "Old Joe Camel" came under fire. Always with a cigarette in his mouth, this character is depicted living life in the fast lane.

In addressing this conference, Dr Novello reiterated comments she had made at a March 9 news conference in Washington, DC. At the latter conference, Dr Novello had called on retailers to remove any promotional material with the "Old Joe" character.

"Calling for the voluntary withdrawal of a successful advertising campaign is not a traditional role of organized medicine," commented Dr Novello at the Washington, DC, conference. "Yet, it is the only responsible position that physicians must take regarding these advertisements."

Acellular pertussis vaccine can be administered for the fourth and fifth doses of the diphtheria-tetanus-pertussis vaccination, recommends the American Academy of Pediatrics (AAP).

The AAP's statement, which appears in the April issue of *AAP News*, recommends that all infants continue to be immunized with the whole-cell vaccine for the initial three shots of pertussis vaccine.

Although the Academy statement noted that either acellular or whole-cell vaccines may be used for the fourth and fifth doses, fewer side effects have been reported with the use of the acellular vaccine.

The vaccination schedule remains the same, regardless of which vaccine is used. However, the whole-cell pertussis vaccine is the only vaccine that should be administered for the first three doses in children at 2, 4, and 6 months of age, as well as in children who are only partially immunized by age 15 months or older.

To date, Acel-Immune® (Lederle Laboratories, Wayne, NJ) is the only licensed vaccine approved by the Food and Drug Administration for this use.

Commercial weight loss products and programs don't work for most consumers, according to a national panel of health experts.

The 13-member panel, headed by *Annals of Internal Medicine* editor Suzanne W. Fletcher, MD, found that 90% to 95% of dieters regain all or most of their shed pounds within 5 years. Panel members also reviewed evidence indicating a relationship exists between weight loss and increased death rates.

They also found disconcerting the large numbers of normal-weight persons, particu-

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larly women, who are trying to lose weight.

Only voluntary means of weight loss, including appetite suppressants and medically supervised liquid diets, were examined. The panel did not consider dietary changes such as reducing fat intake and red meat consumption, reports the April 2 issue of the *Chicago Tribune*.

Fetal alcohol syndrome (FAS) affects an estimated 1 in 99 Native American children born in the United States, reports the March 23/30 issue of *American Medical News*. In the general population, FAS affects 1 in 600 to 1 in 700 children.

Because of the high incidence among Native Americans, Rep Ben Nighthorse Campbell (D, Colo) has sponsored a bill intended to prevent and treat FAS among Native Americans. If passed, the Comprehensive Indian Fetal Alcohol Syndrome Prevention and Treatment Act would grant federal money ($10 million for fiscal years 1993 through 1995, with $15 million for 5 years thereafter) to Indian tribes. This money would be used to develop and provide community FAS training, education, and prevention programs.

According to the National Council on Alcoholism and Drug Dependence, FAS is the leading cause of mental retardation in the United States.

"Once the child is born ... the damage is there for good," said Robin LaDue, PhD, in addressing the House Committe on Interior and Insular Affairs. A clinical psychologist, Dr LaDue is on staff at the fetal alcohol and drug unit at the University of Washington.

Patients with questions regarding breast implants may seek information from an educational and referral program established by the American Society of Plastic and Reconstructive Surgeons (ASPRS).

In addition, those patients who may be unwilling or unable to speak with their physician or who may be unable to pay for services, can also use this program. Primary care physicians and other nonplastic surgery specialists may use the program as well.

"We have been approached around the country by physicians who are asking us for help with their patients," says ASPRS President Norman Cole, MD.

The program features the following services:

- A videotape ($40) and transcript ($20) of a teleconference featuring a panel of experts—plastic surgeons, oncologists, radiologists—is available from the society by calling (800) 766-4955.
- A free pamphlet addressing common questions patients have concerning their implants can be ordered by leaving a message at (800) 945-6380. Physicians may also order a technically oriented brochure detailing recommendations made by the Food and Drug Administration by calling the same toll-free number.
- Patients who are unwilling or unable to speak with their surgeon may contact a referral network ([800] 635-0635). Although callers will receive a consultation by telephone, if the physician on the other end of the line deems this consultation insufficient, the practitioner will see the caller in person at no charge.

"Each individual is going to be evaluated individually, and no one will be turned away who is in need of treatment," says Dr Cole.