As early as 1966, the prototype for a safer cigarette was patented for marketing. However, the prototype went "up in smoke" as the cigarette maker feared that smokers would not accept the less hazardous but less satisfying product. Fear that the public would think the company's other products more hazardous if a safer cigarette were available also prevented the prototype from being marketed. Litigation fears also played a prominent role in the company's decision to shelve the safer cigarette.

These charges were made in an internal report at Brown & Williamson Tobacco Corp, a subsidiary of the London-based British-American Tobacco PLC, and makers of the experimental cigarette. The document was obtained by *The New York Times*.

The idea behind the safer cigarette, which was named Ariel, was that the tobacco was heated—not burned. The burning process creates most of the hazardous substances in tobacco smoke. The prototype cigarette would have also reduced the amount of secondhand smoke that it emitted as well as reduce the fire hazard.

Other safe cigarettes had been considered, including one researchers at Liggett & Myers developed as early as 1955. Although ready in 1979, the cigarette never made it to market as company lawyers, fearing lawsuits, advised against such a move.

Smoking would be banned in most areas of public buildings if legislation approved by a House of Representatives subcommittee becomes law.

The measure would require that all buildings open to 10 persons or more would permit smoking only in rooms with their own separate exhaust systems. Private homes, private clubs, tobacco shops, bars and restaurants, and prisons are the only exceptions.

"There is no other legislation before Congress that could do so much good at so little cost," espouses Rep Henry A. Waxman (D-Calif), panel chairman.

Despite winning approval by the Energy and Commerce Committee's Subcommittee on Health and the Environment, the measure is not expected to be brought to the full House this year for a vote as it must first clear the full panel of the Energy and Commerce Committee, reports the May 13 issue of *The New York Times*.

Pleasant experiences bolster the immune system, with the effects lasting days after the initial experience, according to researchers at the medical school of the State University of New York at Stony Brook. Negative, stressful events were found to have a detrimental effect on the study participants' immune systems, but for a shorter period.

"Positive events of the day seem to have a stronger helpful impact on immune function than upsetting events do a negative one," comments Dr Stone. "Having a good time on Monday still had a positive effect on the immune system by Wednesday. But, the negative immune effect from undesirable events on Monday lasts just for that day," he explains.

A total of 100 healthy male volunteers participated in this 3-month-long study. The participants took a rabbit protein daily in capsule form. Researchers, led by psychologist Arthur Stone, then measured antibody levels to the protein found in the volunteers' saliva samples. The men were asked to complete questionnaires each evening, recording the day's events.

Criticism at work from one's employer and friction among coworkers produced the most stress in these volunteers. On the homefront, performing irksome chores did the same.

An upcoming issue of *Health Psychology* will feature this study.

The latest food warning is out: Trans fatty acids could be just as bad or worse for cholesterol levels than fats found in butter and lard, according to findings published in the May issue of the *American Journal of Public Health*.

Harvard investigators estimated that 30,000 deaths related to heart disease could occur annually due to the consumption of trans fatty acids. These man-made acids are commonly found in margarine, snacks, and many fast-food items.

The scientists retrospectively analyzed results of studies that involved 90,000 nurses, as well as analyzing other research data. To obtain the foregoing estimate, researchers calculated the ratio of high-density lipoprotein to total cholesterol and heart disease with the amount of trans fatty acids estimated to be present in certain foods.

Yet, these findings have not convinced all scientists in the field to drop margarine from their menus.

Says William Castelli, MD, director of the Framingham Heart study, "There was a big fall in butter-fat [consumption] and an increase in the use of polyunsaturated fats, but also an increase in trans fatty acids [among our study population]. But the heart attack rate also has fallen by 20%."

(continued on page 468)

editorial comments
(continued)

Harvard researcher Walter C. Willett, MD, is calling on the food industry to gradually phase out the use of partially hydrogenated oils in their products. Similarly, a Washington, DC–based consumer group, the Center for Science in the Public Interest, has asked the Food and Drug Administration to require trans fatty acids to be included in the saturated fats category now listed on the new food labels.

A single dose of dexamethasone does *not* prevent morbidity in children who undergo tonsillectomy.

Laurie A. Ohlms, MD, found this regimen offered no benefit to the 69 children in a randomized, double-blind, placebo-controlled prospective study conducted at Children's Hospital in Boston. The children ranged in age from 3 years to 18 years and had undergone tonsillectomy with or without adenoidectomy.

No statistically significant differences in pain scores, nausea, emesis, halitosis, required analgesic medications, diet, or activity levels were noted between the treatment and control groups said Dr Ohlms at the convocation of the American Society of Pediatric Otolaryngology meeting and the American Otological Society. These combined otolaryngological spring meetings were held in May in Palm Beach, Fla.

In a separate presentation, Paul R. Lambert, MD, of the University of Virginia, told meeting attendees that no correlation was found between the severity of sensorineural hearing loss and the duration of the disease, the presence of acquired cholesteatoma, middle ear mucosal disease, or ossicular damage.

Said Dr Lambert, "Chronic otitis media may cause sensorineural hearing loss, but in the vast majority of patients, this loss is not clinically significant."

His comments are based on a study of 70 patients who had undergone surgery for chronic ear infections between September 1973 and March 1993. All the patients had unilateral chronic otitis media with no history of head trauma, meningitis, posttraumatic tympanic membrane perforation, labyrinthine fistula, or other concomitant ear condition.

Patients with serous otitis media who have ventilation tubes inserted for long-term treatment may be at risk for perforated tympanic membranes. In a study of 103 children, Richard M. Bass, MD, found a 19% perforation rate among children who had tubes inserted for more than 1 year after tympanostomy tube extrusion. No perforations were found in the children who had the tubes in place for less than 1 year. None of the children had had previous middle ear surgery.

Thus Dr Bass recommends using the conservative approach—ventilation tubes inserted for short-term treatment—for patients without a history of middle ear surgery.

US pharmaceutical trials of the French abortion pill RU-486 are expected to begin this fall, with 2000 women to be enrolled at 12 clinical sites. These trials differ from the trial currently being conducted in San Francisco. In that trial, RU-486 is being tested as a morning-after contraceptive in 150 women.

The drug's French manufacturer Roussel Uclaf will supply the drug for the clinical trials. How-

(continued on page 470)