information or at least misinformation. Two other residents became interested in the subject and continued the study that formed the basis for the 1987 *Pediatrics* article, "Declining frequency of circumcision: Implications for changes in the absolute incidence and male to female sex ratio of urinary tract infections in early infancy" (1987; 79:338-342), which first indicated a possible medical indication for newborn circumcision. As Dr Storms points out, the study may not have fully provided a medical indication for circumcision, but at least it was a *start* toward the answer.

Over the years, I have accumulated hundreds of articles, some informative and purposeful and some highly questionable in their conclusions and assumptions. All have made the literature review fun. Dr Storms refers to two articles that suggest circumcision pain may produce long-term effects. This reminds me of an article I read in a psychology journal stating a belief that one reason for the high incidence of homosexuality in our society was because of newborn circumcision. I certainly do not agree, but I appreciate others' ideas. If a procedure that lasts about 5 minutes can cause long-term effects, what long-term psychologic or behavioral problems are created from the pain babies experience from colic, which lasts for weeks? This point is brought into question by Dr Clofine's observation in the often stated, if not ill-considered response: "They don't remember it."

Many ways can be used to help control pain associated with any newborn procedure. These include eutectic mixture of local anesthetics (EMLA) cream as well as sugar water. I have seen the dorsal penile nerve block (DPNB), and based on my anecdotal observations in addition to data evaluated in my article, I do not think it answers the question of pain control with circumcision. I am sure Dr Clofine is a caring physician, and I believe his statement that he may perform DPNB as a means of relieving his own stress. I have queried many other physicians who use the block. Besides compassion, another reason for its use is that it makes the mother feel better to think that her baby will not experience pain while undergoing circumcision.

Dr Storms' statements on the ethical considerations for newborn circumcision are really interesting. I agree with everything she says on that subject. Implementation of such a policy will take a tremendous effort by the American Academy of Pediatrics, the American College of Osteopathic Pediatricians, the American College of Obstetrics and Gynecology, and the American College of Family Physicians, as well as other professional groups. The educational efforts that will be required to modify the thinking of the American public will be extraordinary.

I appreciate the willingness of the *JAOA* to publish my article. I especially appreciate the comments of Drs Clofine and Storms as well as those of others who wrote personal letters expressing agreement with the ideas presented in my article. I agree with Dr Clofine: If pain control is considered with circumcision, it should be considered for every procedure that produces pain in the newborn. If physical restraints cause newborns to cry, is that pain? It would be very difficult to perform newborn circumcision without restraints, but this goes back to Dr Storms' concerns regarding the ethics of circumcision. To say the issue of newborn circumcision remains unresolved is obvious, but true.

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DOs climb back on the research bandwagon

To the Editor:

"Now the 'osteopaths' want to climb on the bandwagon." So proclaims a recent publication of the Foundation for Chiropractic Education and Research (FCER). This FCER membership piece cites renewed commitment by the American Osteopathic Association (AOA) to fund research on low-back pain, chronic pain, asthma, and otitis media as examples of the osteopathic medical profession's increased interest.

The piece, "*Osteopaths have finally seen the light*," sets the concerned tone for the rest of what follows. The author, while preening himself with the comment, "imitation is the sincerest form of flattery," goes on to suggest that the whole field of manipulation represents a competitive market sector dominated by chiropractic. He presents a clear picture of osteopathic medicine representing a competitive threat in this marketplace.

His main point is that only through research can the chiropractic profession retain its control of the manipulation market. He then asks for financial support.

What does all this say about the current status of manipulative medicine (the current, but inadequate, descriptor for osteopathic principles and practice) in osteopathic medical practice? Perhaps our defensive biases prevent our seeing changes in the profession as being big or important ones. Perhaps, we should believe the chiropractic, and pat ourselves on our collective back for the changes they call "important," but that we see as minor.

Certainly, the AOA, through its publications and its sponsored research programs, has changed its direction toward more osteopathic medical areas of interest.

letters
(continued)

A brief review of recent issues of *The DO* produces overwhelming evidence of a change in editorial policy. Many more photos accompany reports of AOA and affiliate meetings, showing physicians demonstrating structural evaluation and treatment methods. Ten years ago, such photos rarely appeared in *The DO*. Additionally, these photos now include students, interns, and residents. These DOs-in-training have catalyzed the pro-osteopathic change in important ways, which first commenced with their enthusiastic interest in osteopathic medicine when they applied to osteopathic medical colleges.

The AOA has taken concrete steps to foster "osteopathic" research. The support-through-dues program, combined with the strong leadership from the likes of Howard M. Levine, DO, Michael M. Patterson, PhD, James R. Stookey, DO, and others, has done much to head this profession toward productive osteopathic medical research. Expanded research efforts will result from the current programs. This expansion will lend further credence to the chiropractic concern for its future.

Changes in the AOA editorial policy and the direction of sponsored research is having a positive effect on the long-term development of a truly "osteopathic" medical profession. After 100 years, that's not bad! Many of us are coming around to believe that chiropractors have good reason to worry about their market share.◆

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JAOA federal update

From the FDA

Silicone breast implants' safety inconclusive

Whether a link exists between silicone breast implants and connective tissue diseases remains uncertain, so concludes researchers at the US Food and Drug Administration. FDA Commissioner David A. Kessler, MD, and colleagues retrospectively examined results from epidemiologic studies with cohort, case-controlled, and cross-sectional designs.

"Research to date, based primarily on case series, has been insufficient to accurately determine either the incidence rates of local complications of breast implants or the proportion of implant recipients for whom explanation will be required to treat these conditions," write the authors. They did determine, however, that the longer the implant is in place, the more likely it is to be subject to some sort of damage.

And while no great increase in the risk for connective tissue disease was found in the short-term safety of silicone breast implants, the occurrence of rare connective tissue diseases or autoimmune disorders among women cannot be ruled out. The investigators note that most of the studies examined included only well-defined connective tissue diseases. The verdict on the safety of silicone breast implants will not be known until further research is conducted.

Complete results of this FDA investigation are published in the April 15 issue of the *Annals of Internal Medicine.*

Warning against use of herbal supplement

Consumers should avoid taking dietary supplements containing ephedrine because of the potential risks to the nervous and cardiovascular systems. Reports of side effects—ranging from heart attacks, strokes, seizures, dizziness, irregular heartbeats, and gastrointestinal problems—as well as death prompted the agency to issue the warning. Supplements containing ma huang, Chinese ephedra, ma huang extract, ephedra, Ephedra sinica, ephedra extract, ephedra herb powder, and epitonin all indicate the presence of ephedrine.

Available in tablet and liquid forms, this herbal supplement is often used as an alternative to illegal drugs because of the euphoric feeling it elicits. ◆