The following full text is a publisher's version.

For additional information about this publication click this link.
http://hdl.handle.net/2066/21017

Please be advised that this information was generated on 2020-09-19 and may be subject to change.
Individuals living in houses with a high radon concentration have a significantly increased frequency of chromosomal aberrations in peripheral lymphocytes, the α-dose being delivered mainly by the radon daughter nuclides 210Po and 210Po. Some epidemiological and geographical studies have suggested an association between α-particle exposure via radon and the occurrence of leukaemia, brain tumours, and kidney cancer, especially in children.3

The presence of 210Po in vehicle exhausts may be unique in terms of what is known of its carcinogenic potential at environmental exposure levels. In our view it should be added to the list of potential carcinogens from motor vehicles to which the population is exposed.

*Dennis L Henshaw, Paul A Keitch, Patrick R James

H Willis Physics Laboratory, Bristol BS8 1TL, UK


WHO's current policies and plans for reform

Sir—In your Jan 28 editorial you make an ill-informed attack on the World Health Organization. By coincidence, your editorial appeared as the Executive Board of WHO concluded one of its most constructive sessions in recent years, during which it endorsed a wide range of important reforms and helped to set its targets and priorities for the future. No one from The Lancet attended any of the board's eleven working days.

Far from adopting "a fortress mentality, fighting bitterly to retain the status quo and meanwhile allowing goodwill and opportunities for revitalisation to slip away", WHO is dedicating itself to radical change, to greater openness and to closer relations with its partners in health. You seem out of touch with WHO's current policies and reforms, and make sweeping and inaccurate assertions. For example, you say "the mental and societal dimensions of health are virtually ignored"—but WHO's Division of Mental Health has concluded one of its most constructive sessions in recent years, during which it endorsed a wide range of important reforms and helped to set its targets and priorities for the future. No one from The Lancet attended any of the board's eleven working days.

Sir—You omit recognition of some undisputed facts: that WHO policies and activities result in the savings of millions of lives a year, especially those of children in the developing world (WHO had a key role in rapidly bringing under control the deadly cholera epidemic among Rwandan refugees in Zaire last year); that WHO is regarded worldwide as the leading authority on health; and that the standards it sets and maintains are the yardsticks by which countries of the world measure their own health status.

WHO welcomes constructive criticism and responds positively to it. Our new communications policy will support such a dialogue. But it has become fashionable lately to attack WHO, especially in the public health community, without much apparent thought to the harm that this does not merely to WHO, but also to all those we seek to serve.

Ilona Kieckbusch,
Director of Health Promotion, Education and Communication
World Health Organization, CH 1211 Geneva 27, Switzerland

Red wine consumption and oxidation of low-density lipoproteins

Sir—There is growing interest in the hypothesis that red wine polyphenolics may protect low-density lipoproteins (LDL) against oxidative modification, thereby reducing the risk of cardiovascular morbidity. Wine flavonoids inhibit Cu2+-mediated oxidation of LDL when added in vitro, but the effect of flavonoids eaten with foods is unclear. Although Kondo and colleagues (Oct 22, p 1152) report that red wine (Chateau Lagrange, 1989) consumption for two weeks was associated with an increased resistance of LDL against oxidative modification, enthusiasm for their hypothesis should be tempered. We have assessed whether the consumption of alcohol-poor red wine affects susceptibility of LDL to Cu2+-mediated oxidative modification.

24 healthy non-smoking normolipidaemic volunteers consumed white wine for two weeks (baseline period). They were then randomly assigned to consumption of 550 mL (about 4–5 glasses) daily of white (Loire, 1993) or red wine (Italian Chianti Classico, 1991) for 4 weeks (test period), with stratification for age, sex, and plasma cholesterol concentration. Before distribution, the alcohol content of both wines was reduced to 3% by evaporation at 35°C without affecting the flavonoid concentrations of the wines. Subjects followed a flavonoid-poor diet and abstained from tea and red wine. Subjects were not taking vitamin or mineral supplements. Fasting blood samples were obtained on two days at the end of the baseline period and of the test period, to determine the susceptibility of LDL to oxidation (variation coefficients <3%). Plasma samples were stored at −80°C under nitrogen after the addition of saccharose to stabilise the lipoproteins. Lag times and oxidation rates,
indicating the resistance of LDL against oxidative modification, were closely similar in both wine groups (table).

Thus, in contrast with Kondo and colleagues' findings, in our hands daily consumption of flavonoid-rich red wine did not influence the oxidisability of LDL. Variables that might account for the differences are the use of different brands of red wine, the ethanol content of red wine as an unwanted confounding variable, and the analytical precision of the assay method used. Our findings do not accord with the proposed beneficial effect of red wine consumption on LDL oxidation.

*Yolanda B de Rijke, Pierre N M Demacker, Nathalie A Assen, Lisette M Sloots, Martijn B Katan, Antoon F H Stalenhoef
Laboratorium voor Geneesmiddelen, Academisch Ziekenhuis Nijmegen, Postbus 9101, 6500 HB Nijmegen, Netherlands


Carcinogenicity of coal-tar shampoo

Sir—van Schooten and colleagues report (Nov 26, p 1505) the absorption of polycyclic aromatic hydrocarbons and the excretion of 1-hydroxypropene (1-OH-P) after application of a 12.5% coal-tar solution. The results of the present study suggest that there is a need for new studies to confirm the exposure and the potential carcinogenicity of coal-tar shampoos.

van Schooten and co-workers examined the urinary excretion of 1-OH-P in 11 volunteers in the Netherlands for two days after a single hairwash consisting of two applications for 20 s each with a coal-tar shampoo. A peak urinary 1-OH-P of about 13 nmol was shown at about 24 h after application during the two-day period of this study. According to their findings, this level of urinary 1-OH-P is equivalent to that recorded in occupationally exposed coke-oven workers. Details of coal tar exposure, medical condition, occupation, and smoking status of the subjects tested were not noted. The results were for a limited number of subjects and a small control group.

The potential carcinogenic properties of therapeutic coal-tar-containing products and the risks associated with their use have previously been evaluated. The relevance of van Schooten's results should be assessed in relation to data for the potential carcinogenicity of coal-tar shampoos. In the USA coal tar is monographed by the Food and Drug Administration (FDA) as category I GRAS/E (generally regarded as safe and effective) for over-the-counter use in occupational exposure assessment: principles and applications. EPA/600/R-91/011B. Interim report. Washington DC: Office of Health and Environmental Assessment, 1992.

Bird attacks on milk bottles and campylobacter infection

Sir—Species of campylobacter are the most commonly reported causes of gastrointestinal disease in the UK.1 The outstanding feature of campylobacter epidemiology is the rise in isolations reported by laboratories over a 3-4 week period in the spring. In Wales the spring peak in 1994 was in week 21 (ending May 27), with a 3-fold increase in reports over the preceding 3 weeks (figure). Previous studies in the UK have identified drinking milk from bottles whose tops had been pecked by magpies and jackdaws as sources of infection.2,3 But colleagues still have difficulty in accepting this explanation. To find out if birds pecking milk bottle tops is still a significant public health problem in Wales we monitored human campylobacter infections from April to June, 1994, in collaboration with environmental health departments. 21 departments agreed to ask questions about milk bottle attacks as part of routine interviews with cases. Between April 1 and June 30, 657 cases were reported to these departments by laboratories, 551 (84%) of patients were interviewed and 93 (17%) reported drinking milk from bottles attacked by birds in the week before onset (table). In

---

Table: Results of enhanced surveillance of campylobacter infection in Wales (1994)

<table>
<thead>
<tr>
<th>Number</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of campylobacter infections reported</td>
<td>112</td>
<td>226</td>
<td>319</td>
</tr>
<tr>
<td>Interviewed</td>
<td>87</td>
<td>182</td>
<td>282</td>
</tr>
<tr>
<td>Reporting milk bottle attacks</td>
<td>1</td>
<td>64 (30%)</td>
<td>74 (28%)</td>
</tr>
<tr>
<td>Reporting drinking milk from such bottles</td>
<td>1</td>
<td>42 (23%)</td>
<td>50 (18%)</td>
</tr>
</tbody>
</table>

1 Die treatment of dandruff, seborrhoea and psoriasis.1

---

Vol 345 • February 4, 1995

326