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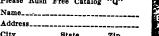


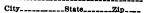
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MEDICINE

Smallpox Cure Foreseen

➤ THE NEXT TIME a smallpox epidemic breaks out in India, a promising new drug developed in the United States may cure the disfiguring and often fatal disease.

IUDR is the shortened name of the drug, called 5-iododeoxyuridine. For a time it was tried experimentally on cancer patients, but with little success.

It was while Yale University scientists were trying to arrest the growth of cancer in 11 patients with advanced malignancies that IUDR was shown to inhibit the development of vaccinia virus infections in humans. None of the 11 had been vaccinated for 15 years, so all were vaccinated for smallpox before being treated with the drug.

Eight of the vaccinations failed to "take," thus indicating that IUDR had a potential for suppressing the mild pox virus infection brought about by vaccination. The three patients in which takes did occur had received the smallest dosages of the drug. The eight other patients were later vaccinated without follow-up IUDR injections and had normal takes.

Dr. Arnold D. Welch, chairman of

Yale's department of pharmacology, for the past three years has been working with officials of the Indian government, India's medical profession and the World Health Organization to set up a program of human trials of IUDR when the smallpox virus next attacks large segments of the population.

Although a vaccination program is under way and has been greatly expanded during the past 10 years, it is not reaching everyone, and epidemics still break out in India.

The first synthesis of the IUDR molecule was done at Yale in 1958 by Dr. William H. Prusoff as part of the pharmacology department's search for anticancer compounds.

The Food and Drug Administration has licensed it for human use as a treatment for the virus-caused eye disease, herpes simplex keratitis.

IUDR's unique value in combating specific viruses is its relative selectivity of action. It inhibits formation of the infectious DNA-virus while allowing the enzymes of the uninfected host to pursue their normal functions, Dr. Prusoff

MEDICINE

More Whites Get Leukemia

➤ NEGRO CHILDREN in Memphis and Shelby County, Tenn., have shown decidedly fewer cases of leukemia than white children.

During the 24-year period from 1939 to 1962 inclusive, 97 white children and 36 nonwhite children, mostly Negroes, were diagnosed as leukemic.

Children in the upper economic group, usually synonymous with whites in the South, had in general a greater likelihood of developing the disease than poor children. But the incidence of leukemia in the age group under five increased steadily in both economic groups throughout the 24-year period.

Although the highest risk was found in the youngest age group, a larger relative increase was seen in older age groups, particularly in children 10-14 years old. In children under 10, the leukemia rate increased faster among nonwhites and boys, but from 10-19 the rate increased faster among whites and girls.

The most notable observation in the study in Public Health Reports 81:598. 1966, however, is that the incidence of childhood leukemia increased remarkably after World War II, and stabilized in the later years of the study.

No definite reasons are given for the statistical findings, but the researchers say undoubtedly many factors have contributed to the recent rise in oc-currence of childhood leukemia.

1. More children are surviving in-

fectious disease because of the use of antibiotics and sulfonamides, but the survivors are subject to the risk of developing chronic diseases, particularly leukemia, during early childhood.

2. The use of X-rays and radioisotopes for diagnosis and therapy has increased in recent years, and the effect of ionizing radiation has been demonstrated. Only a relatively small proportion of childhood leukemia cases may be accounted for in this way, however.

3. The use of toxic chemicals such as insecticides, household chemicals, paint, hair sprays, tobacco smoke and a variety of drugs that are potentially toxic has greatly increased and could be directly or indirectly implicated as a cause of leukemia in children.

4. Air and water pollution due to increased industries in Memphis could be to blame.

5. If a virus is the cause, the increased number of families with dogs that could be carriers may be a factor. Also, residential crowding has increased personal contacts.

Kathleen Hernandez Drs. George Tokuhata of St. Jude Children's Research Hospital, Memphis, reported the study. Dr. Hernandez, then a postdoctoral epidemiology trainee, is now an instructor in pediatrics at the hospital. Dr. Tokuhata is chief of epidemiology at the hospital and assistant professor of preventive medicine, University of Tennessee, Memphis.