SEABED TREATY

Ending the no-policy policy

During the last three years, while many other nations have shown increasing concern about jurisdiction over the ocean floors, the United States has had no official policy on the subject.

The months of what Sen. Claiborne Pell (D-R.I.) calls a no-policy policy came to an end last weekend; President Nixon proposed that all nations adopt as soon as possible a treaty under which they would renounce all national claims over the natural resources of the seabed beyond the point where the oceans reach a depth of 200 meters. That is very roughly the average depth of the outer edge of the continental shelf.

"At issue," said the President, "is whether the oceans will be used rationally and equitably and for the benefit of mankind or whether they will become an arena of unrestrained exploitation and conflicting jurisdiction. . . ."

Resources beyond 200 meters, in the President's proposal, would be regarded as the common heritage of mankind. They could be exploited, but only under an international body of rules set forth by the treaty. Substantial mineral royalties would be collected for international community purposes, particularly economic assistance to developing countries.

To oversee resource development beyond 200 meters, two types of machinery would be established: On the deep-ocean floor, beyond the bottom of the continental rise, an international agency—possibly within the United Nations—would authorize and regulate activities. But on the continental slopes and any parts of the continental shelves deeper than 200 meters, coastal nations would act as international trustees. International revenues would still be collected from continental slope exploitation, but the coastal trustee nations would receive a share and could impose additional taxes.

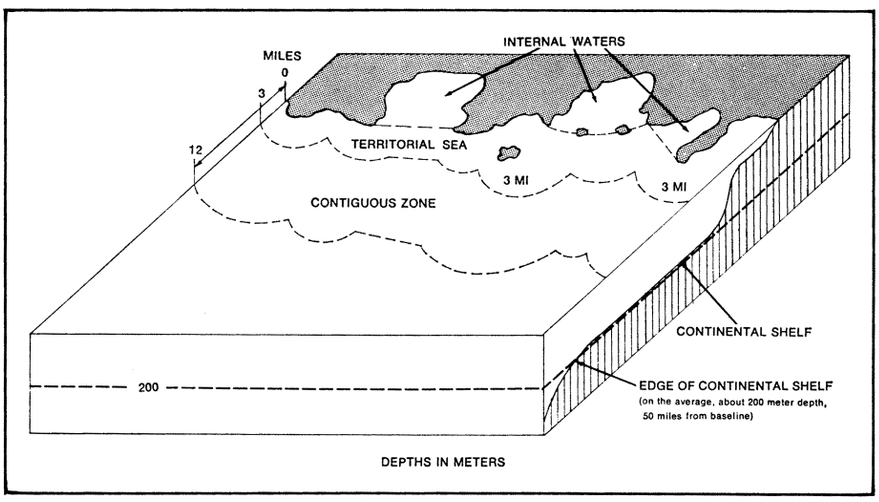
The trusteeship-zone will be the most controversial part of the Nixon treaty proposal. It raises many questions, such as what would be the coastal nation's powers and what percentage of the revenues would it receive. Administration spokesmen say these are points to be hammered out in negotiation of the treaty and that the United States will include additional suggested specifics when it formally presents the proposal to the United Nations Seabeds Committee in August. The United States will propose, for example, that the trustee nation maintain the right to choose those who may exploit its continental margins beyond 200 meters.

The restrictive Nixon definition of an individual nation's domain is probably the biggest blow to the petroleum industry, which in the United States had been urging a policy of giving each coastal nation exclusive jurisdiction over its entire continental slope. Offshore oil exploration is pushing into ever deeper water; on May 13, for instance Humble Oil announced discovery of oil and gas 12 miles southeast of Pt. Conception, Calif., in a well drilled beneath 320 meters of water—well beyond the limit of sovereignty of the Nixon treaty proposal.

"We are very disappointed, of course," says Maxwell McKnight of the National Petroleum Council. The council, he says, is considering a formal response to the President's treaty proposal.

In other quarters, however, the reactions tended to be of cautious praise, and of profound relief that a decision had finally been made. Two members of the Senate actively concerned with continental shelf policy, Senators Pell and Lee Metcalf (D-Mont.), commended the President for the broad outline of the plan but reserved final judgment until details are forthcoming in August. Pell in particular praised the setting of the shelf limit at 200 meters and the diversion of royalties to developing countries. But he was less sure of the proposals for a trusteeship zone. The proposals, he said, "give the appearance of leaving sufficient loopholes for the petroleum industry to achieve its major long-held objectives."

Elisabeth Mann Borgese, a senior fellow at the Center for the Study of Democratic Institutions who will direct an international convocation in Malta on sea-floor issues in June, expressed some of the same reservations. But, she said, "I am very happy that now finally there is a policy." □



Nixon proposal: Resources beyond 200 meters are common heritage of man.

DIABETES

A problem with drugs

Since the advent of insulin, vascular complications of diabetes have been seen to develop late in life. Death is usually due to the complications rather than to the disease itself. What causes these complications has puzzled scientists, and what effects treatment has in preventing long-term complications has been a controversial issue.

In an effort to determine whether high blood sugars themselves cause the degeneration, scientists undertook a 10-year study of antidiabetes preparations —probably the most sophisticated study of diabetes ever made.

Results were astounding and dismaying. They cast a shadow over one of the most popular medications for patients with mild diabetes: tolbutamide (Orinase). That drug, reports Dr. Max Miller of Case Western Reserve University in Cleveland, is more likely to cause premature death of diabetes than insulin or no medication at all. Dr. Miller was coordinator of the study, which involved 12 universities and 800 patients.

Mild diabetes represents about 75 percent of all diabetes. An estimated 800,000 persons take tolbutamide tablets daily to control blood sugar. They are classed as mild diabetics, though some show no other signs.

The drug, marketed by the Upjohn Co. under the trade name Orinase, is a member of the sulfonylurea group of drugs and has 54 percent of the market for oral antidiabetic drugs. Others of the sulfonylureas under suspicion are Upjohn's tolazamide (Tolinase), Pfizer's chlorpropamide (Diabinese), and Lilly's acetohexamide (Dymelor).

In the study 800 patients—90 percent of whom were over the age of 40—with asymptomatic, noninsulin-dependent diabetes were placed on an antidiabetic

diet and randomly assigned to one of four groups: those given tolbutamide, those given a fixed amount of insulin, those given a varying dose of insulin and those given a placebo.

During the first three years, death rates were approximately equal among the groups. But after three years, mortality in the tolbutamide group increased sharply. At the end of an eight-year period, death rates from diseases of the heart and bloodways were 2.5 times as high in the tolbutamide group as in the placebo group: together they accounted for 61 of the 89 deaths occurring among the 823 patients. Mortality rates from all causes were 50 percent higher in the tolbutamide group; the insulin groups had total death rates similar to those for the placebo group.

On the other hand, results showed that tolbutamide lowered the blood sugar levels most effectively, followed by insulin in varying doses, a constant dose of insulin and diet alone. Because tolbutamide has the highest mortality rate, yet lowers the blood sugar most effectively, says Dr. Miller, there can be no relationship between high blood sugar levels and vascular complications. "Something else is causing these effects," he says.

Although some scientists believe that the harmful effects of tolbutamide are unproved, Dr. Thaddeus Prout of Johns Hopkins University in Baltimore contends the results are "unquestionably valid." The FDA, also accepting the studies as valid, issued a statement this week requiring all manufacturers of the sulfonylureas to change the labeling to reflect the results of the study. In addition, they recommend that physicians not prescribe these agents to asymptomatic diabetes, patients who have diabetes, as indicated by high blood sugar levels, but no symptoms of the disease.

They will continue to monitor all studies pertaining to all antidiabetes preparations and continue intensive examination of new evidence in the field for a prompt evaluation of all such drugs.

The Upjohn Co. in Kalamazoo, Mich., meanwhile, stated that two other studies have shown the drug to have protective rather than deleterious effects on vascular complications. The studies, says the company, will be reported at the annual meeting of the American Diabetes Association next month in St. Louis. The final report of Dr. Miller's university study will also be presented then. Upjohn claims that in the Miller study tolbutamide was used in a fixed dose for all subjects, without regard to the needs of the individual patient. The company insists that until peer scientific review of all data has been made, it is "premature and inappropriate to interpret the results." □