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biomedical sciences

On behalf of coffee drinkers

Recently Boston investigators found that people who drink six or more cups of coffee a day are more prone to heart attacks than people who don't. Sugar and cream were ruled out as contributing factors; so was caffeine, since tea also contains caffeine, and no association could be found between heavy tea drinking and heart attacks. Smoking was also ruled out as influential (SN: 7/28/73, p. 55).

Now another study, published in the Oct. 29 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, contradicts the Boston study. No association between heavy coffee drinking and heart attacks could be found in 464 members of the Kaiser-Permanente Medical Care Program in Oakland, Calif. Some 20 percent of these persons were heavy coffee drinkers, but 20 percent of a control group were also heavy coffee drinkers. On the other hand, almost half the persons who had a heart attack were heavy smokers, whereas only 31 percent of the persons in the control group were heavy smokers.

So if there is a major risk factor in heart attacks, this study implies that it is smoking, not coffee.

A bouncer for mRNA

In the beginning of protein production in cells, DNA (genes) are translated into messenger RNA in the cell nucleus. The mRNA then leaves the nucleus and moves into the cell's cytoplasm, to participate in the making of the proteins. There is increasing evidence that mRNA is bounced out of the nucleus into the cytoplasm by specific proteins in the cytoplasm.

The most recent evidence, reported in the Oct. 17 NATURE NEW BIOLOGY by Dorothy E. Schumm and her physiological chemist colleagues at Ohio State University, consisted of isolating the cytoplasmic proteins involved in the release of mRNA from the nuclei of rat liver cells. Two kinds of proteins appeared to act as ejectors. They also appeared to differ qualitatively in normal, regenerating or cancerous liver cells. So it is quite possible that cytoplasmic regulators of mRNA play critical roles as embryonic cells take on specific characteristics or as normal cells become cancerous.

Polio vaccine and slow virus diseases

There is disturbing evidence that viruses may lie in wait months, even years before triggering fatal neurological diseases. One of these diseases is subacute sclerosing panencephalitis (SSPE). SSPE causes stiffness, jerkiness, mental deterioration and death in young people.

The measles virus has been heavily implicated as the cause of SSPE (SN: 8/4/73, p. 74). Now there is evidence that another purported slow virus, SV 40, may have caused SSPE in children vaccinated with polio vaccine.

From 1956 to 1966, the incidence of SSPE in the northern half of the North Island of New Zealand was a hundred times greater than that for the normal population. In fact, no case was seen in the area before 1956, and 1956 was the first year children in the area were mass-vaccinated with polio vaccine. So polio vaccination appears to have set off the numerous cases of SSPE, Diane M. Baguley and Gavin L. Glasgow of the University of Auckland report in the Oct. 6 LANCET.

But what was in the vaccine that caused SSPE? Since SV 40 virus has been linked with some slow virus diseases and is known to have contaminated some batches of polio vaccine, they suspect it was SV 40 virus.

