

EEC harp-seal ban may save some pups

The controversial Canadian harvest of harp seals began last Tuesday along the Gulf of St. Lawrence, and will begin this Thursday for hunting on northwest-Atlantic ice flows. In contrast to previous years, however, white-coated infants will largely be spared. Or at least that's what Canadian officials are predicting. The decision by hunters to spare "white coats" — seals three weeks old and younger — "is being dictated exclusively by market forces," explains Herbert Fraser, a Canadian press attache in Washington. "The people who purchase the pelts have come to the conclusion that there is probably no market for the white-coat pelts in Europe this year."

Although the Canadian government has set a quota on this year's harvest of 186,000 animals, a temporary, voluntary ban through October 1983 by the European Economic Community (EEC) on the import of white-coat pelts into member nations has fueled speculation that perhaps no more than 60,000 animals will be slaughtered this year.

Inuit (Eskimos) value harp seals for their oil, meat, blubber and tanned hides. But the international fur industry has been interested solely in the infants' downy white fur. Because harp seals begin shedding it in the second or third week of life, attaining these pelts has meant clubbing newborn pups. In fact, over the last three decades, pups have accounted for roughly 80 percent of the total slaughter each year.

Most anti-sealing campaigns have focused on charges of cruelty in slaughtering techniques. But in recent years, these campaigns have broadened to counter Canadian justification of the hunts' necessity (SN: 3/31/79, p. 202). For example, though the government contends these hunts are a major source of winter income for coastal Newfoundlanders, numerous groups have pointed out that the government spends more money defending and policing the hunt than the sealers earn. The government could actually save money by paying sealers not to hunt, contend groups like Greenpeace.

Some people are under the impression that harp seals are endangered. "They are not," notes Peter Dykstra of Greenpeace, one of those groups opposing the hunt. However, points out harp-seal zoologist David M. Lavigne, "Nobody disagrees that the population declined markedly between 1950 and 1970 through overexploitation." And though the Canadian government says the herd has been growing since 1972, Lavigne, of the University of Guelph, contends "there is no direct corroborating evidence." There hasn't even been a direct census for years, he notes; "the only estimates of pup production in recent years come from projections of various com-

puter models." And extrapolations of herd size from the government's mark-and-recapture program involving live animals — estimates range to 2 million animals or more — don't appear "very convincing in light of my own experience," Lavigne adds. Lavigne's study of blubber levels in reproductive-age females shows the population is still stressed — even relative to 1976. He suspects the recent depletion of Canada's Atlantic capelin population — capelin is a fish that is part of the seal diet — may partially explain the reduced blubber production. —J. Raloff

'Light' cigarettes don't help heart

Smoking low-nicotine, or "light," cigarettes does not lessen the likelihood of cigarette-related heart attacks, according to a study by Boston University and Harvard University researchers.

They compared the smoking habits of 502 men between the ages of 30 and 54 hospitalized with a first, non-fatal heart attack to those of 835 men hospitalized for other problems. Their results showed a tripled risk of heart attack among smokers, with no significant difference between men who smoked cigarettes with less than 0.8 milligrams of nicotine and men who smoked brands with more than 1.5 mg, David W. Kaufman and colleagues report in the Feb. 24 *NEW ENGLAND JOURNAL OF MEDICINE*.

The study was aimed at determining the relationship between carbon monoxide, nicotine and heart attacks — carbon monoxide because it decreases oxygen delivery to the heart, and nicotine because it increases blood pressure and alters certain blood characteristics. "The results suggest that men who smoke the newer cigarettes with reduced amounts of nicotine and carbon monoxide do not have a lower risk of myocardial infarction than those who smoke cigarettes containing larger amounts of these substances," the researchers state.

The news for "light" cigarettes is not good on the lung cancer front, either: a National Academy of Sciences panel stated last year that the switch to low tar and nicotine has not lessened smokers' heightened lung cancer risk (SN: 10/2/82, p. 214). (Tar is suspected of damaging lungs more than the heart.) Authors of both studies point out that their conclusions do not exonerate tar, nicotine or carbon monoxide; rather "light" smokers may alter their smoking habits, taking more puffs or smoking more cigarettes.

Though the American Cancer Society recommends smokers having trouble quitting switch to "light" cigarettes, Lawrence Garfinkel, an author of the study on which the suggestion was based, says more evidence that the switch is beneficial is needed. —J. Silberner

Advances in treating kidney disease

Although kidney disease isn't as highly recognized a killer as heart disease or cancer, it's still a serious national health problem. For instance, the only way that the 50,000 people in the United States who develop kidney failure each year can survive is to get a successful kidney transplant or to have their kidneys cleansed regularly with dialysis machines. Yet successful transplants are often hard to come by because of the scarcity of donor kidneys and rejection problems. And dialysis is time-consuming, psychologically and physically debilitating and costs taxpayers \$1.4 billion annually via Medicare reimbursement.

However, help is on the way from the scientific community, a National Kidney Foundation Science Writers News Briefing held this week in Washington revealed. Two of the more exciting advances entail use of a drug called cyclosporine (formerly cyclosporin A) and a calcium-blocking drug called Verapamil.

Cyclosporine is one of the best things that has happened to kidney transplant patients, as well as to patients receiving other kinds of organ transplants, in some time, said John S. Najarian of the University of Minneapolis Hospitals. The reason, he explained, is that it is highly effective in suppressing those cells in a recipient's immune system that attack a transplanted kidney as foreign, yet it doesn't suppress those immune cells that a recipient needs to fight off infections (SN: 10/24/81, p. 263; 2/6/82, p. 92). As evidence, he discussed a two-year trial that he and his colleagues have conducted on 190 kidney transplant patients. The 95 patients who got cyclosporine, he said, incurred only one-half as many rejection episodes and only one-third as many infections as did the 95 transplant patients given the best-known immunosuppressive regimen of azathioprine, antilymphocyte globulin and prednisone. What's more, cyclosporine patients paid much less in hospital costs because of fewer rejections and infections.

An even greater boon to victims of kidney failure, however, would be preventing it in the first place — something not now possible. A promising strategy toward this goal was reported by Thomas J. Burke of the University of Colorado Health Sciences Center in Denver. He and his colleagues first found that when the supply of blood to the kidneys is decreased, which is a common cause of kidney failure, calcium rushes into kidney cells and probably kills them. They then gave Verapamil — a drug known to block the entry of calcium into cells and on the market in the United States for a year to stabilize heart function — to dogs and found it could prevent kidney failure due to a shutdown of blood to the kidneys. —J. A. Treichel