WORLD BOOK

THE WORLD BOOK HEALTH & MEDICAL ANNUAL

The World Book Health & Medical Annual

1993

World Book, Inc.
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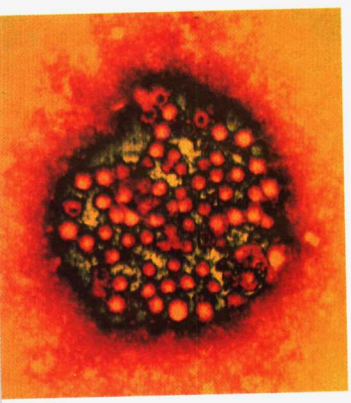
Chicago London Sydney Toronto

The Year's Major Health Stories

From the promise offered by a new drug for treating breast cancer to the alarming resurgence of tuberculosis in the United States, it was an eventful year in medicine. On these two pages are stories that *Health & Medical Annual* editors selected as among the most important, the most memorable, or the most promising of the year, along with information about where to find them in the book.

The Editors

Vaccine for Hepatitis A
Doctors in August 1992 reported on a successful test of a vaccine that provides protection against infection from the hepatitis A virus. In the Special Reports section, see THE MANY FACES OF HEPATITIS.



Breast Implant Safety
Thousands of American women during 1991 and 1992 agonized over the question of whether silicone-gel breast implants are safe. In the Health & Medical News Update section, see SAFETY (Close-Up).

A new AIDS virus?
Researchers reported in July 1992 on finding cases of an AIDS-like illness in patients with no evidence of the AIDS-causing human immunodeficiency virus. In the Health & Medical News Update section, see AIDS.

Aspirin and Colon Cancer
Regular aspirin use may have a protective effect against colon cancer, researchers reported in December 1991. In the Special Reports section, see ASPIRIN: FROM HEADACHES TO HEART ATTACKS.

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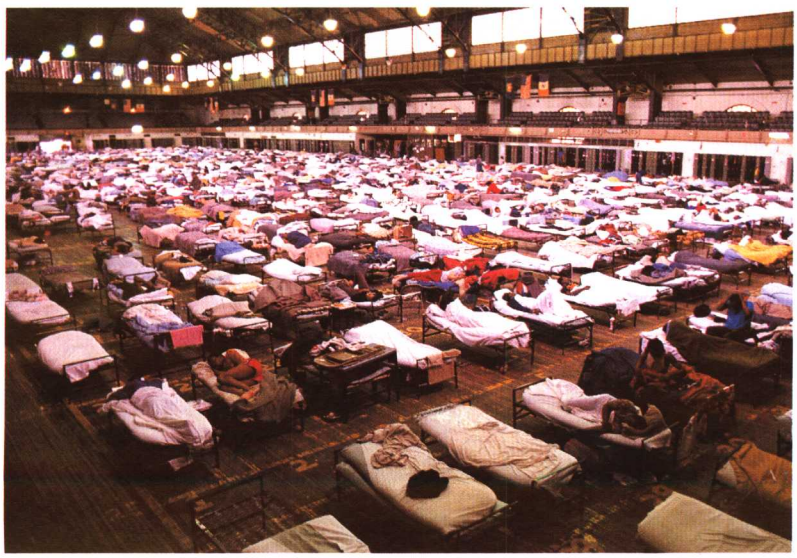
World Book, Inc.
525 W. Monroe
Chicago, IL 60661

ISBN 0-7166-1193-7
ISSN 0890-4480
Library of Congress Catalog Card Number: 87-648075
Printed in the United States of America

A Promising Cancer Drug
The drug taxol seems to help stop breast cancer, scientists reported in December 1991. But the drug is in short supply, because its source is the bark of a relatively rare tree. In the Health & Medical News Update section, see CANCER.

Seafood Safety Questions
A February 1992 report raised concerns about the quality and even the safety of the fish that American consumers eat. In the Health & Medical News Update section, see NUTRITION AND FOOD (Close-Up).

Baboon Liver Transplant
Doctors transplanted a baboon liver into a 35-year-old man in June 1992. The operation was the first transplant of a baboon liver into a human being. In the Health & Medical News Update section, see DIGESTIVE SYSTEM.



Tuberculosis Threat
Health officials in April 1992 announced that 26,283 new tuberculosis cases had been reported in 1991. Doctors were also alarmed about new strains of the disease that were resistant to antituberculosis drugs. In the Special Reports section, see THE LENGTHENING SHADOW OF TUBERCULOSIS.

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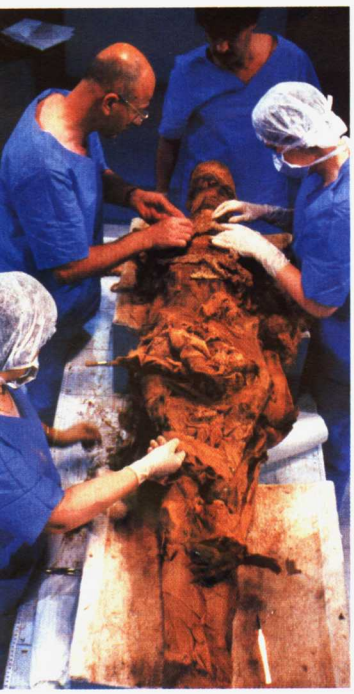

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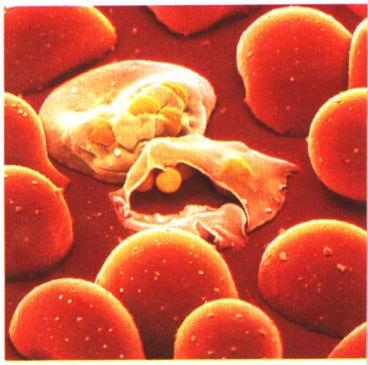

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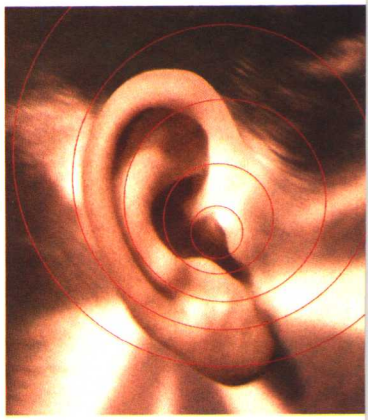
The World Book Health & Medical Annual takes an in-depth look at a health-care issue confronting the United States today.



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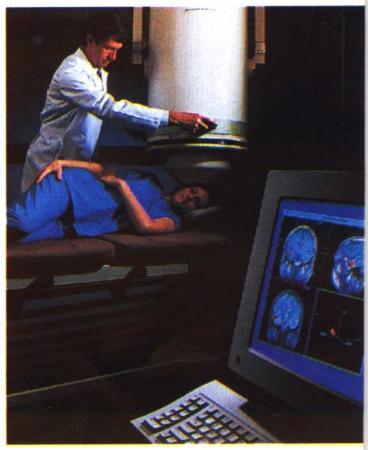
Health & Medical News Update 272

Forty-one alphabetically arranged articles report on the year's major developments in health and medicine, from "Aging" and "AIDS" to "Veterinary Medicine" and "Weight Control." In addition, six Close-Up articles focus on noteworthy developments:



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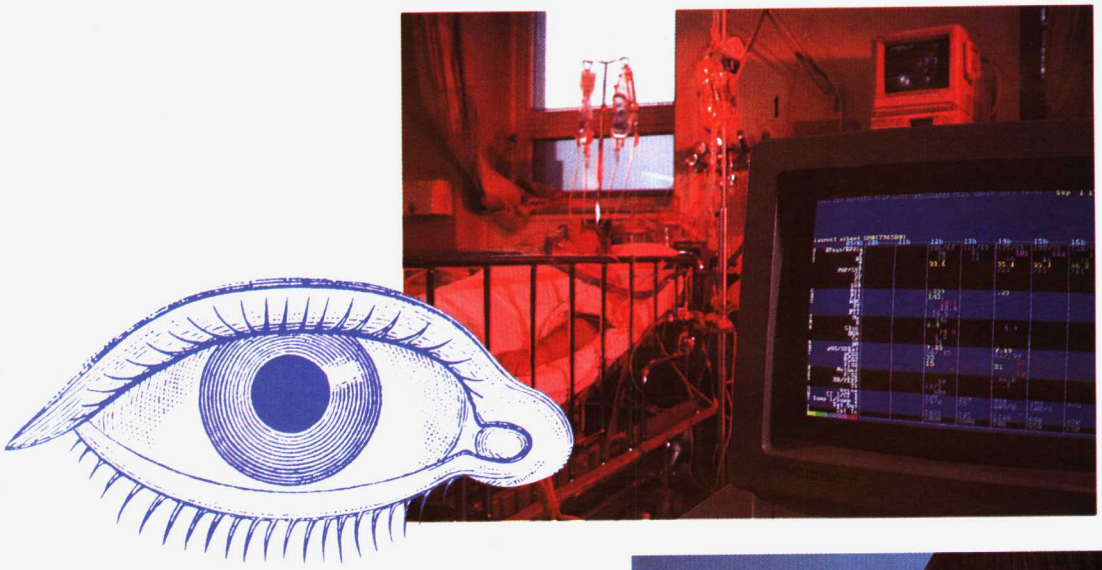

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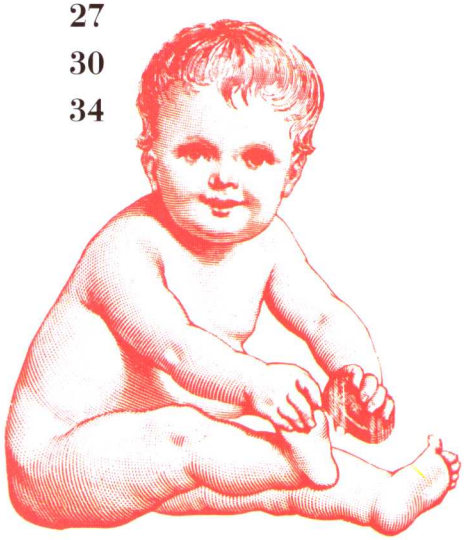
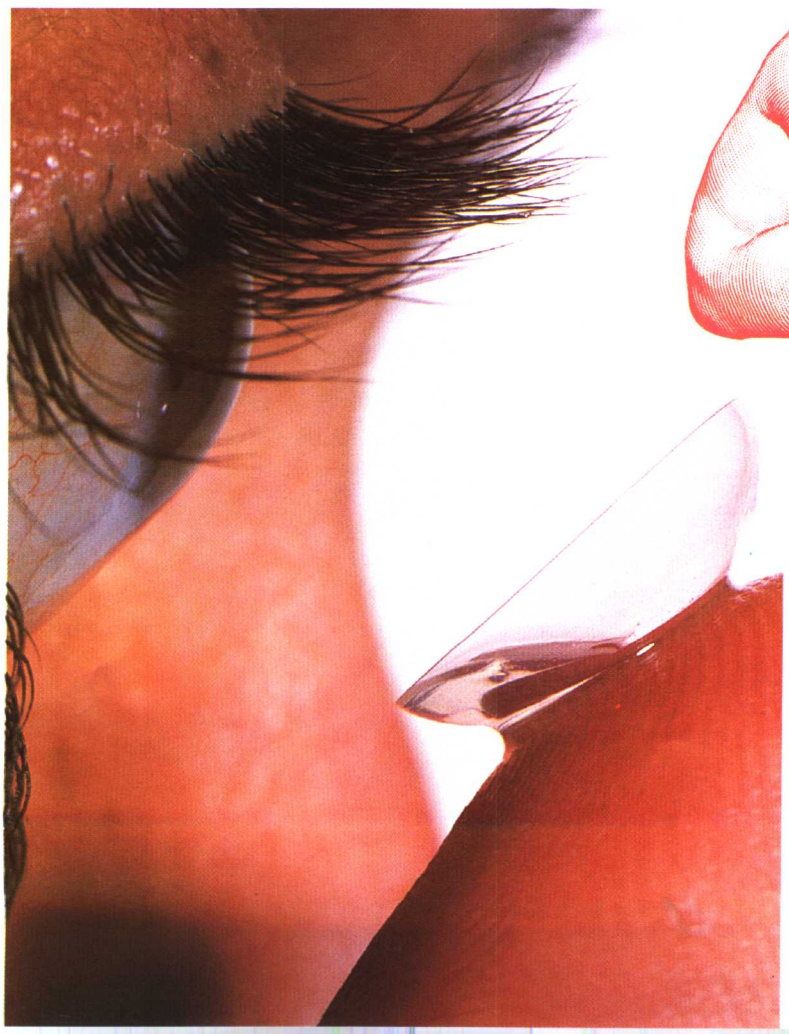
Health News You Can Use

Seven articles present practical, up-to-date information on health topics of concern to families.



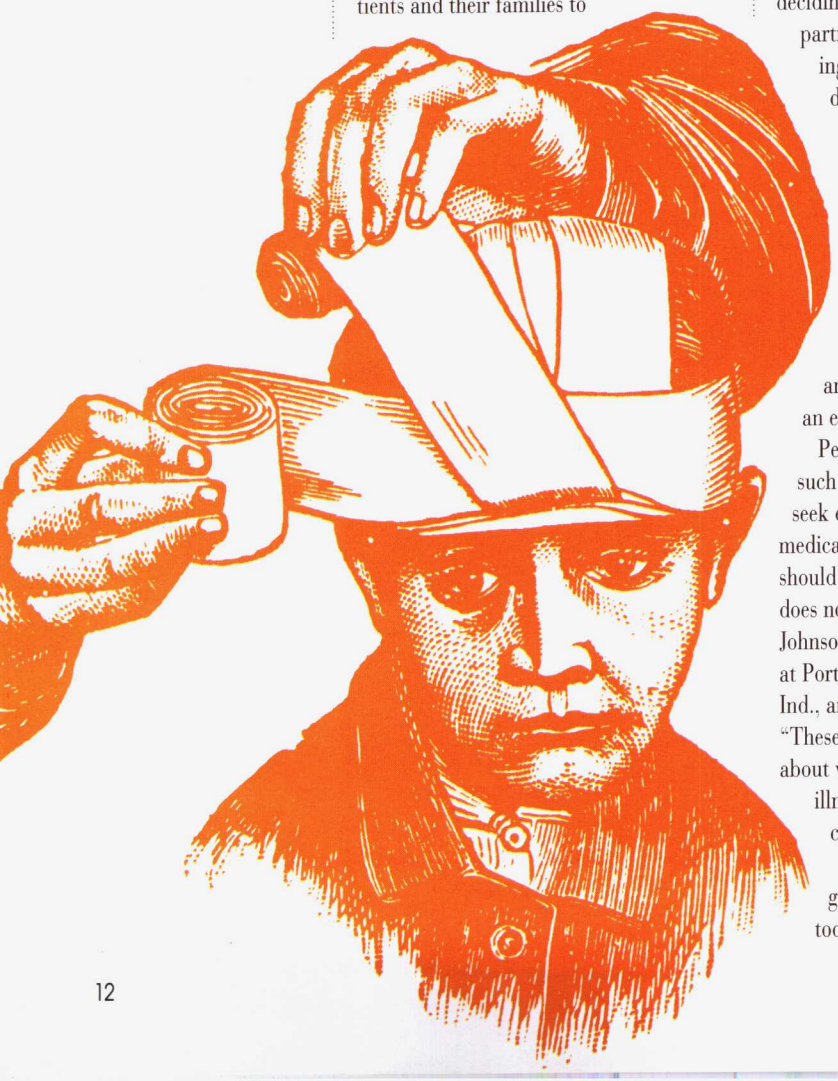


When to go to the Emergency Room

When should you go to an emergency department? Simple, say medical experts: when you think you have to.

"People should follow their instincts," says John McCabe, chairman of emergency medicine at the State University of New York Health Sciences Center at Syracuse. "We want patients to err on the side of ensuring that there's nothing seriously wrong."

Emergency physicians encourage patients and their families to be liberal in deciding when a situation calls for immediate medical care. Some situations, such as a painful broken bone or a heavily bleeding wound, are easy to recognize as emergencies, but other situations are not so clear. To keep the number of unnecessary emergency department visits to a minimum, the American College of Emergency Physicians (ACEP), the major professional association of emergency doctors, has issued a comprehensive list for deciding when to go to an emergency department. Their guidelines include acting on sudden severe pain; breathing difficulty; sudden dizziness, weakness, or confusion; and severe or persistent vomiting.



The ACEP stresses the need for flexibility in deciding when a patient needs emergency care. "Many factors, including the time of day, other medical problems, or state of mind, can make an otherwise minor medical problem an emergency," the ACEP says.

People with certain chronic illnesses such as diabetes or heart disease should seek expert care in the face of a new medical problem more quickly than should other people, even if the problem does not seem to be serious, says John C. Johnson, director of emergency medicine at Porter Memorial Hospital in Valparaiso, Ind., and former president of the ACEP. "These patients must be very careful about waiting too long to have an acute illness treated, because their situations can deteriorate rapidly," he says.

Johnson adds that all these guidelines apply to children, except toddlers and infants. In those cases,

the rule is that the younger the patient, the sooner he or she should be examined.

People who are not in immediate danger and are in doubt over what to do should call their family physician. And patients with injuries or symptoms that fall outside emergency guidelines may want to see if the problem improves before they seek medical care or call their regular doctors to see if they should come into the office. On the other hand, patients who do not have a personal physician and who are unsure about their condition should not expect to get telephone advice from an emergency department. "Emergency physicians can't diagnose unfamiliar patients by telephone," explains McCabe. "If you're calling an emergency department to ask whether to come in, it's probably best to just come in."

Once the decision has been made that a trip to the emergency department is necessary, the next issue is how to get there. Experts recommend calling an ambulance if the victim's situation is critical or life-threatening—a severe head or back injury, drug overdose, poisoning, allergic shock, or unconsciousness. In such cases, trained emergency personnel can administer crucial care while the patient is in transit.

If the patient is transported to the hospital in a private car or a cab instead, call ahead to the emergency department and tell the staff the nature of the injury and the name and phone number of the patient's doctor. This information enables the hospital staff to prepare for the patient's arrival and contact his or her doctor.

After arriving at an emergency department, a patient will usually be asked to sign in at a registration desk, then he or she will be sent to the *triage area*. There, medical personnel assess the urgency of the problem. They may take the patient's temperature and blood pressure, measure heart rate and breathing, and ask questions about how the injury occurred or when the symptoms began. This information will help the personnel make a quick diagnosis and speed the way to treatment.

If emergency department staffers determine that a patient's condition is critical and requires immediate attention, he or she can expect to get treated promptly. In cases where the injury is very serious and the hospital is unable to provide proper care, the patient will often be taken to another hospital better able to handle the problem. But if the condition is judged less urgent, patients will likely wait while more serious injuries are treated. In busy emergency departments, patients with prob-

A health-care worker fills out a form for an emergency department patient.

lems that do not require immediate attention may wind up waiting several hours before seeing a doctor.

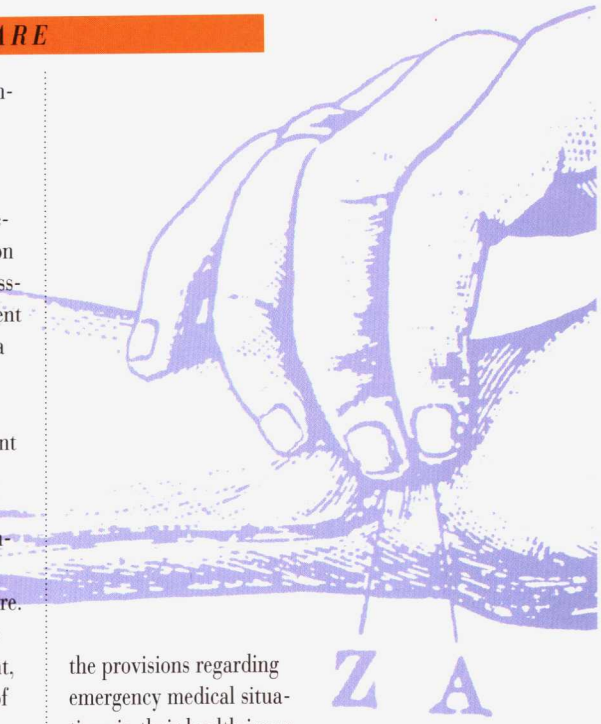
If you have been waiting for what seems to be too long a time and are in severe pain, bring your case to the attention of the registration staff. Your triage assessment may not have revealed the full extent of your problem, and you may warrant a second diagnosis.

At some point during your visit, you will be asked to pay for your care. Present any health insurance cards to the staff. Hospitals will typically have all of the forms needed to file a claim with your insurance company. If you lack insurance, do not let that keep you from seeking care. Hospitals are bound by law to treat true emergency patients. Also, after treatment, the hospital may help you find sources of financial assistance to pay for your care.

And if the problem turns out to be a false alarm, patients with insurance generally need not worry that their policies will not cover their emergency department visit. "Insurers are usually very liberal about emergency department use because it's very hard to determine what was a true emergency," says Carron Maxwell, director of managed care for the Blue Cross and Blue Shield Association. "They have to accept the patient's perception." However, many insurers assess a small charge—often $25 or $50—on emergency department visits to discourage frivolous use without penalizing true emergencies.

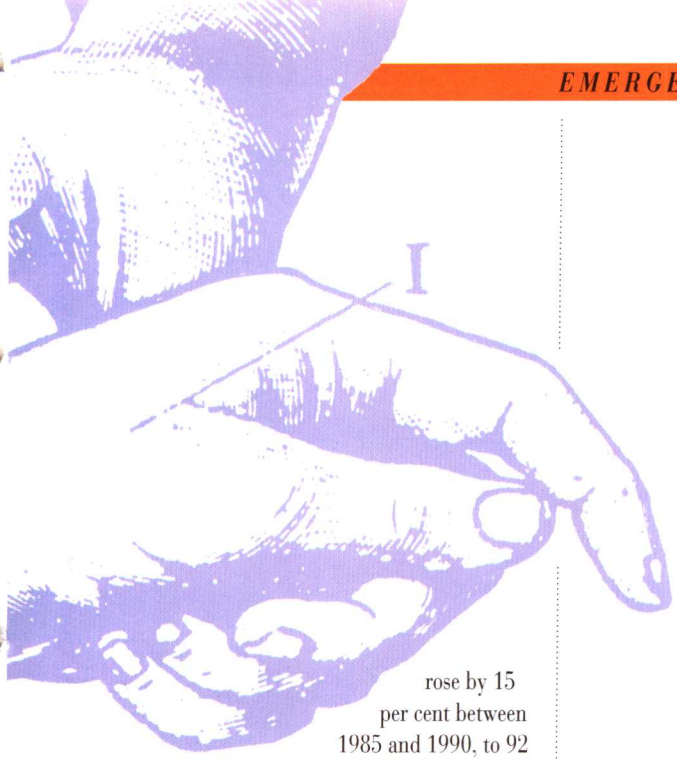
Patients insured with a health maintenance organization (HMO) or similar group may face a different situation. HMO's often maintain centers where their clients are expected to seek care unless their conditions are "life- or limb-threatening," says Donald White, a spokesman for the Health Insurance Association of America. An HMO member who goes to a hospital emergency department for what turns out to be a routine problem may be charged for the full cost of the visit.

To avoid any unpleasant surprises, people should make sure they understand the provisions regarding emergency medical situations in their health insurance policies.



In many areas of the country, free-standing *urgent-care centers* also offer emergency medical care by physicians to the public. These centers, though they lack the facilities or expertise to cope with severe emergencies, are well designed to handle simple, routine complaints, such as sprains or minor cuts and burns. They are usually more expensive than a trip to your doctor but less expensive than a visit to a hospital, and they are often covered by health insurance. Experts advise choosing an urgent-care center that is affiliated with a larger hospital to ensure the quality of the treatment. Also, many urgent-care centers are open only 12 or 16 hours a day, so check out the office nearest you to learn just what services are provided and what the hours are.

Alternatives such as urgent-care centers arose out of the crisis currently enveloping U.S. emergency departments. An increasing number of patients with little or no insurance view emergency departments as the only place they can receive medical care. According to the American Hospital Association (AHA), the number of cases handled by U.S. emergency departments



rose by 15 per cent between 1985 and 1990, to 92 million. Much of this spurt is attributable to uninsured or underinsured patients who do not have regular doctors. This trend is especially prevalent among inner-city residents.

Doctors insist, however, that despite the growing number of nonemergency patients who are crowding emergency departments, the speed at which true emergencies get treated has not been compromised. While Johnson was ACEP president in 1991, he and his staff examined the issue of negligence. "We were hard-pressed to find any true emergencies—especially life-threatening emergencies—that weren't properly taken care of," he reports.

To help speed your way to expert medical treatment, the American Medical Association (AMA) suggests preparations you should make before an emergency arises. First, post near your telephone the numbers of the nearest hospital emergency rooms and your family doctors, as well as the numbers of neighbors or relatives who can come to your residence quickly if you need aid or need to be driven to the hospital. Also post local police and fire department numbers, and know which department handles emergency medical calls. Most ambulance services are operated by communities, not by individual hospitals.

At your next visit to your family physician, ask for emergency ID bracelets, necklaces, or cards for family members. These cards include such information as the patient's name, address, blood type, and any serious medical conditions.

For each family member, make a list of pertinent medical information, such as allergies, health conditions, and regular medications and dosages. Keep this list in a location known to all family members. If an emergency arises, bring this list to the emergency department, along with insurance information and personal identification such as driver's licenses.

Last, write out or draw the route to the nearest hospital emergency department. Because of the importance of time in an emergency, the AMA suggests a practice run from time to time to familiarize yourself with the course and possibly learn of any changes, such as construction, that do not appear on maps.

Medical emergencies cannot be anticipated. But careful planning, combined with a clear head, can help ensure that a severe injury or illness is promptly and properly treated. ☐ Mitchel L. Zoler

How to spot a medical emergency

There are no hard rules for identifying a medical emergency, but medical experts say that certain symptoms signal the need for immediate attention. The American College of Emergency Physicians offers the following list of warning signs of a medical emergency.

- Difficulty breathing, shortness of breath
- Pain or pressure in the chest or upper abdomen
- Unexplained fainting
- Sudden dizziness, weakness, or change in vision
- Change in mental status (unusual behavior, confusion)
- Sudden, severe pain anywhere in the body
- Bleeding that will not stop
- Severe or persistent vomiting
- Coughing up or vomiting blood
- Suicidal or homicidal feelings

Taking a Look at Contact Lenses

When contact lenses were first developed about 100 years ago, only the bravest and most determined people could tolerate wearing them, and then only for a few hours at most. That was because these large, early lenses were made of glass shaped by being poured into a mold of the *cornea*, the transparent outer layer at the front of the eye.

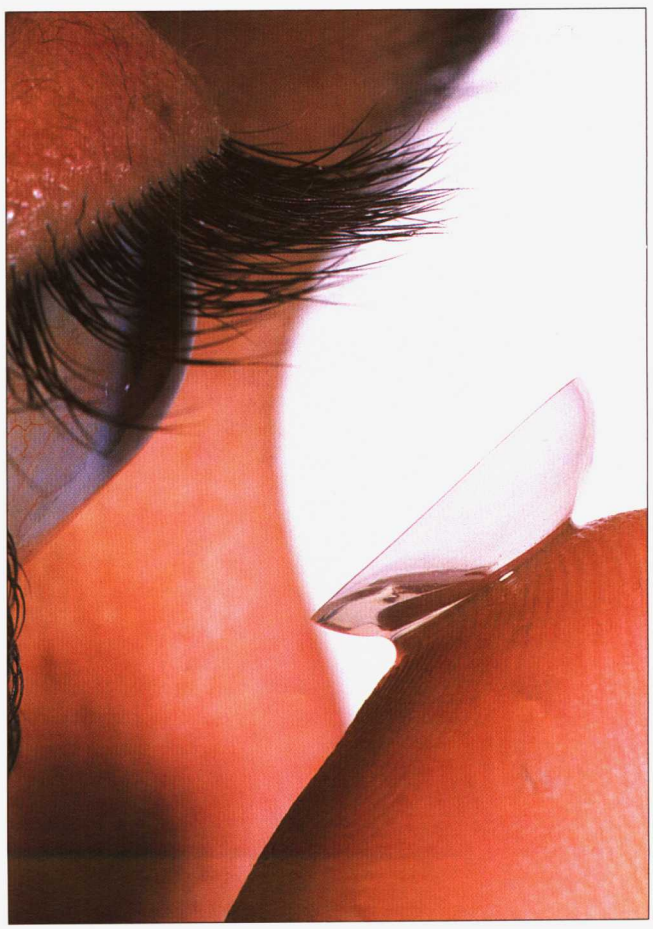
By 1992, however, more than 20 million people in the United States alone were wearing contact lenses. Eye doctors say that the popularity of contacts is due not only to their cosmetic appeal, but also to improved lens design.

Contact lenses, like eyeglasses, can correct *myopia* (nearsightedness, or difficulty seeing objects at a distance), *hyperopia* (farsightedness, or difficulty seeing objects closer than several feet away), and *presbyopia* (difficulty focusing on nearby objects due to age-related loss of elasticity in the *lens*, the part of the eye that bends and projects light). Also, some contact lenses can correct *astigmatism*, a condition in which an irregularly shaped cornea or lens causes distorted vision.

The two major categories of lenses are rigid, hard contact lenses, first produced in the United States in the 1950's, and soft contact lenses, which first appeared in the 1970's. Both types are made of plastic—rigid plastic for hard lenses and gellike plastic for the soft. Both types float on a layer of tears that covers the cornea.

Hard contact lenses enable the wearer to see images that are crisp and sharp, usually better than with soft lenses. For those who need correction for close-up and distance vision, hard lenses are available as bifocals.

Three types of bifocal contacts are available, alternating-vision lenses, simultaneous-vision lenses, and monovision lenses. Alternating-vision lenses, modeled after bifocal spectacles, have two zones, the upper for distance and the lower for close-up vision. These lenses are weighted or shaped to ensure that they do not rotate out of position. Simultaneous-vision contacts have many zones for



Contact lenses are placed directly onto the surface of the eye, where they float on a thin layer of tears.

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