Kansas sues internet medicine suppliers

Fred Charatan, *Florida*

The US state of Kansas is taking legal action against companies selling prescription-only medicines on the internet, in the first action of this kind.

The Kansas attorney general, Carla Stovall, has joined the

Kansas State Board of Healing Arts and the Kansas Board of Pharmacy to file consumer protection lawsuits and restraining orders against seven companies selling prescription-only drugs on the internet. According to

Kansas state is reviewing websites selling prescription drugs

Attorney General Stovall, at least "a couple of hundred" websites sell prescription drugs without the buyer being examined by a doctor licensed to practise in Kansas or obtaining a prescription (among them, CybRxpress, at www.cybrxpress.com, and Online Physicians, at www.stiverson.com).

During a "sting" operation, a minor, acting under the direction of the attorney general's Consumer Protection Division, was able to buy the diet drug sibutramine (Meridia) and sildenafil by filling out an on-line application, using his true age, 16, and his mother's credit card.

Commenting on the case, Steven Varady, of University Urologists in Palm Beach, warned: "Viagra is a potentially lethal medication when taken in conjunction with nitrate preparations. Hopefully, the prescribing physician, or even the responsible pharmacist filling a prescription will offer warnings to the patient seeking the medication. With internet sale, both of these 'screens' are bypassed. Danger lurks." □

Men using IVF inadequately screened for cystic fibrosis

David Spurgeon, *Quebec*

Infertile men who have used in vitro fertilisation or had successful surgery to enable them to father a child, could be putting their offspring at risk of cystic fibrosis because standard screening methods cannot detect many genetic mutations responsible for the condition.

This conclusion results from a Canadian study by a team led by Keith Jarvi, associate professor of surgery at the University of Toronto and staff urologist at Mount Sinai Hospital, Toronto. The study showed that a substantial number of infertile men have mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene, many of which would go undetected by routine screening (*JAMA* 1999; 281:2217-24).

The routine CFTR gene test is designed to detect the 31 most common gene mutations associated with cystic fibrosis in the white population, but altogether there are more than 800 known mutations. Professor Jarvi's team studied 130 men with three different forms of infertility: congenital bilateral absence of the vas deferens; congenital unilateral absence of the vas deferens; and idiopathic obstruction of the epididymis. The CFTR test failed to identify 46% of detectable mutations in the first group, 50% in the second group, and 79% of mutations in the idiopathic group.

As the likelihood of a couple having a severely affected child is reduced when only one of the parents has a positive result, Professor Jarvi suggests that in addition to improving screening methods for men, women also should be tested for gene mutations.

"We have to be more knowledgeable about the kind of genetics we are dealing with before we start offering the reproductive technology," he says. The routine panel test is still effective for diagnosing children presenting with classic symptoms of cystic fibrosis, he says, but it should be used cautiously in patients with infertility. □

England gets more medical students

Siân Knight, *BMJ*

Altogether 684 extra places for medical students have been allocated to 13 English medical schools as part of the government's initiative to train 1000 more doctors each year. The first stage of the process was announced earlier this year,

when 158 additional places were allocated pro rata to existing medical schools for the 1999 medical intake. This week the second stage took place as a joint implementation group, set up by the Higher Education Funding Council for England and the Department of Health, published a list of universities which had been successful in their applications for increased medical student intake in 2000.

The decisions were based on aims to attract students from a broader range of social and ethnic backgrounds, widen oppor-

tunities for graduates from other disciplines, establish innovative collaboration between universities and the NHS, and meet regional needs. Collaboration between the University of Leicester's existing medical teaching and the University of Warwick to form a new medical school was one of the most successful proposals; their joint medical programme will receive 113 of the extra medical places.

Two other collaborations between established medical schools and less traditional universities have been approved. Other universities gaining extra places include the University of Oxford, the University of Cambridge, and three London medical schools. An innovative medical programme proposed by the Open University has been unsuccessful. Weak points included the large start up costs and the estimated 240 students needed before the project became viable.

In the third stage of the process the joint implementation group will consider applications from new medical schools, including the proposed Peninsular Medical School—a joint venture between the Universities of Exeter and Plymouth. □

Allocations for extra medical school places 2000-01 onwards

Institution	Allocation
University of Birmingham	100
University of Cambridge	20
Imperial College	15
University of Leicester with University of Warwick	113
University of Liverpool	50
University of Manchester with University of Keele	80
University of Newcastle with University of Durham	89
University of Nottingham	40
University of Oxford	57
Queen Mary and Westfield College	36
St George's Hospital Medical School	35
University of Sheffield	20
University of Southampton	29
Total	684