US courts in conflict over late term abortion

Fred Charatan *Florida*

A federal court last month upheld the constitutionality of laws in Illinois and Wisconsin that ban late term abortion.

The sharply divided 5-4 opinion of the US Seventh Circuit Court of Appeals conflicted with the decision taken in September by the Eighth Circuit Court of Appeals declaring similar bans in Nebraska, Arkansas, and Iowa to be unconstitutional.

The laws in Wisconsin and Illinois allow the prosecution of doctors who perform what the seventh circuit court called "an uncommon procedure" and which its right to life opponents call partial birth abortion.

In the procedure, a woman's cervix is dilated over several

days; the fetus is extracted feet first, the skull perforated, and the brain partly evacuated. The fetus is delivered dead but otherwise intact (2 October, p 874).

The procedure is rare. A national survey of abortion providers by the Alan Guttmacher Institute in New York found that the procedure, banned in Illinois and Wisconsin, accounted for 0.03% to 0.05% of abortions in 1996, the latest year for which figures are available. The percentages would represent about 650 abortions, most at 20-24 weeks of pregnancy.

Critics of the seventh circuit decision noted that the eighth circuit appeals court overturned similar laws in Arkansas,

Nebraska, and Iowa because the wording of the laws was imprecise. The laws could have led to the prosecution of doctors who performed abortion procedures protected by the US Supreme Court 1973 decision in *Roe v Wade*.

Judy Mann, head of Planned Parenthood, in Wisconsin, said that she was troubled by the judges' conclusion that the procedure was never medically necessary. She cited a case where a woman was carrying a hydrocephalic fetus. "The woman wanted to let nature take its course, but the head got so large she was in jeopardy. There was no way to remove the fetus. Now the court has ruled that if a doctor did this, he could go to prison for life."

Many legal experts think that the conflict between the appeals courts will force the issue to come before the US Supreme Court. □

New England Journal's publisher in conflict of interest dispute

Scott Gottlieb *New York*

A prominent official of the Massachusetts Medical Society, the non-profit group that owns the *New England Journal of Medicine*, has been criticised for not adequately disclosing his financial ties to an internet start-up company that has concluded a lucrative deal with his journal.

Some officials of the Massachusetts Medical Society and the *New England Journal of Medicine* say that they were aware of Dr Barry Manuel's ties to HealthGate Data, an internet company based in Burlington, Massachusetts, which has acquired exclusive rights to distribute a new, simplified web version of the journal for lay readers.

But others at the society have told the *Wall Street Journal* and the *Boston Herald* that they did not believe they were adequately informed of Dr Manuel's financial ties to the company. Dr Manuel's son in law is chairman and chief executive of HealthGate. Dr Manuel, who is a Boston University dean, was the medical society's president in 1990-1 and is on a committee currently writing the job description for the *New England Journal of Medicine's* next editor.

For HealthGate, the agreement with the journal is a coup, and the journal is featured prominently in its prospectus for a forthcoming offering of stock to the public. Dr Manuel owns 1.4 million shares of the company, which, at the expected price range for the offering, could be valued at over \$13m (£8.1m).

The deal with HealthGate was signed in June, shortly after the society's committee on administration and management (of which Dr Manuel is a member) voted to terminate the contract of the journal's long time editor in chief, Dr Jerome Kassirer (31 July, p 273). According to the *Wall Street Journal*, Dr Kassirer had raised concerns about the journal's commercial ventures, including its arrangement with HealthGate. □

Drug resistant TB is spreading worldwide

Janice Hopkins Tanne *New York*

Tuberculosis that is resistant both to the standard, four drug regimen and to expensive second line drugs has now been found in 104 countries, according to a report released last week in New York.

The report, drawn up by Harvard Medical School and financier George Soros's Open Society Institute, estimates that it may cost up to \$1bn (£625m) to fight tuberculosis worldwide.

"We were surprised that multidrug resistant tuberculosis was

reported so widely. Nowhere was it going away," said Dr Paul Farmer, professor of social medicine at Harvard and lead author of the report.

"Hot spots"—areas with high rates of drug resistant tuberculosis—are found in the countries of the former Soviet Union, India, China, the Dominican Republic, and the Ivory Coast.

World Health Organisation (WHO) officials said in the report: "Tuberculosis control is being neglected in most countries worldwide, and ... MDR-TB [multidrug resistant tuberculosis] is a manifestation of this global neglect."

"It clearly shows the effects on tuberculosis control of the dismantling of public health services, compounded by a generalised socioeconomic crisis in

Eastern Europe and the former Soviet Union. In the Russian Federation ... tuberculosis cases have almost tripled in less than 10 years."

Dr Farmer said: "This epidemic is only briefly local. It will not remain within borders. Forty two per cent of the Russian problem is in prisons. Prison bars and national borders are inadequate to stop transmission."

General Vladimir Yalunin, head of the Russian prison service, said: "About 100 000 people confined within the Russian prison system have been diagnosed with active tuberculosis. About 40 000 of them have multidrug resistant tuberculosis. Every year the penal system of Russia releases 30 000 people into the community with active tuberculosis—about 12 000 of them with multidrug resistant tuberculosis."

In the report, WHO officials committed the organisation to rapidly expanding the treatment strategy known as DOTS (directly observed therapy, short course) and addressing the emerging threat of multidrug resistant tuberculosis by giving expensive second line drugs to patients with drug resistant tuberculosis. □

The Global Impact of Drug-Resistant Tuberculosis, is on the internet at www.soros.org/tb

A patient receives treatment for tuberculosis in Russia, one of the "hot spots" for drug resistant strains