NO LINK BETWEEN SACCHARINE AND BLADDER CANCER

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Two new studies provided good news for diabetics and weight watchers. They indicate there is little or no link between saccharine and bladder cancer.

A National Cancer Institute study released three months ago reached similar conclusions.

The institute and the American Cancer Society founded the two latest studies, which support the American Diabetes Association policy on saccharine. The association reserved its position on the artificial sweetener last year, recommending its continued availability until Congress can study all food safety laws.

People who use sugar substitutes have "little or no" increased risk of bladder cancer. Dr. Alan Morrison and associate from the Harvard University School of Public Health reported in "The New England Journal of Medicine" in its latest issue.

Another report from the American Health Foundation, was even more positive. It said there was "no association for tween saccharine and bladder cancer". The report by Dr. Ernest Wynder and Sweven Stellman appeared in "Science", the journal of the American Association for the Advancement of Science.

The study concluded that the risk is no greater for people drinking diet beverages than for those taking the sweetener in tablet form, even though diet beverages contain a relatively high amount of the sweetener.

The study also showed no evidence that saccharin plays a role in promoting cancer among cigarette smokers, as previously claimed. Dr. Wynder, president of the American Health Foundation, is the researcher who first linked with heavy cigarette smoking lung cancer.

His latest study found that there were no more diabetics in a group of bladder cancer victims than in control groups, though diabetics use a greater amount of saccharine than the general population.

He also found no greater number of obese people among bladder cancer patients than among people without bladder cancer. Obese people use significantly more artificial sweeteners than do those of normal weight.

The Harvard investigators surveyed 592 bladder cancer patients and compared their use of sugar substitutes to that of 536 non patients. They found that bladder cancer risk generally were the same for saccharine users and nonusers.

The American Health Foundation studied histories of 302 men and 65 women who were bladder cancer patients in hospital in six American cities. Those cases were compared with a control group of an equal number of patients without bladder cancer.

In 1977, the food and Drug Administration proposed restricting saccharine-the most widely used sugar substitute because research on rats linked its use to bladder cancers.

Congress imposed a month moratorium on any action by the FDA and has indicated it will extend the moratorium until mid-1981 so that further human research can be conducted.

SCABIES EPIDEMIC OVER AND 30 YEARS UNTIL THE NEXT ONE

The end of a scabies pandemic that began in 1964 is near, says a Connecticut dermatologist. And, based on its known cycle of 15 years on, 30 off, scabies should not be expected again until after the year 2010.

As co-leader of a dermatology seminar at the American Academy of Pediatrics meeting in San Francisco, Dr. Sidney Hurwitz of the Yale-New Haven Medical Center described this "extremely contagious disease," its treatment and diagnosis in infants and children.

Noting recent reports of "possible toxicity" of gamma benzene hexachloride, one component of the

commonly used topical therapy, Dr. Hurwitz and co-leader, Dr. Guinter Kahn of Miami, recommended that the agent be used very carefully: once over a 12 to 24 hour period and again one week latter if needed to destroy recently hatched larvae. But, they warned, "There is no justification for repeated treatments at frequent intervals which is all too common".

Diagnosis of scabies is often overlooked in the infant, they said, because of a lower index of suspicion, atypical distribution of lesions and the obliteration of demonstrable primary lesions due to vigorous hygienic measures, excoriation, crusting, eczematization and secondary infection.

Based on a history of itching, the characteristic lesions and particularly the pathognomonic burrow-home of the invading female parasite when present-and based on the presence of disease among the patient's family or associates, diagnosis can be "rapidly and definitively" confirmed by microscopic examination of scrapings from suspicious lesions, the dermatologists pointed out. The best areas to scarpe arc fresh larval papules or identifiable currows.

An additional complication in diagnosing scabies, they noted, is the mixed picture of primary lesions. Severe itching docs not usually begin until four to six weeks after invasion by the parasite, delaying diagnosis until this point.

When the pruitic papules, vesicles, pustules and linear burrows develop in adults and older children, they tend to involve the webs of the fingers, the axillae, flexures of the arms and wrists, the beltline, and the areas around the nipples, the genitals and lower buttocks. In infants and young children, involvement includes the palms, soles, head, neck and face. Bullous lesions can also be seen in infants and young children, they reported.