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# News

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\*\*\*\*\*Victims of certain liver diseases  
too often branded "drunks" and  
"dopers"

WASHINGTON--Too often persons suffering from cirrhosis and hepatitis are also victims of myths which brand them "drunks" and "dopers" by society.

The word "cirrhosis," which means a scarring of the liver, has erroneously become synonymous with "alcoholic." And this is a "bum rap," according to a prominent liver researcher.

Dr. Burton Combes, who has been involved in liver research for many years, says, "While cirrhosis is most often thought of in terms of alcoholism, up to half of the persons suffering from this disease do not have a problem with alcohol." In fact, some have drunk little--or not at all--and, indeed, cirrhosis occurs in both newborn and school-age children," the professor at The University of Texas Health Science Center says.

Another myth prominently associated with liver disease is the "dirty needle" assumption. The picture of a drugged hippie comes to too many people's minds when they hear someone has contracted hepatitis. The truth is anyone can contract this disease.

Francis Henderson of Dallas often suffers from being labeled with either one or both of these stereotypes whenever she tells anyone she has liver disease.

An attractive woman of middle years with the style of a fashion model, she looks you straight in the eye and speaks with an intensity in her manner that assures you of her frankness. "I never even heard of having liver problems unless someone overindulged in alcoholic beverages or got them from a dirty needle--neither thing I'm guilty of." In fact, she says that having a single glass of champagne on New Year's or can of beer on the Fourth of July are as close as she has ever come to these stereotypes.

With hepatitis, the liver becomes infected, often tender and enlarged, and the patient usually suffers from symptoms including fever, nausea, vomiting, jaundice and aversion to food. The virus may be present in the bloodstream, intestines and saliva or other body contents. Thus, such a simple act as kissing can transmit the disease. Sharing or lighting someone else's cigarette--whether it be tobacco or marijuana--can pass on hepatitis because of the transmission of saliva.

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first add liver myths

The common practices of ear-piercing, or even having dental work done, can be dangerous if the instruments have not been properly sterilized after use on a hepatitis victim. Infected food handlers can transmit hepatitis to unsuspecting restaurant patrons. Most people don't realize, also, that the disease can be spread by sexual contact.

Another fact that people don't usually know about these diseases is that many cases of cirrhosis develop in patients who have or have had hepatitis. And there is no cure for most types of cirrhosis, so it is particularly unfair to assume the patient who is ill a long time, like Ms. Henderson, is a chronic alcoholic.

The Dallas woman has been a victim of primary biliary cirrhosis, a liver disease of unknown origin, and which is not contagious. It has left her a semi-invalid for eight years. Her fight against a debilitating and misunderstood problem led her to the General Clinical Research Center at the UT center.

Her story began when the former executive secretary was hospitalized with a duodenal ulcer attack. At the time Ms. Henderson had taken a leave of absence from her secretarial duties to help her boss, the head of a research firm, in the remodeling and decorating of a warehouse which was to house new offices for the company.

"I literally wore blue jeans and ate lunch on the floor for 45 days," she recalls. "I noticed I was getting extremely tired, but that wasn't unusual, considering how hard I was working," she says.

"But it did bother me that I sometimes caught myself dozing at red lights. Then there was some nausea and vomiting, as well as pain in my upper abdomen. But I thought I was just working too hard, overtired. I'd go to the doctor when the project was completed."

Then one night when she was working late, Frances Henderson doubled up and collapsed at her desk. Her boss rushed her to the hospital where she was treated for an ulcer, put on a highly restricted diet and referred to a liver specialist. She was told she could not work again.

"It became increasingly clear I could not function in the work world. The simplest normal act, like changing my linen, picking up my house, became a difficult task. It's the most awful tired in the whole world--it's a living hell," she says.

Unable to continue working for the next three years, she lived on savings. Then she had to seek Social Security disability payments.

Ms. Henderson had already had two liver biopsies when she received a letter from Dr. Combes, who is professor of internal medicine at the Center and board chairman of the newly-chartered American Liver Foundation. He had previously seen Ms. Henderson at the request of her physician. The researcher asked her to participate in a study of bone deterioration in liver diseases.



Sick of "watching my life run through my hands like grains of sand," she says, "my first reaction was 'Oh, my God, I don't think I can do this!'" The liver biopsy was painful enough. What, she thought, would a bone biopsy, requiring surgery, be like?

After consulting her minister, she talked with Dr. Combes. These visits convinced her to participate in the study.

"You see, the worst thing about this illness is having something no one knows the cause of and no one has a cure for."

She decided if there were people working on these problems who wanted her help, she would be willing to do what she could. So she packed her bag for a six-day stay in the "mini-hospital" where liver and other diseases are studied.

It was not long after her first hospital stay that Ms. Henderson had her brush with discrimination caused by her illness. Alone at home, she awaited the refrigerator repairman. When he arrived, he took one look at her and fled. She had no notion why.

A little later her phone rang. It was the repairman's supervisor.

"My employee tells me he's not going to come in and fix your refrigerator because you have hepatitis," the man said.

Ms. Henderson, who did not have hepatitis but says sometimes her eyes do show evidence of jaundice because of her unspecified liver disease, says she started screaming into the telephone. "Do you think I would expose another human being to a disease? Of course, I don't have hepatitis. And you'd better not go around telling anybody I have or I'll sue you!" she told the man.

Later the patient related that she had never felt so insulted in her whole life...and never been so hurt. Over the years she has learned to either ignore or to shrug away the stares people give her when her eyes have a yellowish cast. In fact, she often wears dark glasses to avoid the problem.

Other problems, such as life and health insurance, can't be shrugged away, though. So far this patient has been lucky. She has good insurance, and her care, when she is involved in studies in the Clinical Research Center, is covered by federal grant money. But many other patients with liver diseases either cannot find companies to insure them or have had their hospitalization dropped.