

NE-CYCLIN CAPSULES

Each Capsule contains 250 mgms of Tetracycline Hydrochloride U.S.P.

Bacteriological Action:

It is a broad spectrum antibiotic having a very wide range of effectiveness. It is also effective against spirochaetes, actinomycetes, rickettsias and some large virus. *Entamoeba histolytica* and *Trichomonas vaginalis* are also susceptible to it. At higher concentrations it can inhibit *Proteus*, *Pseudomonas*, *Salmonella* and *Shigella* species.

Pharmacology

When orally given, it is been readily absorbed by G.I. tract. Therapeutic blood concentration is attained more readily than other members of the tetracycline family (chlortetracycline, oxytetracycline and tetracycline). It is rapidly diffused into body fluids, (pleural and peritoneal), saliva, milk, placenta barrier and blood brain barrier so that its concentration can be traced in cerebro-spinal fluid and in foetal circulation. It is found concentrated in liver, kidneys, lungs, spleen and other reticulo-endothelial tissues.

Dose:

Usual dose is 250 mg - 500 mg. every 6 hourly 2.5-7.5 mg. per kg. body weight every 6 hrs. can be administered to the children. Vitamins of B and K group deficiency arising due to alteration in bacterial flora of the gut after prolonged administration is easily prevented by supplementing these Vitamins. Packing:- Capsules of 250 mgm each 6 Capsules in metallic container.

Capsule of 250 mgm 10 Capsules in Strip packing.

SAJHA SWASTHA SEWA

(Sole Distributors for Royal Drug Research Lab. Kathmandu)

MEDICAL DEFENCE

Excerpts from the Annual Report 1969 of the Medical Defence Union Tavistock House South, London WC 1 are published below. We have not received the Annual Report of the Medical Protection Society which is the other medical defence organisation in the U.K.

Editor

Professional Secrecy

The purpose of medical ethics is to protect the interests of patients, and the principle of professional secrecy is embodied in the Hippocratic oath. All agree that patients should not be deterred from consulting doctors by a fear that private or relevant, though perhaps discreditable, matters of personal history will be disclosed. The General Medical Council Booklet (Functions, Procedure and Disciplinary Jurisdiction January 1969) mentions among types of 'infamous conduct' the improper disclosure of information obtained in confidence from a patient, citing this as an example of abuse of the relationship between doctor and patient. In practice, doctors have to decide every day whether disclosure of information about individual patients is or is not proper and perhaps a moral duty. A court may order a doctor to release information against a patient's wishes; in addition there are many circumstances where a doctor can reasonably foresee avoidable harm to innocent third parties if his patient withholds consent to disclosure of relevant information. Disclosure of information about 'battered baby' to an inspector of the N.S.P.C.C. or to the children's officer of the local authority, without the consent of the parents, was discussed in the *Annual Report of 1968*.

The student, the don and the doctor

A part-time medical officer in a student health service asked the college registrar for permission to deliver a paper on 'Contraception in the Universities.' In a summary which he presented to the registrar he mentioned that there had been ten pregnancies known to him amongst the students at the university in 1967, a pregnancy ratio of 1.5 per cent, which was well below the average in universities. In his paper he argued that contraceptive advice should be readily available to all university students. Shortly afterwards he received a letter from the college principal asking for the names of the pregnant girls, and stating that he would like to discuss the function of the student health service in respect of this and other matters. The medical officer replied that he was unwilling to divulge the names of the pregnant students and that to do so would be contrary to a doctor's ethical code of professional secrecy. In reply the principal asked whether the medical officer meant to

say that he, as principal of the college, was not entitled to information about these ten students. He maintained that the medical officer's relationship with the students was not that of an ordinary practitioner but rather of college medical officer and that 'the strict ethical code' must be modified. He added that he would treat the information as confidential. Three weeks later the principal asked for the medical officer's resignation. The medical officer replied that he had already contacted the Medical Defence Union and had been assured that, both from the ethical and legal point of view, he had acted correctly in refusing to disclose the names of the students. The principal refused to change his attitude, and added that he was amazed to find that wardens of students' halls of residence had not been informed of the pregnancies. He was willing to withdraw the request for the medical officer's resignation on three conditions: that he should be given in strict confidence the name of any pregnant student living in lodgings or a flat; that the medical officer should inform him what treatment was proposed; and that wardens should be informed immediately of a pregnancy in a hall of residence. He emphasized that the information for which he was asking was not meant to be used for disciplinary or punitive purposes. The Union advised the medical officer to ask the principal why he needed to know the names of pregnant students living in flats and why wardens should be told of a pregnancy without the consent of the student. After permission had been given to the medical officer to deliver his controversial lecture, on condition that he emphasized that the opinions which he expressed were his own, the principal gave the medical officer notice of the termination of his contract with the university authority. The Union felt that the medical officer's dismissal was outrageous and, in order to ventilate the matter, showed the documents to the education correspondent of the *Sunday Times*. An article about the events that had led up to the medical officer's dismissal was promptly published in that paper. This resulted in numerous protests being made about the medical officer's dismissal. Two months later he was informed that the termination of his appointment had been cancelled. He has since been elected to the court of governors of the college.

The doctor and the strait-jacket

A Sunday newspaper published a sensational article about a prisoner who had died in hospital. It was alleged that when he screamed with pain, while he was dying, he was put into a straitjacket, that he had complained of severe headache for several weeks but had received treatment only with 'aspirin water' and that he had no drugs to ease his pain. The man had died from a tumour in the silent area of the brain. Needless to say, the story about strait-jacket was nonsense, because they are no longer to be found in prison. Until a few days before his death the patient had complained only of vague pains in the head and elsewhere. These complaints had been investigated and at no time had he been fobbed off with 'aspirin water' (the prisoners' name for a suspension of paracetamol in water). As the tumour developed, so far from 'screaming with pain', he became slowly more vague and disorientated and the correct diagnosis was made in the prison hospital. He was referred to a neurosurgical centre where the tumour was found to be inoperable. All the members of the medical staff of the prison, including two local general practitioners who did part-time relief work, were members of the Union, which took up the cudgels on their behalf.

The story was traced to letters written by fellow prisoners to a Member of Parliament, who referred them to the newspaper whose reporter delved enthusiastically into the murky depths of prison rumour. Long before trial the newspaper must have known that the story could not be supported since they had seen the meticulous prison records. In the end the paper paid substantial damages and the Union's legal costs. A statement was made in open court and published in the newspaper concerned and other daily and Sunday newspapers, which cleared the members of the unpleasant allegations made against them.

Transplant surgery

A surgeon who had been a pioneer of transplant surgery of organs other than the heart was horrified to read in the National Press that another consultant at a press conference had referred to 'vultures trying to snatch organs from the cornea to the heart' and, by mentioning his name and location of his practice, had clearly identified him as one of those to whom he was referring. The worst part of the publicity was the statement that the surgeon had asked for information about a suitable donor with the object of transferring him to his own hospital in preparation for a transplant. He was on record as having repeatedly expressed the view that this should not be done and was thus made to appear a hypocrite. Representations to the newspapers which carried this article resulted in all of them publishing suitable retractions and apologies with payment of damages and costs. The surgeon was loath to institute libel proceedings against a professional colleague who, in any event, claimed that the Press had misreported him. He was satisfied with a letter published in the medical Press which made it clear that, whatever the criticism levelled against transplant surgery in general, the accusations reported in the Press against the member concerned were not true.

Mounmental libel

Two years after the death of an 18-year youth from natural causes, the father erected a large tombstone in the local cemetery which bore the deceased's name with other personal details. The stone carried the inscription: 'Never given the chance to fight for his life due to the incompetence, callous neglect and wrongful diagnosis by ...' (the general practitioner and the physician who had treated the youth in hospital). These grossly defamatory allegations were without foundation.

With the co-operation of another defence organization and of the burials committee of the parish council the offending stone was removed. The parent who erected the stone was himself responsible for the writing. Investigation indicated that legal action was undesirable.

Unwelcome publicity

There is a wide difference in the views of medical practitioners on the ethical offence of advertising. A public health medical officer or community physician, for example, when giving guidance to the population for whose general health he is responsible, must in the public interest identify himself with the views which he expresses. Between such a case and that of a practitioner who announces the availability and excellence of his surgical services through advertisements in journals read by the public, there has until recently been far too wide and ill-defined an area of controversy. Members have consulted the Union in a variety

of situations where legitimate interest in their professional or private lives has raised the question of advertising. Many doctors and members of the public believe that offences are regularly committed, but patchily penalized. It should not be assumed that mention of a practitioner, whether obscure or famous, has been engineered by him or has even been published with his consent. During 1968 correspondence appeared in the *British Medical Journal*, in which the secretary of the Union drew attention to the belief of many practitioners that the likelihood of disciplinary proceedings for advertising depend inversely upon the eminence and importance of the doctor concerned. The Registrar of the General Medical Council, in reply, did not accept that there was 'one law for the rich and another for the poor'; nevertheless, the Union welcomes unreservedly the revised guidance upon the professional offence of advertising contained in the 1969 edition of the General Medical Council booklet: This points out that the professional offence of advertising may arise from the publication in any form of matter drawing attention to the services of a doctor, who has instigated or sanctioned the publication, at least to a substantial extent for the purpose of obtaining patients or otherwise promoting his professional advantage or financial benefit. It is pointed out that advertising may also be considered to occur if a doctor knowingly acquiesces in the publication by other persons of matter which draws attention to his services, or if the doctor is associated with persons or organizations which advertise services connected with the practice of medicine. The vexed question of broadcasting is also dealt with by the Council, it being stressed that the identification of a doctor need not *in itself* raise a question of advertising, but that such a question may arise from the nature of the material and the selected medium for its publication; the Disciplinary Committee will consider these factors in forming conclusions as to 'the purposes which have animated the doctor.'

Intravenous paraffin

A man suffering from peritonitis was admitted to an overseas hospital where the medical officer prescribed intravenous infusion of dextrose and saline, gastric suction and antibiotics. The same night the medical officer was asked to see the patient, who seemed to have been poisoned; he was unconscious and his breathing was laboured with poor air entry. He immediately sent for consultant help and directed that hydrocortisone should be added to the drip. While this was being done it was noticed that the bottle contained dregs of paraffin: 350 ml had been administered. The patient died a few hours later.

An inquest was held by the magistrate. It emerged that a sweeper in the hospital had used an empty saline drip bottle to stock the paraffin which he used, and put it in the ward cupboard where the drip containers were stored. The cupboard had not been locked. No criticism of the medical staff was made by the magistrate.

Failed male sterilization

In 1966 a surgeon carried out a bilateral vasoligation on a married man referred to him by a well-known charitable trust. He warned the patient that contraceptive precautions should not be relaxed for six weeks. At that time this warning was thought to be sufficient and was recommended by the trust, but literature published in other countries showed that precautions were necessary for a longer period. Five months after the operation the patient's wife became pregnant and was later delivered of a child. The husband claimed that the

surgeon's advice was sufficiently outdated to give him the right to damages in compensation for the expense which the operation was designed to avoid. This claim was settled for £1,350 to which the Union contributed.

A patient should be warned to use contraceptives for at least eight weeks after vasoligation and until two consecutive negative sperm counts have been obtained. He should also be told that the literature indicates that the reappearance of sperms in the seminal fluid after two consecutive and negative sperm counts can occur, although the chances are remote if the operation has been properly performed.

Renal dialysis

A mistake in the operation of an artificial kidney machine resulted in the death of a 39-year-old man and an action by his widow against the hospital authority. The patient had originally been received in the kidney unit moribund from renal failure due to chronic nephritis and malignant hypertension. For the next 15 months he was kept alive by renal dialysis, which had been recently introduced. The dialysing fluid was prepared by the dilution of a concentrated solution of fluid with distilled water, the mixing being carried out in a tank by stirring with a paddle. A hospital porter had been instructed in the work and had performed the task satisfactorily for some months. One day the patient vomited during dialysis and the sister suspected that the solution might not have been properly mixed. Dialysis was stopped and the sister's suspicions were confirmed by analysis. The tank was drained and refilled with a correctly mixed solution and after an hour the treatment was resumed. The patient's condition at first seemed satisfactory but later that day he became unconscious and died the following morning. The cause of death was cerebellar haemorrhage due to malignant hypertension and hypernatraemia following a technical error in dialysis.

It seemed likely that the porter had omitted to stir the dialysing solution so that the concentrated solution had remained at the bottom of the tank and reached the bloodstream, first. The apparatus was at that time in an early stage of development and contained no safety mechanism to give a warning if an inadequately mixed dialysing fluid passed through it, a weakness which has now been rectified.

A claim by the patient's widow was settled by the hospital authority. The Union refused to contribute to the settlement, contending that the medical staff had been justified in deputing a trained porter to fill the dialysing tank and mix the solution and the distilled water: this was not a task which needed supervision once the porter had been trained and had demonstrated his ability to carry it out.

"Heard, Seen and Spoken."

"Medical News."

and NMA Supplement etc. have been withheld from the present issue due to lack of time.

—Editor

XI th International Congress of Internal Medicine at New Delhi
25-30 October 1970 arranged by the association of Physicians of India.



Travel Corporation (India) Pvt. Ltd., Official Travelagents, have offered
the participants wishing to travel to Kathmandu the following programme.



Pre Congress Tour C

18th Oct 1970 Arrives Kathmandu.

20th Oct 1970 Leaves Kathmandu.



Pre Congress Tour B

19th Oct. 1970 Arrives Kathmandu,

Via Patna

21st Oct. 1970 Leaves Kathmandu.



Post Congress Tour 2

3rd Nov. 1970 Arrives Kathmandu.

5th Nov. 1907 Leaves Kathmandu.

IODORT
(For External Use only)

Formula:-

Iodine	5%
Methyl Salicylate	5%
Vegetable oil and Paraffin base	Q.S.

Indication:-Rheumatism and Musular Pains, Back pain;
for Massage of healed fractures etc.

Packing, Bottles of 25 gram.

CUF - NAS.
Cough Syrup.

In each 100 ml

Ext. Tolu I.P.	50ml
Ext. Vasaka I.P.	5ml
Codeine Phosphate B.P.	15 g.
Sodium Benzoate	1.5 g.
Menthol	.002%
Sucrose Suffi to	66%

It soothes and stops drv cough in acute, and chronic bron-
chitis, influenza, sore throat etc.

Dose:

One teaspoonful thrice daily for adults. Half teaspoonful
thrice daily for children or as directed by the physician.

Packing:- Bottle 120 ml.

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