

I. MEDICAL JOURNALISM

The last two decades has seen tremendous advances in technology in the medical field. This, coupled with the fact that the speed of communication has made rapid strides means that knowledge that is available in the technically developed countries is almost immediately available to their counterparts in the developing world. The pre-requisite of this is that the developing countries must have personnel, albeit in small numbers, who are capable of assimilating this knowledge, modifying it and then propagating it in their respective countries. True, that one might need great financial and logistic support which we do not have, but on the other hand, there are items like advances in treatment for which that much resources are not necessary. What is necessary is for the person from the developing countries to keep abreast of developments.

Nepal now boasts of no less than three medical journals viz. Journal of the Nepal Medical Association, Journal of the Institute of Medicine and NEPAS Journal. These come out four times, twice and twice respectively every year. The question that is arising however is whether we are in a position to sustain three journals. Doctors in Nepal, being less research oriented than their colleagues elsewhere, produce less material for publication. The activity of all editors is such that they have to plead, not once, not twice but many times with their clinical colleagues - and even then the article may not be forthcoming.

One of the problems is that some people give preference to sending articles to journals which are on the MEDLINE or listed in Index Medicus. This may be desirable, but the reality is that however good that article about Nepal is, it might not be very relevant to conditions existing in the developed countries. They might have published that article as a novelty once, but they are not going to do it many times more.

The main charge laid by medical article scrutinising agencies about the developing countries journals is that much of what appears in medical journals is sub-standard. The reason for this apparently is because the articles have not been scientifically researched and put together and so are not fit to be catalogued and put into the computer. The answer to this might be to have a local or regional Index Medicus or Bibliography like they have for the ASEAN countries. Another charge about our journals is that the regularity or frequency of publication is hardly ever maintained. This is something

which we ourselves have to rectify. Finally there is the question of 'grey' or 'fugitive' literature which might be of relevance to a particular region only. Would the collection of such poor quality material be worthwhile at all, is something which will have to be looked into.

The answer to all this is that our problems eg. of the tropics or the developing countries are not of prime interest to the developed ones. Think for a moment of some of the tropical diseases and how long it took for a few somewhat effective cures to be developed. Lot of resources have still to be put in, to find cures for filaria, malaria, schistosomiasis or kala-azar.

We have therefore to be aware of our problems and how to solve them. This can only be done by dissimulation of information about our work, our results in the pages of our various journals to our own colleagues who are working within the boundaries of our country. The medical journals of Nepal need our support to attain that aim.

H. D.

2. THE NEPAL MEDICAL COUNCIL

It is encouraging to note some recent increase in the activity of Nepal Medical Council (NMC). Ever since its inception in 1964 it has been in doldrums. NMC was run by members who were elected or nominated to work on voluntary basis without the help of an administrative staff. The fire which gutted Singha Durbar in 1973 seems to have caused an almost total cessation of the council's activities. All the papers were destroyed and there was no fixed office anymore. Meetings of the council took place in the house of various members. There is still no administrative staff to carry out the work of correspondence and registration etc.

Result of this is well known. There has been no discernable attempt on the part of NMC to protect the public by publishing a list of qualified medical practitioners and by laying down certain rules for these practitioners to follow. There is no procedure to erase the names of registered medical practitioners who have caused harm to patients by acts of omission or commission.

It is needless to say that it is high time this situation was remedied. Although it can be argued that the country's medical needs cannot be fulfilled by available registrable

medical practitioners alone, it should be pointed out that there are a large number of para-medicals like Health Assistants who can fulfil a limited well defined role in the scheme of Health Care. Perhaps NMC should maintain a separate list of these practitioners and clearly define their role. One need not belabour the point that the public suffers enormous financial loss at the hands of unqualified and in many instances unscrupulous practitioners. We have also learned to keep our eyes closed to the yearly death toll caused by these practitioners. This is not to say that in many circumstances some of the unqualified practitioners have not been useful. But the public has to be given the information about where it is safer to take their illnesses to.

The task of NMC in the years ahead is an unenviable one. But a beginning has to be made. The council will need full support from all, particularly from His Majesty's Govt. to help to make sensible rules that can be followed under our circumstances.

The council has to do the work as it sees fit but certain basic pointers may help in making an impact on the imagination of responsible people and those in HMG. For a start the council has to have its own funds so that it can have its own administrative staff and pay for the running of the office work. Provision of an adequate centrally located office space is most essential. HMG should take immediate steps in these respects. It should also be necessary to be registered with NMC to get employment with HMG. For its part the council must make a list of registered practitioners and widely publicise it. It should also make it necessary for doctors from overseas to be registered before they are allowed to practice medicine in Nepal.

3. MENINGITIS

Recent experience with large increase in the yearly incidence of meningitis has taught us a few lessons that need to be remembered. First, that we need to be aware of the fact that from time to time this will happen with meningitis or other fatal illnesses like typhoid or encephalitis. We really need a set-up which can deal with this kind of situation before too many lives are lost. The role of epidemiology branch of Dept. of Health has got to be revived. Second, that responsible doctors should not really try to deal with epidemic situation themselves. The indiscriminate use of antibiotics, which at best only gave partial protection during the period of their usage only by the public, and it might make certain antibiotics less useful for future use. It is however true that doctors were doing their best for their patients in view of lack direction in the matter from a responsible institution whose job it is to deal with this kind of situation. Third, that Dept. of Health should set aside a certain amount of budget allocation for these situations. Then time will not be lost while one is trying to get the extra money when it is needed.

N. B. T.