Hi!

- The big story this month in most of the British journals like BMJ, Lancet & BBC's website seems to be the Dr. Meadow Expert witness case. Sir Meadow was a chief of Royal College of Paediatricians and took great part in development of pediatrics as a specialty in UK. He was found guilty of giving misleading evidence in Sally Clark case, in which she was accused of murdering her babies. Police had approached him after the death of second baby at two months. First baby's previous death at 2½ months was initially attributed to natural causes, but Professor Meadow thought otherwise. Later, post mortem culture of second baby's CSF grew Staph. aureus.
  General Medical Council of Britain has struck him off the register. Most of the medical fraternity their, seem to believe that the punishment is too harsh for the man who contributed so much towards development of paediatrics in UK. Check out the details on page 2.

- There is an interesting study in current JAMA, which found that no single value of prostate-specific antigen (PSA) has both high sensitivity and high specificity for monitoring healthy men for prostate cancer, but rather there is a continuum of prostate cancer risk at all values of PSA. For example, they found that the usual cut off of 2.6 ng/ml would detect only 40% of cancer patients. These guys studied nearly 19,000 healthy men. Yes! Its not a typing mistake, it IS 19,000, and followed them up for 7 years with annual PSA and DRE. I think what they found and how they arrived at these conclusions is interesting – check out page 2 for rest of the abstract.

- Another abstract is about Drug Resistant Typhoid in Asymptomatic Food Handlers of Tamil Nadu. Alarming thing was that some multidrug resistant strains were found, and most were able to transmit this resistance to other bacteria. Have a look at this study on page 3, but forget about this study when you go to a hotel, otherwise you will loose your appetite!

- Though we are more concerned with developments in our own specialty, our heart will go out to the plight of thalassaemic children and their parents. And all of us will unequivocally support the notion of thalassaemia free world. But is it possible? What Iran has done in this regard, is quite impressive. They have developed a National Thalassaemia Screening programme, which is very simple but effective. Through its wings of education, investigation & counseling it has successfully reduced the affected birth rate to 30% of expectation by the year 2000. Check out the details in the last abstract on page 4.

  - Sachin

Dr. Sachin Kale, MD (Pathology),
Kale Path Lab, A'bad. Phone: 2340558, 9823244033.

(Cont. 1)

From BBC

During Mrs Clark's trial, Sir Roy said the probability of two natural unexplained cot deaths in the family was 73 million to one.

The figure given by Sir Roy in the trial was later disputed by the Royal Statistical Society and other experts have said that once genetic and environmental factors are taken into consideration, the odds are closer to 200 to one.

Mrs Clark was eventually freed after it become apparent that another witness at her trial, pathologist Dr. Alan Williams, had failed to disclose key medical evidence.

"The jury were aware, Dr Williams's findings were the subject of much criticism," said Michael Mackey, Clark's lawyer. "They never knew he had commissioned tests (cultures) which showed, at the least, a potential natural cause of death to which he made no reference [in his evidence].

The Lancet 2005; 366:277-278

A dismal and dangerous verdict against Roy Meadow

Richard Horton a

The verdict of serious professional misconduct given by the UK's General Medical Council (GMC) against Prof Roy Meadow last week was not only unjust but also will profoundly damage the future of child protection services in Britain. It was a bad decision in every way. Meadow deserved to be criticised for the manner in which he gave evidence in some cases. But he did not fail in his duty as an expert witness. He was not guilty of serious professional misconduct if the facts of the case are considered in their proper context. And it was not a proportionate sanction to strike him off the medical register. The GMC's grievously erroneous decision calls into question the trust that the public and profession can put in an organisation that claims to be concerned with the highest standards of medical ethics, education, and practice.

*

Democracy is a device that ensures we shall be governed no better than we deserve.

Reading made Don Quixote a gentleman. Believing what he read made him mad.

- George Bernard Shaw

(Cont. 2)

JAMA. 2005;294:66-70.

Study Examines Accuracy of PSA Values for Detecting Prostate Cancer

Ian M. Thompson, MD, of the University of Texas and colleagues conducted a study to determine the effectiveness of PSA testing by estimating the receiver operating characteristic (ROC) curve (a measure of diagnostic accuracy) for PSA.
The researchers analyzed data from the Prostate Cancer Prevention Trial, a randomized, prospective study conducted from 1993 to 2003 at 221 US centers.
Participants were 18,882 healthy men aged 55 years or older without prostate cancer and with PSA levels less than or equal to 3.0 ng/mL and normal digital rectal examination results, followed up for 7 years with annual PSA measurement and digital rectal examination. If a PSA level exceeded 4.0 ng/mL or rectal examination result was abnormal, a prostate biopsy was recommended.
After 7 years of study participation, an end-of-study prostate biopsy was recommended in all cancer-free men.
For this analysis, the authors included 8,575 men in the placebo group of the trial who had at least 1 PSA measurement and digital rectal exam in the same year. Of these men, 5,587 (65.2%) had at least 1 biopsy, and of these, 1,225 (21.9%) were diagnosed with prostate cancer.

*The researchers found that for detecting any prostate cancer, PSA cutoff values of 1.1, 2.1, 3.1, and 4.1 ng/mL yielded sensitivities of 83.4%, 52.6%, 32.2%, and 20.5%, and specificities of 38.9%, 72.5%, 86.7%, and 93.8%, respectively.

"A clear-cut decision rule for prostate biopsy based on PSA values would be challenging to derive from these data," the article stated. "On one hand, the commonly used cutoff value of 4.1 ng/mL would have a 6.2% false-positive rate (1-specificity) but would detect only 20.5% of cancer cases (sensitivity).
To improve cancer detection, the cutoff could be lowered to 1.1 ng/mL, thus detecting 83.4% of cancer cases, but would subject 61.1% of men without cancer to prostate biopsy.
The recently recommended cutoff of 2.6 ng/mL would detect only 40.5% of cancer cases. … There is no single cutoff that would simultaneously yield both high sensitivity and high specificity."

*

Did you hear about the baby born in the high tech delivery room?
It was cordless!

Patient to optometrist: I'm very worried about the outcome of this operation, doctor. What are the chances?
Optometrist to patient: Don't worry, you won't be able to see the difference.

(Cont. 3)

Indian Journal of Medical Microbiology.
Year : 2005 Volume : 23 Issue : 2 Page : 92-94

Multidrug Resistant *Salmonella typhi* in Asymptomatic Typhoid Carriers among Food Handlers in Namakkal District, Tamil Nadu

Senthilkumar B[1], Prabakaran G[2]

Purpose: to screen *Salmonella typhi* in asymptomatic typhoid carriers and to find out drug resistance and ability of the strains to transmit drug resistance to other bacteria. Methods: Cultural characters, biochemical tests, antibiotic sensitivity test (disc diffusion), agarose gel electrophoresis, and conjugation protocols were done. Thirty five stool samples were collected from the suspected food handlers for the study.

Results: Among 35 samples, (17.14%) yielded a positive result. Out of these 4 (20.0%) were women and 2 (13.33%) were men. The isolates were tested with a number of conventional antibiotics viz, amikacin, amoxicillin, ampicillin, chloramphenicol, ciprofloxacin, co-trimaxazole, rifampicin, gentamicin, nalidixic acid, ofloxacin and tetracycline.

Five isolates were having the multidrug resistant character. Four (66.66%) multidrug resistant isolates were found to have plasmids, while one (16.66%) multidrug resistant isolate had no plasmid and the chromosome encoded the resistance.
Only one strain (16.66%) showed single antibiotic resistance in the study and had no plasmid DNA. The molecular weights of the plasmids were determined and found to be 120 kb.The mechanism of spreading of drug resistance through conjugation process was analyzed. In the conjugation studies, the isolates having R+ factor showed the transfer of drug resistance through conjugation, which was determined by the development of antibiotic resistance in the recipients.

Conclusion: This study shows that drug resistant strains are able to transfer genes encoding drug resistance.

*

Patient: Tell me, doctor. Is it serious?
Doctor: Well, I wouldn't advise you to start watching any serials on TV.

Patient: Doctor, I think I need glasses.
Teller: You certainly do. This is a bank.

(Cont. 4)

BMJ 2004;329:1134-1137 (13 November)

Iranian national thalassaemia screening programme

Ashraf Samavat, , Bernadette Modell,

Educational component

Primary care genetic counselling network—Genetic counselling teams consisting of a doctor and a professional with a BSc degree in health studies were established in designated accessible urban health posts in every city.

Process of screening

Marriage registrars refer prospective couples to a designated local laboratory for premarital screening. The man's red cell indices are checked first. If he has microcytosis (mean cell haemoglobin < 27 pg or mean red cell volume < 80 fl), the woman is tested. When both are microcytic their haemoglobin A_2 concentrations are measured. If both have a concentration above 3.5% (diagnostic of β thalassaemia trait) they are referred to the local designated health post for genetic counselling. Microcytic individuals with a haemoglobin A_2 concentration in the normal range are treated with iron and their indices rechecked. All results are sent to the local genetic counselling team. At risk couples attend as many counselling sessions as they need to reach an informed decision (an average of 2.5 sessions, range 1-5). Those who marry after counselling are referred to their local health post or health house for follow up until they have completed their family.

Lessons from Iranian Experience:

The programme is economically viable because it works through the established primary healthcare and educational systems, focuses existing (though scattered) genetic expertise on a common objective, and added thalassaemia screening to existing pre-marital blood tests. Couples willingly pay for screening because they want a healthy family and are prepared for expenses associated with marriage. The (governmental) insurance companies pay for prenatal diagnosis because it helps to limit the escalating cost of patient care.This enables the laboratory network to expand to meet demand, which could exceed 3000 requests for prenatal diagnosis a year. Mass referrals provide laboratories and universities with resources and scientific data, so promoting further development of genetic knowledge and technology in the country, and expanding capacity for other genetic services.

*

Mavis: My daughter believes in preventive medicine, doctor.
Doctor: Oh, really?
Mavis: Yes, she tries to prevent me from making her take it!

(End. 5)