



Sir,

I read with interest the article 'Urinary Infection' by Drs. V. L. Gurubacharya and B. R. Prasai in the July/Oct. 1968 issue of JNMA.

In clinical practice, an infection anywhere in the body sometimes responds to a higher dose of an antibiotic, after showing no response to a normal dose. I understand that this is taken into consideration in devising antibiotic discs for the sensitivity tests by providing in the disc a certain concentration of the antibiotic which is normally attained in the blood after the usual dose is given to the patient. Therefore in antibiotic sensitivity tests, reports are given in journals such as BMJ as sensitive, slightly sensitive, moderately resistant and resistant.

I wonder if you would allow me through your columns to ask the authors of the above article if they could enlighten us with the details regarding the concentration of each antibiotic in their tests and the criteria they have used in reporting an organism as sensitive or resistant.

4th March, 1969

Yours etc,
B.L. Joshi M.B.B.S.

Sir,

In his talk at the NMA building yesterday, Prof. Ramlingaswami made the statement that all the common salt supplied from India to Nepal is iodinated. Our Salt Corporation has been advertising about iodised and no-iodised salt. I wonder if the Professor could tell us whether the Indian common salt, which enters Nepal by different routes, is all iodinated and which the centre for iodinating this salt is in India.

9th April 1969. Anti-goitre Campaigner

Sir,

I was highly impressed by the talk given by Prof. Ramlingaswami and his team on the 8th of April 1969 at the NMA building. I congratulate the Scientific and Research Sub-committee on the success of the meeting.

However, may I through the columns of your journal ask the physicians and surgeons working in endemic goitre areas whether they would agree with a rather dogmatic statement of Prof. Swami that thyrotoxicosis does not develop in a multinodular goitre in an endemic area. Prof. Swami said that the only cases of thyrotoxicosis in such area are due to over-medication with Iodides.

In my rather short experience after qualification I have seen a patient of toxic multinodular goitre in Kathmandu who did not give a history of any Iodine medication. I have learnt from colleagues with more experience of cases than I have, that thyrotoxicosis per se does occur in multinodular goitres even in the Nepalese Himalayas.

And authoritative sources in Western countries like Great Britain reveal that thyrotoxicosis in multinodular goitre is even less rare in endemic foci there.

Achyut M. Acharya M.B.B.S
11th April 1969