

## Editorial Board:

Amar Jesani  
Sanjay Nagral  
Sunil K. Pandya  
Anil Pilgaokar

## Editorial correspondence:

Sunil K. Pandya  
Department of  
Neurosurgery,  
K.E.M. Hospital  
Parel, Bombay 400 012

## All other correspondence regarding the Forum:

Anil Pilgaokar  
34-B N. Bharucha  
Road,  
Bombay 400 007

## ANNUAL SUBSCRIPTION FOR THE JOURNAL

### Individual

One year Rs. 60.00  
Two years Rs. 100.00  
Life Rs. 1000.00

### Institution

One year Rs. 100.00  
Two years Rs. 150.00  
Life Rs. 2000.00

MEMBERS OF  
*Forum*  
*For*  
*Medical Ethics*  
DO NOT HAVE  
TO PAY  
SEPARATELY  
FOR THE JOURNAL

# Editorial

The epidemics in Beed and Surat highlighted lapses on the part of medical professionals.

## *Was it truly the plague?*

When newspapers splashed banner headlines proclaiming the infectious, pneumonic form of plague in Surat, no medical scientist asked this question.

The diagnosis of any bacterial infection is made when Koch's postulates are satisfied. As we write this, we do not know whether the plague bacillus has been cultured. We learn from fragmentary reports in the newspapers that the organism has been identified by the National Institute for Communicable Diseases (NICD). Is it not the responsibility of NICD to provide details to the public at large and to the medical community?

Diagnosis has been based on the hemagglutination test, positive at titre of 1:8. We need positive results at much greater dilution or rising titres for making "a conclusive diagnosis.

If the NICD will not part with essential data should not the medical profession insist on its release? Is it not unscientific and unethical to treat patients for a disease without proof of its existence and permit panic and chaos which may have no basis?

## *Matters of prestige and priority?*

Haffkine Institute asked scientists at the All India Institute of Medical Sciences (AIIMS) and at NICD to send tissue samples and bacteriological specimens collected by them for study. They have been rebuffed. News reports suggest that, there is infighting between workers at AIIMS and NICD.

When the lives of large segments of the population are at stake, our economy has been dealt crippling

blows and the reputation of the country has taken a battering, is it correct for medical personnel to stand on prestige or the lure of being the first to report and publish data?

## *Unconcern or incompetence?*

Senior research workers at the Haffkine Institute were refused permission to travel to Surat at the height of the epidemic to collect samples of tissue from the victims for study.

What was the basis' **for** such refusal? Is it not the concern of the centre which for the first time ever provided the vaccine against plague to work on the new outbreak?

## *Assuming it is the plague, what is the remedy against it?*

For several days after it hit the headlines no one pointed out that the plague germ is easily vanquished by modern antibiotics.

The astonishing publicity given to tetracycline as **the** answer against *Yersinia pestis* led to panic-stricken hordes rushing to empty the shelves of this antibiotic. The fact that co-trimoxazole and several newer antibiotics are equally effective was either not mentioned at all or published in fine print.

No one pointed out that to prevent the disease, attendants of a patient with proven pneumonic plague should be vaccinated against it. Since the vaccine takes ten days or so to produce immunity against the germ, the person should take any one of the several antibiotics effective against the plague germ for these ten days. Had this been widely **publicised** we might have been spared the insane rush for tetracycline.

Sunil K. Pandya