

448.8 B77  
02

# BRITISH MEDICAL JOURNAL

~~FOOTED~~  
S

SATURDAY 21 JUNE 1986

## LEADING ARTICLES

Smoking, drinking, and polycythaemia	JOHN MOORE-GILLON, T C PEARSON	1617
Faecal incontinence is not inevitable	R E IRVINE	1618
Spoiled soft contact lenses	D V INGRAM	1619
A senseless sacrifice: the fate of intercalated degrees	RICHARD SMITH	1619
Adolescent suicide: preventive considerations	DORA BLACK	1620
Non-steroidal anti-inflammatory drugs and the kidney	M L'EORME	1621
Confidential inquiry into perioperative deaths	H B DEVLIN, J N LUNN	1622
The truth about the NHS?		1623

## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Transcutaneous oxygen tension during exercise in patients with claudication	T A H HOLDICH, P J REDDY, R T WALKER, J A DORMANDY	1625
Treatment of the premenstrual syndrome by subcutaneous oestradiol implants and cyclical oral norethisterone: placebo controlled study	A L MAGOS, M BRINCAT, J W W STUDD	1629
Associations between symptoms of irritable colon and psychological and social conditions and lifestyle	ROAR JOHNSEN, BJARNE KOSTER JACOBSEN, OLAV HELGE FØRDE	1633
Failure of child safety seat to prevent death	D J ROSS, P F GLOYNS	1636
The real cost of joint replacement	CLARK R DREGHORN, PATRICK ROUGHNEEN, JAMES GRAHAM, DAVID L HAMBLIN	1636
Severe hyperglucagonaemia during treatment with oxymetholone	GARETH WILLIAMS, MOHAMMED GHATEI, JACKY BURRIN, STEPHEN BLOOM	1637
Where do lean diabetics inject their insulin? A study using computed tomography	ANDERS FRID, BJÖRN LINDÉN	1638
Simple scale for assessing level of dependency of patients in general practice	JAMES WILLIS	1639
Contribution of Gardnerella vaginalis to vaginitis in a general practice	T C O'DOWD, R R WEST, C D RIBEIRO, J E SMAIL, J A MUNRO	1640

## MEDICAL PRACTICE

A comprehensive bibliography database using a microcomputer	DAVID P SELLU	1643
The Edinburgh intercalated honours BSc in pathology: evaluation of selection methods, undergraduate performance, and postgraduate career	ANDREW H WYLLIE, ALASTAIR R CURRIE	1646
Strokes among black people in Harare, Zimbabwe: results of computed tomography and associated risk factors	JONATHAN MATENGA, IAN KITAI, LAURENCE LEVY	1649
Investigation of plasma lipids— which tests and why?	W J MARSHALL, FIONA C BALLANTYNE	1652
Animal experiments	JANE DAWSON	1654
Report from the PHLS Communicable Disease Surveillance Centre		1655
ABC of Resuscitation: Resuscitation at birth	A D MILNER	1657
Primary hypothyroidism presenting as amenorrhoea and galactorrhoea with hyperprolactinaemia and pituitary enlargement	P J HEYBURN, O M GIBBY, M HOURIHAN, R HALL, M F SCANLON	1660
Any Questions?		1645, 1648, 1651, 1656, 1661
Medicine and Books		1662
Personal View	SIDNEY CROWN	1665

CORRESPONDENCE—List of Contents	1666
---------------------------------	------

OBITUARY	1678
----------	------

## NEWS AND NOTES

Views	1673
Medical News	1674
Medical Birthday Honours	1675
Scientifically Speaking	BERNARD DIXON 1677

## SUPPLEMENT

The Week	1680
Public watchdog bites the NHS—again	PHILIP JOHNSTON 1681
Senior hospital staffs conference	1682
From the HJS conference	1686
From the LMC conference	1688
Community medicine conference	1689
BMA council election 1986-7: Four national representatives	1690

# CORRESPONDENCE

<b>Drugs in developing countries</b>	
N Islam; S Shorvon, MRCP	1666
<b>Short term high doses of etidronate in Paget's disease of bone</b>	
J A Kanis, MRCPATH, and others	1667
<b>Oral contraceptives and hepatocellular carcinoma</b>	
I Brosens, MD, and others; O-E Iversen, MD, and S O Thoresen, MD	1667
<b>Incompetence in medical practice</b>	
H Didier, MRCOG; M McEvoy, MRCPATH	1668
<b>Systemic steroids in chronic severe asthma</b>	
A Banerjee, MB, and S Virdee, MB	1669
<b>Broken necks in passengers in London taxi accidents</b>	
C C Wray, FRCS; P G Richards, FRCS, and H A Crockard, FRCS	1669
<b>The doctor, the patient, and their contract</b>	
P Male, MB; P R Harris, MB	1669

<b>Elderly patients in acute medical wards: factors predicting length of stay in hospital</b>	
Ailsa M Dunn, MRCP, and G V Boswell, MRCP	1669
<b>Immune changes associated with insulin dependent diabetes may remit without causing the disease: a study in identical twins</b>	
S Dib, MD, and others	1670
<b>Debendox</b>	
H C Masheter, MB	1671
<b>Emergencies at sea</b>	
T B Anderson, FRCP	1671
<b>Low serum C4 concentrations and peripheral neuropathy in type I and type II diabetes</b>	
B G Jacob, MD, and others	1671
<b>Epidemic of AIDS related virus infection among intravenous drug abusers</b>	
R P Brett, MRCP	1671

<b>Universities squeezed to brink of financial disaster</b>	
W S Monkhouse, MB	1671
<b>Doctors for the homeless and rootless</b>	
P Matthews	1672
<b>Drug Points</b>	
Erythroderma resembling Sézary syndrome after treatment with Fansidar and chloroquine (R F Jeffrey); Irreversible renal transplant failure after angiotensin converting enzyme inhibition (J H Turney); Toxicity of vitamins (C D H Evans and J H Lacey); Physical performance ability after treatment with antihypertensive drugs (C Bengtsson); Complete heart block induced by hyperkalaemia associated with treatment with a combination of captopril and spironolactone (T C N Lo and R J Cryer); Pink urinary discoloration after oral nefopam (S J Wroe and others)	1672

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the *BMJ*.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

## Drugs in developing countries

SIR,—Dr Tessa Richards's leading article (24 May, p 1347) is timely. Admittedly there can be no quick answer to many of the questions of irrational prescribing and the supply and manufacture of medicine, yet it is no mean achievement that as many as 80 countries have adopted the World Health Organisation's list of essential drugs. Dr Richards rightly states that there are encouraging signs of progress towards a rational approach to medicines in developing countries, manifested by the "increasing number of forums where the topic is being aired."

Never before has the pharmaceutical industry experienced so much "mounting pressure," so it is not surprising to see it stage a retaliatory move. We cannot, however, understand how the development of national drug policies can make the industry play "the role of scapegoat for Third World's health problems," and do not think its arguments "well rehearsed." The preconditions laid down by the industry for implementing a rational drug policy based on the WHO concept of essential drugs are wishful thinking engineered to halt a pragmatic approach. To wait for revolutionary changes in the entire sociopolitical structure of a

country before introducing a national drug policy is one of the best if not the best way of brutally killing the concept.

Bangladesh's national drug policy was promulgated in June 1982. Initially the industry reacted adversely. The companies were almost totally sceptical and many spoke of their luxury products as being essential for a viable industry. Our experience during the past four years has belied their apprehensions. The value of locally produced drugs in 1981 was Taka 1730 million. In 1985 it had reached Taka 3100 million. The share of 45 essential drugs for primary health care as a proportion of all drugs produced in Bangladesh has grown from 30% in 1981 to 66% in 1985 (table I). The share in local production of national companies before the drug policy was implemented was only 35.3%; this reached 54.2% in 1985 (table I). The price of imported raw materials has now fallen as these have to be imported from authentic sources by the central medical stores, which can pursue a competitive price procurement policy (table II).

Finally, we would like to emphasise that although there has been no revolutionary sociopolitical change in Bangladesh in the way that the Associa-

TABLE II—Procurement prices of the central medical stores

	Prices per unit 1981 (Taka)	Prices per unit 1985 (Taka)
Ampicillin capsule	0.95	0.850
Co-trimoxazole tablet	1.34	0.678
Frusemide tablet	0.51	0.300
Levamisole tablet	0.96	0.400
Paracetamol tablet	0.18	0.135

tion of the British Pharmaceutical Industry has suggested, the result of the national drug policy is nothing less than remarkable. Its main objectives have been fulfilled.<sup>1,2</sup> The pattern of prescribing has changed, the price has either been stable or gone down, and the availability of essential drugs has gone up. The national industry is now a close partner with the multinational companies in the progress of pharmaceutical industry.

Our experience should encourage all those who are interested, including the industry, so that the concern they are showing at present becomes "more than skin deep."

N ISLAM

Chairman, Essential Drugs  
and National Formulary Committee,  
Government of Bangladesh

Institute of Postgraduate Medicine and Research,  
Dacca-2, Bangladesh

- 1 Hasan M. Impact of national drug policy. *Lancet* 1985;iii:391-2.
- 2 Islam N. On a national drug policy for Bangladesh. *Tropical Doctor* 1984;14:3-7.

SIR,—That the World Health Organisation juggernaut is inching towards rational policies for drugs in developing countries in many areas is

TABLE I—Proportion of local drug production represented by 45 essential drugs and contributed by Bangladeshi companies 1981-5. Values are in Taka millions

	1981	1982	1983	1984	1985
(a) Value of local drug production	1730	2160	2260	2830	3100
(b) Value of 45 essential drugs produced locally	525	751	1168	1831	2050
(c) Share of 45 essential drugs (b as % of a)	30.4	34.8	51.7	64.7	66.1
(d) Value of products of Bangladeshi companies	613	842	1160	1470	1680
(e) Share of Bangladeshi companies (d as % of a)	35.3	39.0	51.3	52.0	54.2