

News and Notes

PAKISTAN ASSOCIATION OF DERMATOLOGISTS

A Pakistan Association of Dermatologists was officially formed and registered on 21st April, 1979 in its headquarter at Karachi. The aims and objects of this Association are (1) to provide a forum for the Dermatologists in Pakistan to meet together and their colleagues from allied disciplines; (2) to hold regular meetings to discuss clinical dermatology and present scientific papers on dermatology and relevant analysis; (3) to encourage research in dermatology; (4) to publish a technical journal; (5) to promote teaching of dermatology to the medical postgraduates; (6) to formulate policies on matters of dermatological interest in Pakistan and to bring them to the notice of the government and other relevant authorities. Office bearers for two years are: President: Dr. Nusrat Ali Shaikh; Vice-President: Dr. Durre-Kamil, Dr Mahmood Hassan Zuberi; General Secretary: Dr. Tahir Saeed Haroon; Joint Secretary: Dr. Aleem Saeed Qureshi; Treasurer:

Dr (Mrs) Malik Tahrani; Editor: Professor S. Ghulam Shabbir; Executive Members: Dr. Zarina Fazalbhoj, Dr Choudhary Mohammad Iqbal, Dr. A. Sajid Khan, and Dr. Jamil Ahmed Siddiqui.

Those members of the profession who hold postgraduate qualifications in dermatology or have ten years' experience of working in dermatological units are eligible for full membership. However, other colleagues can join as associate members. For further enquiries please write to the Pakistan Association of Dermatologists, 3-UBL Building, New Town, Karachi.

P. M. A. JHELUM

A meeting to reorganize the Pakistan Medical Association, Jhelum was held on 26-3-1979 and following office bearers were elected: President: Dr. Haji Mohammad Yusuf; Vice-President: Dr. H. M. Shah; Secretary: Dr. M. Tariq Mirza; Assistant Secretary: Dr. Zaheer Khan; Treasurer: Dr. Abdul Shaqoor Malik; Information Secretary: Dr. Mirza Zaheer Akhtar.

BRITISH PHYSICIAN GIVES HIS EXPERIENCE WITH H₂ RECEPTOR ANTAGONIST

Dr. Duncan Collin Jones, Consultant Physician at Queen Alexandra Hospital and Royal Portsmouth Hospital in UK, delivered a lecture on clinical experience with the H₂ receptor antagonist. His lecture tour has been sponsored by SK&F, a British pharmaceutical firm.

He said in his talk that peptic ulcer is a worldwide problem and is responsible for the loss of many work-days. He mentioned that in the UK alone about 4 million days were lost "as a result of one form of dyspepsia or other." Dr. Jones then went on to describe how an ulcer was formed, because it was "fundamental to our understanding" of the problem. He agreed that the anti-cholinergic drugs are useful to some extent in inhibiting acid secretion. Their major drawback was that they produced more side-effects. He also discussed various ways, in which ulcers could be treated — one way is to neutralise acid secretion through administration of alkalis, the other is to inhibit acid secretion.

Dr. Jones said that as a result of thorough and extensive trials carried out in the UK, USA, and other European countries, it was reported that cimetidine healed more duodenal ulcer patients than placebo — in fact, more

than 80-90% healing was reported. Dr. Jones strengthened his argument by quoting the results of a study in Denmark and trials carried out on naval volunteers from a naval hospital. The figures proved that 4 out of 5 patients are healed of their ulcers with cimetidine. Cimetidine also prevented relapse and it was noted in the Gudmond Hoyer study from Denmark that "cimetidine as maintenance treatment is..... a very effective way of preventing relapse."

Talking about the effectiveness of cimetidine in gastric ulcer, Dr. Jones said it had definitely shown greater healing. He gave an example of trials of cimetidine vs placebo, in 3 studies, and all three proved that cimetidine had a greater healing rate than placebo.

In a comparison of cimetidine vs carbenoxelone, he said that a trial showed 78% response with cimetidine in contrast to 52% with carbenoxelone. The side effects with cimetidine were also very few. The cimetidine treatment group also did not relapse as frequently as the placebo group and long-term cimetidine was very helpful.

In gastro-oesophageal reflux too, the possibility of benefits from cimetidine was very good indeed. There is a great reduction in pain and antacid consumption — by 50%. Dr. Jones said he was of the opinion that cimetidine "will be of symptomatic value in oesophagitis."

Dr. Jones said that cimetidine had proved to be very effective in the Zollinger-Ellison Syndrome and described it as a "remarkable drug for Zollinger-Ellison Syndrome. His Zollinger-Ellison Syndrome patients he said had done "remarkably well" with cimetidine.

In patients with gastric erosions and haemorrhage too, cimetidine is a most valuable aid, he said, and "we now routinely give it prophylactically to all patients who are going to have a renal transplant to prevent them from getting erosions and haemorrhage. We do this also for any patients with hepatic failure and for seriously ill patients with multiple system failure."

Side-effects with cimetidine were not very many, and included tiredness, rash and drowsiness particularly in patients with renal disease. However, he said that "the percentage was actually remarkably small and it does appear to be a very well tolerated drug."

In the discussion afterwards, Dr. Jones answered many searching questions on such things as malignancy, cimetidine treatment in

pernicious anaemia, dosage and treatment on pregnancy. He concluded by saying that cimetidine was a "valuable drug and will prevent relapse" in duodenal and gastric ulcers. It is of symptomatic value in oesophagitis, and a "marvellous treatment" for Zollinger-Ellison Syndrome.

Dr. Duncan Colin Jones was introduced to the audience by Dr. Eric Jackson Moore, the

Area Medical Director of SK&F (UK). Dr. Moore narrated the history of the research work carried out by the Research Institute at Welwyn Garden City, and said that the original process started in 1964 with a great deal of back-breaking work. It was in 1974 that cimetidine was born. He mentioned the great work done by Dr. Jim Black. By this time over 3000 public reports have been published about cimetidine, he said.

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