Correspondence

Letters to the Editor should not exceed 500 words.

Medicine in Burma

SIR,—Professor A. W. Woodruff's most informative article "Medicine in Burma Today" (26 August, p. 551) will interest many who feel profoundly towards that lovable land and people. May I, however, with the double interest of a founder professor of Rangoon University and of a former medical adviser to the British Government on Colombo Plan affairs, point out that by electing to leave the Commonwealth Burma did not deprive herself of British and Commonwealth aid. Both the Colombo Plan and the British Council gave generous help to Burma over the years and we still receive Burma nationals freely for specialist training and provide technological aid on the spot.

The London School of Hygiene and Tropical Medicine has played a most prominent part in shaping Burmese thought in medical administration, but tribute should be paid to the Edinburgh colleges—especially the Royal College of Physicians—for training the new generation of teachers. The outstanding claim for British influence rests on the Royal College of Obstetricians and Gynaecologists, whose members—male and female—are playing such an important part in modern Burma.

With the historical example of Judson, the pioneer American missionary who opened up Burma, and the great record of America in fostering education in Burma (we in British University College faced American Judson College on the university campus in the twenties) it is a matter for profound regret that the Burmese have felt it advisable to refuse further American aid, but with Thailand and Viet Nam round the corner their attitude is understandable. Professor Woodruff's own contribution to Burmo-Britannic concord is outstanding and his sympathetic study is therefore very welcome.—I am, etc.,

Ewell, Surrey.

GEORGE R. McROBERT.

SIR,—It was very heartening to read the paper by Professor A. W. Woodruff "Medicine in Burma Today" (26 August, p. 551). His paper gives an excellent survey of the medical services in that country. Naturally one would not expect from a professor of tropical medicine (any more than from a professor of radiology) an account that did not have an emphasis towards his main interests—in this case towards tropical medicine. This letter is written in no spirit of criticism, but merely to emphasize some of the aspects not fully covered in Professor Woodruff's paper.

The medical services in Burma have indeed undergone a revolution, and this has happened in particular since the present revolutionary council took over the government of the country. All medical practice is concentrated on hospitals and health

centres. There is no longer general practice as we know it in Britain. In the larger towns, where under previous regimes there was general (and private) practice for the privileged few who could afford to pay for it, this has been discouraged or eliminated, and all medical practice is now concentrated within the Government medical service.

The medical school based on Rangoon General Hospital has always had a high reputation and produced doctors of high calibre. This now applies also to the new well-equipped medical schools at Mingaladon and Mandalay. However, as doctors trained in hospital where there are reasonable ancillary facilities were continuing to work subsequently in other hospitals, whether those hospitals were divisional or township hospitals, the demand for the continuance of ancillary facilities was considerable, though at the time the ability to satisfy these demands was minimal or non-existent. Thus an Institute of Paramedical Sciences was set up at Rangoon General Hospital to train laboratory technicians, radiographers, physiotherapists, and pharmacists. This Institute has been in action for nearly three years and is now producing a flow of trained technicians in these disciplines. I have been concerned with this concept since its beginning and visit it regularly year by year. In modern medical practice medicine cannot be practised satisfactorily without ancillary aids, and it is important in the context of Burma to realize that this essential "substructure" of medicine is now being established.

With the "substructure" of medicine established, and with the excellent medical schools, described by Professor Woodruff, already in existence, it only remained to plan the "superstructure" of the specialist fields. This has now started, and Professor Woodruff described one of these—that in tropical medicine. However, in addition, apart from the major fields of surgery, medicine, and obstetrics and gynaecology, the specialist fields of child health, pathology, anaesthetics, orthopaedic surgery, and radiology are now being developed. Already there are diploma courses for a Burmese diploma in anaesthetics and another in clinical pathology. These, together with the present course in tropical medicine, and the possibility of developing further postgraduate courses in other fields such as radiology, make it seem possible that Rangoon may well grow into a postgraduate centre of considerable significance in South-east Asia.

All these advances have taken place in Burma during the past five years, in a country which already had a first-class medical school whose medical degrees have recently been given full recognition by our own General Medical Council. The substructure and superstructure are now being built, just as they were in Britain many years

after the undergraduate teaching hospitals were established. There is a considerable fund of good will in Burma towards Great Britain besides the traditional medical links that have existed for many years. It is to be hoped that the United Kingdom will continue to provide training facilities and hospitality for those Burmese doctors and medical technicians who come here for further experience, and in addition will continue to second medical and paramedical personnel at all levels to Burma to help them with the exciting developments that are now taking place.—I am, etc.,

J. H. MIDDLEMISS.

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SIR,—Professor A. W. Woodruff's article "Medicine in Burma Today" (26 August, p. 551) refers to the recognition by the General Medical Council of Burmese medical degrees but does not tell the whole story.

It would seem that in 1964 the Burmese Government refused to permit foreign graduates of the Burmese School to practise in Burma unless they had 14 years' previous Government service. This has had the result that non-Burmese nationals qualifying in Rangoon are unable to obtain full registration in Britain because they are no longer permitted to practise in Burma. This political decision has meant that, while Burmese nationals qualifying in Rangoon may obtain full registration here, non-Burmese nationals who passed precisely the same examination are no longer so entitled.

Two points arise: firstly, should not the relevant section of the 1956 Medical Act 18(1)(c), which entitles persons holding certain foreign degrees to obtain full registration in Britain, be so amended as to avoid anomaly of a person's entitlement to registration here being dependent upon what appear to be purely political considerations? Secondly, should Burmese nationals be granted rights in Britain while their Government shows such discrimination?—I am, etc.,

HERBERT CONSTABLE,
Secretary,
Medical Protection Society.

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Penicillin Encephalopathy

SIR,—Your leading article on penicillin encephalopathy (12 August, p. 384), while drawing attention to the hazards of intravenous penicillin therapy, makes little attempt to indicate how these hazards may be avoided or to define the indications for using penicillin G in this way.

In July my colleagues from Boston and I described eight patients treated with high doses of intravenous penicillin G in whom there was evidence of neurotoxicity.¹ These patients were compared with seven others treated similarly in whom toxicity was not observed. All patients were assessed as regards renal function, electrolyte imbalance, plasma, and cerebrospinal fluid penicillin