Correspondence

To the Editors:

Misleading advertisements

In the March 2001 issue of the *Ceylon Medical Journal* (Vol. 46 No.1), an advertisement titled “Prevention is better than cure” inserted by New Delmon Hospital has misleading information. It says “Influenza vaccine 3, 5 and 7 months”. Presumably it refers to the *Haemophilus influenzae type B* (or *Hib*) vaccine, which is totally different to the influenza vaccine, which is also available in Sri Lanka.

Secondly, a vaccine is advertised against meningitis. I wonder which organism it is effective against?

Such misleading advertisements, in my opinion, have an adverse effect on the quality of the journal.

Sanath P Lamabadusuriya, Professor and Head, Department of Paediatrics, Faculty of Medicine, University of Colombo.

To the Editors:

Yet another form of child abuse?

The provocation to write this letter was when I came across a 2-week old baby admitted to our unit was found to have pyogenic meningitis. He had been initially treated for fever by a general practitioner with a diclofenac sodium suppository (*Voltaren*) 2 days before admission, which delayed appropriate treatment. The use of diclofenac sodium (*Voltaren*) suppositories in paediatric practice has almost reached epidemic proportions (1). Some mothers carry it in their handbags instead of popular brands of paracetamol!

Diclofenac sodium suppositories are not licensed in Sri Lanka to be used as an antipyretic in children; neither is it registered in the UK for use as an antipyretic (2). It is known to cause rectal irritation, and some children present with bleeding *per rectum* after such use (2). The objective of this letter is to sensitisise the medical profession regarding the abuse of *Voltaren* suppositories in the treatment of childhood fever.

References

Sanath P Lamabadusuriya, Professor and Head, Department of Paediatrics, Faculty of Medicine, University of Colombo.

To the Editors:

Collection and transport of urine for culture

I write this in response to the letter by S P Lamabadusuriya, Professor and Head, Department of Paediatrics, Faculty of Medicine, University of Colombo (1).

In our laboratory, urine for culture (in children and adults) is collected in a sterile container (sterilised by autoclaving). Written instructions regarding techniques of collection, transport times etc, are handed to the patient along with the container (2). Samples collected in the outstations are kept in the refrigerator after collection at the collecting centre, and transported to the laboratory in a ‘cool box’ containing ice packs. Specific instructions for collection of urine from patients with indwelling catheters are given on request by telephone. Trained technicians are also available to collect such samples on the mobile service.

I would also like to suggest that doctors instruct the patient (or patients), to collect urine for culture before commencing treatment with antimicrobial agents, to prevent inhibition of growth of causative bacteria on culture media.

References

C U Perera, Consultant Microbiologist, Asiri Hospitals Ltd.

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