To the Editors:

Gas under the diaphragm in x-ray film may mislead

I refer to the above research letter in the Ceylon Medical Journal (1). In the x-ray, opacities suggestive of colonic haustrations are apparent. Secondly, an ultrasound scan of the abdomen would have helped to confirm a diagnosis of Chilaiditis syndrome. Under these circumstances, a laparotomy was clearly avoidable.

S P Lamabadusuriya, Dean and Senior Professor in Paediatrics, Faculty of Medicine, University of Colombo. (E-mail: dean@medfac.cmb.ac.lk, telephone +94 1 698449).

To the Editors:

In reply

We agree that colonic haustrations, when seen, are helpful in confirming the diagnosis. Ultrasonography may demonstrate peristaltic movements of the bowel loop. However, awareness of this condition is low among clinicians and confusion may occur when gas under the diaphragm is found in a patient who presents with acute abdominal signs and symptoms. Although proven negative at the end, exploratory laparotomy was unavoidable in our patient due to the presence of clinical features which were suggestive of an acute abdomen.

S Lecamwasam and J D V C Lecamwasam, Teaching Hospital, Karapitiya, Galle.

Who counts as our patients?

Who do we have a professional duty not to be negligent towards? Clearly not everyone in the world, but how is it limited? This is usually not a problem, as we are usually actively engaged in treatment when alleged negligence occurs. Anyone who has been referred to us, by letter, by being put on a routine list, by contact from a surgeon, through emergency procedures such as arrest or trauma calls, &c., will be our patient. We might in certain circumstances refuse to accept a referral, but there is usually no doubt who is our patient. The General Medical Council (GMC) has recently taken the view in the Bristol case that we have an ethical duty to any patient we may come across in our work, but the law requires a closer relationship.