CORRESPONDENCE

The Editor,
Singapore Medical Journal

Dear Sir,

I was interested to read the paper entitled "Intrathoracic heterotopic bone marrow simulating a neoplasm—report of a case" by Y.S. Lee and N.E. Wong in the recent S.M.J., 1973, 14, 537. In their review of the literature, however, they have failed to mention a local case of massive intrathoracic heterotopic bone marrow published in our own S.M.J. in 1964 by E. Hanam. I agree with the authors that greater awareness of the association of chronic hemolytic anemia with intrathoracic heterotopic bone marrow will help in making preoperative diagnosis and unnecessary surgery will be avoided. If a definite preoperative diagnosis is needed careful needle aspiration biopsy will establish the diagnosis (Da Costa *et al* 1974).

Ref. 1. Hanam, E. (1964), Massive thoracic extramedullary hemopoiesis in a case of Hemoglobin E-Thalassemia. Sing. Med. J., 5, 122.

2. Da Costa, J.L., Hanam, E. and Loh, Y.S. (1974) Extramedullary hemopoiesis with multiple tumour-simulating mediastinal masses in Hemoglobin E-Thalassemia, Chest, February in Press.

Yours sincerely,

J. L. Da Costa.
A.M., M.D.(S'pore), M.R.C.P.(Glasg.),
F.R.C.P.(Edin.), F.C.C.P.(USA),
Assoc. Professor in Medicine, Consultant Physician.
Faculty of Medicine, University of Singapore.

13th February, 1974.

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Dr. K.K. Tan,
Editor.

Dear Sir,

Please allow me to congratulate you, on your leading article (Volume 14 No. 4, December 1973) in Singapore Medical Journal. It is praiseworthy and practical. I wish you all a happy New Year.

Yours cordially,

Dr. V.T. Patwardhan
M.B., B.S.(Bom.),
35, Belfield Street, Ipoh, West Malaysia.

16th February, 1974.

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Dr. K.K. Tan,
Editor.

Sir,

Re: Fatal Penicillin Anaphylactic Reaction (S. M. J. 1973 No. 4 Pg. 467).

I have read with interest Dr. Horne's review of this very pertinent problem. As I have been flattered by no less than two references to a recent paper of mine (O'Holohan 1973) and furthermore find myself in agreement with Dr. Horne's views on the futility of skin testing I would like to correct any misunderstanding in the minds of the casual reader who has not read my paper.

My paper was concerned with 'Collapse' (from any cause) as a medical emergency and the question of the use of parenteral penicillin was but part of the overall problem. Again it was a paper read to, and at the request of, private medical practitioners on the problems presented by collapse (including anaphylaxis).

Dr. Horne, rightly, stresses the need for careful history taking before giving penicillin (as I did in my article in respect of all drugs), particularizes the necessity of patience on the part of both doctor and patient, quotes the W. H. O. Report which recommended a half-an-hour wait in the doctor's clinic after such an injection and then, quotes my recommendation for "a full half-hour" wait with the ironic parenthesis" ("an example of the patient's patience"). Dr. Horne counsels "an adequate length of time after the administration of a penicillin injection—" (how long is 'adequate'?, how high is 'high'?). What is sauce for the goose is surely sauce for the gander. In the interest of accuracy I should point out that the "full half an hour" wait quoted referred in my text to the administration of Serum (A.T.S.) and not penicillin. Birch (1971) recommends up to a total of one and a half hours from start to finish for the latter and advises that when giving penicillin an emergency tray, as for serum administration, should be standing by for emergencies.

This referral to my "One penicillin injection can hardly be life saving today (with so many available alternative antibiotics) so why take the risk?" As an unacceptable argument is a view I respect but in the context of both my paper and his own references to the distress suffered by medical practitioners in this area due to such incidents in the recent past, I hold to this opinion.

As to the "Dubious Morality" of sending patients to hospital for penicillin treatment I feel it is an improvement upon the indubitable immorality of giving (especially) parenteral penicillin to an outpatient without subsequent observation, equipment, knowledge and courage to undertake resuscitation should the need arise. Collapse in the street or even in a hospital carpark has been known to happen in the recent past. However in proper context it can be seen to be the culmination of an argument against lightly, and without good reason, exposing patients (and the doctor) to possible accidents.

In conclusion, in my article I referred to penicillin as being (among other things) "the most (statistically) safe of antibiotics etc." In practice we deal with individual human beings—not statistics. This should be borne in mind along with the question of how many private clinics (dispensaries) have resuscitation equipment. It is assumed all hospitals have.

Ref. 1. Birch C. Allan (1971) Emergencies in Medical Practice. Churchill Livingstone Ninth Ed. Page 650.

2. O'Holohan D.R. (1973) Collapse as a Medical Emergency. Medical Journal of Malaysia Vol. XXVII No. 4 Page 235.

I remain etc.,

Dr. Donal R. O'Holohan
F.R.C.P., (IREL), M.B., B.Ch., B.A.O.(N.U.I.), P.J.K.
KELINIK O'HOLOHAN
48/49, Birch Road, (Upstairs),
P.O. Box 170,
Seremban, N.S., Malaysia.

25th February, 1974.