



Ban pethidine?

Pethidine addiction accounts for a significant proportion of the cases of substance abuse by medical practitioners seen by the Health Committee of the Medical and Dental Professions Board. This Committee was sufficiently concerned by its findings to propose the banning of pethidine for all medical purposes in South Africa. Supportive evidence for this view is provided in the paper by Tamara Kredo and Rudy Onia (p. 100).

When pethidine was first synthesised in the 1930s it was lauded as a substitute for morphine and as having many advantages over morphine. However, there remains no conclusive evidence that pethidine is a better or safer alternative to morphine in any setting. Norpethidine is the most important active metabolite of pethidine, metabolised in the liver. Norpethidine is neurotoxic, resulting in a range of symptoms from irrationality, restlessness and agitation (potentially mistaken for pain) to tremors, jerking, confusion and seizures.

Pethidine has been used in preference to other opioids in the treatment of biliary colic or pancreatitis. This was on the historical presumption that morphine causes more biliary spasm than pethidine. However, the sphincter of Oddi is equally sensitive to all opioids, at equi-analgesic doses!

Kredo and Onia discuss the many disadvantages of using pethidine and note that there has been a global move away from its use. Given these facts and its high potential for abuse, there seems to be a convincing case for banning its use in South Africa.

Probiotics need legislation

A previous paper published in the *Journal* reported that several probiotic products marketed in South Africa did not contain their claimed ingredients. This resulted in a flurry of activity and correspondence until the editors called a halt. Further evidence is now provided by Brink, Senekal and Dicks (p. 114) in another scientific, peer reviewed article to show that all is not well in this industry.

The authors state that 'It is important that the health claims stated on the labels of products supply the consumer with reliable information because such claims influence consumer behaviour and potentially affect public health'. They found that a number of claims stated on the labels of the products could not be substantiated by scientific evidence and were therefore misleading and potentially dangerous. Legislation was therefore necessary to hold manufacturers and marketers of these products accountable for health-related claims.

South African legislators have formulated proposed regulations for labelling of probiotic- and/or prebiotic-containing products in the Foodstuffs, Cosmetics and Disinfectants Act. While the authors are critical of misleading marketing strategies, because of sound scientific evidence, they propose a revision of the South African regulations to include five additional claims

not included in the regulations, namely: diarrhoea prevention in infants, diarrhoea prevention in adults, improvement of digestive health and stool quality and prevention of constipation, treatment of irritable bowel syndrome, and the treatment of food allergies.

Caesarean section: don't close the peritoneum

Anatomically and functionally it seems obvious that the peritoneal layers should be closed separately when they have been breached surgically. Reasons for closure include restoring anatomy, reducing infection by re-establishing an anatomical barrier, reducing wound dehiscence, reducing haemorrhage, minimising adhesions and maintaining standard practice. In their review of the evidence Bamigboye and Hofmeyr (p. 123) conclude the opposite!

There is evidence of benefit in the immediate postoperative outcomes and duration of surgery for non-closure of the peritoneum. Shorter duration of the operation may have clinical benefits in terms of reduced risk of infection and postoperative complications such as paralytic ileus owing to shorter exposure of the peritoneal cavity. The use of less suture material would reduce cost, which may be of particular importance in resource-poor countries. Evidence of long-term benefit from peritoneal non-closure, particularly regarding adhesion formation, is evident from data from other surgical procedures and animal studies.

Feral dogs fuel rabies

Chris Bateman, senior reporter for the *SAMJ*, always manages to sniff out a good story. This time the scent led him to KwaZulu-Natal, where the impact of HIV/AIDS appears to have had an unexpected twist to the tail (p. 78).

The AIDS pandemic is believed to be behind an explosion in the numbers of feral (in a wild state after escape from captivity) dogs. Numbers of ownerless dogs have doubled or tripled, and feral dogs were responsible for the deaths of seven people last year, including the fatal mauling of a 2-year old child and an elderly man and the infection with rabies of the remaining victims.

Rabies vaccination campaigns have been stepped up across the province. Local communities support the eradication of roving dog packs that are claimed to have attacked domestic animals and children, stolen food and killed their own dogs.

These sobering findings provide yet another illustration of the serious impact of HIV/AIDS on human infrastructures, normally taken for granted, but that may deteriorate with unexpected and serious consequences to society.

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