Health Survey of Women

Dear Editor,

At this small base world women's day was celebrated by carrying out medical examination of women. It is prudent to note that in Armed Forces we are mostly concerned with the medical examination of the service personnel, whereas families of service personnel are never screened for common diseases unless they have complaints. In this small base we examined 247 women systematically noting the height, weight, vision check, hearing, pulse, blood pressure and systemic examination. Basic investigation such as blood Hb% and routine examination of urine was also done. Most common prevalent disease among the women was essential hypertension 6.88% (17). Next commonest disease was anaemia 2.8% (07). Other diseases which were detected during the screening were refractive error, obesity and diabetes mellitus. Screening of such small group revealed nearly 46 (18.62%) positive for various illnesses. Survey of this nature is of great help in

detecting the disease early so that treatment can be instituted with greater benefit to the patients.

It is indeed surprising to note that women who had complaints such as weakness or easy fatiguability were underinvestigated. Diagnosis of common diseases at periphery was not done because medical officers rely more upon the clinical diagnosis. More often than not medical officers are eager to treat the symptom than to investigate the cause.

Families of service personnel are also integral part of Armed Forces Medical Service clientele. Better clinical and investigative approach is required to diagnose the disease early as families do not undergo any preliminary medical examination before getting married to service personnel.

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Common Medico Legal Problem

Dear Editor,

1. I found MJAFI, Jul 2002, issue very informative and educative, since it also published articles dealing with medico legal hassles viz "Common Medico Legal Problem Faced by Medical Officers of Armed Forces Medical Services". It will be appreciated that in today's world of increasing litigation and apparent antipathy towards medical fraternity, correct and updated medico legal knowledge is in the interest of doctors in general, and working in olive green uniform in particular, more so in absence of dealing policy matter /guidelines/memorandum etc.

2. But following situation, also requires some clarification for Regimental Medical Officer (RMO), For example, in any reported

suicide case, RMO is informed and having seen the scene, first, ethical duty of RMO is to medically examine and save victims life, if possible, which requires removal of victim to the ground. This is prevented by unit personnel saying that body will only be removed by the police. Subsequently RMO in enquiry, if any, cannot justify himself by saying that victim was medically examined in suspended condition. I congratulate authors for above article. Last but not the least, any feed back system in journal for informing far flung field area posted MO about publication of their letters in above column?

Lt Col CC Diwan

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Reply

1. The authors thank the reader for the appreciation of the article.

2. Para 2 of the letter, though not very clear probably refers to a case of suicide by hanging. In any such situation, the first and foremost duty and responsibility of the authorities, both medical and administrative, is to decide whether the person is dead or still alive and needs medical attention. This implies automatically, that the person has to be brought down, the constriction of neck relieved and resuscitative measures applied without wasting any time. Death

can be diagnosed only when resuscitative measures, applied for sufficient length of time, fail. No responsible person will object to steps to revive the person, if the possibility of the person being alive still is explained to them. If at all such an unfortunate incidence occurs, then the person who has hindered prompt resuscitation will be held responsible for the consequences.

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Medico-legal Problems

Dear Editor,

The 'Contemporary Issue' article by Kotabagi et al (Common Medicolegal Problems faced by MOs in Armed Forces Medical Services, MJAFI 2002;58:234-240) made interesting reading. The refreshingly down-to-earth style was particularly appealing. However a few questions arose.

1. The authors quote the duties given in CrPC Sec 539 and 175 (I wonder why in this order) and Sec 202 of the IPC as important

to medical practitioners. Could the authors educate us on what these sections are about?

2. Is it not incorrect to depend upon a personal communication while categorically stating that post mortem diagnoses are not a mandatory requirement of the PCDA Pensions, Allahabad?
3. In the text of the paper the terms Appx 'B' and Appx 'C' are mentioned but do not appear again at the end of the article.

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