
NEWS IN BRIEF

INTENSIVE CARE UNIT ON RAILS

The world's first intensive care unit on rails has been commissioned in India by the Central Railways. The idea was born after the Roha derailment in May 2014 when more than 20 people died due to lack of medical facilities in the vicinity. It had taken 3-4 hours for people to reach Sion Hospital Mumbai which proved too long for many. The Central Railways has refurbished two condemned air conditioned coaches and transformed them into an intensive care unit (ICU) on wheels. It can transport 7-8 patients at a time, and will ferry patients at a radius of 200 Km. It will have the ability to travel at a maximum speed of 140 km/hour, and will be given a green signal right through when on emergency duty. The Central Railway also plans an air ambulance in the future. (*The Times of India 2 June 2015*)

FIRST LIVE BIRTH AFTER UTERINE TRANSPLANT

A 35-year-old woman with congenital absence of the uterus (Rokitansky syndrome) underwent uterine transplantation from a 61-year-old donor in Sweden. A year after transplant, she underwent embryo transfer after *in vitro* fertilization. She received immunosuppression with tacrolimus, azathioprine and corticosteroids throughout her pregnancy. After 3 minor rejections managed with steroids, she delivered a preterm (31 wk) baby weighing 1.7 kg. This first live delivery after uterine transplant was reported this year in the *Lancet*. This report will bring hope to the thousands of women with an absent or non-functioning uterus. (*Lancet. 2015;385:607-16*)

WRITING IN CAPITALS

Doctors in India will be now required to write drugs with generic names, and also write prescriptions in capital letters. This was announced by the Union Health Minister of India. The central government has approved to amend the Indian Medical Council Regulations, 2002 for the same. This is an attempt to reduce prescription errors which are rampant. This will be a medical council of India (MCI) regulation; however, there will be no penalties or punishments for not following the notification.

In the US alone, 100,000 prescription errors are estimated to occur every year while data from in India is lacking. Several studies have shown that computerized prescriptions reduce errors by about 50% in comparison to handwritten prescriptions. Since implementing this would be a gargantuan task, a cheaper alternative is to make writing in capitals compulsory. Most doctors accept that this will overall benefit the patient though it may increase the workload on the doctor. (*The Hindu 11 June 2015*)

ANTIBIOTIC ALTERNATIVES

Since Penicillin created a storm in the world more than 80 years ago, the strategic war between bacteria and man continues unabated. Today the specter of pan-resistant bacteria has forced scientists to look at creative alternatives to antibiotics. Many new avenues were unveiled in the Annual Meeting of the American Society of Microbiology in June this year in New Orleans.

One possibility is the use of predatory bacteria such as *Bdellovibrio bacteriovorus*. This attacks prey bacteria and replicates within it till the bacteria ruptures and releases more *B. bacteriovorus* into the environment. The US Defence Advanced Research Projects Agency has a Pathogen Predators program to research this area. The other innovative approach is to use peptides from other organisms like amphibians and reptiles which are unusually resistant to bacteria. Several peptides with antibacterial activities have been isolated from frogs, alligators and cobras, and are under trial for healing of wounds. Phages, ie. viruses that attack bacteria have long been a favorite with researchers, but it is only recently that they are being targeted to handle the antibiotic crisis. A multicentric trial will soon commence to assess phage treatment for burn-associated infections. Gene editing using the now famous CRISPR technique is also a hot favorite for researchers. The aim is to target genomes of specific bacteria or kill the genes which confer antibiotic resistance. There is renewed interest in metals and the antibacterial effects of metal nano particles are being investigated. (*Nature 28 May 2015*)

LEGACY OF EVIDENCE-BASED MEDICINE

David Sackett, clinical epidemiologist par excellence and pioneer of evidence-based medicine died this May leaving behind an enviable legacy. His experiments with "marching to a different drummer" began as a final year student when he was looking after a patient with hepatitis A. The patient was unwilling to follow conventional teaching that bed rest was imperative to avoid permanent liver damage. Sackett combed literature till he chanced upon an elegant paper which clearly proved that bed rest was not obligatory. Inspired by this incident, Sackett began his lifelong journey of constantly questioning conventional clinical wisdom. The consequence was the birth of "Evidence Based Medicine" (EBM). He set up the Clinical Epidemiology Unit in Canada's McMaster University where he developed and taught the skills of critical appraisal in assessing evidence. He was a master in skepticism and loved to provoke people to change the way they thought. Today thanks to him, evidence based medicine is an established norm in clinical medicine. (*Lancet 13 June 2015*)

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