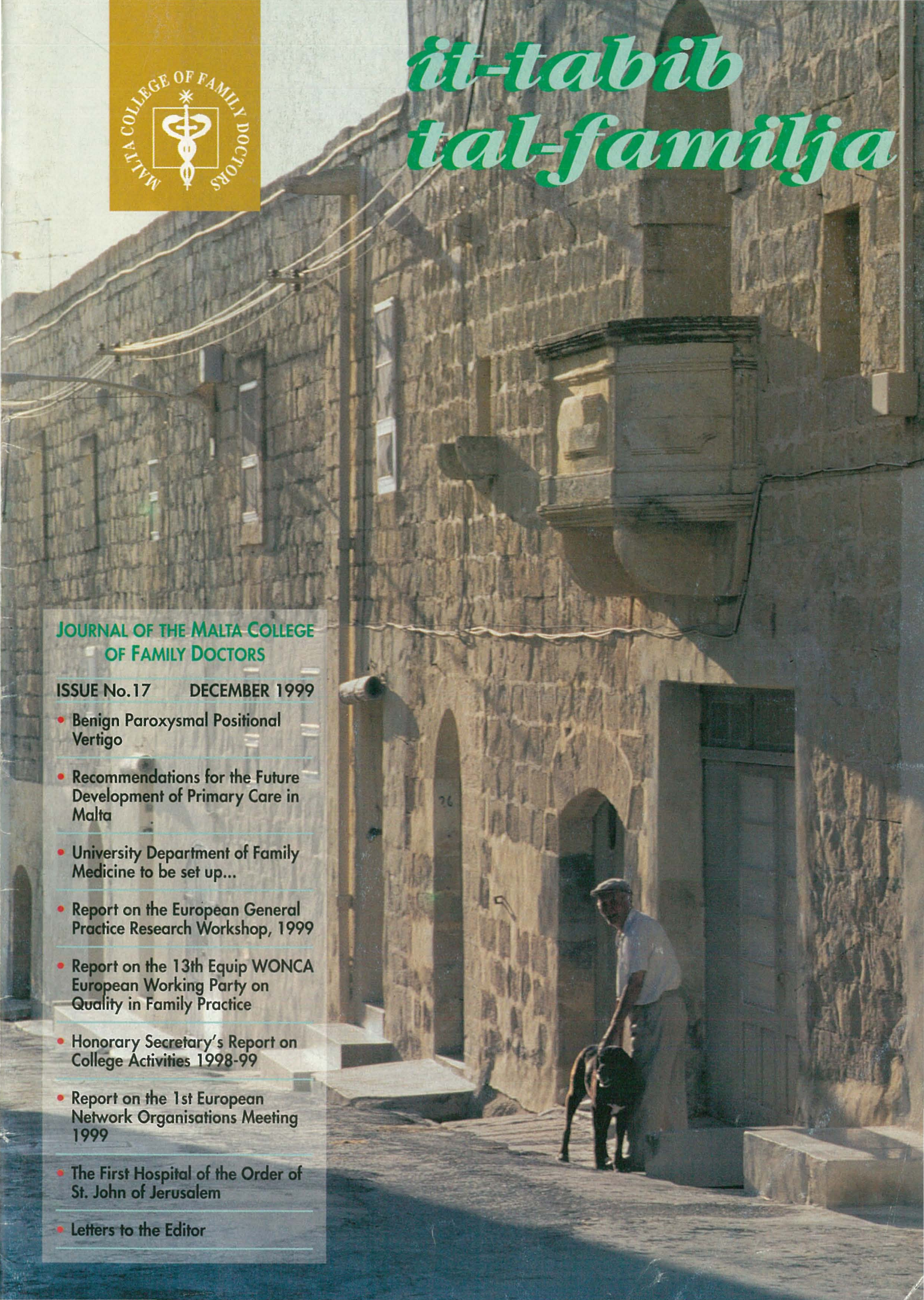

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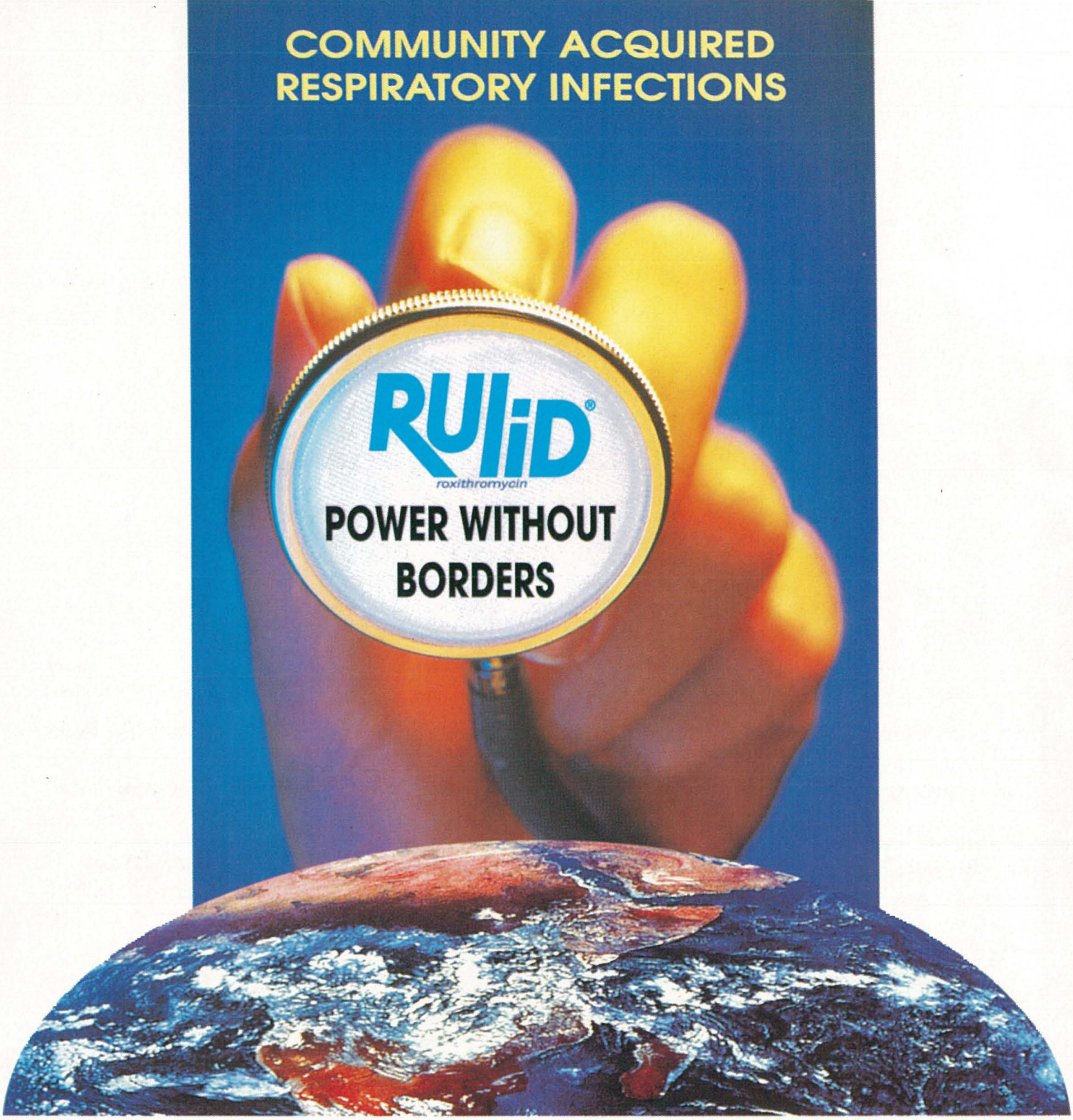
JOURNAL OF THE MALTA COLLEGE OF FAMILY DOCTORS

ISSUE No.17 DECEMBER 1999



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Hoechst Marion Roussel

Editorial

Dear Readers,

In this issue I would like to focus on the work of the College Council during the past year and update you on developments arising from our efforts.

In February a delegation from the College Council presented a Memo to the Prime Minister of Malta outlining "Recommendations for the future development of Primary Care in Malta". Soon after, the College published a press release announcing this meeting and formally stating that the University of Malta Department of Family Medicine is to be set up. Both are included in this issue.

In May many College Council members attended the WONCA '99 meeting in Palma de Mallorca. This was made possible by substantial support of the registration costs by the local SmithKline Beecham agents. This was a milestone event, with all the European Network Organisations holding their meetings at the same time, at the same place. Dr. Philip Sciortino attended the EURACT workshops and was appointed Maltese representative. Full reports of some of these workshops are printed in this issue.

In June, the College was fortunate in hosting the European General Practice Research Workshop International Course in Research Methods in Primary Care. This international course was held at the Forum Hotel, from the 3rd to the 7th June 1999. It was very well attended by local standards, with twenty-five or so Maltese doctors, one dentist and three doctors coming from abroad to attend. In fact, two Hungarian doctors and one from Plymouth, UK, attended. More information about the course is to be found in the report printed in this issue.

May I take this opportunity on behalf of the College Council, to wish all our members a very Merry Christmas and a Prosperous New Year, especially on this special occasion on the eve of the new Millennium.

Jean Karl Soler

Cover Photo taken by J.K. Soler:
Gharb Scene.

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Benign Paroxysmal Positional Vertigo

Elania Pace Balzan
Audiologist

INTRODUCTION

Benign paroxysmal positional vertigo (BPPV) is one of the most common peripheral vestibular disorders characterised by a brief period of vertigo that occurs when the position of the head is altered with respect to gravity in a particular way: typically when turning over in bed, getting in and out of bed, bending over and straightening up or extending the neck to look up.

The condition is important to recognize because the vertigo can be very distressing, and because in most patients the diagnosis is easily made with a positioning test and it can be cured with a simple bedside manouvre.

BPPV can result from several inner ear diseases, or head injury; in about half of the cases no cause can be found.

The basic features of BPPV and the associated positioning vertigo and nystagmus were described by Robert Bárány (1921) but it was not until 1952 that Dix and Hallpike described a provocative positioning manouvre and defined the syndrome clearly.

PATHOPHYSIOLOGY

Cupulolithiasis was proposed initially as the pathophysiological mechanism giving rise to this condition. Debris from the otolith organ of the posterior semicircular canal was hypothesised to become attached to the cupula, such that on assuming a critical head position, the heavy cupula became hypersensitive to the effects of gravity and a burst of neuronal activity would ensue (Schuknecht, 1969). However more recent work led to the theory of canalithiasis which better explains all the characteristic features of BPPV (Baloh, 1996). This theory proposes that calcium carbonate crystal debris forms in the most dependent position of the posterior semicircular canal and upon assuming a certain head position the clot moves and this has a 'plunger' effect within the posterior semicircular canal, which causes movement of the cupula in the same direction (ampullofugal) resulting in a brief paroxysm of vertigo and nystagmus (Luxon, 1997).

Typical causes of BPPV include head trauma, vascular disease and viral labyrinthitis.

CLINICAL FEATURES

BPPV is usually induced by positional change in the plane of the posterior semicircular canal. The most common circumstance is turning over in bed or getting in and out of bed and for this reason patients often report that the vertigo is severe in the morning and tends to disappear once they are up and about. The vertigo and associated nystagmus actually lasts less than 30 seconds, although the patient may estimate that the attacks last a minute or so (Baloh et al., 1987). Often after a flurry of episodes patients complain of more prolonged non-specific dizziness that may last hours or persist throughout the day. Vertigo can also awaken patients from sleep: presumably positional vertigo occurs when they turn over while sleeping. Severe nausea and vomiting which occurs in some patients can be more troublesome than the vertigo.

BPPV is a benign disorder that remits spontaneously. It often recurs, and bouts of BPPV can be intermixed with variable periods of remission over many years.

DIAGNOSIS

The diagnosis of BPPV is confirmed by a positioning manouvre originally described by Dix and Hallpike (1952) in which the patient is seated near one end of the examining couch while the examiner holds the patient's head and turns it 45° to the side (right or left) which the patient suspects is more likely to be symptomatic. The patient is then rapidly laid down with the head extended over the edge of the couch and the eyes carefully observed for the development of positional nystagmus. Frequently, if the diagnosis of BPPV is correct patients will be alarmed and frightened of this proceedure as they are aware of the unpleasant symptoms that will develop. This is why one must explain the manouvre carefully and emphasise the importance of keeping the eyes open, even in the presence of severe symptoms. Benign positional nystagmus may fatigue to such a degree that repetition of the test may

Table 1. Positional nystagmus (from Davies, 1997).

	BPPV	Central type
Latent period	2-20 sec	none
Adaptation	disappears in 50 sec	persists
Fatiguability	disappears on repetition	persists
Vertigo	always present	typically absent
Direction of nystagmus	to undermost ear	variable
Incidence	relatively common	relatively uncommon

fail to elicit signs and therefore it is important to obtain the optimal diagnostic information from the first test. Once the symptoms and signs have abated the patient is restored to the sitting position again observing the eyes carefully for the development of nystagmus. If positional nystagmus is observed, the test is repeated to determine the presence of fatiguability, which is characteristic of BPPV, but not central positional vertigo. Having completed the test with the head turned in one direction, the same sequence of manouvres is repeated with the head turned in the opposite direction (Davies, 1997).

In BPPV the Hallpike manouvre typically provokes rotational nystagmus directed towards the undermost ear after a short latency of between 5 and 20 seconds, but which adapts and then fatigues (in >90% of patients) on repeating the manouvre (see Table 1).

In addition to the characteristic positioning nystagmus, patients with BPPV may exhibit a static positional nystagmus in one or both lateral positions with eyes open in the darkness or with eyes closed (which can be recorded by electronystagmography), as well as either a canal paresis or a directional preponderance to caloric stimulation (Baloh et al., 1987). In most patients with caloric hypoexcitability, the decreased response is on the side that is undermost when positioning nystagmus was induced. Presumably such patients have involvement of both the horizontal and the posterior semicircular canals on the same side (Baloh, 1996), but on the other hand the existing pathology is probably different as the function of the posterior canal is thought to be necessary to provoke positional vertigo (Harada, 1993).

MANAGEMENT

Once BPPV is diagnosed, a simple explanation of the nature of the disorder and its favourable prognosis can help relieve the patient's anxiety. Because of the dramatic nature of the episodes of vertigo, many patients believe they have a life threatening disorder, such as tumour or stroke, and they are reassured to learn they have a benign inner ear disorder.

All workers adopting specific therapies for BPPV have reported excellent results. Based on the theory of cupulolithiasis as the pathophysiological mechanism causing BPPV, positional exercises were designed to loosen and disperse the otolithic debris from the cupula of the posterior semicircular canal. Brandt and Daroff in 1980 reported complete relief of symptoms in 66 out of 67 patients with BPPV, as a result of performing head precipitating exercises regularly.

The pathophysiological mechanism of canalithiasis resulted in the development of positional manouvres which rely on the anatomical configuration of the posterior semicircular canal and the ability to reposition the head in a variety of ways in order to enable the offending debris in the posterior canal to migrate by gravitation via the common crus into the utricle (Luxon, 1997).

Such a procedure was first introduced by Epley in 1980 (Epley, 1992) and a similar single-manouvre therapy, which is however based on the theory of cupulolithiasis, was introduced by Semont, Freyss and Vitte in 1988. After either of the particle-repositioning procedures the patient is advised to remain in the upright position for at least 48 hours, even during the night; a soft collar may be used to facilitate immobility (Luxon, 1997). It is recommended to repeat the manouvre on subsequent occasions, particularly if the patient continues to be symptomatic after the initial manouvre. Between 10% to 20% of patients have an exacerbation within a week or two of performing the manouvre that typically is relieved by repeating the manouvre (Baloh, 1996).

Herdman et al.(1992) compared the Epley(1992) and Semont et al. (1988) manouvres for treating BPPV and found a comparable cure rate of 70% to 90% with both. These authors conclude that these single manouvres provide useful alternatives to positional exercises which repeatedly produce vertigo are therefore are less well tolerated by patients, and they further state that based on the results of the study, the choice of using either the Semont or the Epley manouvre is dependent on factors such as the ease with which patients can be moved into either of the two positions. Also if one of these manouvres does not relieve the symptoms the alternate manouvre should be attempted.

Antivertiginous medications have relatively little use in the management of patients with BPPV because the acute attacks are not suppressed by these drugs and the manouvres much more effectively control the condition. Rarely, patients have prolonged, intractable BPPV, which is not corrected by the particle repositioning procedures. In these cases, surgery, (singular neurectomy or a canal plugging proceedure) may prove of value.

ANTERIOR AND HORIZONTAL CANAL VARIANTS OF BPPV

Occasionally, anterior and horizontal canal variants of BPPV have been observed. In the anterior canal variant, there is a torsional nystagmus towards the uppermost ear on the standard Dix-Hallpike manouvre and it may be treated successfully with the same positioning manouvre used for posterior canal BPPV. The rare horizontal canal BPPV is important to recognize because it has features that have been attributed to central nervous system lesions, namely, a direction changing

nystagmus (beating towards the ground on either side), which is horizontal and develops paroxysmally when the head is turned to the side while the patient is lying down, lasting about a minute. The nystagmus has minimal latency and no fatiguability. Treatment is by a positional manouvre which rotates patients in the plane of the horizontal canal (Baloh, 1996).

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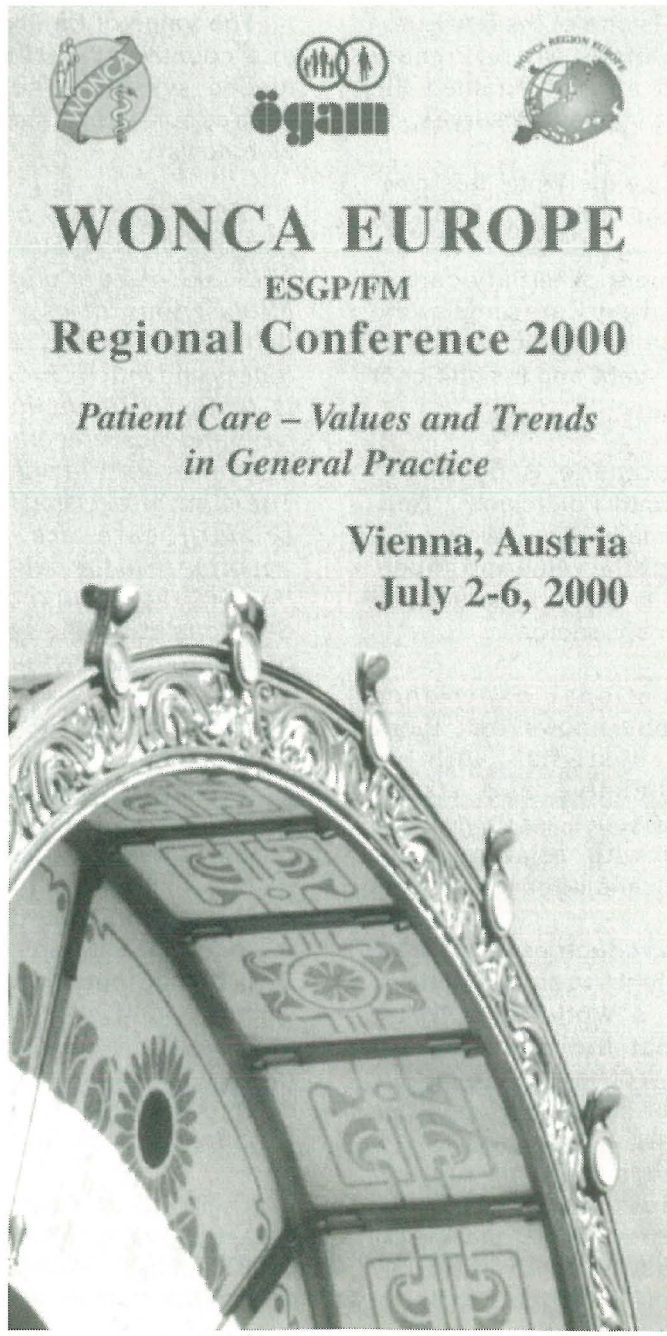
WONCA EUROPE

Regional Conference 2000
Vienna, Austria 2-6 July, 2000

World-Wide Exchange of Information on General Practice

The Society for General Practice (OGAM) is the Organiser of the 6 th European Congress on General Practice to be held from 2 to 6 July 2000, at the Vienna Hofburg. This Congress on the theme of "Patient Care - Values and Trends" is intended as a forum for a world-wide exchange of information on general practice as well as teaching and research in this area. The modfern conference centre at the Vienna Hofburg and the atmosphere of Vienna with its varied offer of cultural activities provide an ideal framework for this major event.



Aim of the Congress

The congress will draw attention to general practice and, above all, provoide a forum for information and communication among general practitioners.

Scientific Programme

The scientific programme will cover concepts and theories of general practice, influence of research on general practice, emergency and long-term care, new possibilities of drug therapy, communication and patient satisfaction, as well as psycho-social aspects of general practice.

Recommendations for the Future Development of Primary Care in Malta

Memo to the Prime Minister of Malta , Malta College of Family Doctors

The Malta College of Family doctors is concerned that successive Governments have failed to acknowledge the intrinsic value of Primary Health Care in the delivery of good quality health care. The lack of interest on the part of the University in this field has compounded the situation further.

Malta is one of the few European countries where Primary Care has not yet attained the specialist status it deserves.

Recent experience has confirmed that while huge financial resources are allocated for the development of tertiary care in Malta, Primary Care remains the Cinderella of medicine and is afforded scant and insignificant attention.

This scenario is not set to change until Politicians / Academics finally discover and acknowledge the value and importance of a properly structured primary care sector.

International experience consistently shows that those health systems with a comprehensive and strong general practice set up go hand in hand with relatively low national spending on health care.

Among countries with a fairly similar, high western standard of living, a World Bank report shows that the estimated per capita cost of health care in 1990 was a lot higher in countries which did not have a well organized system of primary care, thus not exercising a gatekeeper role. In fact, countries like the United Kingdom, Italy, Norway, Denmark and the Netherlands, which have a strong and well-organized primary care system, all have relatively low cost health care systems (5 to 8% of GDP). This is around 20 to 30% lower than Germany, France, Sweden and Austria. There is no doubt that the level of organization of primary health care in a country has a bearing on total health care costs.

The value of family practice in a country with a free, state-funded system of health care such as ours can be summarised as follows:

"*More than 90% of contacts between the population and the NHS take place in primary care. Most serious disease presents first in primary care, most minor illness and much chronic illness is treated entirely in primary care, and most preventive health care takes place in primary care. The clinical decisions made in primary care are of great importance to the patient and to the NHS; they include diagnostic decisions about the seriousness of symptoms as well as decisions about the need for hospital admission and further investigation, about long term prescribing, and about the overall approach to managing illness and social care...*"

The above is an extract from the editorial entitled "Research and Development in Primary Care – an NHS priority" which appeared in the British Journal of General Practice in January 1998. It is the fruit of a national experience spanning 50 years.

There is no doubt that the present system of Primary Care in Malta fails for various reasons to fulfill the ideals it should be serving.

The Malta College of Family Doctors has since 1989 taken various initiatives to upgrade the standards of Family Practice in Malta. With the very limited resources available to it, it has created a new professional culture among family doctors, and in medical circles in general, which previously did not exist.

Practically all European countries, including those formerly belonging to the eastern block, acknowledge Family Practice as a distinct specialty and provide training opportunities for doctors wishing to pursue this discipline as a career. This is an acknowledgment of the specialty status of Family Practice and its valuable contribution to society.

The College however firmly believes that if Malta is to fall in line with European standards in this field, Government and University must urgently dedicate the resources necessary for the future evolution of Primary Care.

This will be possible if plans to upgrade this sector are made in the context of the Policy Document approved by the Annual General Meeting of the College held in May 1998, and which we are taking the liberty of presenting to you.

Whereas the College is aware of National Economic constraints, it firmly believes that the present situation in the Primary Care sector should no longer be left unattended. The College is willing to work closely with the present and future Governments to recommend options that are suitable for Malta under the present circumstances.

Any future changes in the Primary Health Care field should include these priorities:

- Appropriate structures to study EU directives, evaluate their interpretation vis-a-vis Malta, and plan strategy for implementation;
- The establishment of a University Chair in Primary Care within the Faculty of Medicine, and further development of the Department of Family Medicine;
- The harmonisation of private and state provided Primary Care Services;
- Vocational training, ongoing education and specialization opportunities for family doctors.

The College firmly believes that it is ultimately the responsibility of the Government to implement the changes necessary to bring Primary Care in Malta in line with European standards. To this end the College wishes to offer its expertise in this field and anticipates that it will be involved in any future plans for this sector.

12th February 1999

University Department of Family Medicine to be set up. Proposals for Reform in Primary Care to be presented to Cabinet Press Release

Mario R. Sammut
Honorary Secretary, MCFD

During a meeting with Prime Minister Dr Eddie Fenech Adami on the 12th February 1999 at the Auberge de Castille, the President of the Malta College of Family Doctors, Dr Denis Soler, announced that the setting-up of a long-overdue University Department of Family Medicine had been included in the Faculty of Medicine & Surgery's Strategic Plan for 1998-2000, and urged that the Cabinet favourably considers a report outlining Proposals for Reform in the Primary Health Care Services prepared by the College with the Department of Primary Health Care and the Medical Association of Malta.

Dr Soler was heading a delegation from the Malta College of Family Doctors (MCFD), also consisting of Vice-President Dr Joseph G Pace and Honorary Secretary Dr Mario R Sammut, which paid a courtesy visit to the Prime Minister in the presence of the Minister of Health Dr Louis Deguara, the Minister of Education Dr Louis Galea, and Dr Austin Gatt, Parliamentary Secretary to the Prime Minister.

Proposals for Reform in Primary Care

After Dr Sammut gave an overview of the College's efforts in encouraging, fostering and maintaining the highest possible standards in family medicine in Malta since its foundation in 1989, Dr Soler presented the Prime Minister with a memo outlining the College's "Recommendations for the future development of Primary Care in Malta", together with the MCFD's "Policy Document on Family Medicine in Malta". The College augured that this government would not make the mistake of past governments which failed to acknowledge the intrinsic value of Primary Health Care in the delivery of good quality health care, and that the Prime Minister's Cabinet, in the coming days, will act favourably on a report on the subject prepared over the past weeks by a working group formed of representatives from the Primary Care Department, MAM and the MCFD.

Dr Soler pointed out that international experience consistently shows that those health systems with a comprehensive and strong general practice set-up go hand in hand with relatively low national spending on health care. Moreover, practically all European countries acknowledge Family Practice as a distinct specialty and provide training opportunities for doctors wishing to pursue this discipline as a career. The Prime Minister was in fact presented with a "Specialist Training Programme in Family Medicine" which the College had prepared in 1997, but which could not be instituted due to a lack of funds, in spite of the endorsement of the Royal College of General Practitioners, together with other international academic organisations.

New Department of Family Medicine Proposed

After repeated College proposals over the years to the University of Malta regarding the dire need of an academic unit for Family Medicine, Dr Denis Soler announced that Prof. Mark Brincat, the Dean of the Faculty of Medicine and Surgery, had recently proposed the setting-up of a "long-overdue" new Department of Family Medicine. Such department was envisaged to organise an undergraduate programme, and also concentrate on a long-awaited postgraduate vocational training scheme. Dr Soler had congratulated Prof. Brincat on his bold decision, and accepted his invitation to chair, as College president, an Ad-hoc Advisory Committee on Family Medicine to counsel the Dean regarding the establishment of such Department of Family Medicine.

18th February 1999

PS: The 'Proposals for Reform in Primary Care' were returned to the working group by the Cabinet with a request for reconsideration due to financial constraints.

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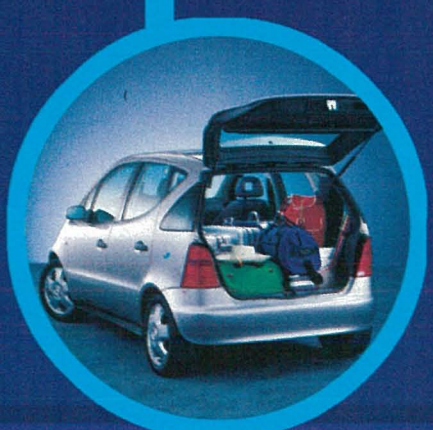

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Report on the European General Practice Research Workshop International Course in Research Methods in Primary Care

Forum Hotel, Malta, 3rd to 7th June, 1999

Jean Karl Soler
Information Secretary, MCFD

Ever since hearing of the special courses in Research Methods organised by the European General Practice Research Workshop from time to time in different countries in Europe, it has been my dream to organise one in Malta.

The courses are full time five day events, with didactic lectures and practical sessions combined to give a balanced learning experience. The course would be ideal for Maltese doctors, I thought, as we have had little opportunity to learn research methods after the basic outline we get in our undergraduate curriculum.

I managed to convince the EGPRW council to allow me to organise one in Malta. Two attempts, in September and November last year fell through because one lecturer could not make it.

At the EGPRW Crete meeting, I managed to convince Frank Dobbs and Ruth Bridgewater from the United Kingdom, and Igor Svab from Slovenia to deliver this course here.

Frank set out the plan of lectures, and tackled quantitative research methods with Igor's help. Ruth was asked to talk about qualitative research methods. Two lecturers, Melanie Joyner and Kevin Meethan, were asked to deliver a lecture over a two-way audio link to the UK. I organised a group of local doctors to contribute from their areas of expertise. The team included Denis Soler, Ray Busuttil, Sina Bugeja, Hugo Agius Muscat, Julian Mamo, and myself. Anthony Mifsud and Mario R. Sammut helped in the organisation.

It all came together, at last. Twenty-five or so Maltese doctors, one dentist, and three doctors from abroad attended the course. Two doctors came from Hungary, and one from the United Kingdom.

The course was very intensive, comprising seven hours of lectures and practicals a day, for five consecutive days. Extensive use was made of computers and an LCD projector, and lectures were delivered using Powerpoint generated slides. Internet use was demonstrated, as was use of the Microsoft Office applications, and Epi-Info software. A two-way audio link was set up, and two lectures were delivered from the UK using pre-prepared transparencies, and participants could also ask questions and make comments on the presentation to the lecturer abroad.

In the end, we were all satisfied that we had learnt a lot, and had got what we came for. It was a great satisfaction to see this result after all that work. A great big thanks to Frank Dobbs, the team of lecturers mentioned above, our sponsors (the Department of Health, San Michel table water, Thomas De La Rue, Capua Palace Hospital), the European General Practice Research Workshop, the Malta College of Family Doctors, and the Forum Hotel staff for making it all possible.

Report on the 13th Equip WONCA European Working Party on Quality in Family Practice

Dun Laoghaire, Co. Dublin 12th - 14th June 1998

Antony Paul Azzopardi
Council Member, MCFD

The meeting which was held in the Royal Marine Hotel was organised by the Irish College of General Practitioners and financed by sponsorship form the Medical Drug companies so that the Hotel accommodation, food and one social event were free for each participant.

The meeting was attended by 33 delegates from 25 European countries and one from South Africa. Each country was represented by one or two delegates.

The meeting started on Friday evening. A stand-up buffet was offered and the delegates had the opportunity to examine and pick information about projects and reports from the different countries which was laid out on two long tables. This is known as the Market Place. This was also the time when the members were available for queries about their reports.

From this session I obtained copies of:

1. "Tools and Methods for Quality Improvement in General Practice". This is a 99-page book produced by the Quality Improvement Tools group. My input for this "Cook book" was *"The Implementation of the Control Laboratory system"*. This book is now available for sale and we shall be buying 10 copies for whoever of the MCFD Council members is interested, for our Library (eventually) the Medical School and Tal-Qroqq Libraries and possibly the Dept of Primary Care.
2. Three books produced by the Dutch College entitled: *National Guidelines. CME and assessment. Practice management and patient education.* These I have passed on to Dr Philip Sciortino as material suitable for his Training project.
3. I have also obtained reports from Iceland and Austria.

My input was:

1. A Country Report.
2. Our Policy Document.
3. A copy of the proposed Research Methods Course

On the second day a Plenary session was held during which new delegates were welcomed and invited to give an account of themselves and of the milieu in which they work. We heard from France, Greece and Austria.

Progress reports from the ongoing project teams were presented: These were "Medical Records" This is the project I am participating in and refers to the Medical Record as a tool for assessing Quality. The next one was in respect of Performance indicators. Here questionnaires about Diabetic Care had been circulated and twenty GP's and Diabetologists were to complete them. Malta was one of the few countries which participated fully. The last one was on Quality Improvement Tools. This is the only one completed and refers to the book referred to above.

The combined EQuiP, EURACT, EGPRW and EUROPREV meeting to be held in Mallorca in spring 1999 was discussed. This is the European Society Conference.

Finally future projects of EQuiP were listed.

New project teams were formed and a Mission Statement was formulated: "To describe and understand the complex and variable QI systems in European General Practice. To supply this evidence in creating a vision of QI in General Practice and to participate in making it happen."

In another plenary session held that afternoon the EQuiP section in the European Journal was discussed. A home page for EQuiP was mentioned. My offer to ask Jean Karl Soler to take care of it once he is already looking after the Home page of the EGPRW was not accepted. Following my suggestion towards having a patient representative on EQuiP it was agreed that the suggestion merited follow up. Locations for future meeting up to Autumn 2000 were established. One day we shall have to host one in Malta.

That evening we had a social event - a tour of a a former British Military Barracks turned into a Museum - with a detour to the "Kitty O'Shea" pub beforehand!

On the last morning, Saturday, presentations on QA in Family practice form France and Greece were presented.

We were given information about new developments re European Society/WONCA by Prof Frede Olesen of Denmark and then we had time for more work in the subgroup for the project teams. These reported back in the last plenary session.

That evening Equip hosted a section of the WONCA Conference but, as I had not participated in the previous two EQuiP meetings and the EQuiP conference in Zurich, I was not involved.

Honorary Secretary's Report on College Activities 1998-99

Mario R. Sammut
Honorary Secretary, MCFD

THE COLLEGE COUNCIL:

The College Council met 15 times over the past year since the last AGM on 5th May 1998, with participation of members as follows:

D Soler	15	A P Azzopardi	13	A Mifsud	11
M R Sammut	15	M A Borg	13	J P Gauci	5
P Sciortino	14	J G Pace	12	R Busuttil	2
J K Soler	14	W Galea	11		

- Five of these meetings during February and March 1999 were dedicated specifically to the organisation of the 6th Mediterranean Medical Congress, which the College has applied to hold in Malta in September 2000.

- In reply to a call for nominations dated 1st March 1999 for the posts of President and Members of the College Council 1999-2001, by the closing date of 15th March one nomination for President was received, together with 10 nominations for members. As such, the nominees were declared elected uncontested by the Electoral Commission.

SUB-COMMITTEES & SECRETARIATS:

- **Subcommittee on Computerised Medical Records:**

In September 1998, Dr J K Soler confirmed that Prof. Henk Lamberts and Dr Inge Okkes from the University of Amsterdam had offered a computerised medical records database - TRANSHIS - in the public domain to the College, with the only condition of data being returned to them for research purposes. Prof. Lamberts and Dr Okkes held a successful seminar of introduction for interested College members the 7 - 8 November 1998 at the Forum Hotel, St Andrew's. In December 1998, Council decided to initial an agreement with the Transition Project to use Transhis. During March 1999, another meeting was held by the College Council with Prof. Lamberts regarding the adaptation of the programme for Maltese use.

- **Research Secretariat:**

The **Research Methods** Course planned with the EGPRW for two consecutive weekends in September 1998 had to be postponed to 1999 due to the non-availability of the two external speakers. In December 1998, it was revealed that the course was to be held on 3 - 7 June 1999.

- **Subcommittee on Specialist Training:**

In November 1998, Dr P Sciortino presented to Council a Memo on Specialist Training prepared by the sub-committee. Council recommended the following *list of priorities* in order of importance:

(i) The setting up of a Trainers' Group (Dr P Sciortino to organise and define its short-term objectives);
(ii) A needs assessment re education (perhaps undertaken by such Trainers' Group);
(iii) Other basic research by others outside the Trainers' Group (where the Group could act as a resource for these other researchers);
(iv) An orientation programme to be developed by the Trainers' Group (after the needs assessment);
(v) A Teacher's Course for the group by Dr John Howard (of the International Committee of the RCGP) starting in October 1999.

CPD MEETINGS:

- The Hospice Movement and the College co-organised a lecture entitled **'Problem Solving in Cancer Pain'** given by Dr Helena Thornley on the 23rd June 1998 at the Hospice's premises.

- The **Autumn CPD Meeting** was held on 14-16 October 1998 under the title of *'The ABC of ENT Disease'*, and sponsored by Charles DeGiorgio Co. Ltd. The speakers and topics for each evening were as follows: Dr M E Said, Dr C Borg and Mr E Farrugia, who spoke on Vertigo, Nasal Obstruction and Hearing Loss respectively.

- The **Winter CPD Meeting** was held on 27 - 29 January 1999 and entitled *'Sexually Transmitted Disease in the Community - the role of the Family Doctor';* Lt. Colonel Dr Philip Carabott, Venerologist, was the speaker. The co-sponsors were Glaxo-Wellcome and Rhone Poulenc-Rorer.

- A GP evening was held in collaboration with the College during the conference *"Ageing - a Challenge for the New Millennium"* at St Vincent de Paule Residence for the Elderly on 3 - 6th February, 1999.

- A session devoted to Family

Medicine was held during the **4th Maltese Medical School Conference** on Wednesday 10th March 1999. The guest speaker was Prof. Henk Lamberts who spoke on 'General Practice - the key to health care in a new era'; he was followed by Drs D and J K Soler, who spoke on '500 consecutive consultations in general practice' and 'ICPC' respectively.

- The **Spring CPD Meeting** was held on 5 - 7 May 1999, organised in collaboration the Jesuit Fathers' 'Centre for Faith and Justice', and entitled *'Equity in the Allocation of Health Resources - a Maltese perspective'*. The evenings' titles were 'The health care provider' - Dr Ray Xerri; 'The health care professional' - Dr Denis Soler; and 'The client, the patient or the consumer' - Rev. Prof. George Grima. The co-sponsors were Leo and Unigreg.

Accreditation was granted by the College to:

- A lecture on **'H. pylori - Past, Present and Future'** given by Dr Mario Vassallo on the 15th May and the 5th June 1998, organised by GlaxoWellcome.

- Seminar on **Presentation Skills and Techniques** and the **Maltese Forensic Medicine Conference** which took place on October 10 1998 and November 6 - 7 1998 respectively, both organised by Eli Lilly.

- The international conference **"Ageing - a Challenge for the New Millennium"** held at St Vincent de Paule Residence for the Elderly on 3 - 6th February, 1999.

- The **Take Care 2** series of lectures on depression during March - June 1999, organised by SmithKline Beecham.

- A lecture entitled **'International Service Standards in the care of persons with MS'** given by Mr Reid Nicholson on the 7th April 1999, organised by the **Multiple Sclerosis Society of Malta**.

- The **1st Infection Control Conference** to be held on 6th November 1999.

LOCAL NEWS:

- A meeting with the **Minister of Health** Dr Michael Farrugia took place on the 20th May 1998. Dr D Soler, Dr M R Sammut and Dr P Sciortino represented the College. The main message given to the Minister was regarding the need for the introduction of local structures by the Government (e.g. requisites to enable a doctor to practice as a family physician) so that academic initiatives proposed by the College would therefore come to fruition. A copy of the approved Policy Document on Family Medicine in Malta was presented to the Minister.

- Dr A P Azzopardi and Dr M R Sammut represented the College at a meeting regarding the **New Hospital at Tal-Qroqq** held on the 5th June 1998 with Dr Kenneth Grech from the Department of Institutional Health, the hospital architect and the foreign consultants. Those present received favourably the College's suggestions, including GP empowerment, admitting rights, and premises for the College at the Medical School.

- A meeting was held in June 1998 between College representatives (Drs M R Sammut, J K Soler and W Galea) and representatives of the Health Division (Drs R Busuttil, M Micallef, D Falzon, and Mr B Cassar) regarding the **inadequate communication between the Health Division and family doctors**. Points raised and discussed included the use of electronic mail, The SYNAPSE, the College Journal, the speeding up of postal circulars (timed with press releases), and the improvement of referral and discharge letters and of forms for notification of infectious diseases and vaccination.

- Following the change of government in September 1998, the College was invited by Dr R Busuttil, as representative of the new Minister of Health Dr Louis Deguara, to start discussions, together with the Department of Primary Health care and MAM, re the reorganisation of Primary Health Care. In February 1999, Dr D Soler gave Council an overview of the ensuing document, entitled **Reforms of the Primary Health Care Services**. Three systems were to be proposed to the cabinet for a definite commitment by the government before one is developed. Dr D Soler and Dr M R Sammut, who represented the College at the meetings, signed the document.

- **Letters to the media** were published as follows: 'Family Medicine in Malta and the EU' (Sunday Times, October 25); 'The importance and delivery of primary health care' (Malta Independent on Sunday, November 22); and 'Primary care still the Cinderella of medicine' (The Times, December 3), all written by Dr M R Sammut; and 'Importance of Primary Care' (Sunday Times, 28th February 1999) written by Dr D Soler. An **interview** by Dr D Soler entitled *'Charter ghad-drittijiet tal-pazjent'* was carried in *l-orizzont* on the 24th April 1999.

- Drs D Soler, M R Sammut and P Sciortino represented

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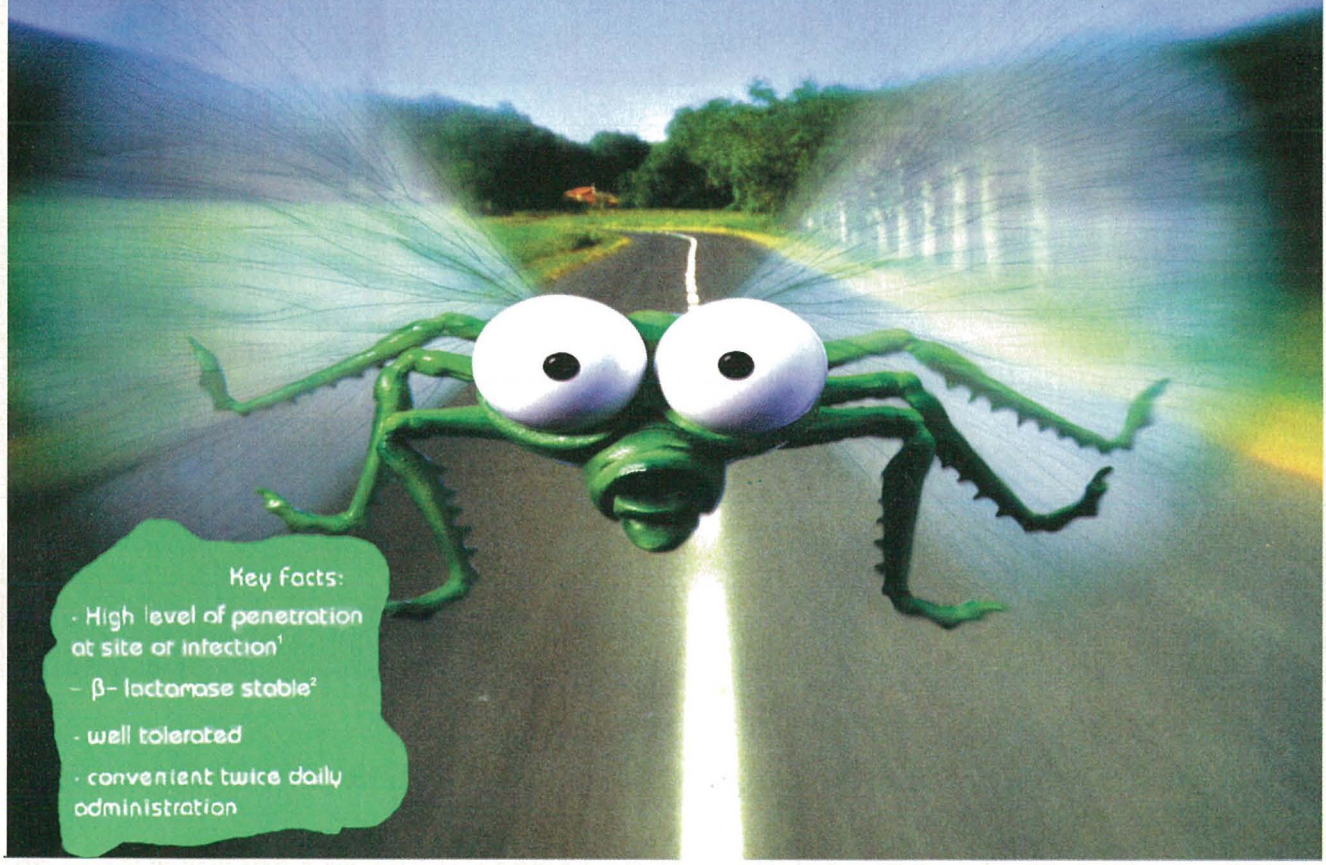

Abbreviated Prescribing Information **Uses** Zinnat is indicated for infections of upper and lower respiratory tract, skin and soft tissue. **Presentations** White tablets containing 125 mg, 250 mg and 500 mg cefuroxime axetil, suspension containing 125 mg cefuroxime axetil per 5 ml. **Dosage** *Adults:* Most infections - 250 mg twice daily. Lower respiratory tract infection - 250 mg twice daily. Pneumonia - 500 mg twice daily. Urinary tract infection - 125 mg twice daily. Pyelonephritis - 250 mg twice daily. Uncomplicated gonorrhoea - 1 g single dose. *Children*: Most infections - 125 mg twice daily. Otitis media - 3 months to 2 years 125 mg twice daily, 2 years to 12 years 250 mg twice daily. Tablets should not be chewed or crushed and therefore are not suitable for children under five years of age. Zinnat should be taken after food for optimum absorption. **Contra-indications** Hypersensitivity to cephalosporin antibiotics. **Precautions** Zinnat may, in general, be given to patients who are hypersensitive to penicillins, although cross-reactions have been reported with some cephalosporins and special care indicated in patients who have experienced anaphylactic reaction to penicillin. Cefuroxime axetil should be administered with caution during early months of pregnancy. **Side effects** Gastrointestinal disturbances including diarrhoea, nausea and vomiting had been reported, these are generally mild and transient in nature. As with all broad spectrum antibiotics, there have been rare reports of pseudomembranous colitis. Rarely, hypersensitivity reactions, eosinophilia and transient increase of hepatic enzyme levels have been noted. **Package quantities** All strengths of tablets are supplied in foil strips in packs of 10. Suspension is supplied in bottles containing 50 ml and 100 ml.

References:

1. Perry CM & Brogden RN. Drugs 1996; 52(1): 125-158.
2. ZINNAT Approved Product Information.

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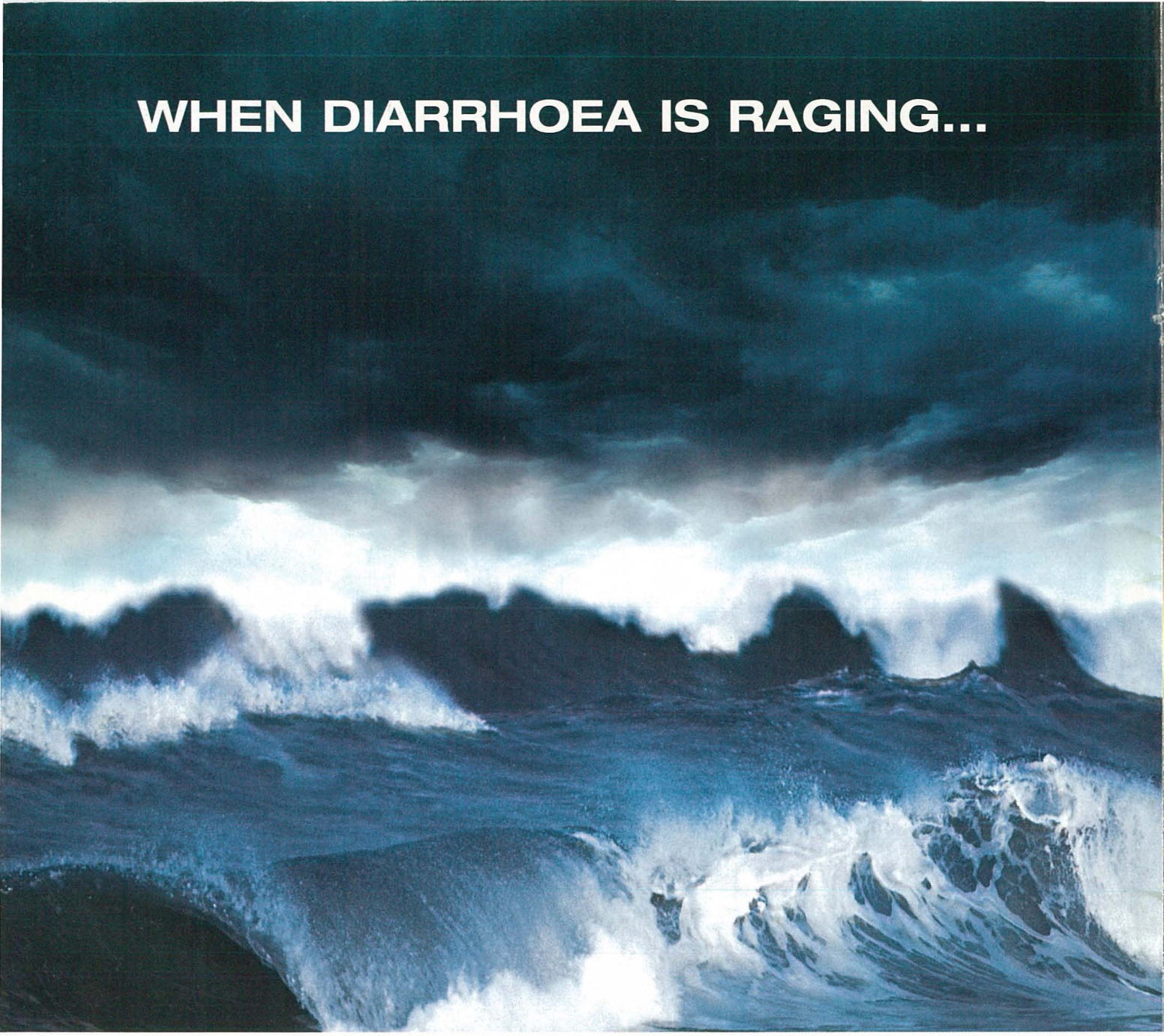

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Rapid efficacy-Hidrasec acts quickly to resolve acute diarrhoea[2,3]

Well tolerated-Hidrasec has a side-effects profile similar to placebo[1,2,4]

Prescribing information: Name of medicinal product Hidrasec. **Qualitative and quantitative composition** Hidrasec capsules are ivory in colour; each capsule contains 100mg racecadotril. **Pharmaceutical form** Capsule for oral use. **Clinical particulars** *Therapeutic indications* Hidrasec is indicated for the treatment of acute diarrhoea. *Dosage and administration* Hidrasec should be given in conjunction with oral or parenteral rehydration therapy in patients where dehydration has occurred or is suspected. *Ages 15 years and above:* Treatment should be initiated with a single 100mg capsule given regardless of the time. Further treatment is given approximately eight-hourly until cessation of diarrhoea. The daily dose should not exceed 400mg. If symptoms persist for more than seven days, the patient should then seek medical advice. *Elderly subjects:* An adjustment of dose is not necessary in elderly subjects. *Ages under 15 years:* Hidrasec capsules are not recommended for use in children under 15 years. *Contraindications* Known hypersensitivity to racecadotril. *Special warnings and precautions for use* Refer to 'Dosage and administration'. *Interaction with other medicaments and other forms of interaction* No specific studies in humans have been performed. Racecadotril does not inhibit or induce cytochrome P450 in animal models. *Pregnancy and lactation* Adequate human data on use during pregnancy are not available. However, animal studies have not identified any risk to pregnancy or embryo-foetal development. Hidrasec should not be used in pregnancy unless the potential benefits outweigh the risks. Adequate human data on use in lactation are not available. However, animal studies have not identified any risk to lactation or the breast-fed offspring. *Effects on ability to drive and use machines* No adverse effects on the ability to drive or operate machinery have been identified. *Undesirable effects* A few cases of drowsiness have been reported during clinical trials. Nausea and vomiting, constipation, dizziness and headaches have also been reported rarely. The side-effects have been mild, and equivalent in nature, frequency and intensity to those reported with placebo. Post-marketing surveillance has indicated side-effects are extremely rare in general use. *Overdose* Individual doses of 2g, i.e. 20 times the therapeutic dose for the treatment of acute diarrhoea, have been administered in clinical trials without causing any harmful effects. No incident of accidental overdosage has been reported. No specific antidote has been identified, and management should follow recognized procedures for overdose. **Pharmacological properties** *Pharmacodynamic properties* Hidrasec is an inhibitor of enkephalinase, the enzyme responsible for breaking down enkephalins. It is a selective but reversible inhibitor and protects endogenous enkephalins which are physiologically active in the digestive tract. Hidrasec is a pure intestinal antisecretory agent which has been shown to have no

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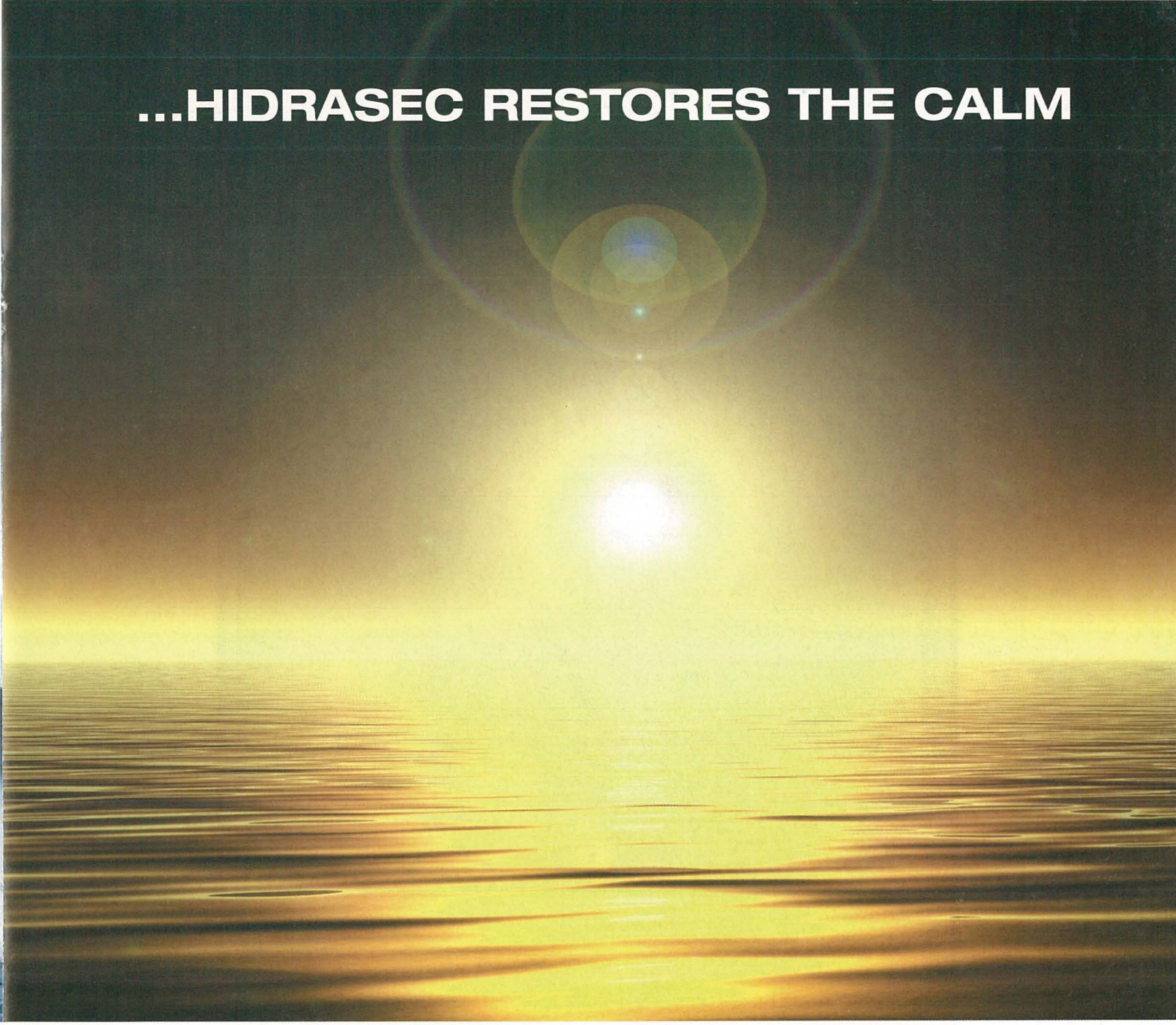

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effect on gastrointestinal motility. It reduces intestinal hypersecretion of water and electrolytes caused by cholera toxin or inflammation without affecting basal secretion. There is therefore no effect in the normal intestine. When given orally, enkephalinase inhibition is purely peripheral. Hidrasec does not affect central nervous system enkephalinase activity, and has not been shown to produce habituation or central nervous stimulant or sedative effects. *Pharmacokinetic properties* Racecadotril is rapidly absorbed by the oral route. It is rapidly hydrolysed to (RS)-N-(1-oxo-2-(mercaptomethyl)-3-phenylpropyl) glycine, its active metabolite, which is in turn converted into inactive metabolites which are eliminated through the kidneys, faeces and lungs. The extent and duration of action of racecadotril depends on the dose administered. Activity against plasma enkephalinase starts within 30 minutes, with peak activity corresponding to 75% inhibition for a dose of 100mg, occurring one to three hours after administration. The biological half-life of racecadotril is three hours. For a dose of 100mg the duration of activity against plasma enkephalinase is about eight hours. (RS)-N-(1-oxo-2-(mercaptomethyl)-3-phenylpropyl) glycine, the active metabolite of racecadotril, is 90% bound to plasma proteins, mainly albumin. Tissue distribution only affects about 1% of the administered dose. The pharmacokinetic properties of racecadotril are not changed by repeated administration or in elderly subjects. The bioavailability of racecadotril is not affected by food but the peak activity is delayed by one and a half hours. *Preclinical safety data* No further information of relevance. **Pharmaceutical particulars** *List of excipients* Lactose, maize starch, magnesium stearate, colloidal anhydrous silica. Capsule contains gelatin, titanium dioxide (E171), yellow iron oxide (E172). *Incompatibilities* None known. *Shelf-life* The expiry date is indicated on the packaging. *Special precautions for storage* Store below 30°C. *Nature and contents of container* Hidrasec 100mg capsules: blister packs of nine capsules in a carton. *Instructions for use/handling* No further information of relevance. Racecadotril will be available under the trade mark Hidrasec* but in some countries will be known as Tiorfan*. Tiorfan* and Hidrasec* are marketed under licence from Bioprojet (France). *Trade mark

References 1. Bergmann JF, *et al. Aliment Pharmacol Ther* 1992; **6**: 305-313. 2. Hamza H, *et al. Gastroenterology* 1992; **102**: A13. 3. Data on file, Bioprojet. 4. Baumer PH, *et al. Gut* 1992; **33**: 753-758.

Further information is available from SmithKline Beecham International, IHQ, SB House, Great West Road, Brentford, Middlesex, TW8 9BD, England

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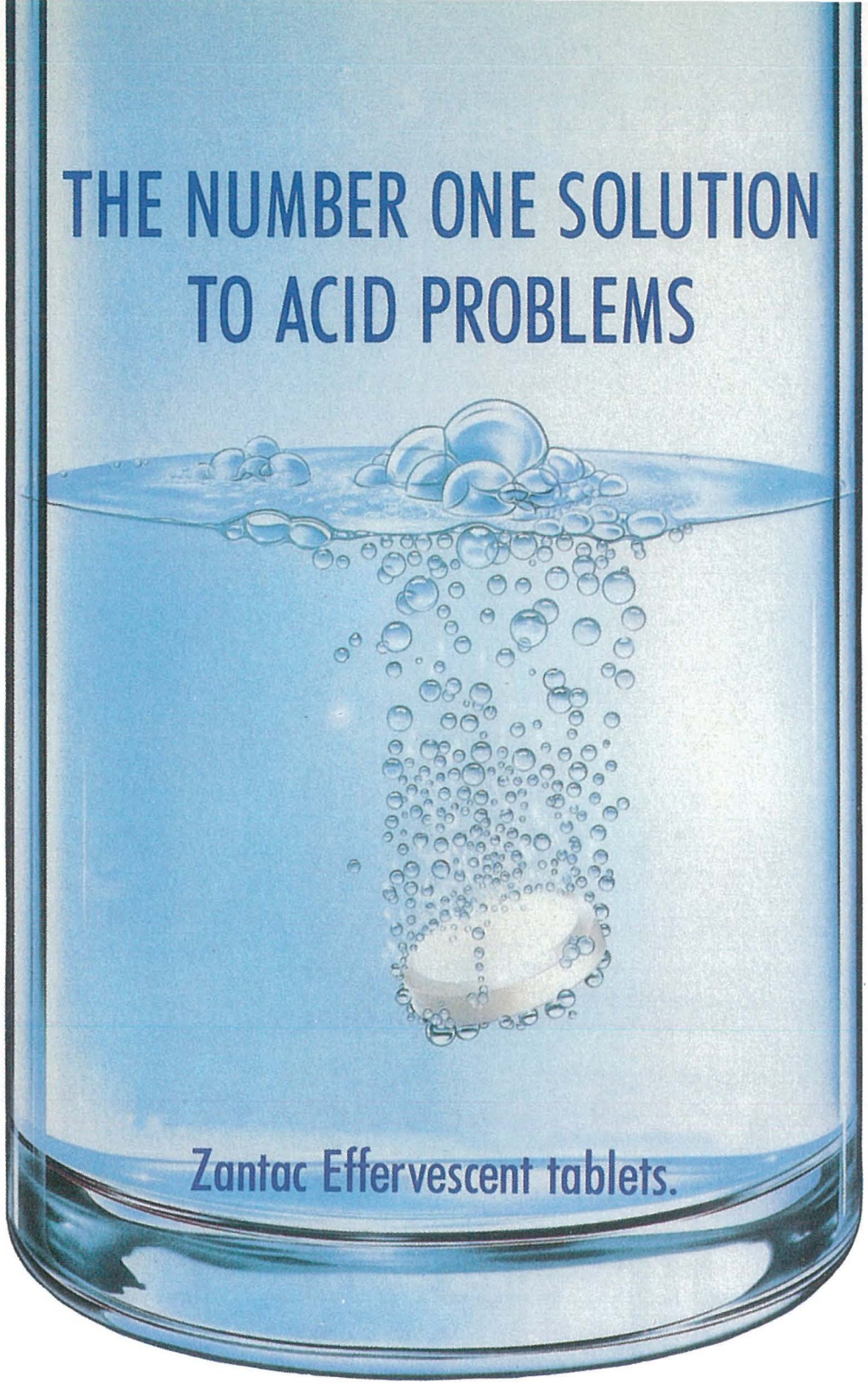

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the College at a meeting with the Dean of the University of Malta's Faculty of Medicine and Surgery on the 3rd February 1999. The Dean, Prof. Mark Brincat, announced that he had included the **setting-up of a Department of Family Medicine** in his Strategic Plan for the Faculty for 1998-2000. He also invited Dr Denis Soler, as President of the College, to chair an ad-hoc Advisory Committee on Family Medicine, whose main aim will be to set up an undergraduate and postgraduate programme in family Medicine and start up a new Academic Department in Family Medicine. This was confirmed in a letter to Dr Soler dated 8th February 1999. It was decided that the committee initially is formed of Drs D Soler, M R Sammut and P Sciortino.

- Drs D Soler, M R Sammut and J G Pace represented the College at a courtesy **meeting with the Prime Minister**, the Ministers of Health and Education, and the Parliamentary Secretary in the PM's Office, at Castille on the 12th February 1999 at 10 a.m. During the meeting Dr D Soler announced that the setting-up of a long-overdue University Department of Family Medicine had been included in the Faculty of Medicine & Surgery's Strategic Plan for 1998-2000, and urged that the Cabinet favourably considers a report outlining Proposals for Reform in the Primary Health Care Services prepared by the College with the Department of Primary Health Care and the Medical Association of Malta. The Prime Minister and his Ministers were presented with the College's 'Policy Document on Family Medicine in Malta', and its 'Recommendations for the future development of Primary Care in Malta', and the 'Specialist Training Programme'. A press release on the meeting was issued on the 18th February 1999.

- On 20th February 1999, it was announced that College founder and Council member **Dr Ray Busuttil** was appointed **Director General (Health)**.

- On the 23rd April 1999 Dr D Soler had a meeting with Prof. M Brincat, Dean of the University Faculty of Medicine & Surgery, in the presence of Prof. H Gilles from the Department of Public Health, Mr J Bartolo from the University Administration and Mr J Borg, Medical School Secretary. A formal letter was written to the University Rector requesting the formation of the **Department of Family Medicine**, and the foundation of a Masters in General Practice once the department was functioning. During the same meeting, Dr P Sciortino was appointed to the University's **Undergraduate Curriculum sub-committee**.

INTERNATIONAL NEWS:

- In May 1998, the College welcomed its **first overseas member**, Dr Nadeem Gazdar, a family doctor from Pakistan who was working in Malaysia.

- In May 1998, Dr J G Pace presented to the Council the **UEMO Reference Book 1998-99**, with two articles written by him on the Malta College of Family Doctors and on 'GP/FM in Malta'.

- Dr A Mifsud represented the College at the **EGPRW Meeting, Bergen, 7-10 May 1998**. During a meeting of the board with national representatives, final preparations were discussed with Prof. F Dobbs regarding the Research Methods Course to be held in Malta over the two weekends of 19-21 and 26-27 September 1998 (later postponed to 1999).

- In May 1998, Dr P Sciortino participated in the second part of the **RCGP International Teachers' Course (November 1997, May 1998)**.

- Dr D Soler represented the College at the **WONCA World Meeting, Dublin, June 1998**. Dr D Soler attended for the WONCA Europe Council Meeting, in his capacity of member of such Council - a new President was elected from Holland. Dr Soler also represented the College at the WONCA World council meeting - he reported that WONCA World also has a new President from the USA, and that a president-elect had been appointed from Ireland. Dr Soler announced an invitation from the Mediterranean Medical Society for the College to host a meeting in Malta in 2000.

- Dr A P Azzopardi represented the College at the **EQuiP Meeting, Dublin, June 1998**. A paper presented by him was included in an EQuiP publication entitled 'Tools and Methods for Quality Improvement in General Practice'.

- Dr J K Soler participated in the **ICPC Meeting, Dublin, June 1998**, and was appointed to two ICPC working groups regarding the ICPC website and ICPC-2.

- In September 1998, Dr M R Sammut was appointed as delegate of the College to **EURIPREV**, the European Review Group on Health Promotion and Prevention in Family Medicine.

- Dr A Mifsud and Dr J K Soler participated in the **EGPRW Meeting Heraklion, 22-25 October 1998**, where Dr Soler gave two presentations.

- In December 1998 the **Mediterranean Medical Society** officially requested that the College host its next conference in 2000.

- Drs D & J K Soler attended for a successful meeting in Athens with the Council of the **Mediterranean Medical Society** on the 6th February 1999. The Society welcomed the active involvement of the College in the Society as a "breath of fresh air". While Dr D Soler is to update the Society's Statute and the College is to have representation on its Council, the College was awarded the organisation of the **6th Mediterranean Medical Congress and Summer School** to be held in Malta during the first week of September 2000.

- By invitation, an **article on general/family practice in Malta** by Dr M R Sammut was published the UK family doctor newspaper **'General Practitioner'** during the edition for the week ending March 19 1999.

- An invitation dated 12th April 1999 was received by Dr M R Sammut from EUROPREV to **co-chair a Workshop** on Cardiovascular Diseases on 20th May 1999 during the First European Networks Organisations Open Conference - WONCA '99 in Palma de Mallorca, Spain.

MEMBERSHIP & ACCREDITATION:

- 13 College members failed to pay their 1998 subscription fee by the end of October 1998 despite repeated reminders. As such, these were **deleted from the College's register** as per Council decision of 13/9/94.

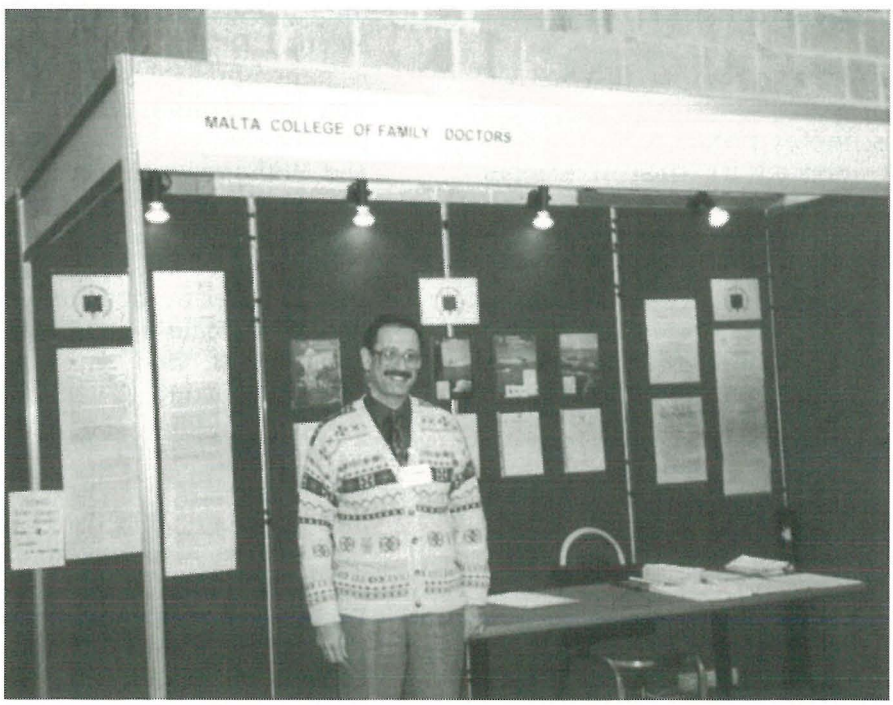
- **Membership at present** stands at 124.

- **74 college members were accredited for 1998**, *27 of which have maintained their accreditation status for the eight consecutive years since 1991.*

COLLEGE JOURNAL & NEWSLETTER:

- One issue of the College Journal (June 1998) was published during the past year. The newsletter continues to be sent on a regular basis (every one or two months) exclusively to College members, with local and international news of special interest to family doctors.

24th April, 1999



Mario Sammut on duty! The MCFD Honorary Secretary in front of the College stand at the 4th Maltese Medical School Conference, March 1999. (Photo courtesy of Joanna Cremona, Vivian Commercial Corp. Ltd.)

MALTA COLLEGE OF FAMILY DOCTORS
COUNCIL 1999-2002

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Dr. Denis Soler
Vice-President:
Dr. Joseph G. Pace
Honorary Secretary:
Dr. Mario R. Sammut
Honorary Treasurer:
Dr. Anthony Mifsud
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Dr. Michael A. Borg
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Secretary for Research:
Dr. Philip Sciotino
Members:
Dr. John P. Gauci
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Report on the 1st European Network Organisations Meeting

Quality, education and research working together for general practice

Palma de Mallorca, 19th - 22th May 1999

Jean Karl Soler
Information Secretary, MCFD

European General Practice Research Workshop Sessions

The beautiful isle of Mallorca was the setting for a special WONCA Europe conference, the first meeting of all the network organisations. The European General Practice Research Workshop, EQuiP which deals with Quality Assurance in General Practice, and EURACT, the European Academy of GP Teachers, all participated in this special event. The new prevention network, EUROPREV, was also set up at the meeting in Palma.

Malta is fortunate to have representatives in all four network organisations. Dr. Anthony Mifsud is the national representative for EGPRW, Dr. Philip Sciortino the same for EURACT, Dr. Anthony Azzopardi for EQuiP, and Dr. Mario R. Sammut for EUROPREV. I am also the webmaster of the EGPRW website. Moreover, Dr. Denis Soler represents the College in the Council of the European Society.

Around 1000 delegates from all over Europe attended this meeting. More would have attended if their applications had been accepted, but no more were after the one thousand mark was reached.

The meeting started on the evening of Wednesday 19th May, with an inaugural session at the Conference venue, followed by a reception at the Town Hall of Palma de Mallorca, the Castell de Bellver. The castle was impressive, and the large central courtyard took all the delegates comfortably. The rest of the meeting took place at the Palacio de Congresos, Pueblo Espanol, a castle complex converted into a conference centre. The venue was very beautiful, and the congress facilities generally very good.

Dr. Anthony Mifsud and myself attended the EGPRW sessions. However, we had an opportunity to hear a plenary lecture every day, each organised by a different network organisation. The one by Dr. Jan-Joost Rethans on Quality Assurnace, and the one by Prof. Paul Wallace on Research were memorable for me.

Over the three days, we were treated to a large number of presentations from all over Europe. I particularly remember the new format poster sessions. We broke into two groups and made for a room with five or six posters each. One of us a discussion of the poster by the group. I particularly liked the one by Dr. Jan van der Wouden from The Netherlands, reviewing inhaled sodium cromoglycate in children with asthma, which showed that there was little evidence for the efficacy of cromoglycate at all. It was a pleasure for me to review it for the group, and lead the discussion. Anthony also had the pleasure to do the same for another poster during a different session.

I also liked the presentation by Douglas Fleming from the UK about Sentinel practice networks in Europe. It is high time we started to contribute, and I did have some discussion to this regard with Prof. Fleming.

I had the honour to participate in two workshops of the WONCA Informatics Working Party, of which I am a member. It was a pleasure to participate actively in the discussion, especially in the workshop on medical records in family practice.

Both Anthony and myself also participated in the EGPRW council meeting, and joined in the discussions about the format of this joint meeting, and how it may be even better the next time.

Our colleague Dr. Mario R. Sammut attended the sessions of EUROPREV, the European Network for Prevention and Health Promotion in General Practice. He was honoured to be selected to co-chair a Cardiovascular Workshop, and was fortunate to be able to present a paper entitled 'Tobacco Control in Malta - the Present and Future'. Mario also represented the Collage at the Closed Meeting of EUROPREV, which focused on the development of this recently setup network.

In conclusion, I can say that it is always instructive to attend European General Practice Research Workshop meetings, and this joint meeting was no exception. As Maltese reprentatives, we continued to build on the bonds we have developed with other European doctors, and also to build new ones. New opportunities of co-operation have been identified, and these will hopefully be brought to fruition in the months to come. The fact that all this happened whilst we were in such beautiful surroundings only adds to the pleasure.

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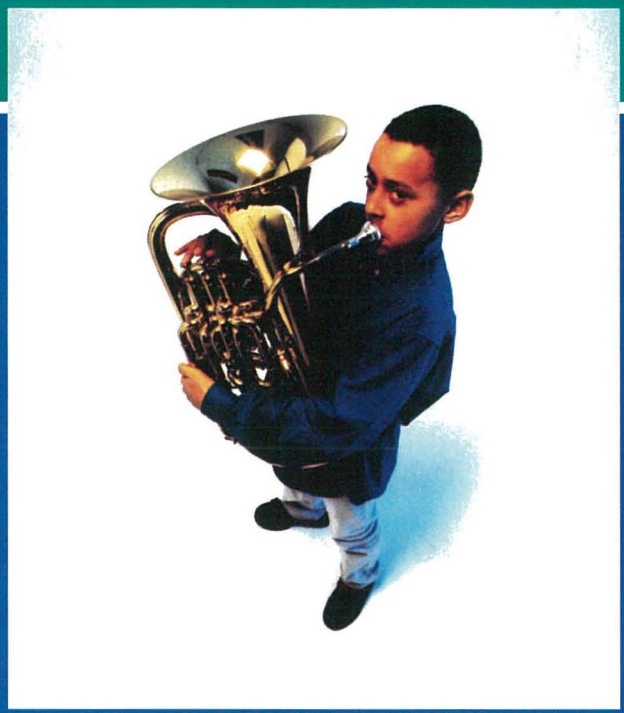

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zafirlukast

Abbreviated Prescribing Information

Uses 'Accolate' is indicated for the treatment of asthma. **Dosage** Adults and children aged 12 years and over: One 20mg tablet twice-daily by mouth. 'Accolate' should be taken continuously. As food may reduce the bioavailability of zafirlukast 'Accolate' should not be taken with meals. Higher doses may be associated with elevations of one or more liver enzymes consistent with hepatotoxicity. The clearance of zafirlukast is significantly reduced in elderly patients (over 65 years). Clinical experience is limited and caution is recommended. **Contraindications** Hypersensitivity to the product or any of its ingredients. Moderate or severe renal impairment. Hepatic impairment or cirrhosis. Children under 12 years of age. **Warnings/Precautions** 'Accolate' should be taken regularly and continued during acute exacerbations of asthma. 'Accolate' does not allow a reduction in existing steriod treatmentment. As with inhaled steroids and cromones 'Accolate' is not indicated for use in the reversal of bronchospasm in acute asthma attacks. 'Accolate' has not been evaluated in labile (brittle) or unstable asthma. Elevations in serum transaminases are usually asymptomatic and transient but could represent early evidence of hepatotoxicity. If clinical symptoms or signs suggestive of liver dysfunction occur, serum transaminases should be measured, and appropriate action taken (see full prescribing information). Cases of Churg-Strauss Syndrome have been reported in association with 'Accolate' usage. A causal relationship has neither been confirmed nor refuted. If a patient develops a Churg-Strauss Syndrome type illness 'Accolate' should be stopped, a re-challenge test should not be performed and treatment should not be restarted. **Interactions** Possible pharmacokinetic interactions with warfarin (prothrombin time should be monitored), acetylsalicylic acid ("aspirin"), erythromycin, terfenadine, theophylline and smoking. During post marketing surveillance there have been rare cases of patients experiencing increased theophylline levels. **Possible Adverse Reactions** Headache and gastrointestinal disturbance may be associated with 'Accolate' administration. These side effects are mostly mild and do not necessitate withdrawal from therapy. Hypersensitivity reactions, including urticaria and angioedema, have been reorted. Rashes, including blistering, have also been reported. Infrequently in clinical trials, with an incidence equivalent to placebo, elevated serum transaminase levels have been seen. Rarely the transaminase profile has been consistent with a drug-induced hepatitis which resolved following cessation of 'Accolate' therapy. Increased incidence of infection (usually mild, mainly of the respiratory tract) was observed in elderly patients in placebo-controlled trials. **Pregnancy and Lactation** Safety in pregnancy has not been established. 'Accolate' should not be administered to breast-feeding mothers (see full prescribing information). **Presentation** 'Accolate' tablets containing 20 mg zafirlukast. Based on 8/IH/1035706 'Accolate' is a trade mark of Zeneca Limited. Consult the full Prescribing Information before prescribing. Further information is available on request. **AstraZeneca,** Silk Court, Silk Road Business Park, Hulley Road, Macclesfield, Cheshire SK10 2NA, England. www.asthma.zeneca.com password: asthma

9529 May 99

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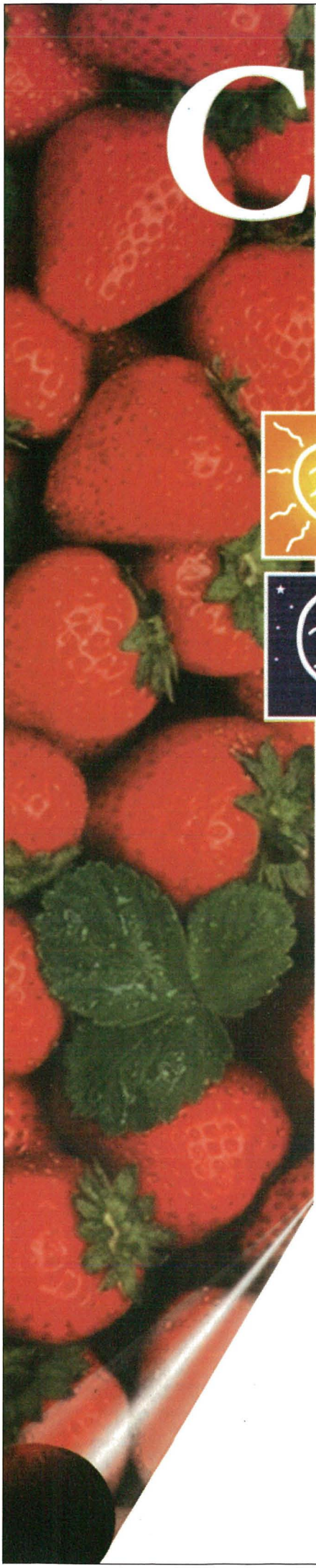

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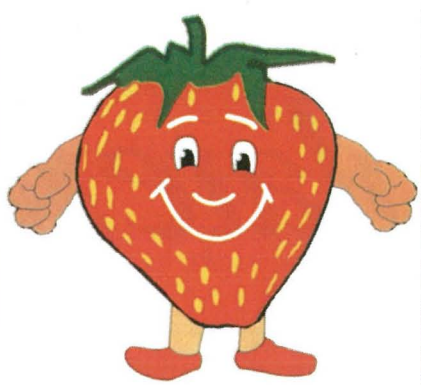

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Lilly

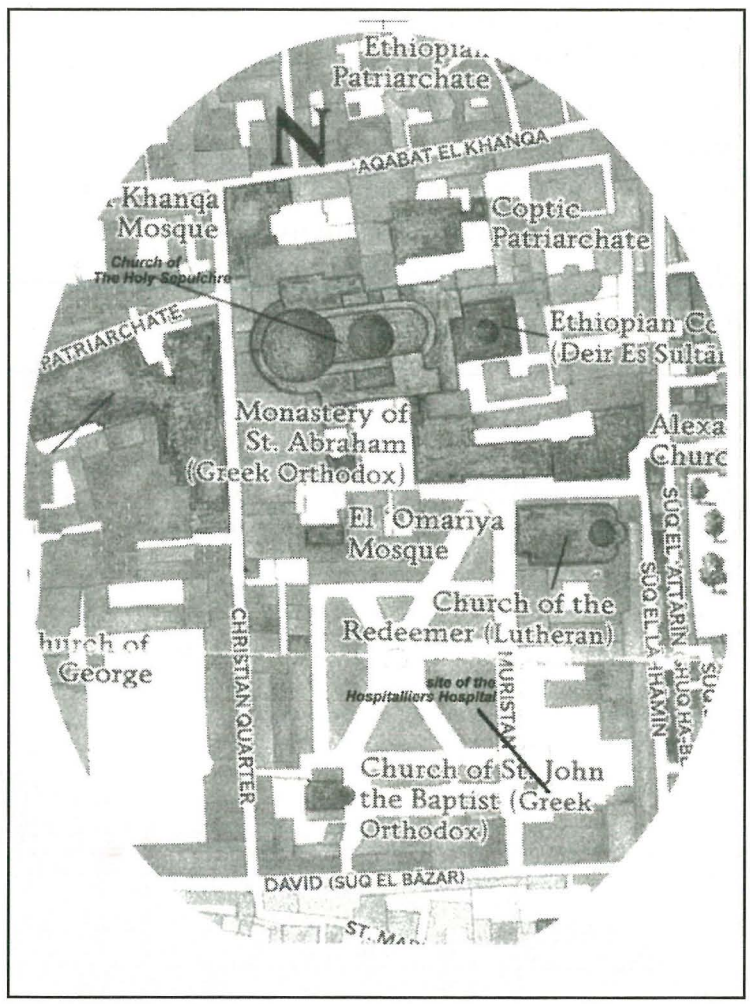
The First Hospital of the Order of St. John of Jerusalem

Charles Savona-Ventura
Obstetrician & Gynaecologist, St. Luke's Hospital

While planning a short transit visit to Jerusalem, I was determined to try to view the remains of the first hospital of the Order of St. John. All the available guidebooks and maps of Jerusalem consulted failed to definitely point out the site of this hospital. Medieval maps of Jerusalem similarly were not helpful in identifying the site. Some preliminary detective work was necessary to gather as much information pertaining to this site to enable localisation.

Early History of the Order in Jerusalem

The order of St. John had its origins in Jerusalem about 1050 AD when a group of Amalfi merchants obtained from the Caliph of Egypt Abu Tamin the privilege of building a church, a monastery, and living quarters just "a stone throw from the Holy Sepulchre" in Jerusalem. These buildings were designed for the use of pilgrims to the Holy Land. The date of the institution of the hospital is unknown, but the founder was the monk Brother Gerard who was in charge of the hospital in 1099 when Jerusalem fell to the Crusader Godfrey of Bouillon. The hospital from the first adopted the policy of receiving all needy patients - Christians, Mohammedans and Jews - irrespective of religion. The holdings of the "poor Brethren of the Hospital of St. John", as the order was then known, were augmented by Godfrey of Bouillion elected King of Jerusalem. Brother Gerard organised the *Fratres Hospitalarii* into a regularly constituted religious Order under the protection of St. John the Baptist, and thus the members of the Order were named *Knights of St. John or Hospitallers*. The Order was formally recognised by Pope Paschall II in 1113. Raymond du Puy, who succeeded Brother Gerard in 1118, further developed the Order and increased its role from a defensive hospitaller one to that of also defending the invalids and pilgrims against the Saracens. The Christians were driven out of Jerusalem by Sultan Saladin after the battle of Tiberias in

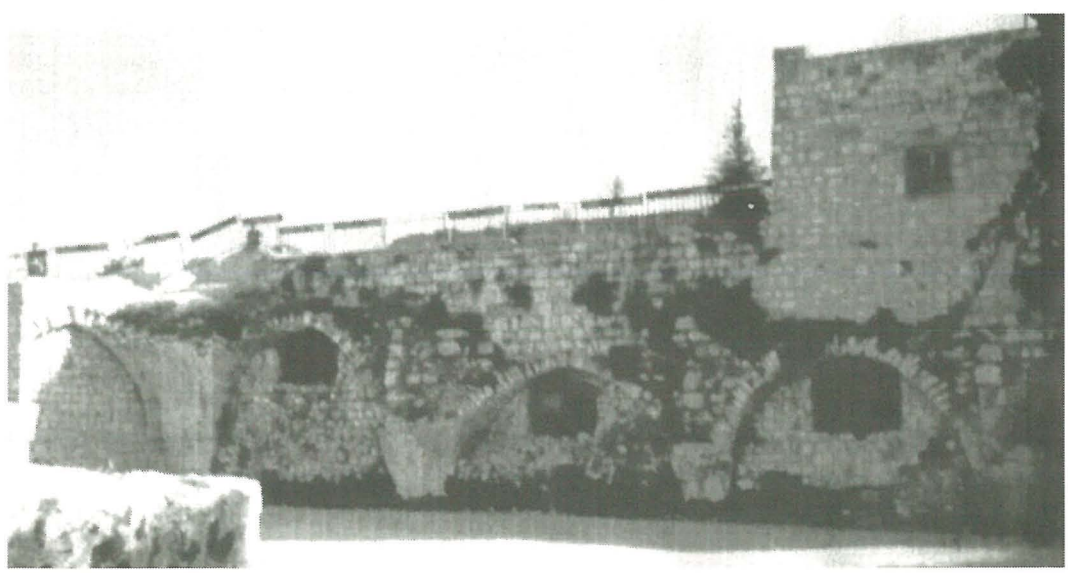


October 1187. The Christian garrison was allowed to leave Jerusalem in three parties: the first conducted by the Templar Knights [an order founded circa 1118 who also ran a hospital in Jerusalem], the second escorted by the Hospitallers, and the third group escorted by the Patriarch and Balian of Ibelin. The Hospitallers were permitted to leave ten of their number in the city to care for their wounded until they were able to travel. Thus ended an approximate hundred and forty years of links of the Hospitallers with the Holy City.(1,2)

The Hospital of the Order of St. John in Jerusalem

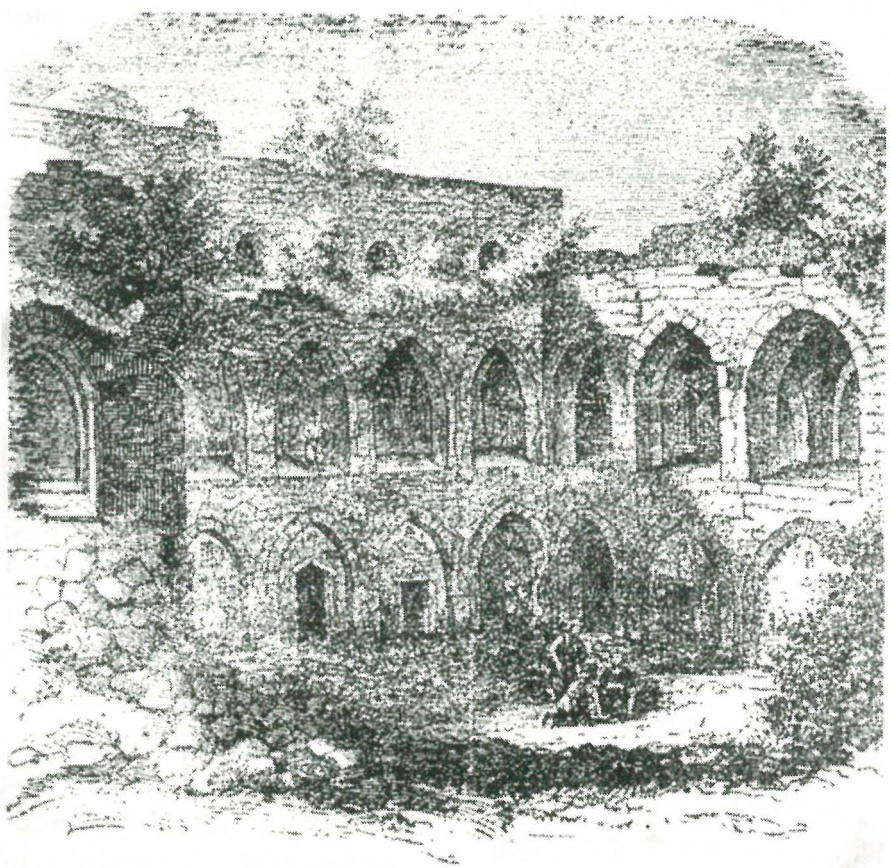
The original hospital was described by several contemporary visitors. The German pilgrim John of Wurzburg who visited Jerusalem circa 1160 wrote that *"Over against the Church of the Holy Sepulchre, on the opposite side of the way towards the south, is a beautiful church built in honor of John the Baptist, annexed to which is a hospital, wherein in various rooms is collected together an enormous multitude of sick people. Both men and women. Who are tended and restored to health daily at very great expense. When I was there I learned that the whole number of these sick people amounted to two thousand, of whom sometimes in the course of one day and night more than fifty are carried out dead, while many other fresh ones keep continually arriving. What more can I say? The same house supplies as many people outside it with victuals as it does those inside, in addition to the boundless charity which it daily bestowed upon poor people who beg their bread from door to door and do not lodge in the house, so that the whole sum of its expenses can surely never be calculated even by the managers and stewards thereof. In addition to all these moneys expended upon the sick and upon other poor people, this same house also maintains in its various castles many persons trained to all kinds of military exercises for the defence of the land of the Christians against the invasion of the Saracens."*(3)

Theodorich visiting Jerusalem before the expulsion in 1187 wrote that *"Here on the south side of the church, stands the Church and Hospital of St. John the Baptist. As for this, no one can credibly tell another how beautiful its buildings are, how abundantly it is supplied with rooms and beds, and other materials for the use of poor and sick people, how rich it is in the means of refreshing the poor, and how devotedly it labors to maintain the needy, unless he has had the opportunity of seeing it with his own eyes. Indeed, we passed through this palace, and were unable by any means to discover the number of sick people lying there; but we saw that the beds numbered more than one thousand. It is not every*



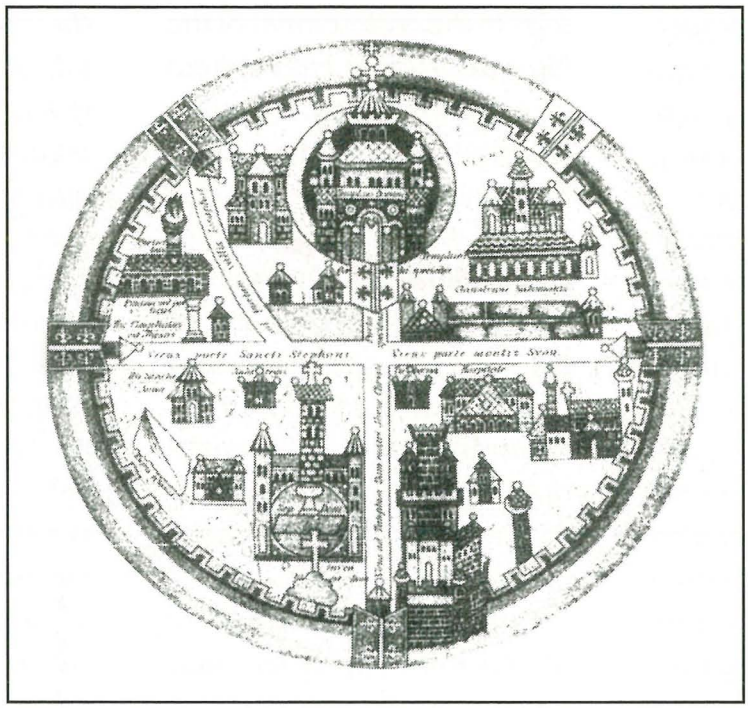
one even of the most powerful kings and despots who could maintain as many people as that house does every day; and no wonder, for, in addition to its possessions in other countries (whose sum total is not easily to be reached), the Hospitallers and the Templars have conquered almost all the cities and villages which once belonged to Judaea, and which were destroyed by Vespasian and Titus, together with all their lands and vineyards; for they have troops stationed throughout the entire country, and castles well fortified against the infidels."(3)

When Saladin took the Holy City in 1187, he converted the Hospitallers buildings to the endowment of the Mosque of Omar. His nephew in 1216 instituted a lunatic asylum in what had been the conventual church, and the area became referred to as the Muristan (1). *The Hospital continued to be used for the care of the sick and wounded. Sir John Maundeville in 1322 wrote that "Before the Church of St. Sepulchre, two hundred paces to the south, is the great hospital of St. John, of which the Hospitallers had their foundation. And within the palace of the sick men of that hospital are one hundred and twenty-four pillars of stone; and in the walls of the house, besides the number aforesaid, there are fifty-four pillars that support the house. From that Hospital, going towards the east, is a very fair church, which is called Our Lady the Great; and after it there is another church, very near, called Our Lady the Latin."* In 1336-41, Ludolph von Suchen wrote that *"Near the Church of the Holy Sepulchre once dwelt the brethren of Saint John of Jerusalem, and their palace is now the common hospital for pilgrims. This hospital is so great that 1000 men can easily live therein, and can have everything that they want there by paying for it. It is the custom in this palace or hospital that every pilgrim should pay two Venetian pennies for the use of the hospital. If he sojourn there for a year he pays no more, if he abide but one day he pays no less."*(4)



In the nineteenth century, the area was presented by the Sultan of Turkey to Crown Prince Frederick of Prussia who was then the Master of the Johanniteroden, a former branch of the Order. The German Knights built a road through the Muristan from north to south, calling it Prince Federick William Street, dividing their property from the Greek section. At the entrance in David Street, they erected a gateway bearing the German eagle. On the site of Santa Maria della Latina they built the Lutheran church of the Re-

deemer. The hospital of the Order was situated north of this church, while to the south-east lay the quarters of the Knights. In 1940, the Hospital was described as being in ruins, with only a few massive walls still remaining, with several rows of stone pillars, and the main entrance of the ancient hospital. Some of the foundations had been excavated and were visible. A diagram of the remains published in 1940 showed the remains of a two-storey angles wall leading to a series of arched corridors and rooms. The majority of the archways in the lower storey were completely sealed up or partially sealed to leave small windows.(1)



The identification of the ruins

The various old descriptions of the site placed the Hospital of the Order of St. John in Jerusalem in the vicinity of the Church of the Holy Sepulchre and in close vicinity to the Lutheran Church of the Redeemer. The area was known as the Muristan. A review of the modern map of Jerusalem localised the three landmarks - the Church of the Holy Sepulchre, the Lutheran Church of the Redeemer, and the Muristan road - in the Christian Quarter and in the centre of the Old Jerusalem.(5)

A visit to the area down Muristan Road past the Church of the Redeemer and a school building was rewarded by the discovery of a modern memorial situated in a small recess barred from the street with an iron gate. This memorial reads *"Here in the Muristan was situated the first hospital of the Knights of St. John of Jerusalem during the twelfth and thirteenth centuries. In 1882 the Grand Priory in the British Realm of the most Venerable Order of the Hospital of St. John of Jerusalem established an ophthalmic hospital in the Holy City in emulation of the humanitarian and charitable efforts of its Mediaeval predecessors. For the eleven years from 1949 to 1960 this work was centered in the adjacent properties known as Watson House and Strathearn House. To commemorate these events the most venerable Order owner of this site constructed this garden and inscribed this stone in 1972. Pro Fede Pro Utililale Hominum In 1900 the work was moved to a new hospital in the Sheirh Jaweh Quarter of Jerusalem"*. No remains which could possibly belong to the old hospital were visible from the road. A doorway close to the memorial led to a yard which, I discovered after enquiry with an Arab-speaking attendant, was used as a school yard. The building next to the memorial was being used as a school. The attendant could not confirm any possible historical medical links to the site but readily gave his permission to enter the grounds. The school yard was bordered in far left-hand corner by a series of four arched single storey structures partially blocked with stone walls leaving open windows in three of the arches. Comparison with 1940 diagrams of the excavations of the first hospital of

the Order confirmed that this wall is what remains of the original hospital of the Knights of St. John in Jerusalem.

The Jerusalem hospital was the first of a series of magnificently built and provisioned hospitals of the Order. After their expulsion from Jerusalem, the Order proceeded to Acre where they converted a building into a hospital and hospice for pilgrims. In 1291 Acre was captured by the Saracens, and the Order lost its hold on the Holy Land. Since the nineteenth century, the Order of St. John has attempted to revive its medical links with its original home-city Jerusalem. In 1859 a hospice was established in Jerusalem at the house of Mustapha Agha Beirakdar. In 1866, a new site for the hospice was erected in the Via Dolorosa. The chief purpose of this hospice was the care of travellers to the Holy Land. In 1882 a piece of ground on Bethlehem Road about eight minutes walk from Jaffa Gate was granted to the British Order for the establishment of a hospice for the gratuitous treatment of the poor. The British Knights decided to devote their hospital to the treatment of eye disease and the Hospice and Ophthalmic Dispensary at Jerusalem came into existence. This building was partially destroyed during the First World War and rebuilt in 1919.(1)

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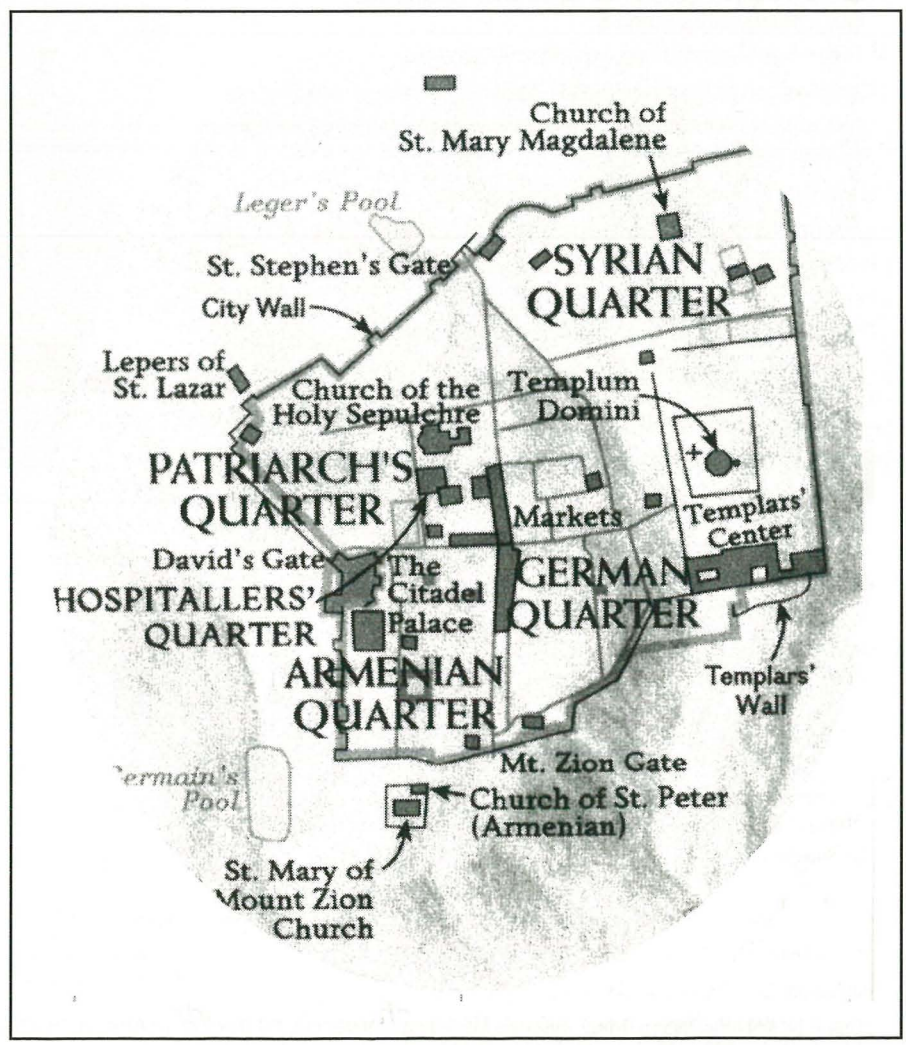

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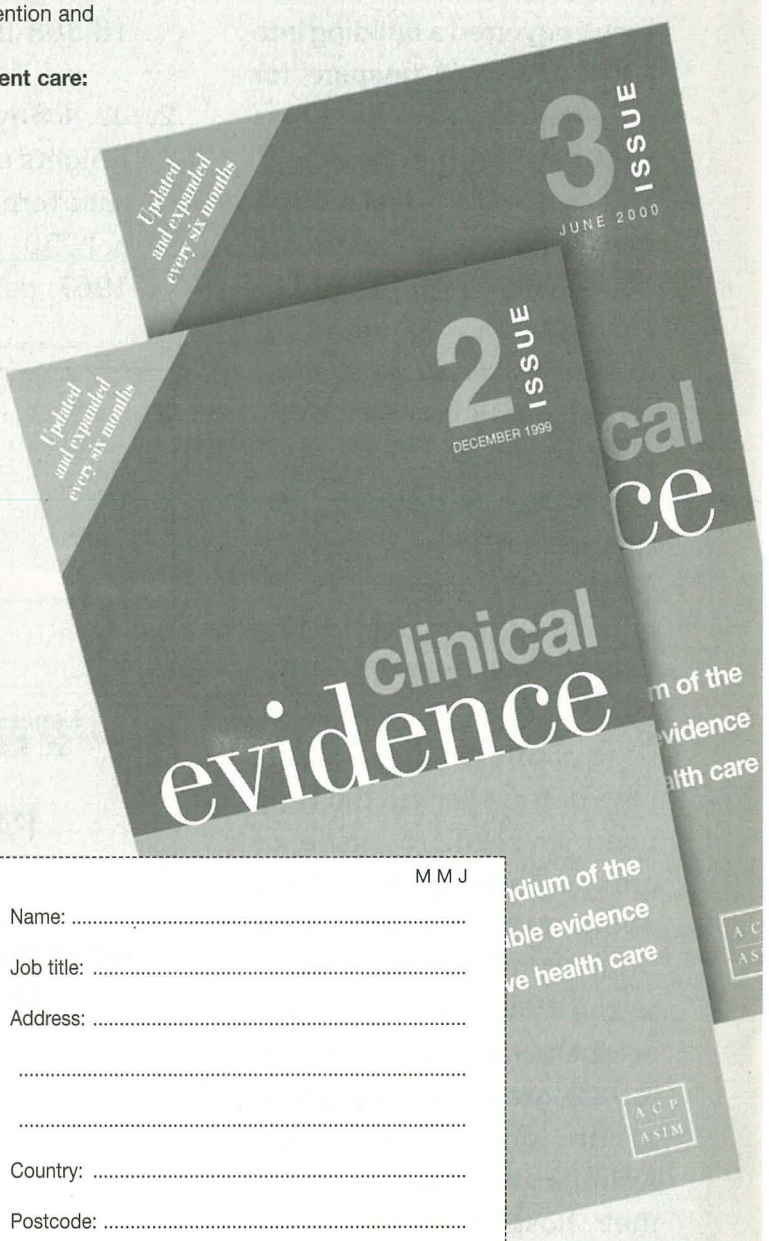

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THE EGPRW INTERNATIONAL RESEARCH METHODOLOGY COURSE

Dear Sir,

I recently attended the EGPRW International Research Methodology Course held in conjunction with the Malta College of Family Medicine. I would like to express my thanks for the international organisers for putting on a very fine academic programme and to the hosts of the Malta College of Family Medicine for the splendidly organised meeting. In parallel with the lectures, we had practical sessions on project development. A number of very promising projects were initiated and should bear fruit later. We also discovered that eating is the national sport of Malta and went on a sea food diet: see food and eat it! Thanks for the hospitality and kindness from all the Maltese GPs.

With best wishes,
Dr. Rupert Jones, Plymouth

OBITUARY:
Prof. Douglas Johnson

The Council and members of the Malta College of Family Doctors were deeply shocked with the news that Professor Douglas Johnson passed away quietly and unexpectedly in his cottage in Ontario, Canada on the 19th October 1999.

Professor Johnson's first contact with Malta was in 1987 when he was seconded by the University of Toronto to the University of Malta Medical School where he was instrumental in the design and implementation of a programme in family medicine, which was at the time and continues to be a field of fast growing specialisation in primary health care.

The Maltese general practitioners participated in this first programme, an initiative which provided the impetus for the foundation of the Malta College of Family Doctors.

He was a respected family doctor, a professor in the Faculty of Medicine at the University of Toronto, an exemplary clinical educator, a Fellow of the Canadian College of Family Physicians and the first chairman and physician-in-chief of one of the first departments and programmes of Family Medicine at a University Teaching Hospital in Canada.

He accomplished his many tasks with zeal, confidence and integrity. To those who knew him, Doug was not only a teacher and mentor but also a real friend who helped and encouraged them throughout the years. He was always full of encouragement, support and sound, constructive advice. He was always available and gladly helped when anyone turned for his opinion and advice.

Doug did leave us prematurely, but those who knew him will surely never forget him.

Wilfred Galea
International Secretary
MCFD

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