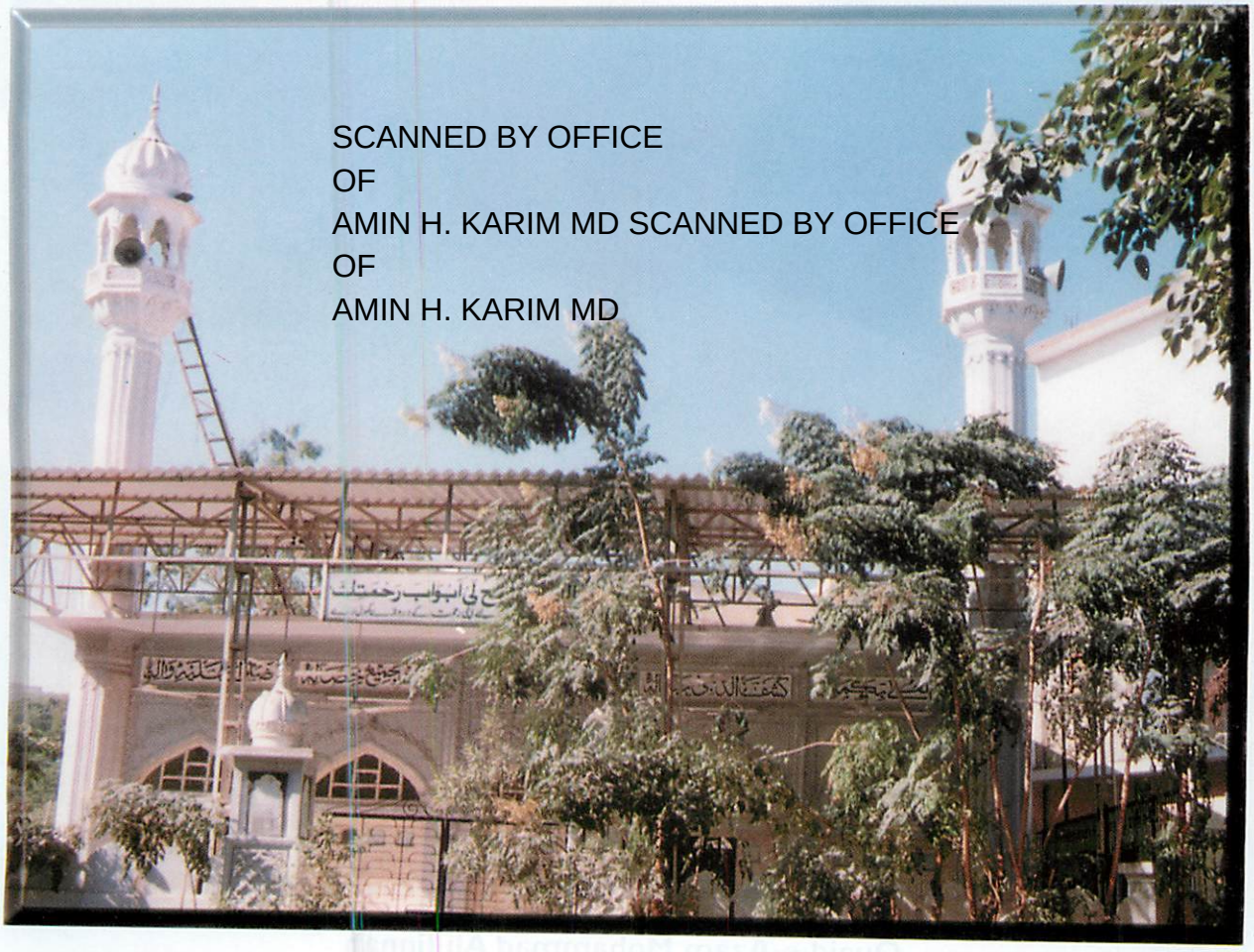
SOUVENIR

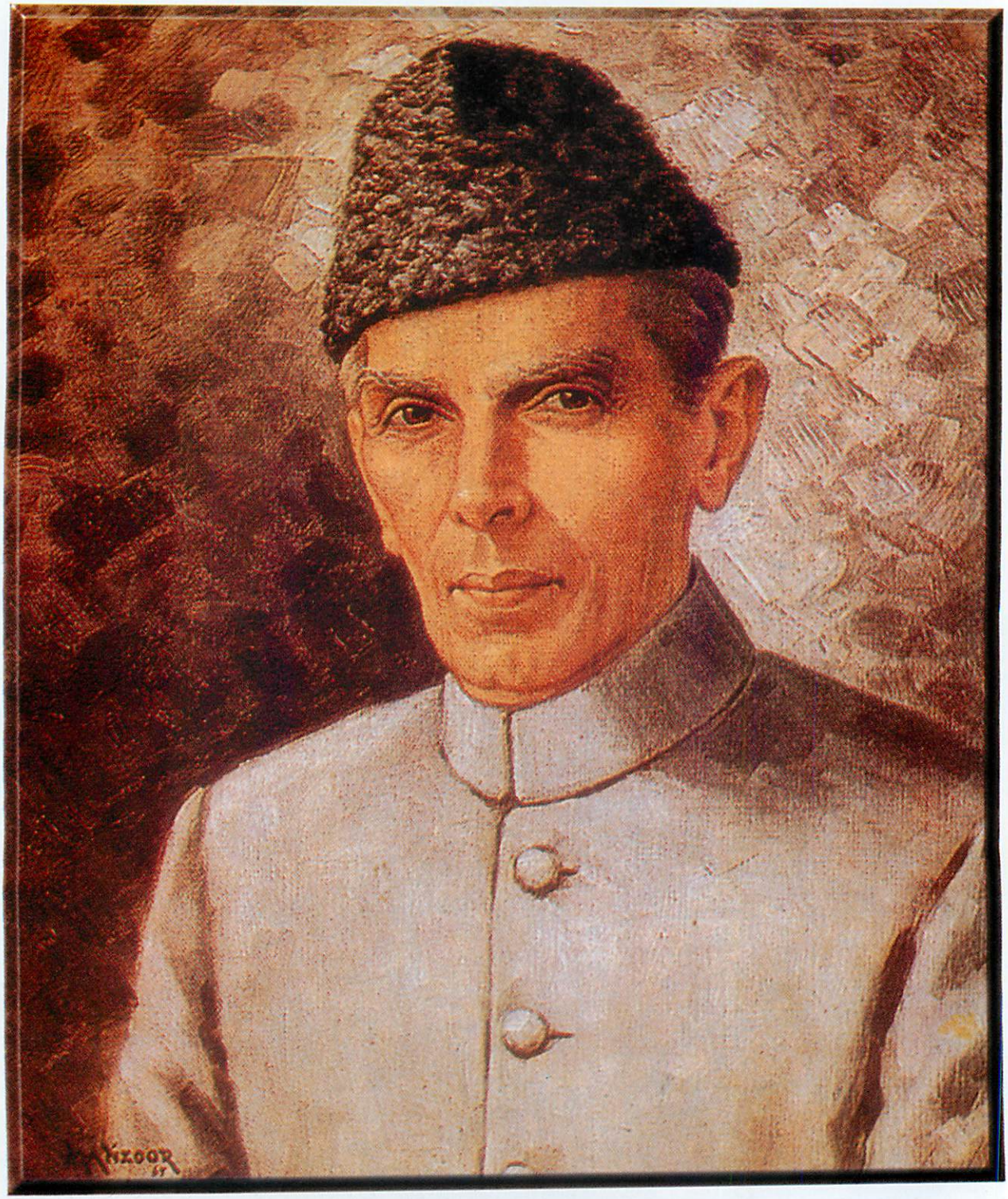
GOLDEN JUBILEE 50 YEARS CENTENARY 100

DOW MEDICAL COLLEGE

CIVIL HOSPITAL KARACHI



Father of the Nation



Quaid-e-Azam Mohammad Ali Jinnah

GOLDEN JUBILEE DMC AND CENTENARY CELEBRATION CHK

PROF. A.M. ANSARI
Chairman
Joint Celebration Committee

"Treasure your dreams, for they are the future. Treasure your memories, for they are forever". On the eve of the golden jubilee of D.M.C. and centenary C.H.K. I have great pleasure of extending congratulations and good wishes to illustrious alumni, who now carry their responsibilities locally and globally with poise and impact and the students who would certainly always be a part of Dow community and a 50 years tradition of medical learning.

The significance of this celebration is historic, academic and social. We will be gathering not only to revive our remembrances, to renew our contacts, to remember our teachers, to review our progress over the years, to reward our distinguished colleagues but above all to reaffirm our bondages to our institution and rebuild further ties, reconsider our strategies as to how we can improve medical education, health care and research.

Registration Committee

Transport and Accomodation Committee

This medical institution is the second oldest (King Edward Medical College, Lahore is the first) in Pakistan. Institutions are not only brick and mortar. They are responsibilities of knowledge, wisdom and

Exhibition Committee

Organizing Committee

scholarship. This is kept alive by men and women who set the pace of the society and contribute to its structuring and functioning that makes an institution worthy of its name and face. As Sir Francis Bacon said "Many empires will erode, castle will collapse, palaces will perish but the institution of knowledge and wisdom will live in the very bone and marrow and in the hearts of its, the pupils who have quenched their thirst of knowledge in these fountain heads of knowledge.

Social Committee

Sir Winston Churchil while addressing the College of Physicians said "Without a sense of history no one can truly understand the problems of our age. The longer you look back the farther you can look forwards. The wider the span, the longer the continuity, the greater is the sense of duty as to how each one can contribute in their brief life's work to the presentation and progress of the land we live in, the society of which we are the members and world of which we are the inhabitants. Dow has not only contributed nationally but also internationally and many of its distinguished graduates and teachers have earned respect and honour wherever they are serving. In the short space of fifty years, its graduates have illuminated the sky and guided many others to follow the noble path. Some of them are so illustrious that they are acknowledged world over proving that "Diamonds are found in coal mines rather than gold mines. They only need to be searched, nurtured, polished

Inaugural Committee

Audio Visual Committee

and put in right place.

It would be worth while to review the history of the college since 1945, the year it was established, in the perspective of independence of Pakistan. Sindh had separated from Bombay presidency in 1935 and Sindh Assembly had passed the Pakistan Resolution. Sindh University was established in 1946 with Prof. ABA Haleem as its Vice Chancellor. This was the time, when Pakistan Movement was gathering momentum and it was this spirit of Pakistan nationalism which really nourished Dow Medical College as when in 1947 the Hindu teachers and students left, it was the muslim teachers and students who rose to the occasion and strengthened the foundations of the newly built medical college.

With the emergence of Pakistan in August, 1947 the College was affiliated to the University of Karachi. The Pakistan Medical Council accorded recognition to the College in 1953 and the British medical Council in 1955.

The College had started with only 44 students on its roll in 1945-46 gradually increasing over the years.

Civil Hospital 100 aga was second largest and oldest hospital in Sindh next to Civil Hospital, Hyderabad. Over fifty years of its affiliation with DMC many great advances have taken place and some of the best departments and institutes have emerged which are acknowledged in the country and abroad. The practice of medicine has changed remarkably over the time— that early period was the time of some pioneers great individualists, time of

Entertainment Committee

superb dexterity, shrewd clinical observation, diagnostic acumen independent of laboratory and other aids. A surgeon would come out holding kidney, tumor or uterus in his hands in operation clothes and show it to the relatives and on lookers as a great feat of performances, as if Maestro would show his sword to the crowd after pushing it through a bull's heart. Today, it is entirely different, It is an organized teamwork and there are many players in the team on and off the ground who are responsible of the advancement of health sciences, multiplying human enjoyments and mitigating human suffering. This has been possible not only in our institutional development but also the diligent efforts nationally and internationally cooperating, collaborating and communicating with each other backed by massive explosion of medical knowledge, techniques and research. This meeting is in fact the meeting of minds to exchange the scientific knowledge and skills, advance research and frankly discuss the health issues and problems and attempt to come to practical, pragmatic, sustainable solutions applicable to our needs.

This congregation shall provide the professionals with opportunities to communicate research and scientific findings to other members of the profession and to meet fellow devotees of a particular subject as well. In addition, the informal networking occurring during the event would afford an opportunity for those in attendance to share experience and exchange of ideas about all aspects of medical research.

This gathering of Dow graduates on this memorable occasion is also to foster friendship and to pay homage to the institution exemplifying that the seekers of knowledge come with devotion as true disciples and wash the walls of the institute with their tears of joy as the walls of the great insitutes are not washed with water but are kept alive by the spirit and emotions of its disciples and devotees. Let us reflect and ponder that have we served the dreams of those who founded the institution. Their vision was that it will produce manpower which will serve the community and will be responsible for health of nation. We should admit that we are far from that goal.

During the meeting, another topic will engage our attention and that will be Medical ethics. Fifty years ago, we learnt from our teachers and educators not only how they treated the patients medically but how they approached them, communicated with them, inspired them, encouraged them and above all identified themselves with them. There was respect, reverence and relationship between patients and doctors. Since we were their apprentices, their attitudes, behaviour reflected on our minds and we are shadows of those great masters, wearing in our fabric those very ideals. Today with large intake of students, technological explosion and knowledge, it has become imperative that this "Ethics" should be imparted to our graduates as the institutional graduates should exhibit those fine qualities of morality, ethics, and traditional values and attitudes which are the hall mark of great institutes which survive through centuries. We are entering the 21st century and let us put our minds and souls to become a care giver, decision maker, communicator, community leader, manager and life long learner.

I count myself fortunate in being asked to chair the Joint Celebration Committee. It has been both a challenge and a prievilege. This assignment, like many other volunteer positions, was more demanding than anticipated. Then

Scientific Committee

what was it that kept all of us going? I guess it was the age old human desire for a pat on the back and craving of the ears for the words "Well done" whether that is forthcoming or not is for you to decide.

Souvenir Committee

In this effort, each and every member of the Organizing committee came forward in a big way. I have met some of the best managers whose organizational skills and enthusiasm greatly outdistance mine. Organizing a programme of such a magnitude involves may people, diverse skills and coordination. I feel it obligatory to acknowledge the services of these serving at various committees.

Professor A.G.Billoo, Chairman Golden Jubilee is the team leader. His experience and words of wisdom all served as guiding hights. The principal of the Dow Medical College, Professor Shafi Qureshi deserves special recognition. He had to look after administrative matters, financial resources, as well as students affairs and liaison with the authorities. Professor Qureshi has been extremely keen in involving students in the celebration of their alma mater. Special issues of Dowlite International and Namood-e-sehr (Student's College magazines) are forthcoming. Thrilling cricket match between the faculty and the students have been organized, besides mushaira, debates and other activities.

The General Secretary of any forum has instrumental role to play, more so when the task ahead is of diversified nature. Professor Iqbal Memon, Secretary General of the organizing committee has promised a programme with something for everyone - sports festival, health mela, scientific sessions and social events and much more. It is a great challenge to coordinate and synchronize all these activities and Professor Iqbal has ably done the job.

The scientific session I am confident would be the most intellectually stimulating meeting. Professor Shabih Zaidi has put in great efforts in collecting the articles, arrangement of support services for the smooth conduct of scientific sessions and to lookafter the logistics of the delegates. Last but in no respect least, Dr. Tipu in his capacity as the Coordinator has remarkably performed his job, coordinating various committees, the concerted effort of which is in front of you. As this process of acknowledgment is on, how can I forget Professor I B Somroo and his team who have worked day and night in bringing out this Souvenir.

WELCOME

It is a matter of great pleasure that Dow Medical College is celebrating its Golden Jubilee and Civil Hospital Karachi is celebrating its centenary from December 28, 1996 to January 1, 1997.

It is indeed an honor and a matter of pride for me to shoulder the task of organizing the Golden and Centenary Gala of Dow Medical College and Civil Hospital Karachi, such an event comes, but only once in life time.

Dow Medical College (DMC) was established in 1945 in Sindh, Hyderabad and shifted to Karachi in 1946. The College was affiliated with University of Karachi in 1951. The PMDC accorded recognition to the college in 1953. Since its inception college has advanced in every discipline of medical science and the graduates of this college are providing health care not only in Pakistan but also all over the major part of the words.

The Civil Hospital Karachi was established in 1898 at its present site. At the time of its establishment the hospital had 6 wards and now the hospital has 34 wards and from 250 beds in 1947 progressed to 1656 beds in 1996. The hospital is providing health care to more than 8 lacs out-door patients annually and is catering to health needs of more than one lac in-door patients annually at present. The hospital has truly come a long way in its dual role as one of the largest hospital of the country and as a teaching institution.

DMC and CHK are undergraduate institutions imparting medical education to over 2000 students per year. Alongwith undergraduate teaching postgraduate activities have been pursued at these institutions. The Dow Medical College has acquired the reputation of creating best academic atmosphere.

This is indeed a great moment and we take the pride of welcoming and congratulating those who have taken the pain of travelling a long distance, e.g. USA, UK, other European and far east countries, in order to take an active part in this golden festival. Indeed their presence has made this occasion much dignified.

We have tried in our humble way to make this event elegant and one which will meet the best expectation as far as possible.

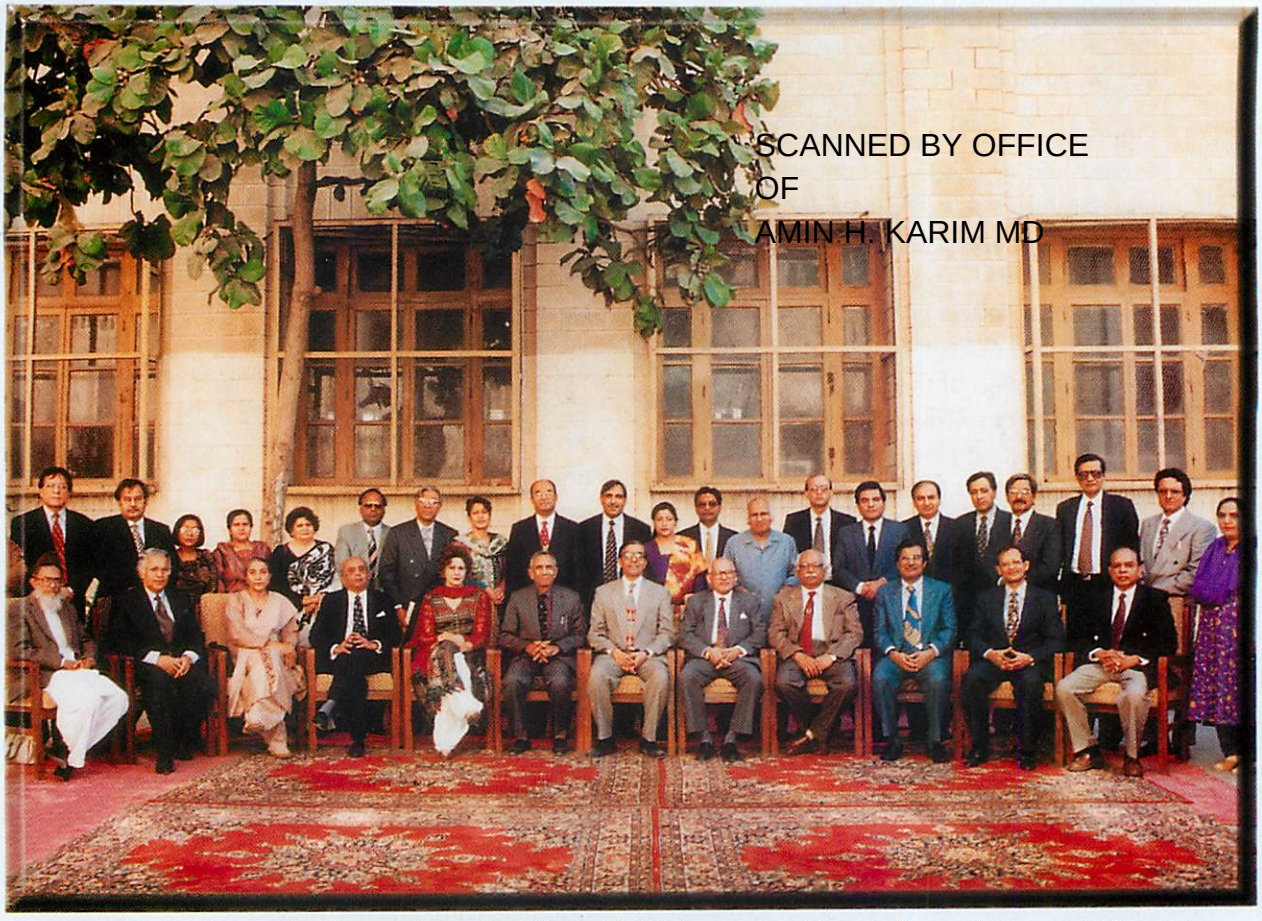
Here, I would like to take the opportunity of expressing my appreciation to all those who have worked day in and day out untiringly to make this occasion a great success.

I am also especially tankful to various commercial and pharmaceutical organizations, who have been kind enough to help us and rendered their cooperation.

We hope that this will provide an excellent opportunity for all of us over here and for so many of our friends, who have travelled a long distance, to exchange views on wide ranging health and health related subjects of national and international importance.

In the end, I hope the Golden Jubilee of DMC and Centenary of CHK will be very successful and rewarding for all of us and wish our friends who have travelled a long distance to have a very happy and enjoyable stay in Karachi, Pakistan.

PROF. A.G. BILLOO
Chairman, Organizing Committee
Golden Jubilee DMC & Centenary CHK
Dean, Faculty of Medicine
University of Karachi &
Head of Department of Paediatrics
Dow Medical College &
Civil Hospital Karachi.

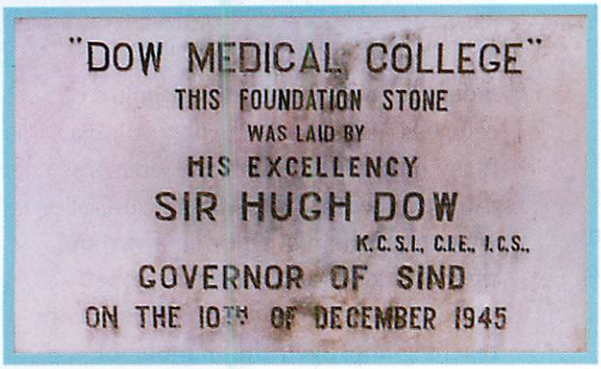


Academic Council of Dow Medical College, Civil Hospital and Lyari General Hospital Karachi.

DOW MEDICAL COLLEGE

Cherishing the past-envisioning the future

Students of Dow, the oldest Medical College in Sindh and the second oldest in Pakistan have been second to none in the field of academics and dedication to duty. Their contribution to sports, cultural, literary and other extra curricular activities have made them



shine like bright stars all around the globe. Dow's history is filled with stories of human courage, untiring work and blood and tears that were shed to convert this Institution into the best in the country.

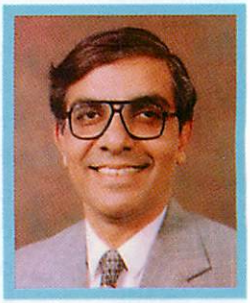
In the year 1881 the Bombay Presidency established a medical school at Hyderabad (Sindh) as a result of personal efforts of Dr. Holmstead. In 1941, following the recommendations of the Indian Medical Council for a uniform standard of medical education, the Government felt the need of upgrading it to the status of a full fledged degree college. The proposal made no headway owing to heavy financial constraints at that time due to World War II. It was however, revived in 1943 by Dr. Hermandas. R. Wadhwani, Minister Incharge of Medical and Public Health. The Inspector General of Civil Hospitals, Sindh, Col. J.E.Gray along with Mr. P.W.Abhichandani, Executive Engineer, Sindh toured Bombay (Mumbai), Lucknow, New Dehli and Amristar to see the design of medical colleges and on return proposed the design of the new building of the College.

The Sindh Medical School started at Hyderabad in June 1945 with 44 students. They included 2 Muslim boys and only 1 Muslim girl, Fehmida Shaikh. Dr. Kewalram Tarasingh Ramchandani became the first principal of the College. The College was initially affiliated to the University of Bombay (Mumbai).

On the 10th December 1945, Sir Hugh Dow, the then Governor Sindh, laid foundation stone of the new college building at the site of NJV School campus. In his speech on this occasion he

Sir Hugh Dow

pointed out "there is a great dearth of qualified doctors and nurses throughout Sindh and over large

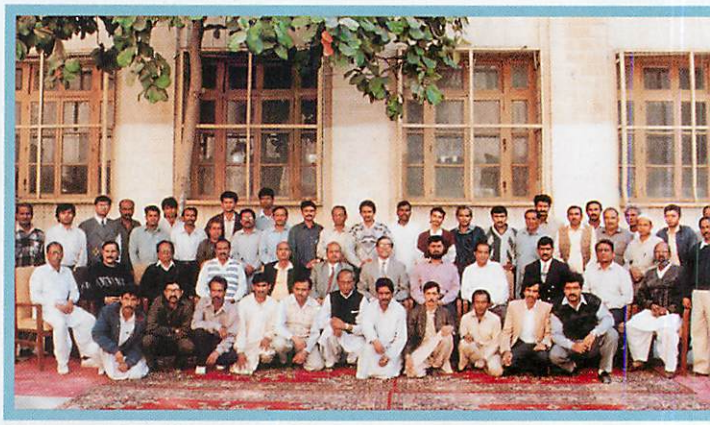


Professor M. Shafi Quraishy
FRCP (Lond.), FRCP (Edin).
FRCP (Glasg.)
Principal and Chairman
Academic Counicl
Dow Medical College, Civil Hospital and
Sindh Govt. Lyari General Hospital Karachi

areas of Sindh medical assistance of any kind is practically non-existent. The training of Sindhi men and women in extra provincial medical colleges is expensive. Moreover a sufficient number of places for Sindhi students can not be obtained. It was therefore, urgent that our own facilities should be expanded and our own medical college should be opened at as early a date as possible".

On 31st December 1945, Dow Medical College was shifted to Karachi from Hyderabad and classes were started in the NJV school building which later on housed the college library, the college office and common room. Later on this building was demolished and the present Administration Block was errected at its site. Lt. Col. Aziz K. M. Khan who was earlier appointed as Inspector General Civil Hospitals Sindh was made Principal of the College on 31st December 1945. Upgrading of the College was a gigantic task. New buildings had to be constructed. Small numbers of staff worked whole heartedly and shouldered this heavy responsibility.

In November 1946 the new college building was inaugurated by Sir Modi, the then Governor Sindh. After



Administrative Staff of Dow Medical College

independence there was an influx of refugees from every corner of India. Many medical students and doctors came to Pakistan. Dow Medical College welcomed them with open arms and thus the college strength increased steadily. As soon as the facilities for the teaching improved the number of admissions also increased. 92 students were admitted to the first year in 1948-49 and 130 in 1951-52. In 1964-65 it was increased to 150 and 1969-70 to 204. In 1972-73 admission number to 344 and next year it was 435. Presently 460 students are admitted annually.

On the emergence of Pakistan the inspection committee appointed by the University of Sindh visited the College in December 1947, and recommended affiliation of the College. With the establishment of the University of Karachi, Dow Medical College was affiliated to it in 1951. From its inception, the College remained under the administrative control of Sindh Government

Anatomy Museum

Community Medicine Museum

upto 7th July 1951, when the Central Government took over both the college, and Civil Hospital Karachi as well as the administration of Karachi from Sindh.

In 1951 Jinnah Postgraduate Medical Centre (JPMC) was also attached to Dow Medical College in addition to Civil Hospital Karachi. The Pakistan Medical and Dental Council accorded recognition to the College in the year 1953. The General Medical Council of Britain also accepted the recognition of those medical graduates who qualified in May 1955 and onwards. In July 1954, the condensed MBBS course was started for the medical licentiates when 14 students were admitted for a course of at least 2 years duration.

The first batch of students graduated from Dow Medical College in 1950 by passing the final year from university of Sindh. There were 9 boys and 3 girls. In 1995 380 students graduated from the college. Till 1996 a total of 13800 students have qualified M.B.,B.S. from Dow Medical College.

In April 1950 the first magazine of the college was published by Editor Mr. Mohammed Kamal. The magazine committee patron was Col. Aziz Khan while Dr. M.A. Bashir was the President. It was named Dow Medical College Magazine. In 1951, under the Chairmanship of Professor Abdul Waheed. Magazine secretary Mr. Brohi Hassan selected the name "Dowlite" for the magazine, but it was not until 1957 that the magazine appeared under its official name. In the same year Magazine Secretary Mr. Noor Ali Shah under the President Mr. Sher Afzal Malik published the first urdu Magazine of Dow, "Namud-e-Sahar".

In the first ever DMC Union of 1945-46, Major A.K.M. Khan was President, Dr. B.C Bose was Vice President while Dr. G.J. Thakur was General Secretary and Dr. M.A.Shah was the Treasurer. In the Year, 1951, students of Dow decided to organize themselves into a corporate body and Dr. Mansoor Soomro was nominated as the first Vise President of the Union. On 8th December 1951, the first union elections were held Mr. Arif H. Jaffery was the first elected Vice

Pathology Museum

President while H.V. Wajid was General Secretary. In 1953-54 Mr. Rehman Ali Hashmi became the first elected President of DMC Students union. He unfurled a new page in the history of Dow Medical College by ordaining a constitution.

In 1961 the College mosque was founded by the efforts of Dr. Noor Muhammad Thebo, a demonstrator in Pharmacology. With the building of the wall in 1987, the mosque became a part of the Civil Hospital Karachi. Hence a new mosque has been added in November 1995. This has a modern design and excellent ablution facilities.

On 7th March 1962 the administrative control of the College was taken over by the Government of West Pakistan from the Central Government. With the dissolution of "One Unit" on 30th June 1970, the college automatically reverted to the Sindh Government. 1969 saw the end of the 14 year tenure of Professor Muhammad Ali Shah as Principal, a record unmatched so far. He was succeeded by Professor Abdul Wahid.

In 1968 college had a new auditorium, the Arag auditorium, constructed with the efforts of Professor Abdul Rahim. In 1973 the present Library Block was constructed and in 1981 Dow Medical College had the last addition to its buildings when the present Administration block was erected.

The College had its first independent convocation in 1976, in which graduates of 1975-76 were awarded degrees. Dow Medical College had its first annual medical symposium on 15th April 1982. The idea originated from Professor Abdul Karim Siddiqui and myself. It was

College Library

presided by Lt. Col Aziz Khan. In a most unfortunate incident of college history, he was so overjoyed that he developed an acute myocardial infarction waiting for his speech on the stage and died in front of his colleagues, students and admirers.

1980s saw a gradual detioration in the college atmosphere with the college union being banned in February, 1984 by the Martial Law authorities. Due to rise of student violence in the campus a wall was erected separating the college from the Hospital by the Principal, Professor M.A. Almani in 1987.

Dramatic changes have taken place in the fabric of the college during the last fifteen months. Dow Medical College can now be proud to have an excellent library. There are two reading rooms accommodating over 200 students each on two floors. There are separate rooms for the Faculty and Postgraduate students. All important journals are stocked, and latest text books and reference material are available. Also completed is the state of the art Learning Resource Centre. This has facilities to access Internet and in addition to tapes and videos, the latest

multimedia CD-Rom facilities are available.

The administration block has been fully computerised and Dow Medical College can proudly claim to be the first Medical Institute in Pakistan in the public sector to have these arrangements. All the Basic Science Departments have been provided computers and printers. Audiovisual aids have been provided in all lecture halls as well as the teaching units at Lyari General Hospital. Plastic laminated identity cards has been introduced — another first in a medical college.

The Anatomy Dissection Hall is being Airconditioned in the first quarter of 1997. Models worth over Rs. 2.00 million have been ordered for the new Anatomy Museum. The Histology and Pathology departments has been provided worth the latest students microscopes, the previous lot having been in use for over fifty years !! Teaching facilities are being improved with the provision of CCTV systems and multihead teaching microscopes.

The Department of Physiology has been equipped with the latest instruments worth Rs. 5.00 million. These include kymograph, spirometer and various recording attachments. The Department of Pharmacology has also received instruments worth over Rs. 4.00 million to bring its teaching facilities up to date. The Departments of Biochemistry Forensic Medicine and Community Medicine either have or are receiving equipments and will wear a new look within the next few months.

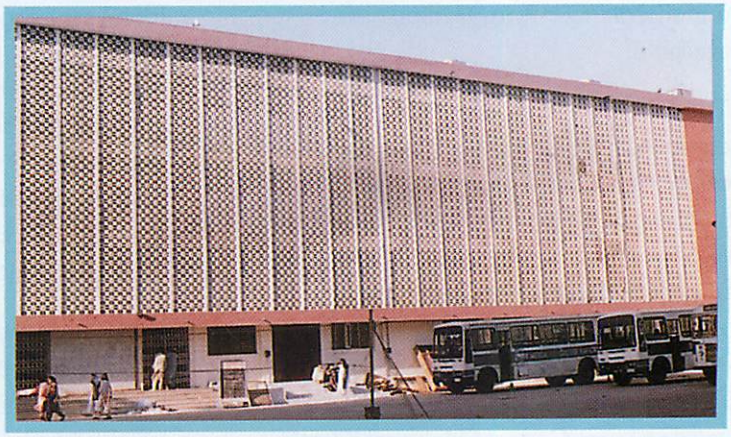
The Main Auditorium which had been lying in disrepair since a fire broke out four years ago has now been fully refurbished and airconditioned. Like the New Library it is a State-of-the-art addition to the College facilities. Both these and the new College Mosque have been designed by the well known architect Mr. Ejaz Ahed and his team of Ahed Associates.

Every year the faculty of Dow Medical College selects the cream of the young bairns of Pakistan. Even though they bring with them varied social, ethnic and economic backgrounds the rich amalgam adds to the richness and variety which has become the Hall mark of this Institution. The faculty of Dow Medical College comprises of eminent and dedicated teachers. Starting with hardly 20 teachers in 1945 today Dow Medical College can boast of a Faculty of over 300, the largest in any medical institute in Pakistan. They have set standards of excellence difficult to be achieved by others and are renowned both in Pakistan and Internationally.

Dow Medical College has been selected by W.H.O. as one of the premier institute in Pakistan to initiate Community Oriented Medical Education (C.O.M.E.). It is the first College in

Arag Auditorium

Pakistan to have done so last year and other identified colleges in the other Provinces are going to follow its example from 1997. We ourselves will be consolidating and improving upon COME with our experience of last year.



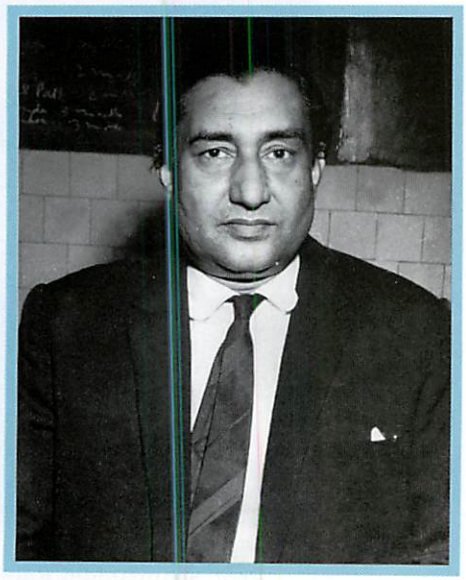
Library Building

It is hoped that Dow Medical College will very soon be elevated to the level of a Medical University a change no doubt it deserves and one that is very befitting as it celebrates its Golden Jubilee. The Celebrations are aimed to encourage exchange of ideas for envisioning and anticipating the needs of the future as well as for planning strategies to face the challenges ahead. With Dow graduates participating enthusiastically from all parts of the world we look forward to warm reunions and a wealth of ideas which will provide many more opportunities of learning for our young students and certainly improve the standard of medical education in this institution as well as in the country.

PAST PRINCIPALS OF D.M.C.

Lt. Col. Aziz K. M. Khan

Lt. Col. Sher M. Khan Malik

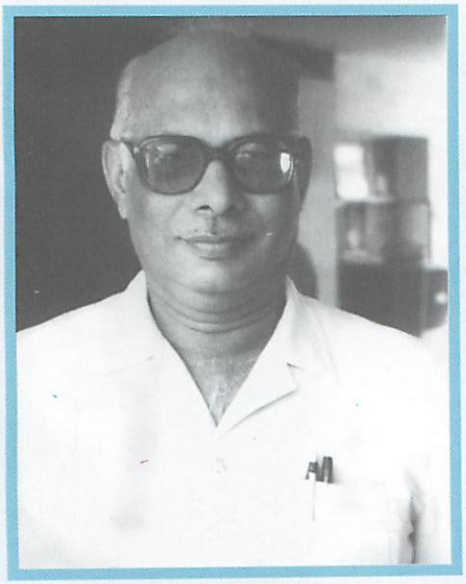


Prof. Mahmud Ali Shah

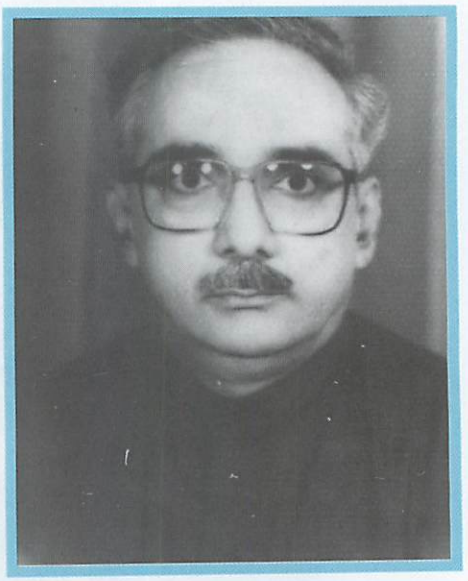
Prof. Abdul Wahid

Prof. Zubaida Aziz

Prof. M. M. Hasan

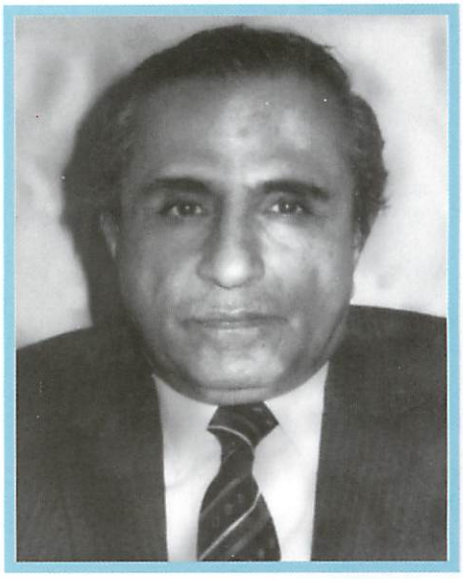


Prof. Ali Muhammad Ansari



Prof. Shamsuddin Rahimtoola

Prof. Muhammed Sharif Chaudhry



Prof. M. A. Almani

Prof. Shakir Ali Jaffery

Prof. Malik Ali Shaikh

Prof. Majeed Memon

Civil Hospital Karachi

100 YEARS OF CIVIL HOSPITAL KARACHI

The Civil Hospital, Karachi, was established in 1895 as a district headquarter hospital covering an area of 93,771 square yards. At the time of partition in 1947 it was attached to the Dow Medical College as teaching hospital.

Civil Hospital, Karachi, was established at its present site in 1895 on the pattern of a district hospital, for a population of nearly 2 lacs, stretching over an area of 100,000 Sq. Yards. It had an accommodation originally meant for 250 beds comprising four buildings - present isolation ward which used to be the office of the Medical Superintendent and his staff. The block extending from Medical Unit V to Orthopaedic Unit housed the rest of the wards. Present office of the Assistant Engineer, PWD, was the part of original hospital.

The Hospital originally consisted of two medical, two surgical, one eye, one ENT, and one Gynae and one children wards. In the year 1900, Queen Victoria Golden Jubilee Block was erected in the nursing hostel area and foundation stone of this building was laid by Lord Curzon, the then Viceroy and Governor General of India. This building is still being used for the boarding of nurses.

Another building was added in 1917 which at present accommodates Nephro-Urology OPD. The foundation stone of this building was laid by the then Commissioner of Sindh, Mr. H.S. Lawrence. After independence in August 1947, things started to happen at a rapid pace. Improvements and expansions were carried out according to the year of happening as follows.

1950-51 : a new block comprising four independent sets of operation theatres, duly air-conditioned was constructed in the year 1950-51. This facility is still being used.

Buildings for OPDs, Hospital Kitchen and additional hostel for nurses were provided in the year 1952-53 and these facilities are still being used for the same purpose.

1954-56: Another storey was added to the newly constructed OPD building to accommodate new Gynae and Obstetric wards, theatres and paying ward. In the same period, construction of Hostel IV for boys and male doctors was also started, which remained the boarding are of the hospital. In 1987, the hostel was vacated and wards were established.

1962-63: A further storey was added to the OPD building, to accommodate children ward, female surgical ward and plastic surgery ward.

1964-65: A three-storyed building was constructed in the year 1964-65 to accommodate general and medical store and also the administration.

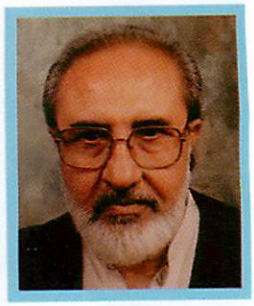
1969-71: A scheme worth Rs.21.53 lacs comprising the following sectors was approved.

1) Orthopaedic children ward.

2) Orthopaedic operation Theatre.

3) An additional storey on the third floor of existing OPD block was added to house the following units:-

a) Cardiology Unit.



Dr. Abbas Khan
Medical Superintendent
Civil Hospital Karachi

Clinical Chemistry Laboratory

b) Neuro-Surgery Unit.

c) Neurology Unit.

d) Thoracic Surgery Unit.

e) Urology Unit.

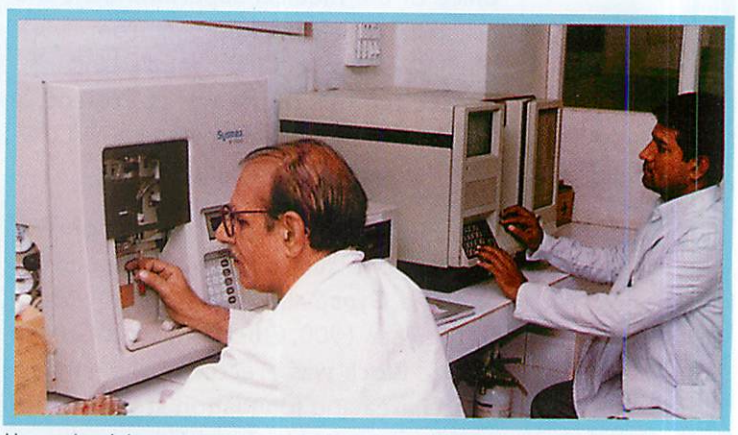
f) Dermatology Unit.

1972-74: Hospital for infectious diseases situated across the hospital road was taken over, and OPD was shifted there. Later, the OPD block was constructed and area became the outpatient department of CHK. This vacated area accommodated the Neurology, Psychiatry, Neuro-Surgery, Radiology and Paying wards.

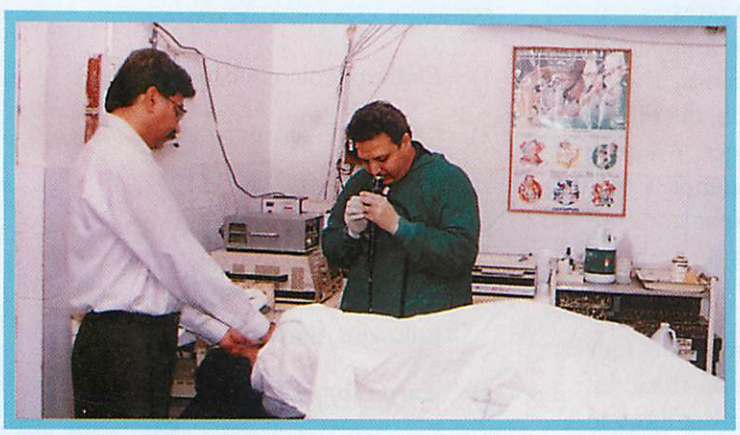
Eighties : In the eighties many internal physical adjustments, relocation and formation of new units and wards took place. Many iron gates and concrete wall partitions were installed.

Nephro-Urology department managed to build an entire floor over the existing ward.

This extra floor must have had encouraged the staff of the Urology Unit, putting them in a position to aspire for a separate institute status, the Sindh institute of Urology and Transplantation which they achieved in January, 1993. Another remarkable development was of a Modern Casualty Department. This was done by Patient Welfare Association, a non-political organization of the students of Dow Medical college. This modern casualty department was handed over to the hospital in 1988.



Haematology Laboratory

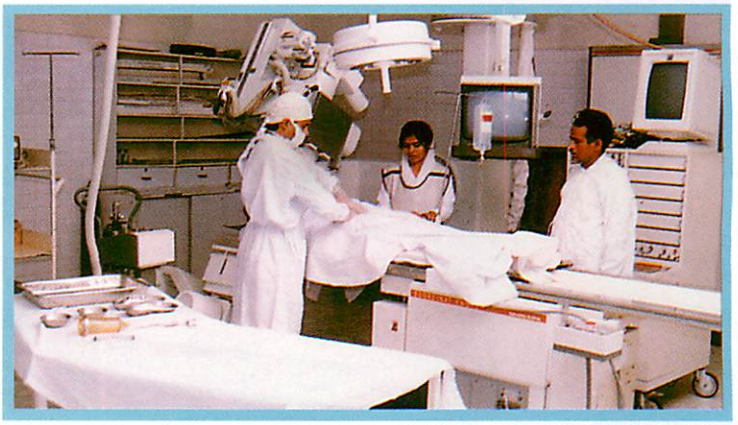


Endoscopy Unit

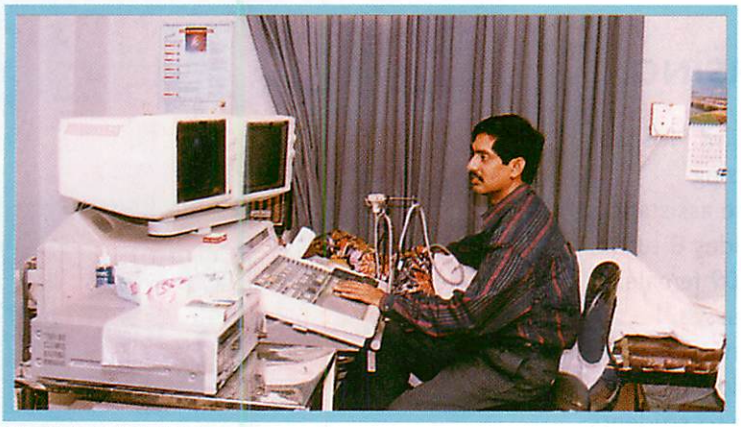
The most noteworthy development of the

nineties is the addition of 13 beded Surgical Intensive Care Unit. It started functioning in 1991. It is being managed by the department of anaesthesiology. A full fledged mammography unit is operating in the Breast Cancer clinic of the department of Surgery. This is headed by Professor Kishwer Nazli.

Over the years, the Civil Hospital has grown alongwith the city of Karachi into one of the largest teaching hospital of the country. It functions under the administrative control of the health department, Government of Sindh. At the time of independence it consisted of only 6 wards with 250 Beds and a staff of about 30 Doctors and 25 Nurses. Today there are 1675 Beds in 35 wards including 5 general Medicine, 6 General Surgery, 3 Gynaecology & Obstetrics, 2 Paediatrics, 2 Orthopaedics, Dermatology, Neorology, ENT, Psychiatry, Cardiology, Urology, Plastic Surgery and Burns, Ophthalmology, Neuro-Surgery, Vascular Surgery, Paediatrics Surgery, Isolation, Surgical Intensive Care Units besides an independent casualty department with about 30 Beds and fully equipped to deal with any emergency or disaster. The Civil Hospital has 23 out patients departments in addition to the Casualty department. There are 11 operation theatres with 22 fully equipped operation tables in General Surgery, Orthopaedics, Gynaecology and Obstetrics, Neuro-Surgery, ENT, Casualty and Vascular Surgery. There is an Emergency operation theatre which is functioning round the clock. There is a stand by generator in case of power failure.



Cardiac Cath Laboratory

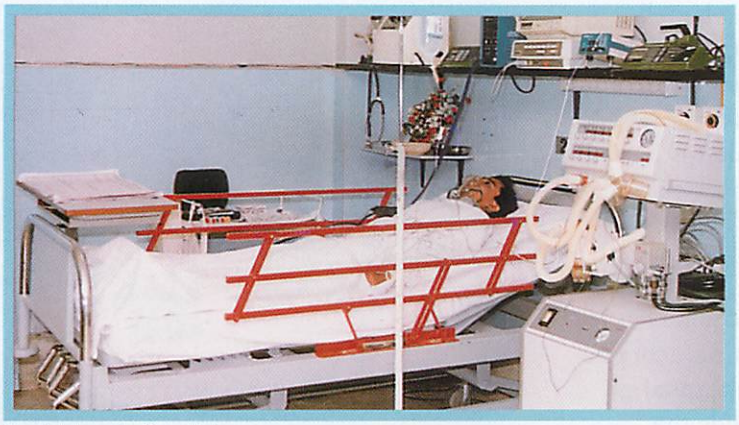


Echocardiography Laboratory

PHYSIOTHERAPY

The hospital has a well equipped

Administrative Staff of Civil Hospital Karachi



Surgical Intensive Care Unit

physiotherapy department headed by Mr. Lijbar Khan Saleem, for the rehabilitation of crippled and physically handicapped persons.

SCHOOL OF NURSING.

The School of Nursing at Civil Hospital is headed by the Chief Nursing Superintendent. There is one assistant nursing superintendent besides 8 tutor sisters, 29 nursing sisters, 209 female staff nurses, 16 male staff nurses, 1 Home sister, 2 L.H.Vs, 117 nursing aids including 61 males and 6 midwifers. The school also imparts training to students nurses.

REHABILITATION CENTRE.

The department of Orthopaedics supervises the functioning of a rehabilitation workshop. This provides shoes, artificial limbs and other devices for the physically handicapped persons.

PARA MEDICAL TRAINING COURSES.

Courses are carried out for training the para medical staff in five categories viz, Operation Theatre Technicians, Blood bank Technician Physiotherapy Technician, Laboratory Technician and Dispensers.

Emergency Department

C.T. Scanner

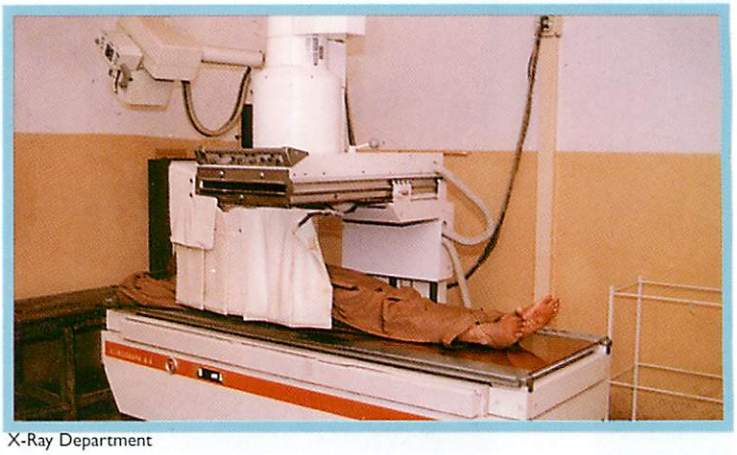
CLINICAL LABORATORY

The hospital has a modern fully equipped clinical laboratory with an autoanalyser for chemistry, a haematology cell

counter, a blood gas analyser and a serology analyser. A total of 1,73,215 tests were performed during the year 1996 in this laboratory. Side room laboratories attached to different wards also perform various tests.

POST GRADUATE TRAINING

All the departments of the hospital are recognized for postgraduation both within the country and abroad. A large number of doctors benefit from the facilities available.



X-Ray Department

P.W.A. Blood Bank

SOCIAL WELFARE ACTIVITIES

Plenty of social welfare activities are present at the Civil Hospital to provide medical and diagnostic aid to the patients in supplementation of the government's efforts.

POOR PATIENT'S SOCIETY

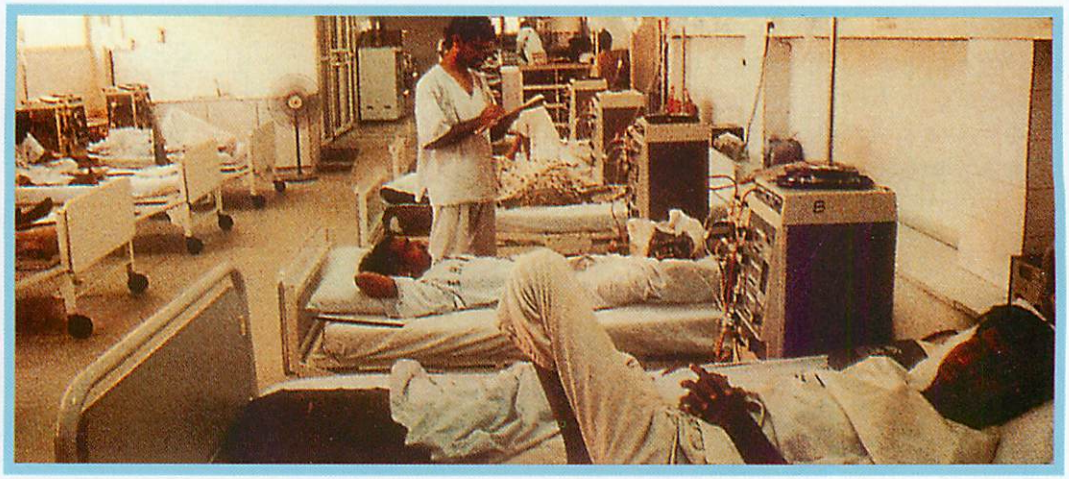
The poor Patient's Aid Society was set up in 1987. It is a voluntary social welfare organization registered with the social welfare department functioning under an elected executive committee. Maulana Abdul Sattar Edhi (N.I.) is the patron in chief and Hakim Mohammad Ahsan the present of the society. The medical superintendent of the hospital is the honorary general secretary of the society. The society provides medicines, implants amnd laboratory investigations from the Zakat funds.

PATIENT'S WELFARE SOCIETY

The Patient's Welfare Society is an organisation of the students of Dow Medical College since 1979 and has provided very good service to the patients admitted in Civil Hospital. It provided blood medicines and emergency management to the deserving patients. The PWA drugs babk, diagnostic laboratory, mobile ECG services and the reconstruction of the casualty department are some of its projects.

PROPOSED FUTURE PLANS.

In terms of future plans top priority is given to the construction of visitor's



Dialysis Unit

shed as most of the people coming in from far flung areas have to sleep in the open. The project is aimed at improving the basic hygenic conditions, as well as, hospital environment. The estimated cost of the project is 4.968 million.

Plans have been finalised for necessary approvals regards the renovation, rehabilitation, and modernization of services in Civil Hospital, and Dow Medical College, Karachi, under ADP Scheme.

The estimated cost of the project is Rs.99,587 million which includes Rs.71.622 million for renovation work and Rs.28.235 million for the equipment.

SECRETARY GENERAL'S REPORT

The Dow Medical College Academic Council creation of Organizing Committee for celebrating the Golden Jubilee Dow Medical College 1995 and Centenary Civil Hospital 1996 in the need of December 95 and beginning January 96 as both inter-twined institutions had achieved towering milestone at nearity the same time; and therefore one benefiting joint celebration was scheduled for the end of 1955. The event had to be rescheduled for a year later, due to non-conducive situation in the city, despite nearly complete preparation. After appointment of Prof. Shafi Quraishy as the principal of Dow Medical College I was assigned the privilege of this task as Organizing Committee's Secretary General. The love and appreciation for the institutions, provided the experiences, dedicated and enthusiastic workers members of the organizing committee. The committee has worked cohesively, despite disturbance in environment and met regularly/frequently to bring out a good mix of social and academic program. The graduates locally, nationally and internationally have joined hands all along to put places together in this rather tough puzzle. The diverse mix of senior and junior graduates fro different continents of the world reflects the success of the efforts. The program of celebration had envisaged activity with involvement of students as well. The scientific congress itself has lot to offer academically in almost all the fields of medicine but also shall provide rich serving of music/cultural and replete with opportunities for friends and colleagues of yester-years to have re acquaintance.

The other programs have been:

- Dow Medical College Gold Function in London UK on 20th July 1996
- Dow Medical College Gold Function in Dearborn, Michigan, USA 0n 2nd August 1996
- Social Evening of Dow Graduates at Karachi College on 15th August 1996
- Debates in Urdu and English at Dow Medical College on 17th and 18th December 1996
- Cricket Matches between Faculty and Dow Medical College's Students on 24th December 1996
- Mushaeira at Dow Medical College Campus on 27th December 1996 and
- Pre-Congress Neuro-Surgical Conference

The congress souvenir puts together past and present information about institutions. Momento for the occasion have been specially made for graduates to cherish. Putting information together about Dow Graduates to-date, was harder than anticipated but atleast a beginning has been made by pooling information about maximum numbers of graduates at one place and in one system. Unfortunately the publication of special issue of traditional Nammod e Sehar and

PROF. IQBAL MEMON

Dowlite has been delayed till after the congress due to some constraints. All this has been possible only because of many helping hands as well as advise of seniors members. There are many people who have helped me besides the members of organizing committee, they came to rescue me time and again, reflecting their affection for the Alma-mater and training place.

I am confident that unfinished business of medical university status for our college and Dow Medical College Golden Jubilee endowment fund shall be completed in the following few months. We shall wish to see drastic improvements in our education and evaluation system, the quality and quantity of our teaching staff, the nurture of "Research" culture with support like funds, equipment and environment.

I thanks to all my team members, formal and informal, who have made it possible with their fullest co-operation, dedication and hard work.

OVERSEAS SPEAKER'S

Professor C N Hudson
St Bartholomew's Hospital
London
UNITED KINGDOM

Topic: Recent Advances in the Management of Ovarian Malignancy

Professor R E Mansel
University Hospital of Wales
Cardiff
UNITED KINGDOM

Topic: Carcinoma of the Breast - Management in the 1990's.

Professor Russell Strong
Princess Alexandra Hospital
Brisbane, Queensland
AUSTRALIA

Topic: The Many Facets Of Partial Liver Grafts

Management of Liver Injuries

Present Status of Hepatic Resection

Cystic Disease of the Liver - Diagnostic Dilemma and therapeutic uncertainty

Mr N M Breech
Head of Reconstructive Surgery
Royal Marsden Hospital
London
UNITED KINGDOM

Topic: Breast Reconstruction Where Are We Now? The Successes And The Failures

Microvascular Techniques in Head and Neck Oncology

Professor Ian Lauder
University of Leicester
Leicester
UNITED KINGDOM

Topic: Molecular Pathology Of Lymphomas

Dr Terry Gibson
Consultant Rheumatologist
Guy's Hospital
London
UNITED KINGDOM

Topic: Serology of Connective Tissue Disease

Dr David Sherry
Associate Professor and
Chief Rheumatology
Children's Hospital
Seattle, Washington
USA

Topic: Current Therapy For Rheumatoid Arthritis
Paediatric Vasculitic Syndromes

Dr Alan Goble
Heart Research Centre
Victoria
AUSTRALIA

Topic: The Current State And Future Trends In Cardiac Rehabilitation

Ms Marion C Worcester
Heart Research Centre
Victoria
AUSTRALIA

Topic: Development of Cardiac Rehabilitation Programmes

Dr R J Winter
Adult Intensive Care Unit
University Hospital
Nottingham
UNITED KINGDOM

Topic: Modes Of Ventilation Multiple Organ Dysfunction Syndromes.

Dr Norman M Jacobs
Cook County Hospital
Chicago
USA

Topic: Immunisations strategies in developing countries

Haemorrhagic Fevers - Viral and Meningococcal

AIDS in Children

Mr J D Stevens
Moorfields Eye Hospital
London
UNITED KINGDOM

Topic: Cataract Surgery- Current Trends

Mr J. S. Shilling
St Thomas' Hospital
London
UNITED KINGDOM
Topic: Retinal Vein Occlusions
Mr Isaac Manayonda

Mr Isaac Manayonda
St George's Hospital
London
UNITED KINGDOM

Topic: Recurrent Early Pregnancy Loss - Current Controversies

Proteinuric Hypertension – Historical Perspectives And Future Directions In Research

Dr Perry Elliot
St George's Hospital
London
UNITED KINGDOM

Topic: Cardiomyopathies - State of Knowledge In 1996

Nafis Sadik
Executive Director and Under Secretary General, United Nations Population Fund, New York, USA

Topic: Status of Women's Health In The Developing World

A. S. Obaid
University of Pittsburgh, Pittsburgh, PA, USA.

Topic: Novel Treatment For Hepatitis - When To Transplant?

Mazhar Nizam, Freeman Hospital, Newcastle, UK

Topic: Free Flaps In Reconstruction,

Jaffer Ikram Khan
Billericy, Essex, UK

Topic: Skin Subtitutes in Burns and Plastic Surgery-a challenge for the new millenium,

M. Islam
London, UK.

Topic: Acute Ophthalmological Emergencies In UK,

Arshad Hussain
University of Missouri, MO, USA

Topic: Post Traumatic Strees Disorder-A Study of 791 Children of Sarajevogo

Shuj Haque
Wayne State University Detroit, MI, USA.

Topic: Identifying and treating the Depressed Paatinet: A focus on Primar Care",

Bashir Ahmed
University of North Texas, Fort Worth, Texas, USA.

Topic: New Approaches To Schizophrenia

Naveed Akhtar
Temple University, Pittsburgh, PA, USA.

Topic: Recent Advances In Neurointervention,

K. Mahmood
Sheffield, UK

Topic: Problems In Ethnic Minorities In Inner City Areas of UK In Primary Health Care.

I. Haider
London UK.

Topic: Islam and Western Medicine.

A. Saeed Dhamee
University of Wisconsin, WI, USA

Topic: Anaesthetic Management of The Ambulatory Patient Post-Operative Pain

Alam Ara Khan
Manchester Royal Infirmary, Manchester, UK.

Topic: Anaesthesia And Mortality,

K. U. Shibli
University of Hull, Hull, UK

Topic: Development of A Pain Service.

Z. Bajwa
Beth Israel Hospital, Boston, MA, USA.

Topic: Management of Cancer and Chronic Pain,

N. Ismaili
London, UK

Topic: Chemodectomas in neck,

A. K. Admani
Sheffield, UK.

Professor A G Billoo
Chairman Finance Committee
DMC Golden Jubilee & Centenary CHK
Karachi.

Professor Noor Jehan Samad
Chairperson Registration Committee
DMC Golden Jubilee & Centenary CHK
Karachi.

Dr Badar Siddiqui
Chairman Registration Committee
DMC Golden Jubilee & Centenary CHK
Karachi.

Professor Ahmad Ali Shah
Chairman Exhibition Committee
DMC Golden Jubilee & Centenary CHK
Karachi.

Professor Illahi Bux Soomro
Chairman Publication Committee
DMC Golden Jubilee & Centenary CHK
Karachi.

Dr Safia Moin
Chairperson Publication Committee
DMC Golden Jubilee & Centenary CHK
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Professor I A Jokhio
Chairman Inauguration Committee
DMC Golden Jubilee & Centenary CHK
Karachi.

Professor Manzoor Zaidi
Chairman Reception Committee
DMC Golden Jubilee & Centenary CHK
Karachi.

Professor Masood Hameed Khan
Chairman Audio Visual Committee
DMC Golden Jubilee & Centenary CHK
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Professor Manzar Saleem
Chairman Audio Visual Committee
DMC Golden Jubilee & Centenary CHK
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Dr Mansoor Dar
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Professor Aslam Arain
Chairman Accommodation & Transport
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DMC Golden Jubilee & Centenary CHK
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Professor Younus Soomro
Co-chairman Accommodation & transport
Committee
DMC Golden Jubilee & Centenary CHK
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Professor Manzoor Mirza
Chairman Social & Entertainment
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Professor Zakiuddin Oonwala
Chairman Students Activities Committee
DMC Golden Jubilee & Centenary CHK
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Professor A M Ansari
Chairman Recognition Committee
DMC Golden Jubilee & Centenary CHK
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Professor Anwar Naqvi
Chairman Lecture Series Committee
DMC Golden Jubilee & Centenary CHK
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Dr Ejaz Vohra
Chairman Lecture Series Committee
DMC Golden Jubilee & Centenary CHK
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Professor Shabih Zaidi
Chairman Scientific Committee
DMC Golden Jubilee & Centenary CHK
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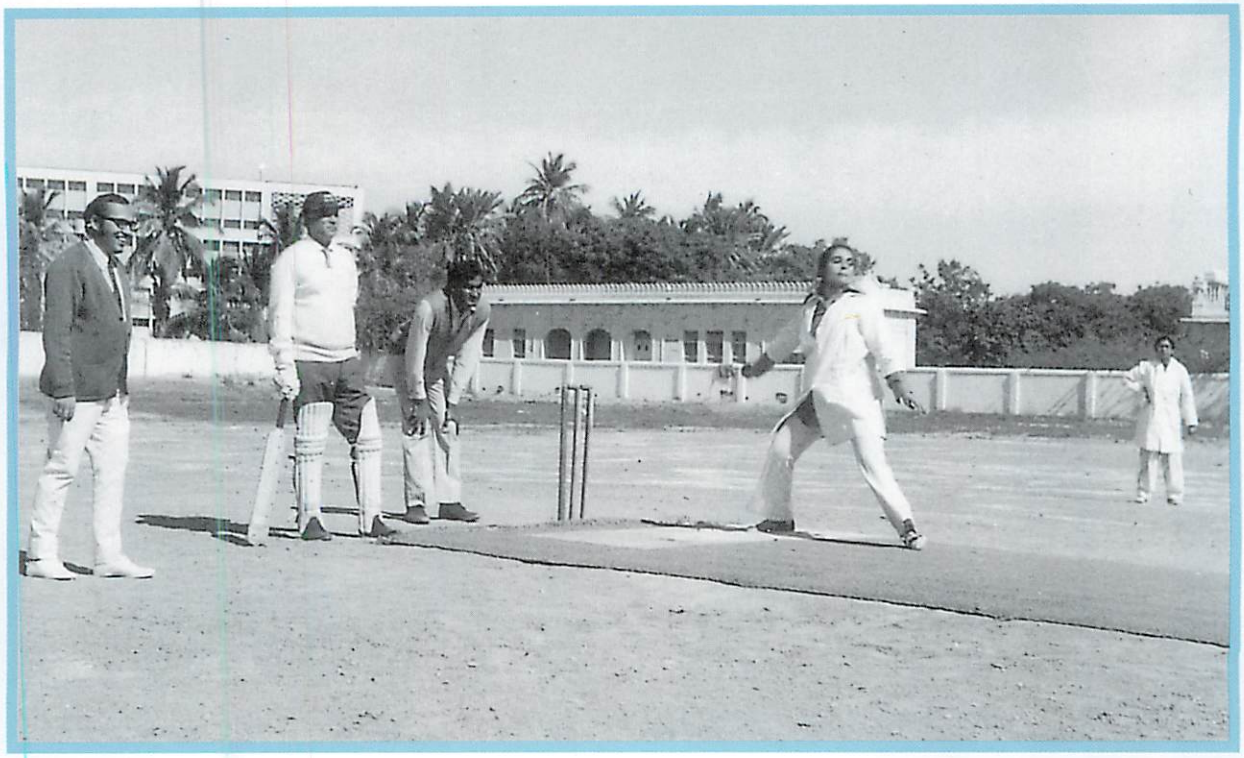
Dr Kaleem Butt
Chairman Press & Publication Committee
DMC Golden Jubilee & Centenary CHK
Karachi.

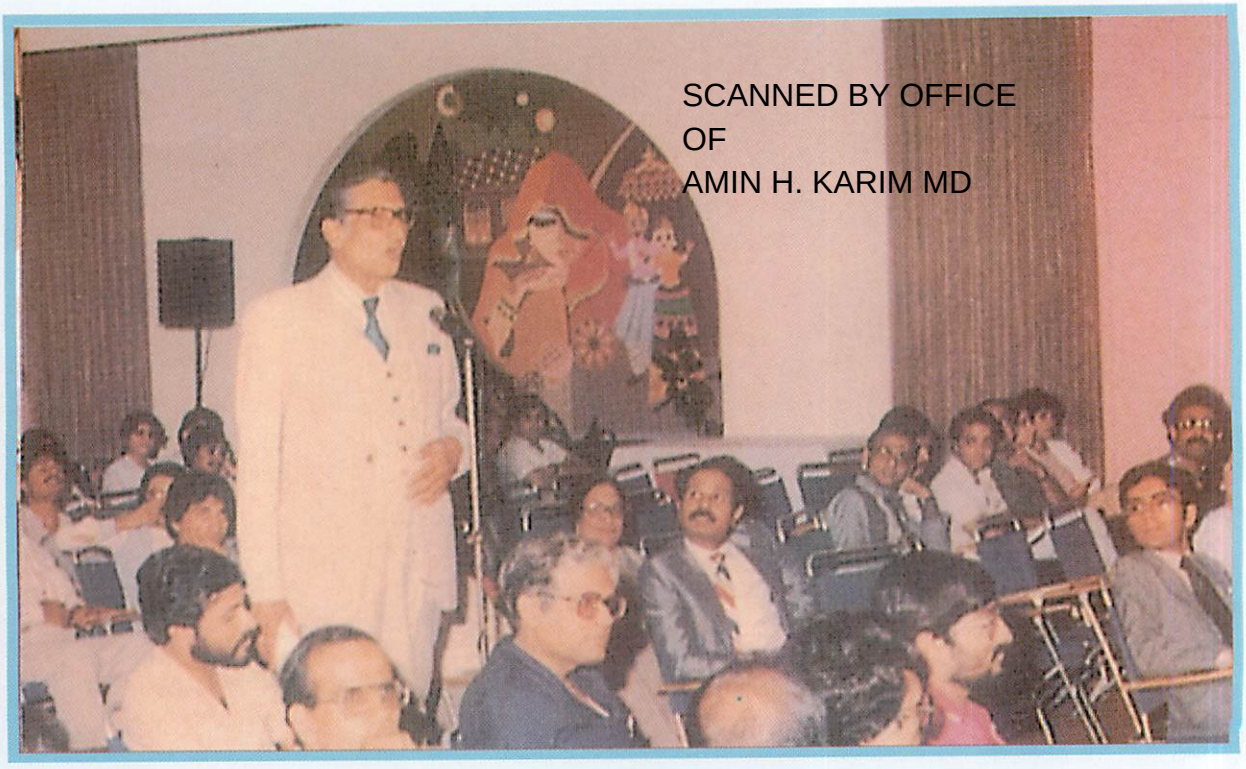
Professor Iqbal A Memon
Chairman Catering Committee,
DMC Golden Jubilee & Centenary CHK

DOW – OVER THE YEARS

Governor of Sindh Mr. Modi inaugurating the College Building in November, 1946. Minister Pir Ilahi Bux addressing the audience

Left to Right Prof. Major Hasan, unknown, Dr. A. S. Kazi (First M.S. C.H.K. Post Independence) and Col. Aziz K. M. Khan (First Principal D.M.C. Post Independence)





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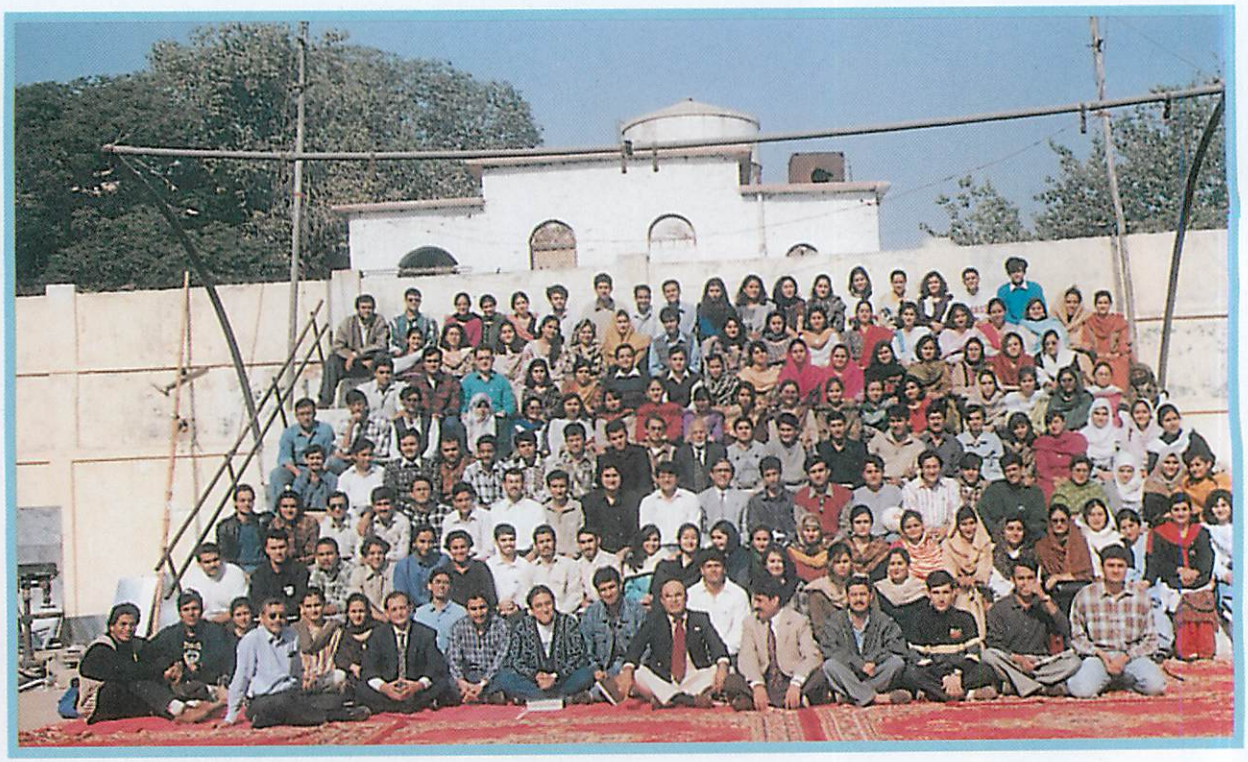

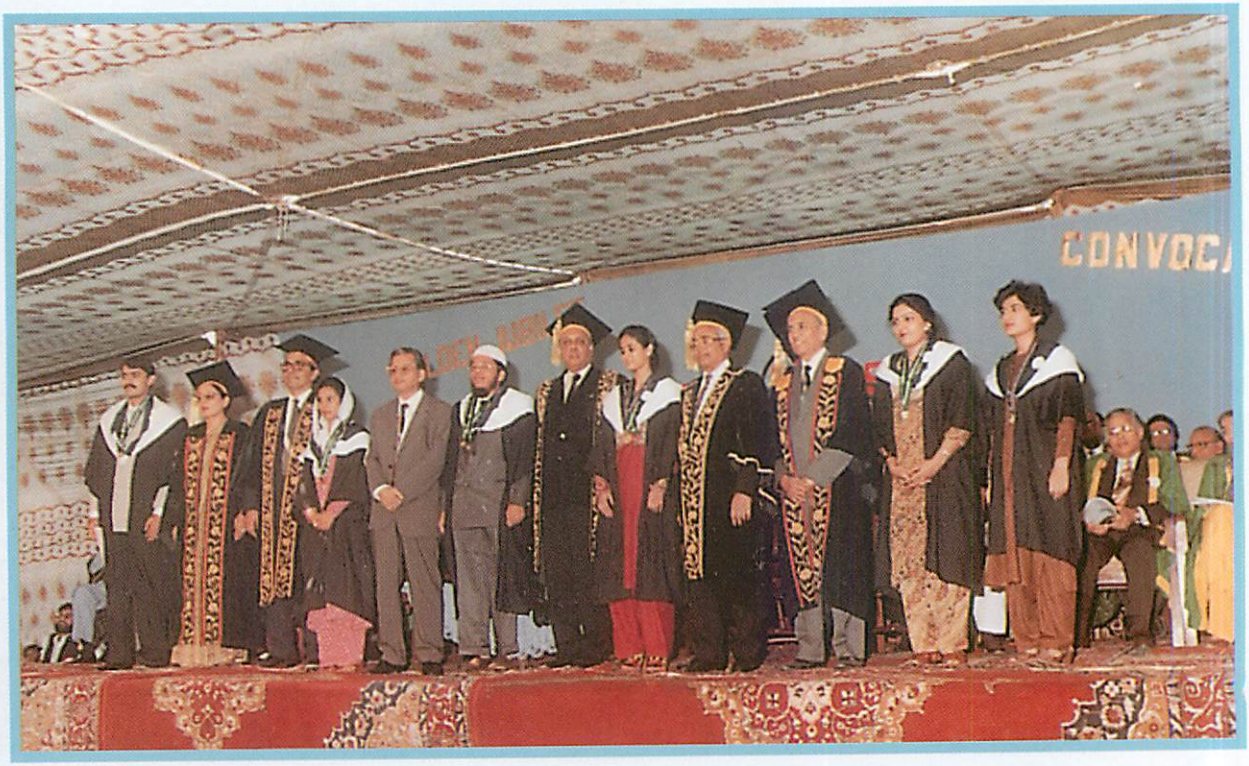
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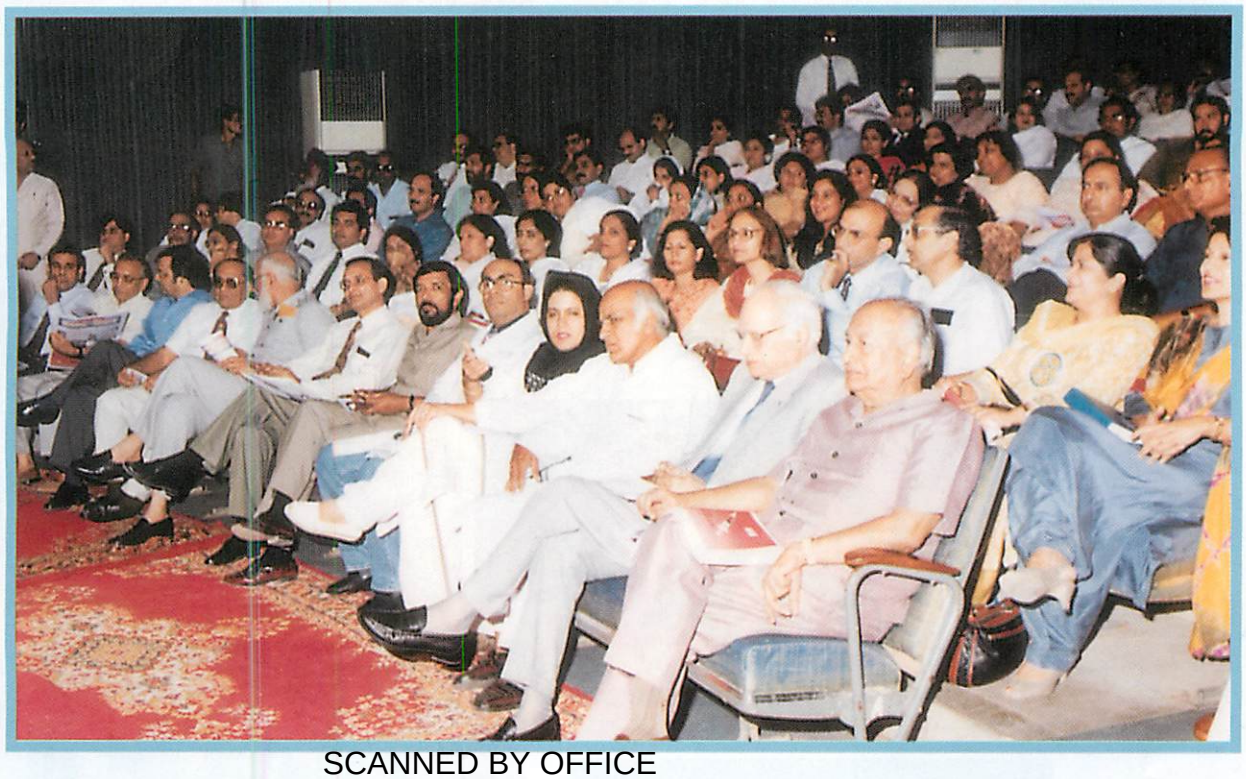

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Glimpses of Social Evening on August 15, 1996

Golden Jubilee Celebration

Dow Medical College, Karachi.

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The 625mg AUGMENTIN tablet is not available in all countries. **Children, Oral:** Children 7-12 years: 10ml AUGMENTIN 156mg syrup three times a day* or 5ml AUGMENTIN 312mg syrup three times a day.* Children 2-7 years : 5ml AUGMENTIN 156mg syrup three times a day.* Children 9 months-2 years: 2.5ml AUGMENTIN 156mg syrup three times a day.* Children 0-9 months: No suitable oral presentation is currently available for this age group. *In severe infections these dosages may be doubled. Treatment with AUGMENTIN should not be extended beyond 14 days without review. **Dosage in Renal Impairment:** See Package Insert Leaflet. **CONTRA-INDICATION:** Penicillin hypersensitivity. **PRECAUTIONS:** Changes in liver function tests have been observed in some patients receiving AUGMENTIN. The clinical significance of these changes is uncertain but AUGMENTIN should be used with care in patients with evidence of severe hepatic dysfunction. In patients with moderate or severe renal impairment AUGMENTIN dosage should be adjusted as recommended in the Package Insert Leaflet. **USE IN PREGNANCY AND LACTATION:** Animal studies with orally and parenterally administered AUGMENTIN have shown no teratogenic effects. The product has been used in human pregnancy in a limited number of cases, with no untoward effect; however, use of AUGMENTIN in pregnancy is not recommended unless considered essential by the physician. As with all drugs, therapy with AUGMENTIN during pregnancy should be avoided if at all possible, especially during the first trimester. During lactation, trace quantities of penicillins can be detected in breast milk. **SIDE-EFFECTS:** Side-effects, as with amoxycillin, are uncommon and mainly of a mild and transitory nature. Diarrhoea, pseudomembranous colitis, indigestion, nausea, vomiting, and candidiasis have been reported. Nausea, although uncommon, is more often associated with higher oral dosages. 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When dispensed each 5ml contains 250mg amoxycillin and 62.5mg clavulanic acid. In oral presentations amoxycillin is present as the trihydrate and clavulanic acid as the potassium salt. Not all presentations are available in every country. Further information is available from the company on request. AUGMENTIN is a trade mark.

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* J.Lorenz. The 2nd ICMAS. 19-22 Jan.94. Venice, Italy

- P. Begue et al: 18th ICC Stockholm, abstract number 9.595
- P. Begue: Rapport d'expertise clinique, 1987

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Followed by 1 injection (booster)	12 months after 3rd injection	12 months after 2nd injection	Otherwise, follow the official local vaccination schedule

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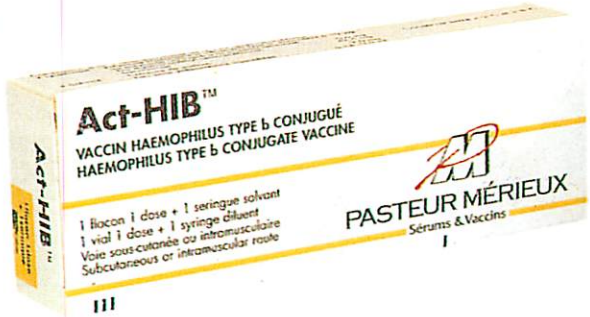

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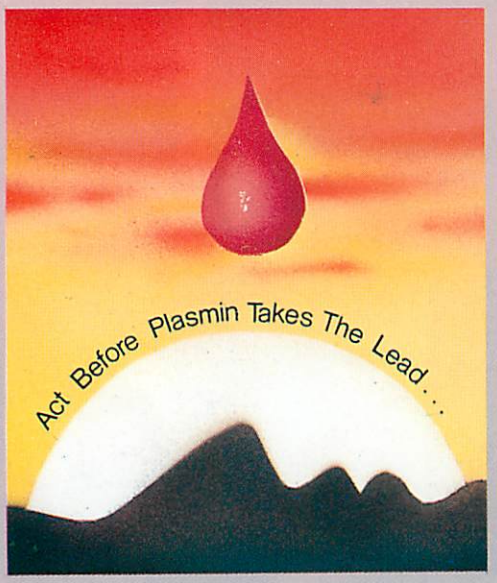
Conclusion - Treatment with tranexamic acid may be of value to patients considered to be at risk of dying after an upper gastro-intestinal haemorrhage.*

*HENRY D A., O'CONNEL DL BR Med. J. 1989;298:1142-6



PRESCRIBING INFORMATION

COMPOSITION: Each capsule and ampoule contains 250mg. of tranexamic acid. **CHARACTERISTICS: TRAXYL** (Tranexamic acid), a potent synthetic agent, inhibits specially the actions of plasminogen activator and plasmin which exhibits fibrinolytic action. **TRAXYL** (Tranexamic acid) shows unique hemostatic affects by preventing Fibrinolysis, hypofuntion of platelet increase, of vascular fragility and splitting of the coagulation factors. **INDICATIONS:** Abnormal bleeding and its symptoms caused by haemorrhagic disease (purpura, aplastic anemia, cancer, leukemia) bloody sputum and hemoptysis caused by pulmonary tuberculosis, Renal bleeding, Genital bleeding, bleeding caused by benign prostatic hypertrophy, abnormal bleeding during operation. **CONTRA-INDICATION:** Patients with a history of hypersensitivity to the drug. **DOSAGE & ADMINISTRATION: CAPSULE:** Usual oral dose for adult is 1-2 capsules, 3-4 times a day. **INJECTION:** One to 2 ampoules (5-10 ml) a day intravenously or interamuscularly, divided in 1 to 2 doses. During or after operation, if necessary, the intravenous drip of 2 to 10 ampoules (10-50 ml) alone or mixed with transfusions may be given. **PRECAUTIONS:** (1) Gastrointestinal disorder, nausea, vomiting, anorexia, eruption and headache may appear by oral administration of tranexamic acid. The symptoms will soon disappear after the reduction or discontinuation of the dosage. (2) In case of intravenous injection, it is advisable to inject as slowly as in the case of calcium preparation since rapid intravenous injection of Tranexamic acid may cause transient drop of blood pressure, bradycardia or dizziness. **ADVERSE DRUG REACTION:** *Hypersensitivity:* Stop administration when hypersensitive symptoms are observed. *Dermatologic:* Symptoms such as itching, exanthema etc. may appear rarely. *Digestive:* Symptoms such as anorexia, nausea / vomiting, diarrhoea / constipation etc. may infrequently appear. *Opthalmic:* There have been reports of retinal changes when large doses were administered to dogs over long periods. *Other:* Drowsiness may appear rarely. **DRUG INTERACTION:** Since there is a possibility of thrombus formation tendencies due to concomitant administration with large doses of hemostatic organ preparation or hemocoagulase, be careful when administering concomitantly. **PRESENTATION:** Box of 10 x 10 's blister. Box of 10 x 5 ml ampoules.

Further information is available on request.

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Organon Pakistan (Pvt) Ltd.

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- **Excellent absorption.**
- **Rapid peak serum level.**
- **Low Gastro-Intestinal disturbances.**
- **Good tissue penetration.**
- **Balanced spectrum of action.**

- **High clinical response.**

Respiratory tract infections	
– Chronic Bronchitis[1]	95%
– Acute Otitis Media[4]	94%
– Acute Sinusitis[2]	93%
Urinary tract infections[5]	99%
Skin & soft tissue infections[3]	97%

1. T. Manlitis, Current. Therapeutic Res., Vol. 48, No. 2, August 1990: 308-312. **2.** Catalano GB, Cefaclor: Into the next decade, 1992; 41-48. **3.** Jan Verhoef, Clinical Therapeutics Vol 11, Suppl A 1988; 71-79. **4.** Gerson H. Aronovitz, Southern Medical Journal, Vol. 73, No. 11, 1980: 1447-1449. **5.** Williams, KJ - Drug EXPTL. Clin. Res. XIII (2), 95-99. (1987).

Brief Prescribing Information
CEFANOL (Cefaclor Monohydrate) - USP

DESCRIPTION:
CEFANOL (Cefaclor monohydrate) is a semisynthetic cephalosporin antibiotic for oral administration. It is chemically designated as 3-chloro-7-D, (2-phenyl-glycinamido)-3-cephem-4-carboxylic acid monohydrate.

PRESENTATION:
CEFANOL 250 mg: capsules, each equivalent to 250mg Cefaclor
CEFANOL 500 mg: capsules, each equivalent to 500mg Cefaclor
CEFANOL 125 mg: granules, to obtain 60 ml, suspension equivalent to 125 mg Cefaclor per teaspoon (=5 ml)
CEFANOL 250 mg: granules, to obtain 60ml, suspension equivalent to 250mg Cefaclor per teaspoon (=5ml)

INDICATIONS:
CEFANOL is indicated in the treatment of the following infection when caused by susceptible strains of the designated micro organisms. • **Otitis media** caused by S. pneumoniae (D. pneumoniae). H. influenzae, staphylococci, S. pyogenes (group A beta-hemolytic streptococci) and M. catarrhalis. • **Lower respiratory infections**, including pneumonia caused by S. pneumoniae (D. pneumoniae). H. Influenzae. S. pyogenes (group A beta - hemolytic Streptococci) and M. catarrhalis. • **Upper respiratory infections**, including pharyngitis and tonsillitis caused by S. pyogenes (group A beta-hemolytic streptococci) and M. catarrhalis. *Note: Penilcilllin is the usual drug of choice in the treatment and prevention of streptococcal infection, including the prophylaxis of rheumatic fever. Cefaclor is generally effective in the eradication of streptococci from the nasopharynx; however substantial data establishing the efficacy of Cefaclor in the subsequent prevention of rheumatic fever are not available at present.* • **Urinary tract infections**, including pyelonephritis and cystitis caused by E. coli, P. mirabilis, Klebsiella spp and coagulase negative staphylococci. *Note: Cefaclor has been found to be effective in both acute and chronic urinary tract infections.* • **Skin and Skin structure infections**, caused by Staphylococcus aureus and S. pyogenes (group A beta-hemolytic streptococci). • **Sinusitis** • **Gonococcal urethritis**.Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefaclor.

CONTRAINDICATIONS:
CEFANOL is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

DOSAGE AND ADMINISTRATION:
CEFANOL is administered orally. **Adults:** The adults dosage is 250 mg every 8 hours. For bronchitis and pneumonia the dosage is 250 mg administered 3 times daily. A dosage of 250 mg administered 8 hourly for 10 days is recommended for sinusitis. For more severe infections (such as pneumonia) or those caused by less susceptible organism, dose may be doubled. Doses of 4g/d have been administered safely to normal subjects for 28 days but the total daily dosage should not exceed this amount. For the treatment of acute gonococcal urethritis in males and females a single dose of 3g combined with probenecid 1 g is given. **Children:** The usual recommended daily dosage for children is 20 mg/kg/d in divided doses every 8 hours. For bronchitis and pneumonia the dosage is 20 mg/kg/d in divided doses administered 3 times daily. In more serious infections otitis media and infection caused by less susceptible organisms, 40 mg/kg/d in divided doses are recommended with a maximum dosage of 1 g/d.

Child's weight (kg)	**CEFANOL** Suspension			
	20 mg/kg/d		40 mg/kg/d	
	125mg/5ml	250mg/5ml	125mg/5ml	250mg/ml
9	½ tsp t.i.d.		1 tsp t.i.d.	½ tsp t.i.d.
18	1 tsp t.i.d.	½ tsp t.i.d.		1 tsp t.i.d.

Detailed information is available on request.

Knoll Pharmaceuticals Limited
Formerly Boots Pharmaceuticals Ltd.
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BASF Pharma

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diclofenac sodium

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Helping millions around the world bounce back into life

Abridged prescribing information **Prescription Product**

Presentation: Diclofenac sodium: (gastro-resistant) tablets of 25mg and 50mg. **Indications:** Inflammatory forms of rheumatism. Degenerative and non-articular forms of rheumatism. Post-traumatic and post-operative pain and inflammation. Acute gout. Dysmenorrhoea and adnexitis. As an adjuvant in severe infections of the ear, nose and throat. **Dosage:** Adults: 75-150mg/day in divided doses (dysmenorrhoea: 200mg/day). Children over 12 months: 0.5-3mg/kg/day. **Contra-indications:** Gastric or intestinal ulcer, known hypersensitivity to diclofenac or other non-steroidal anti-inflammatory drugs. **Precautions/Warnings:** Symptoms/history of gastrointestinal disease, asthma, impaired hepatic, cardiac, or renal function. NSAIDs may mask infections or temporarily inhibit platelet aggregation. Pregnancy and lactation. Porphyria. Cautious use in the elderly. Extracellular volume depletion. Central nervous disturbances can influence the ability to drive and use machines. During prolonged treatment, periodic monitoring of liver function and blood counts is recommended. Combination with lithium, digoxin, methotrexate, cyclosporin, diuretics, anticoagulants, oral antidiabetics, quinolones. **Adverse reactions:** Occasional: gastro-intestinal disorders, headache, dizziness, vertigo, rashes, elevated serum transaminases. Rare: Gastric or intestinal ulcer, gastrointestinal bleeding, abnormalities of renal function, hepatitis, hypersensitivity reactions. In Isolated cases: pancreatitis, diaphragm-like intestinal strictures, aseptic meningitis, pneumonitis, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome, erythroderma, purpura, blood dyscrasias, cardiovascular disturbances, disturbances of sensation. **Packs:** Voltaren 25mg pack of 30 enteric coated tablets MRP Rs. 98.71 Voltaren 50mg pack of 20 enteric coated tablets MRP Rs. 118.47

01/96

Full prescribing information is available to physicians upon request.

CIBA-GEIGY (PAKISTAN) LIMITED

15- West Wharf Karachi-74000. Tel: 2312225-7

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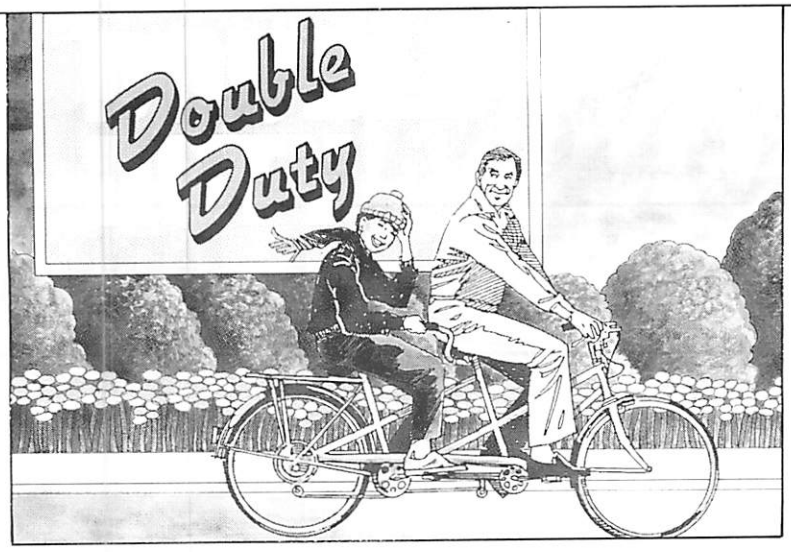
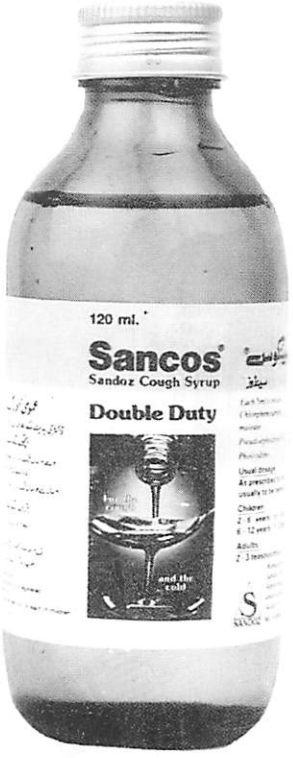


Sancos®

Sandoz

Double Duty Cough Syrup

For the Cough ... and the Cold



Sancos®

manages Cough... & Cold Symptoms round the year.

A pleasant tasting Cough Syrup for both Children & Adults.

BRIEF PRESCRIBING INFORMATION

Composition: Each 5ml contains: Chlorpheniramine maleate 2mg. Pseudoephedrine Hydrochloride 20mg., Pholcodine 5mg., with added menthol vapour action and glycerine in a syrup base. **Properties:** Sancos is a cough control preparation with an added decongestant effect. It contains three clinically active ingredients with a proven safety profile. Pholcodine has a specific effect on the medulla to control cough without suppressing it altogether. It is also free from undesirable side-effects like constipation, anorexia or vomiting. Pholcodine also has the advantage of being free from drug-dependence and is well tolerated by all age groups. Pseudoephedrine, unlike ephedrine, significantly is safe and more effective nasal and bronchial decongestant. Chlorpheniramine is a well tried antihistamine, beneficial in the management of nasal irritation and associated allergies. Menthol, glycerine and sucrose have an added soothing effect on the nasal and bronchial membranes.

Indications: Common types of cough and colds, particularly associated with congestion of nasal and bronchial mucous membranes. **Contraindications:** Hypersensitivity to any of the ingredients, patients treated with M.A.O. inhibitors. **Precautions:** Sancos should not be given to children below one year of age. Sancos is generally very well tolerated by most of the patients. However, it should be cautiously used in patients with hypertension, heart failure and incipient or established urinary retention. Usual antihistamine precautions also apply on patients operating dangerous machinery. **Side-effects:** In few susceptible individuals mild drowsiness, gastrointestinal upset, headache, dryness of mouth and blurring of vision may occur when recommended dosage has been exceeded. **Over dosage:** Treatment should be directed to the elimination of the ingested material by gastric lavage. General supportive measures are of importance. Pholcodine may cause respiratory depression and there may be pin-point pupils. This can be reversed by naloxone given 0.4 to 1.2mg kg body weight with i/v for adults and 0.01—0.1mg kg body weight for children. The dose may be repeated if the initial response is not maintained. **Usual Dosage:** To be taken upto 3 times a day. ***CHILDREN:*** 2-6 years: 1/2-1 teaspoonful (2.5-5ml); 6-12 years: 1-2 teaspoonfuls (5-10ml). ***ADULTS:*** Adults & children over 12 years: 2-3 teaspoonfuls (10-15ml). **Presentation:** Sancos is available in 60ml syrup pack MRP Rs. 12.21 & 120ml syrup pack MRP Rs. 17.63 The contents and prices are subject to revision.

SANDOZ

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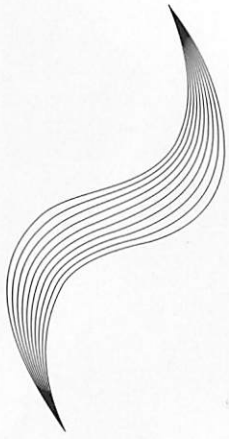

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Ph. : 5886561 - 5886589
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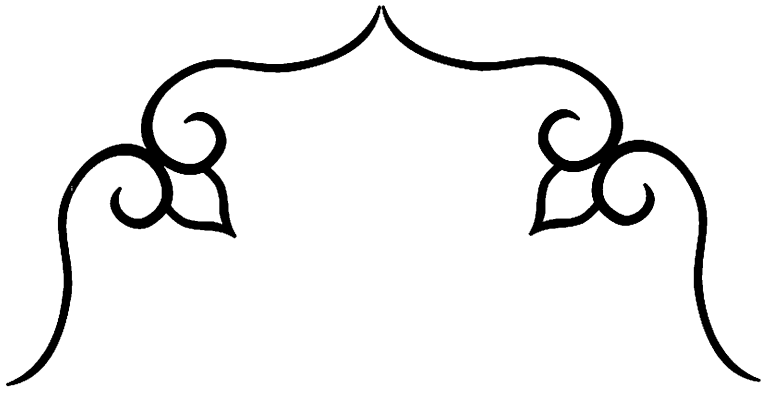

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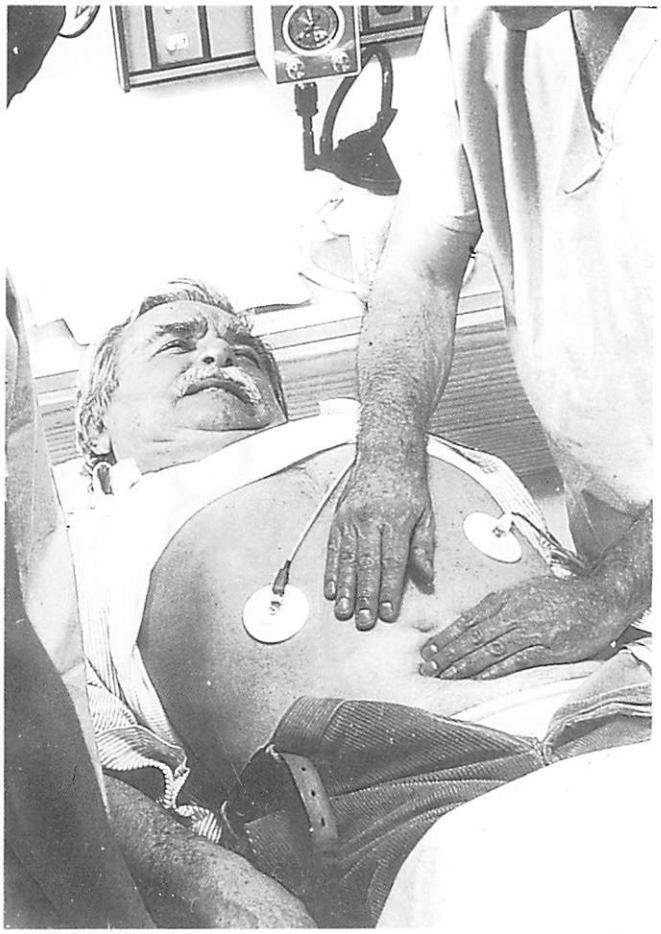
CEFIZOX® IV / IM

Ceftizoxime sodium

has lower $MIC_{90's}$ for pathogens mostly responsible for Intra-abdominal infections.

AEROBES		Cefizox
Refs.	Gram-negative	MIC_{90} (mcg./ml.)
1	*Escherichia coli*	*0.04*
1	*Klebsiella pneumoniae*	*0.05*
1	*Serratia marcescens*	*12.5*
1	*Proteus mirabilis*	*≤0.0063*
2	*Proteus vulgaris*	*0.12*
2	*Providencia rettgeri*	*0.06*
2	*Morganella morganii*	*16*
1	*Proteus (indole+)*	*6.3*
1	*Providencia sp.*	*0.05*
1	*Citrobacter sp.*	*0.2*
1	*Enterobacter aerogenes*	*0.12*
2	*Enterobacter cloacae*	*16*
ANAEROBES		**Cefizox**
Refs.	**Gram-negative**	**MIC_{90} (mcg./ml.)**
2	*Bacteroides fragilis*	*16*
Refs.	**Gram-positive**	**MIC_{90} (mcg./ml.)**
3	*Peptococcus sp.*	*1*
3	*Peptostreptococcus sp.*	*2*



References:

1. Fu, K.P., and Neu, H.C: Antibacterial activity of ceftizoxime, a ß-lactamase-stable cephalosporin, Antimicrob. Agents Chemother. 17:583 590 (Apr.) 1980.

2. Thornsberry, C.: Review of in vitro activity of third-generation cephalosporins and other newer beta-lactam antibiotics against clinically important bacteria, Am. J. Med. 79 (Suppl. 2A):14-20 (Aug.) 1985.

3. Chow, A.W., and Finegold, S.M.: In-vitro activity of ceftizoxime against anaerobic bacteria and comparison with other cephalosporins, J. Antimicrob. Chemother. 10 (Suppl. C): 45-50 (Nov.) 1982.

BRIEF PRESCRIBING INFORMATION

PRESENTATION: Each vial of CEFIZOXcontains 250mg, 500mg & 1000mg of ceftizoxime as the sterile sodium salt. The powder is white to pale yellow.The sodium content is approximately 60mg/g of ceftizoxime. When reconstituted, CEFIZOX is a colourless to pale yellow solution with a pH of 6-8, suitable for intramuscular or intravenous injection. **INDICATIONS:** Cefizox is indicated for the treatment of following infections due to susceptible organisms: Lower respiratory tract infections; urinary tract infections; gonorrhoea; peritonitis, septicaemia; skin & soft tissue infections. **DOSAGE & ADMINISTRATION:** Adults--Urinary tract infections: 0.5-1g, 12 hourly. Gonorrhoea: Single IM injection of 1g. Other infections: 1-2g, 8-12 hourly. Severe infections: 2-3g, 8-12 hourly. Children under 12 years: 30-60mg/kg bodyweight/day, 12 hourly. **CONTRA-INDICATIONS:** Hypersensitivity to cephalosporin antibiotics. **PRECAUTIONS:** Caution should be observed in patients hypersensitive to penicillins because of possible cross reaction. In patients with impaired renal function modification of dosage is required. Prolonged use may result in overgrowth of non-susceptible organisms. **ADVERSE REACTIONS:** Local reactions at the injection site include burning, cellulitis, pain, induration, tenderness, paraesthesia & phlebitis. Hypersensitivity (rash, pruritus & fever), transient elevation of liver enzymes (SGOT, SGPT & alkaline serum phosphatase) & transient eosinophilia or thrombocytosis have been noted. Occasional transient elevations of BUN & serum creatinine & occasional nausea, vomiting or diarrhoea have been noted. **STORAGE RECOMMENDATIONS:** Store below 25°C. Protect from light. BQGT 87-15

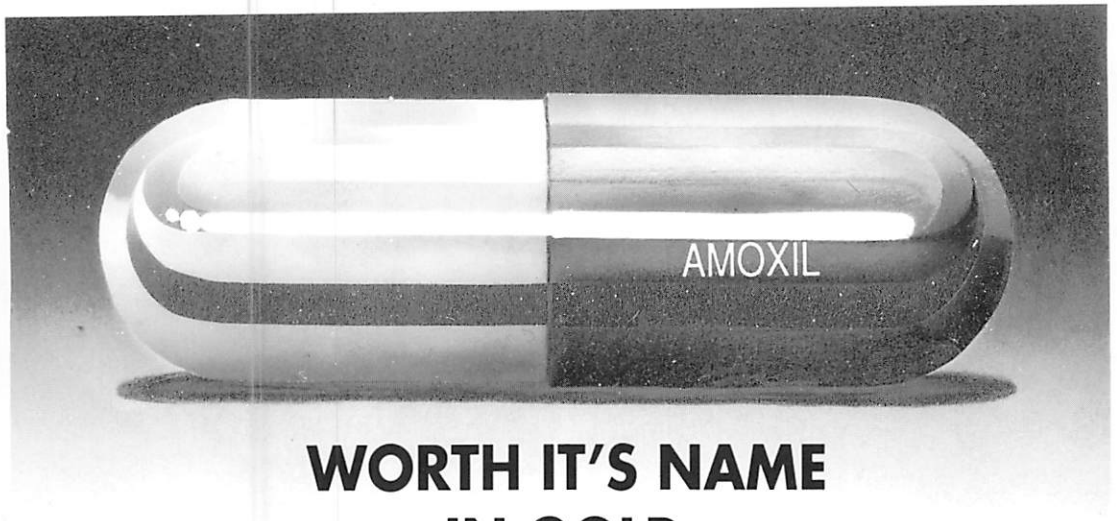
FOR FULL PRESCRIBING INFORMATION PLEASE REFER TO THE COMPANY

Manufactured by Wellcome Pakistan Ltd., for
Barrett Hodgson Pakistan (Pvt.) Ltd.,
F/423, S.I.T.E., Karachi.
Under licence from Fujisawa Japan

BH-F/P-2

Amoxil

amoxycillin



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Amoxil, the world's leading brand of amoxycillin is an original research product. During the 1992 Medec Congress in France, French physicians and specialists endorsed Amoxil for its continued efficacy. Amoxil was awarded the 1992 Prix Medec as the most widely prescribed antibiotic in Europe. AMOXIL is the original amoxycillin that you can trust.

Amoxil

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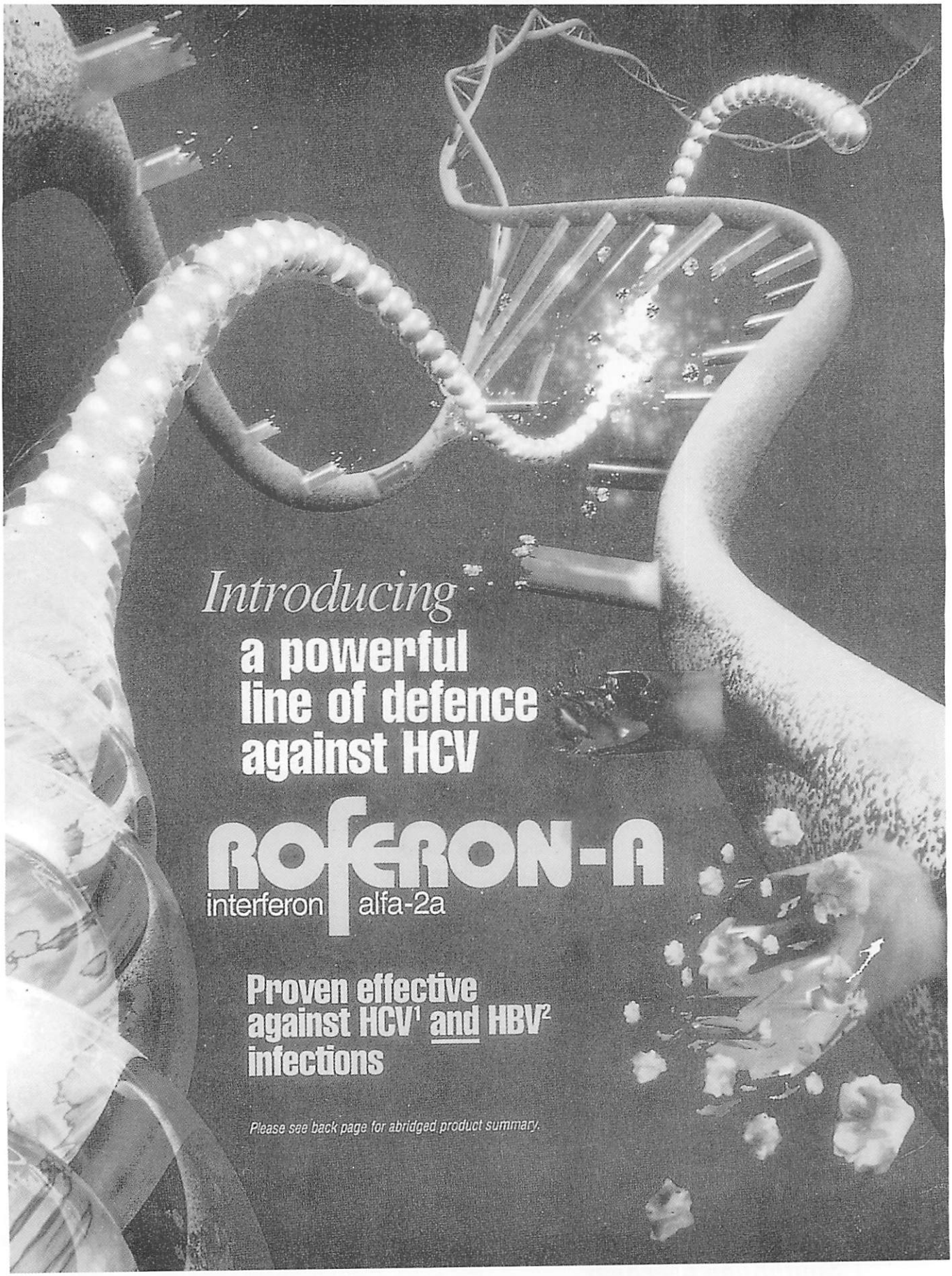
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a powerful
line of defence
against HCV
ROFERON-A
interferon alfa-2a
Proven effective
against HCV[1] and HBV[2]
infections
Please see back page for abridged product summary.

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when a rapid and strong effect IS required

TABLET

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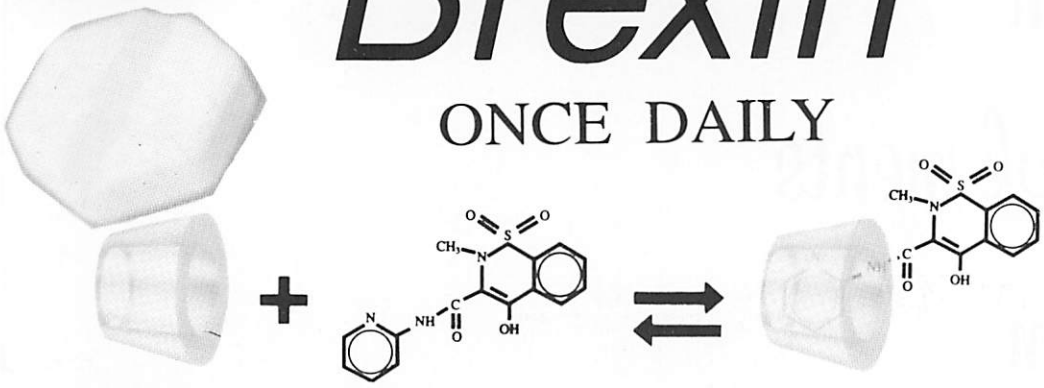
ONCE DAILY



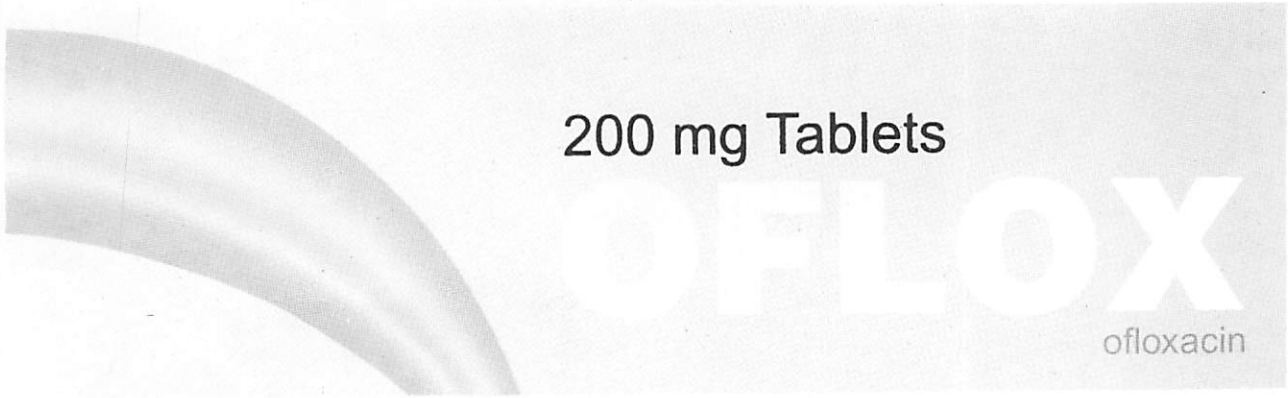
* Three chemists, Profs Cram, Lehn, and Pedersen, were awarded with the Nobel Prize for chemistry in 1987 for their studies on Host-Guest technology also called supramolecular chemistry [1]

HOST-GUEST CHEMISTRY

(NOBEL PRIZE*)

chiesi

a typical "host" molecule can trap one single "guest" molecule in its interior thus modifying its chemico-physical properties"[1]



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25 mg Tab. 50 mg Tab
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A proven antiarthritic providing faster pain relief, power & joint mobility.

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So, kindly donate generously to Khadim-e-Insaniat. All forms of donations i.e., Zakat, Sadqa, Fitra are accepted.

Remember
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Thanks
President : Hussain Bhai
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When you start antihypertensive therapy look beyond blood pressure control.

Once daily

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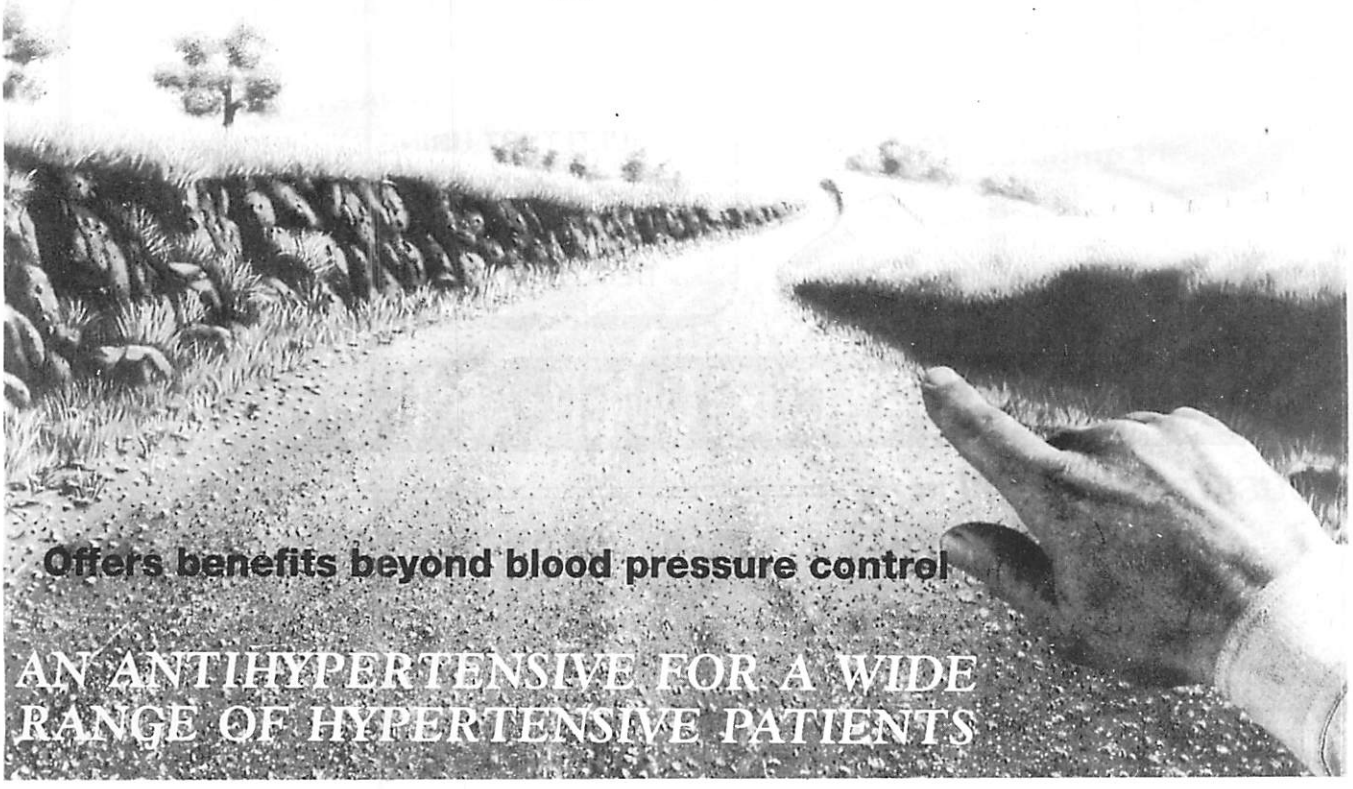
(enalapril maleate, MSD)



Consider this information carefully before prescribing

The dose of diuretic should be reduced when possible to diminish the possible occurrence of hypotension.

The use of potassium supplements, potassium sparing diuretics, or potassium-containing salt substitutes, particularly in patients with impaired renal function, may lead to a significant increase in serum potassium. If concomitant use of these agents is deemed appropriate, they should be used with caution and with frequent monitoring of serum potassium.

Anaphylactoid reactions have been reported in patients dialyzed with high-flux membranes and treated concomitantly with an ACE inhibitor. In these patients consideration should be given to using a different type of dialysis membrane or a different class of antihypertensive agent.

For full Prescribing Information of indications, dosage and administration, contraindications, precautions, and side effects, please refer to the physicians circular for RENITEC.

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MSD
MERCK SHARP & DOHME OF PAKISTAN LTD.

One line of defence for both HCV and HBV infections

Normalizes ALT in up to 83% of patients with chronic HCV infection[1,3]

IN A WORLDWIDE CLINICAL TRIAL PROGRAM, A TOTAL OF 1,831 PATIENTS WITH CHRONIC HCV INFECTION WERE TREATED WITH ROFERON-A.[1]

Responders*

Patients without cirrhosis | Patients with cirrhosis

ALT normalization was achieved in one study in 47% of patients (without cirrhosis) and in 24% of patients (with cirrhosis) with HCV when treated with ROFERON-A (6 MIU tiw for 3 months, then 3 MIU tiw for 3 months).*

Sustained Responders†

Patients without cirrhosis | Patients with cirrhosis

A normal ALT was sustained respectively in 68% (without cirrhosis) and 63% (with cirrhosis) of these responders 6 months after completion of therapy.‡

Clears virologic markers in a significant number of patients with chronic HBV infection[2]

BOTH HBe ANTIGEN AND HBV-DNA WERE CLEARED IN 40% (55/136) OF PATIENTS WITH CHRONIC HBV INFECTION TREATED FOR 12 TO 24 WEEKS WITH 4.5, 9, OR 18 MIU‡ ROFERON-A TIW.[2]

ROFERON®-A
interferon alfa-2a

Roche

* At the end of the 6-month treatment period, 137 patients were evaluated.
† Six months after treatment was completed, 127 patients were evaluated.
‡ Statistically significant difference in response was seen between doses.

References:
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ROFERON-A

Composition: Interferon alfa-2a. **Indications:** Roferon-A is indicated for the treatment of hairy cell leukemia, cutaneous T-cell lymphoma (mycosis fungoides and Sézary syndrome), AIDS-related Kaposi's sarcoma, renal cell carcinoma, metastatic malignant melanoma, chronic myeloid leukemia in its chronic stage and essential thrombocytosis associated with myeloproliferative disease, chronic active hepatitis B and chronic hepatitis C. Registered indications may vary between different countries. **Dosage:** The recommended dose for HCV is 6 MIU tiw for 3 months, then 3 MIU tiw for 3 months. Dosage recommendations for other indications are available on request. **Contraindications:** A history of hypersensitivity to recombinant interferon alfa-2a or any component of the preparation. Patients with severe cardiac disease or with any history of cardiac illness. Severe renal, hepatic or myeloid dysfunction. Seizure disorders and/or compromised central nervous system function. Chronic hepatitis with advanced, decompensated cirrhosis of the liver. Chronic hepatitis or recently been treated with immunosuppressive agents, excluding short-term 'steroid withdrawal'. CML who have an HLA-identical relative and for whom allogeneic bone marrow transplantation is planned or possible in the immediate future. **Precautions:** Roferon-A should be administered under the supervision of a qualified physician experienced in the management of the respective indication. When mild to moderate renal, hepatic or myeloid dysfunction is present, close monitoring of these functions is required. Careful periodic neuropsychiatric monitoring of all patients is recommended. In patients with severe myelosuppression. In transplant patients. In rare cases, severe hepatic dysfunction and liver failure have been reported. The safety and effectiveness of Roferon-A in children has not been established. The neurotoxic, hematotoxic or cardiotoxic effects of previously or concurrently administered centrally acting drugs may be increased by interferons. Men and women receiving Roferon-A should practice effective contraception. In pregnancy, Roferon-A should be administered only if the benefit to the woman justifies the potential risk to the fetus. It is not known whether this drug is excreted in human milk. A decision must be taken whether to suspend breast-feeding or to discontinue the drug. **Side effects:** *General symptoms:* The majority of the patients experienced *flu-like symptoms*. Reactivation of peptic ulcer and non-life-threatening gastrointestinal bleeding have been reported in isolated cases. In rare cases, hepatitis was reported. Severe somnolence, coma, cerebrovascular adverse events, transient impotence and ischemic retinopathy were rare complications. Rare cases of pulmonary edema, congestive heart failure, cardiorespiratory arrest and myocardial infarction have been reported. Cardiovascular problems are very rarely seen in patients with hepatitis B. Transient leukopenia occurred variably in about one third to over one half of the patients. In non-myelosuppressed patients, thrombocytopenia was less frequently seen, and decrease of hemoglobin and hematocrit occurred rarely. In myelosuppressed patients, thrombocytopenia and decreased hemoglobin occurred more frequently. Recovery of severe hematological deviations to pretreatment levels usually occurred within seven to ten days after discontinuing Roferon-A treatment. **Packs:** Vials containing 3, 4.5, 9 or 18 million IU + ampoules containing 1 ml sterile water for injections, 5's.

Registered indications and dosages may vary by country. Please consult your country's complete prescribing information before prescribing Roferon-A.

Full details are available on request.

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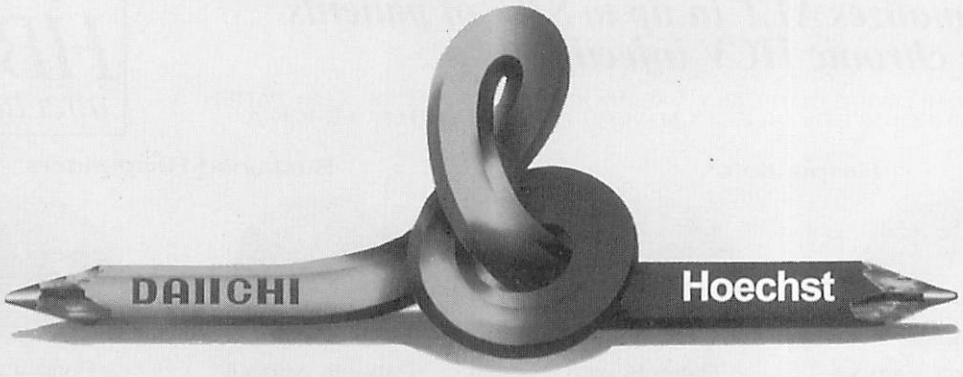

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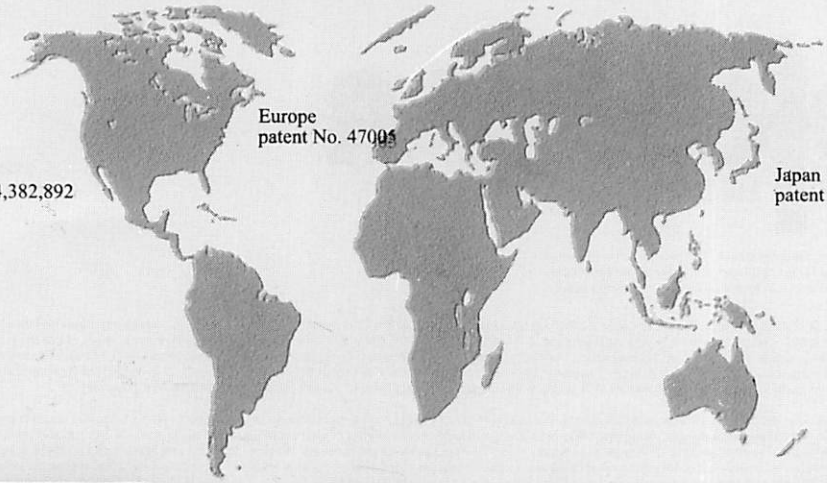

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Basic Information:
Each film coated tablet contains 200mg ofloxacin as active ingredient. Each 100 ml infusion solution contains 220mg ofloxacin as hydrochloride, equivalent to 200mg ofloxacin. **Indications:** Infections caused by ofloxacin sensitive pathogens. Infections of the kidney, urinary tract, genital organs, gonorrhoea. Infections of the respiratory tract, especially if caused by Gram-negative pathogens, staphylococcus aureus, or other so called problem organisms. Chronic and recurrent infections of ear, nose and throat. Infections of the abdominal cavity, including the pelvis minor. Bacterial enteritis. Infections of soft tissue and skin. Infections of the bones and joints. Prophylaxis of infections (also by selective decontamination of the intestine in patients with a significant reduction of resistance to infections in neutropenic state). **Contraindications/Precautions:** Hypersensitivity to ofloxacin and quinolones. Epileptics, children or adolescents in the growth phase. Pregnancy, Lactation. Pre-existing CNS lesions involving a lowered convulsion threshold. **Dosage:** Average daily dose 2 x 200mg upto 400mg may also be given as a single dose in the morning. In severe infections or Infections with complicating factors the dosage may be increased in individual cases to 800mg daily (2 divided doses). In patients with impaired renal function, the initial dose is the same as for patients with normal renal function. In patients with a creatinine clearance of 50-20 ml/min: Maintenance dose of 100-200 mg every 24 hours. In patients with a creatinine clearance of less than 20 ml/min: Maintenance dose of 100 mg every 24 hours. The duration of treatment should not exceed 2 months. Recommended dose for prevention of infections in patients with a significant reduction of resistance to infections: 400-600 mg ofloxacin daily. In patients with impaired liver function: Maximum daily dose of 400 mg. Infusion must be administered over a period of 30 minutes. **Presentation:** Packs with 10 scored film-coated tablets and 200mg/100ml infusion vial. *Further information available on request.*

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CLINICAL INFORMATION:
Indications: Joint, tendon, ligament or muscular pain, inflammation or injury (arthritis, periarthritis, arthrosynovitis, tendinitis, bursitis, contusions, sprains, luxations, lesion of the meniscus, stiff neck, backache). Superficial lymphadenitis, lymphangitis, periphlebitis, phlebitis; erythema and inflammatory processes of the skin.
Contraindications: Known individual hypersensitivity to ketoprofen.
Side Effects: No side effects that could be related to the use of Fastum Gel have been reported. Prolonged use of topical preparations may give rise to sensitization.
Special Precautions for use: Do not use on open wounds or skin lesions.
Use in Pregnancy and Lactation: Fastum Gel, like all other drugs should only be used in case of proven need.
Drug Interactions: No interactions with other drugs have been reported, however it is advisable to monitor patients being treated contemporaneously with coumarin drugs.
Dosage and Administration: Apply 3-5 cm (or more according to the area to be treated) of gel once or twice a day; massage gently to facilitate absorption.

Overdosage: In view of the low plasma levels attained by ketoprofen use cutaneously, there is no risk of overdosage.
Warnings: Fastum Gel does not develop patient dependency. Keep out of reach of children.
Effects on Ability to Drive and to Use Machines: No limitations have been reported.
PHARMACEUTICAL INFORMATION:
Incompatibility: None.
Shelf-Life: 5 years.
Special Storage Precautions: None.
Package: Tube: 30 g (2.5%).

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Further information on request

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