

DEPARTMENT OF HEALTH,  
P.O. BOX 5013,  
WELLINGTON.

7 September 1972.

**CLINICAL SERVICES LETTER NO. 117**

**TO MEDICAL PRACTITIONERS**

**(Copy to Retail Pharmacists)**

Dear Doctor,

**LABELLING WITH THE PROPER NAME**

Since 1965, pharmacists have been required to label containers for certain preparations with the name of the drug. The name to be shown is that by which the drug is ordered, or the name used in the labelling directions.

Containers for eye preparations (containing a single active ingredient or those ordered by brand name), and for tablets and capsules dispensed by count, are required to be labelled with the proper name unless the prescriber indicates:

- (a) That he does not wish this to be done, or
- (b) That he wishes the label to be marked with some other appropriate designation instead of the proper name.

With extemporaneously compounded preparations it would be impracticable to list the active ingredients on the label, and it should *not* be left to the pharmacist to decide on a suitable short title.

In the case, however, of a preparation containing one active ingredient, or a preparation bearing an official title, suitable labelling should be possible. Pharmacists have been requested to label preparations of this type accordingly.

If a doctor requires a title to be marked on medicines of his own formulation, this should be reduced to one line and incorporated as a labelling instruction, e.g., "Sig. The Cough Mixture. 5 ml q.q.h.". With preparations of this nature, or others with multiple ingredients, unless a doctor specifies a brief title which he wishes to be marked on the container, the pharmacist cannot be expected to comply. *"NP" alone is not sufficient.*

## INFANTS ON SPECIAL DIETS

Recently a 4-year-old phenylketonuric boy was found to be markedly anaemic. He had been since infancy well controlled on a low phenylalanine preparation with added foods and a multivitamin mixture, and was thriving and developing normally. On investigation his anaemia proved to be megaloblastic, due to folic acid deficiency, and he rapidly responded to folic acid administration.

This case underlines two important factors. First, most special diets such as those used for phenylketonuria, histidinaemia, and galactosaemia do not contain adequate vitamin content. Secondly, most multivitamin preparations available for children do not contain folic acid.

These two facts suggest the need for particular care in vitamin supplementation for children on restricted dietary treatment. Ketovite liquid and tablets contain adequate amounts of all known vitamins required by man, and it appears advisable to request special approval for both Ketovite supplements at the same time as approval is sought for the basic diet.

Yours faithfully,



(A. W. S. Thompson)  
Director,



(A. H. Paul)  
Deputy Director,

Division of Clinical Services.

### **PRESCRIPTIONS FOR DIGOXIN**

Evidence has recently come to hand which suggests that the nominal content of digoxin in a tablet is an inadequate indicator of potency.

For this reason a prescription written for digoxin without specifying the brand or manufacturer could lead to the dispensing of tablets which vary in potency from one dispensing to another.

The Division of Clinical Services encourages the prescribing of medicines by proper name, but in the patient's interest it is considered that prescriptions for *digoxin* should specify the brand or manufacture in order to ensure uniformity of treatment.

## **NEW ZEALAND SURGICAL TEAM—QUI NHON, BINH DINH PROVINCE, SOUTH VIETNAM**

The Ministry of Foreign Affairs is seeking a second surgeon, third surgeon, and physician for the New Zealand Surgical Team at Qui Nhon.

The third surgeon position is at the moment vacant and the present second surgeon leaves Qui Nhon at the end of August 1972. The physician position falls vacant at the end of October.

The New Zealand Surgical Team was established in 1963 and now has a staff of 12—a surgeon/leader, second and third surgeons, a physician, radiographer, laboratory technician, public health officer, public health nurse, administration officer, maintenance officer, and two nurses. The hospital has 140 beds, and includes the Sir Walter Nash Children's Ward which can accommodate up to 60 patients.

Remuneration for the assignment will be:

1. An appropriate salary based on hospital service salary scales.
2. Location and inducement allowances based on this salary.
3. Wife and child separation allowances.
4. Special provisions for leave outside Vietnam (air fares paid).

Inquiries would be welcome from anyone interested in the positions either addressed to the Director of External Aid, Ministry of Foreign Affairs, Private Bag, Wellington, or telephone 59 819, Ext. 728.



## **MEDICAL POSTS IN SARAWAK**

The medical services in Sarawak would welcome the assistance of New Zealand doctors willing to serve for periods of 2 to 3 years. They are short, in particular, of a pathologist, an anaesthetist, a surgeon, and an obstetrician, but the overall establishment is short of more than 20 medical officers at present.

Salary would be roughly equivalent to what the particular officer might expect in New Zealand, plus certain additional emoluments.

Inquiries may be addressed to this office, or direct to the Assistant Director of Medical Services, Medical Department, Kuching, Sarawak.

## **THE PUBLIC HEALTH**

REPORT OF THE DEPARTMENT OF HEALTH FOR YEAR ENDED  
31 MARCH 1972

Copies of this report may be purchased at Government Bookshops,  
price 80 cents.