

CONCLUSION:

Although Myodil myelography has certainly fallen into disuse in the developed world, this does not by any means imply that it is a 'dead issue'.

Unless or until we fully understand what went wrong, with licensing procedures, regulation within the medical profession and the underlying power of the Pharmaceutical industry (the 'dark industry'), and initiate research into the devastating adverse effects of the procedure itself, then we will remain unable to escape from the past; **doctors will not be able to learn from past errors of judgement, and patients will be consigned to a lifetime of pain and disability.**

This article aims to pull together various sources of information to highlight the abundant evidence of the toxicity of iophendylate alongside the repeated denial of this toxicity by the industry and failure by the medical profession in general to follow the Scandinavian example and move away from use of this dye.

Lawrence LeShan wrote, in his 1984 book, 'Holistic Health'(123):

'Generally holding a deep belief in modern science and medical progress, physicians tend to trust the products put out by the pharmaceutical houses on the say-so of their advertisements. (That anyone should, in this age, trust a large company to be interested in anything but making money boggles the imagination!)"

The renowned University of Manchester Institute of Science & Technology (UMIST) contains the following information in a research methodology handout:

"Science and research must be studied in the context of all the interested parties involved. The questions centre on determining the relative weight of the various allies in the 'fact creating' process- e.g. funding bodies, businesses, departments of state, professions and other scientists. In analysing scientific debates, one should always ask what social, institutional and political interests lie behind often apparently 'neutral' and 'technical' knowledge claims."

This is highly apposite when considering the issues surrounding iophendylate.

There are still some unanswered questions, including:

1. How did the manufacturers get the product licensed so quickly despite FDA concerns?
2. How were they allowed to get away with such substandard practices for so long?
3. Why did UK doctors ignore warnings and consistently fail to aspirate the dye?
4. Is iophendylate still in use in the Third World (and elsewhere)?
5. Why do doctors persist in failing to acknowledge and recognise the adverse effects of iophendylate clinically, including the effects of residual dye in the basal cisterns causing headaches and neurological problems?
6. Why, if Sweden could see the need to develop alternatives, did the rest of Europe and the US not follow suit? What financial pressures were brought to bear?
7. Can we assure ourselves that the licensing bodies (FDA, MCA, Committee of Safety of Medicines) are trustworthy both in terms of their impartiality and efficacy? After all, the MCA's new director used to be a top executive in Smith Kline Beecham, and many CSM members are beneficiaries of the pharmaceutical industry, whether via constancy, fellowship or vested interest. The manufacturers have had a statutory obligation to supply all known research (world-wide) when applying for a renewal of a Product licence of right every 5 years (and for the subsequent full Product Licence): was the company negligent, and if so, why did the MCA not act accordingly? The CRM (Committee on the Review of Medicines) reviewed products on the market under a Product Licence of Right (as Myodil was): commencing October 1975, until May 1991. Did Myodil simply slip through the net of too many Committees, or was there a darker reason for the 'oversight'?
8. Can we be confident that the medical profession will not continue to 'bury its head in the sand' and can we afford to allow self-regulation to continue, in a 'closed shop'? Thomas Szasz wrote in *The Moral Physician*, "Insofar as the biologist or physician chooses to act as a scientist, he has an unqualified obligation to tell the truth; he cannot compromise that obligation without disqualifying himself as a scientist." He also wrote: "We should...insist that the expert's allegiance to the agents and values he serves be made explicit and that the power inherent in his specialized knowledge and skill not be accepted as justification for his exercising specific control over those lacking such knowledge and skill." Hence, the Bolam test seems a less than adequate defence for practice that damages the patient, thereby breaking the Hippocratic Oath, "First do no harm."
9. What does the story of Myodil tell us about the issue of Informed Consent?

10. Should reporting of iatrogenic conditions such as arachnoiditis be mandatory, with all iatrogenic conditions being notifiable?
11. Should there be continued use of the subarachnoid space as an administration route for all manner of chemicals, including highly toxic chemotherapy agents to fight leukaemia?
12. When will research into iatrogenic chemically-induced adhesive arachnoiditis (ICIAA), a condition every bit as devastating as MS, begin in earnest?

As Rachel Carson wrote:

"if having endured much, we at last asserted our 'right to know' and if, knowing, we have concluded that we are being asked to take senseless and frightening risks, then we should no longer accept the counsel of those who tell us that we must fill our world with poisonous chemicals, we should look around and see what other course is open to us."

It is high time that the deliberate, systematic and sustained dishonesty of the pharmaceutical companies and the scandalous inaction by licensing authorities and various 'August bodies' within Governments become public knowledge and that those involved be finally called to account.

After all, the victims of iophendylate have to live with the consequences day by miserable day.

For the most part, they simply want to have their suffering acknowledged and they struggle to maintain a sliver of hope that one day research into the devastating condition, adhesive arachnoiditis, might bring some answers, perhaps even some relief from the lifelong pain they experience.

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Sources and Acknowledgments:

Medline: as referenced in footnotes using the search terms Pantopaque, iophendylate and Myodil

Parisian Report

Burton Report (www.burtonreport.com)

Derek Morrison BCW, ADCW who has been a source of inspiration due to his unflagging determination to expose the truth

ATUK

ASAMS

NZHTA report

Snazz Media

This article is dedicated to all who have suffered the consequences of iophendylate.

OTHER RELATED REFERENCES:

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