News and Notes

ANNUAL MEETING OF SOCIETY OF OBSTETRICIANS & GYNAECOLOGISTS

Annual Scientific Meeting of the Society of Obstetrician & Gynaecologists of Pakistan will be held on 24th & 25th November, 1979 at the College of Physicians & Surgeons of Pakistan, Karachi.

Those interested in attending may please contact Dr. Sadiqua Jafarey, Department of Obstetrics & Gynaecology, Jinnah Postgraduate Medical Centre, Karachi.

TB ASSOCIATION OFFICE-BEARERS

The Pakistan National T.B. Association at a meeting elected Begum Zari Sarfaraz and Dr. Saeedul Majid as its Chairman and General Secretary respectively.

The other office-bearers are Dr. Mohammad Abdullah (Karachi), Mian Fazle Ahmed (Lahore) and Dr. Abdul Khaliq (Quetta)—Vice-Presidents; and Mr. S. A. Khan, Mr. Amjad Riaz Shah, Mr. Mohammad Iqbal and Malik Ghulam Habib—joint secretaries; with the Auditor-General of Pakistan being the Finance Secretary.

The Association also elected a 12-member Executive Committee besides two other members nominated by the Chairman.

Members of the Executive Committee are Mr. Shabbir Hussain Hashmi (Jamshoro), Sheikh Mahmood Hussain (Karachi), Dr.

Hizbullah Hamdani (Mirpur Khas), Dr. A. H. Saeed (Quetta), Begum Qazi Isa (Quetta), Janaba Fazeela Aliani (Quetta), Syed Mahbub Hussain (Rawalpindi), Dr. Saeed Dar (Faisalabad), Sheikh Gulzar Hussain (Gujranwala), Begum Mahmooda Salim Khan (Abbottabad), Haji Faiz Mohammad Paracha (D. I. Khan), Dr. Amir Mohammad Khan (Mardan), Raja Sadiq Lali (Sind) and Mufti Ziaul Hassan (Sahiwal).

KASUR HOSPITAL FOUNDATION LAID

Brigadier (Rtd.) Atta Mohammad, Punjab Governor's Adviser for Health has called upon the well-to-do and philanthropists to come forward and lend their moral and material help to meet the health requirements of the people.

He was addressing a select gathering of the district on the occasion of the foundation stone-laying ceremony of the District Headquarters Hospital.

He said the government was spending a substantial amount for providing maximum medical facilities, but it could not do the task alone.

Talking about the existing number of health projects, the Health Adviser said that there were 198 hospitals having 18,000 beds, 1,195 dispensaries, 115 rural health units, 323 sub-centres and 459 MCH centres in the province. Moreover, he said, there were 10 teaching hospitals, nine nursing schools and two schools for imparting training to Lady Health Visitors.

The District Headquarters Hospital, he said, would be constructed at a cost of about Rs. 95.35 lakh and it would be completed by 1982. On completion, it would provide specialised facilities and comprise 125 beds. While preparing the blueprint, it had been kept in mind that the hospital should cater to the future needs of the expanding population.

Earlier, Brigadier I. A. Khawaja, Provincial Health Secretary, said in his address of welcome that the hospital building would spread over 25 acres and the plinth area would be 45,000 square feet. In order to serve the needs of Kasurites a modern operation theatre, a nursing school and nursing home would also be provided.

OCCULT BLOOD TEST PROTOCOL IS MODIFIED

General and family practitioners can effectively and inexpensively screen for cancers of the gastrointestinal tract by testing high-risk patients' stool specimens for occult blood, Professor J. D. Hardcastle, of the Department of Surgery at Nottingham University, told a session here of the Scientific Meeting of the British Medical Association. High-risk patients include those over 45 years of age, those with a family history of GI cancer, a previous history of adenomatous polyps, colorectal carcinoma, or ulcerative colitis, Dr. Hardcastle said.

If, when examined by a doctor or a nurse, the stool slide is found to be positive for occult blood, the patient is asked to repeat the test, after excluding red meat, etc., from the diet for three days. If still positive, the patient is examined by proctosigmoidoscopy and referred to hospital if necessary.

The approach Dr. Hardcastle suggests that practitioners follow was worked out in a trial conducted by the Department of Surgery at Nottingham University in conjunction with local physicians. The trial picked up colorectal carcinoma at the rate of 1.2 per 1,000 patients and detected several patients with nonmalignant diseases of the GI tract.

Using this simple screening method can reduce significantly the average time delay, nine to 10 months, between the onset of warning symptoms and the imitation of treatment for GI cancers.

N-RADIATION CAUSES CANCER

A colony of monkeys exposed to different kinds of radiation over 20 years developed fatal cancerous tumours, an inquiry carried out by the Regional Primate Study Centre at Yerks in Georgia has shown.

The results of the study on a colony of monkeys, financed by the National Cancer Institute, have been published by Dr. Harold McClure who said that some of the monkeys were exposed to fallout from an atomic bomb exploded at a test site in Nevada desert in 1957.

Other monkeys were exposed to cobalt radiation in 1958 while a third group was exposed to neutron radiation.

He said that of the 78 monkeys involved,

43 had died and 46.5 per cent of these died as a result of cancer.

RADIOISOTOPIC TRACERS FOR ORTHOPAEDIA

A group of Kurgan Physicians headed by Professor G. Llizarov has proposed using radioisotopic tracers to follow the regeneration process of bones for treatment of bone injuries and diseases.

Uptil now the success and duration of medical treatment of bone injuries and diseases, including extension of stricken extremities and splicing of so called false joints, largely depends on the exactitude with which doctors determine the extents of bone's regeneration. And in this task practically the only help, they had, came from X-rays, which, unfortunately, do not give a full picture of the state of the bone.

In the proposed process a small quantity of harmless substances is introduced in the patients' baby, and special instrument then enable doctors to observe their movements and concentration. After a series of experiment and observations, the Kurgan specialists were able to establish a number of laws. Intense activity on the part of the radioisotopic substance in the bone indicates that the bone is not yet solid, in a healthy and fully formed bone isotopic activity is lower.

The new method can also help doctors determine the strength of a false joint's splicing. In the case of a successful cure the main mass of isotopes accumulates.

In the 1960s smallpox was an endemic disease in between 50 and 60 countries, and was periodically introduced into other countries by travellers from endemic areas. In 1967 WHO launched the Intensified Smallpox Eradication Programme, and with the collaboration of national health authorities, smallpox was progressively eradicated from one country after another until the last case of naturally acquired smallpox anywhere in the world occurred in Somalia in October 1977. Eradication of this ancient scourge of mankind is one of the greatest accomplishments of preventive medicine and is a tribute to international collaboration for human well-being.

In spite of the confidence engendered by the fact that nowhere has smallpox recurred after a country was declared free of the disease (including such "high risk" areas as Indonesia, India and Bangladesh, where the last cases occurred in January 1972, May 1975 and October 1975 respectively) the World Health Organization has established an "insurance policy" to guard against any possible unexpected happening that may cause smallpox to recur. This has several components. Active surveillance is being maintained in Zaire, where a related virus normally circulating in wild animals occasionally causes sporadic smallpox-like disease (human monkeypox) in humans. The laboratories in the USA and the USSR that provided diagnostic facilities for WHO throughout the eradication campaign maintain their capabilities. Special measures have been taken to destroy stocks of variola virus in all but a very small number of laboratories, in order to minimize the risk of escape of the virus from the laboratory. WHO has established a large reserve stock of freeze-dried smallpox vaccine located in three strategic places (Geneva, New Delhi, Toronto), and many national governments have established their own reserves.

The last case of endemic smallpox occurred in Pakistan in 1974. Prior to that time specimens for smallpox diagnosis were not uncommonly sent to hospitals, universities, or state diagnostic laboratories. Following common virological practice, aliquots of some of these samples or virus recovered from them might have been put in the deep-freeze units in such laboratories for future reference. Some of these specimens may remain there, long since forgotten. Such material could be dangerous, and might at some future time constitute a source for further cases of human smallpox. National health authorities have been concerned about this possibility and have already collaborated with WHO in a survey designed to identify laboratories that were retaining variola virus. However, we believe that it would be wise for the directors of all laboratories where smallpox diagnosis was ever conducted once more to examine their deep-freeze storage cabinets for any such forgotten material and incinerate any ampoules that may contain variola virus or are not properly labelled.

The other way in which Pakistan can help with the global insurance against any possible recurrence of smallpox would be for them to be alert for any suspicious human case and obtain material for laboratory study, and to collect specimens from any wild animals found to have pox-like infection. All

such specimens should be sent to WHO, Geneva.

We believe that the world is now free of smallpox, for ever, but the price of liberty is eternal vigilance, and against this disease it is the doctors who need to maintain this vigilance.

NEW WHO PUBLICATION

Personnel for health care : Case studies of educational programmes, edited by F. M. Katz & T. Fulup, Geneva, World Health Organisation, 1978 (*Public Health Papers* No. 70). ISBN 92 4 130070 1. 260 pages. Price Sw.fr. 21.-, US $ 10.50. French and Spanish aditions in preparation.

In order to develop the kind of health personnel who are able and willing to serve the community by providing health care, promoting health and preventing disease, training programmes must be devised that are relevant.

Unfortunately there are still many educational programmes which are not really relevant to health needs in a changing world ; many do not apply the knowledge now available on effective teaching/learning processes. However, there are also educators who are now meeting the challenge and breaking with the past by instituting educational programmes specifically oriented to community health needs. Such programmes base the teaching/learning process on community problems, integrate where possible different academic disciplines, and ensure active or experimental learning.

In the present volume, some of these innovative approaches are described by those responsible for, or participating in, the programmes concerned. The 14 educational programmes dealt with cover different categories of health personnel, in consonance with the World Health Organization's programme for health manpower development. They are being carried out in institutions situated in all parts of the world : the Institut technologie de la Sante publique, Constantine, Algeria ; the Faculty of Dentistry of the University of Queensland, Brisbane, Australia ; the Medical School of the University of Brasilia, Brazil ; the School of Medicine of McMaster University, Hamilton, Ontario, Canada ; the Fiji School of Medicine, Suva, Fiji ; the Medical University of Pecs, Hungary ; the University Center for Health Sciences, Ben Gurion University of the Nagev, Beersheva, Israel ; the Rijksuniversiteit, Limburg, Netherlands ; the Faculty of Medicine, Ramathibodi Hospital, Bangkok, Thailand ; the School of Medicine, Hacettepe University, Ankara, Turkey ; the University Center for the Health Sciences, Yaounde, United Republic of Cameron ; the College of Human Medicine, Michigan State University, in collaboration with the Upper Peninsula Health Education Corporation, Marquette, Michigan, United States of America ; the University of Seattle School of Medicine, Seattle, Washington, United States of America (serving the states of Washington, Alaska, Montana and Iowa — the "WAMI" programme) ; and the Ecole inter-Etats d'Ingenieurs d'Equipment rural, Ouagadougou, Upper Volta (serving 13 African countries).

These case studies are not meant to provide models but to exemplify some alternative educational strategies. It is hoped that they will stimulate discussions and promote the continuous search for improvement in the education and training of health personnel, with the ultimate aim of providing health care for the entire population by the year 2000.