
Swasth hind

Objectives

Swasth Hind (Healthy India) is a monthly journal published by the Central Health Education Bureau, Directorate General of Health Services, Ministry of Health and Family Planning, Government of India, New Delhi. Some of its important objectives and aims are to :

REPORT and interpret the policies, plans, programmes and achievements of the Central Ministry of Health and Family Planning.

ACT as a medium of exchange of information on health activities of the Central and State Health Organizations.

FOCUS attention on the major public health problems in India and to report on the latest trends in public health.

KEEP in touch with health and welfare workers and agencies in India and abroad.

REPORT on important seminars, conferences, discussions, etc., on health topics.

Articles on health topics are invited for publication in this journal.

State Health Directorates are requested to send reports of their activities for publication.

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Integrated types of services specially those which will help in the education, training and vocational preparations of the handicapped have got to be set up and encouraged. The handicapped do not want any pity or charity; they only expect a chance to be educated properly according to their special needs.

EDUCATION OF THE PHYSICALLY HANDICAPPED

G.T. MATTA
M.V. SANT

PHYSICALLY handicapped group comprises the blind, the deaf and mute, the mentally retarded, the orthopaedically handicapped, etc. We shall mainly concentrate on the orthopaedically handicapped in this article.

The word 'education' comes from the Latin word 'educare'—which means to lead out, to bring forth, to develop. It is the process of development from infancy to maturity. It disciplines the body and the mind and helps the individual to take his rightful place in society. If education of the child is to make him a better human being, the education of the handicapped is an absolute necessity. We treat a child physically to give him better chance in life. But, what is the good of physical rehabilitation if he is not mentally rehabilitated at the same time?

In a fast moving modern world, the concept of rehabilitation must be wide in its outlook. The vital role of education of the disabled, if rehabilitation is to become a reality, should not be under-emphasized.

How can the disabled hope to compete in this world, if besides his physical limitations, he is deprived of education which aims at the harmonious development of head, heart and hands. Education must be his crutch to enable him to face the world, as a self-supporting and competent member.

We think that the principle of sending handicapped children to normal schools is sound, if their disability is minimal. The crippled children by mixing freely with normal children, progressively learn to overcome their difficulties if they are exposed to normal surroundings. However, if severely disabled children are put in the normal schools, they may have to lean very heavily on their class mates and may develop an inferiority complex, which is detrimental to their progress. Some severely disabled are not able to use public transport and hence cannot attend the normal schools. Some may have to be in hospitals for a long time. It is, therefore, imperative that day schools as well as boarding schools and hospital schools are established for these children.

Choice of a School

Special schools with all necessary equipments are very expensive and hence cannot be provided in all parts of the country. This problem can be minimized to some extent by arranging special classes for the disabled children in normal schools. Instructions through the media of television and radio will be an interesting experiment. The handicapped can take the courses even in the hospitals or at home.

If we are selecting a boarding school away from the child's home, the child should know why he has

to go away from home to attend that school. A frank talk will relieve him of any fear that he is not wanted at home. A child that is loved at home will have a feeling of security to go through this experience without being emotionally disturbed. He will not feel deserted but will know that his parents are sacrificing their own feelings in sending him away from home in order to get the training he needs.

Requirements of Special Schools

A one-storey building, almost square and with an open court.

Toilet Facilities : They should be easily accessible and should be adapted to suit the requirements of disabled students.

Children should be encouraged to develop interest in habits like painting, music, writing, needle work and other crafts to give expression to their creative urges.

The Class Room : It should not have more than 20 students. These children need individual attention.

Floors : The flooring should be of skid-proof material to prevent falls.

Entrance and Steps : The entrances where the buses unload pupils should be on level with the bus floors.

Corridors : They should have hand rails. These encourage the children to move independently without assistance.

Transportation : Since the disabled cannot walk long distances and cannot board a bus or a

Photo courtesy : U. S. Navy



train which is usually crowded, it is necessary for the school to provide special transport facilities.

Lunch : Lunch must be served in the school as children are not expected to carry the same.

Specially Trained Teachers

It is generally agreed that the teachers working in schools for the blind, the deaf and mute, and the mentally retarded should receive special training in education for these categories. But the education of the orthopaedically handicapped group cannot be carried out by any trained teacher in a normal school. But these teachers must also have sympathy, patience, perseverance and vivid imagination. They should be quite familiar with various mechanical aids that are used by the handicapped. Particularly in a residential school, the teachers must play the role of parents and give proper attention and show affection and sense of security to the children.

Curriculum

The curriculum for the education of these children should not be different from that of normal children, but may need special emphasis in cases of backward children and those with emotional difficulties, speech defects and so on. It should be quite flexible and include individual instructions, children helping each other, children doing independent work, group instructions and projects. Guidance service must be provided in the school. It is obvious that they will get easily tired as compared with the normal children. Hence periods of rest should be provided to meet the needs of individual children.

By cultivating a spirit of independence, we can strengthen feeling of security in these children. Opportunities should be provided for them to succeed at simple things as success begets self-confidence. Because of the physical limitations many children do not participate in the physical training and sports of the school. Therefore, they should be encouraged to develop more interest in some hobbies. The creative urge may find satisfactory expression in some form of art such as drawing, painting, music, writing, needle-work or some other kind of craft work.

There is a great need for organizing camps for character training. A boy of 14 after attending a training camp wrote, "Because I was given responsibility I forgot I was a cripple."

The importance of developing manual skills in relation to mental growth cannot be over-stressed. In our mechanized civilization the value of manual hobby is of equal importance for a child or an adult. Moreover, apart from the usual recreational outlets, such activities are of immeasurable value for the handicapped.

Educating the Parents

Educating the parents is a fundamental need. It is often noticed that the handicapped are seldom understood and given opportunities for normal development. Therefore, with proper love and care during the early period, parents can help the children to achieve complete independence. This will, thus, lead them to security and emotional stability. It is absolutely unrealistic to say that the independence of a handicapped child is the direct result of his handicap. He is as much the product of his environment as any normal child and in this respect parental attitudes play an important role in the success or failure of the programme. Thus the early counselling and guidance to the parents will be much more effective before the wrong patterns develop. The handicapped children enjoy life of dependence and want to continue it. The over protection will cripple them emotionally, psychologically, educationally, and above all, vocationally. This may also create jealousy in the minds of other siblings and disturb the family atmosphere. Rejection, on the other hand, affects the inter-personal relations with the parents and such children are likely to develop hostility and may become withdrawn or aggressive personalities. Another object of counselling is to remove the feeling of guilt amongst the parents. While counselling, the parents should be made to realize the facts that (a) the child will grow up to be an adult, (b) grown-up child will live in a world of competition, (c) parents will not live for ever, and (d) the physical disability will receive minimum care from the society. He should, therefore, be prepared to lead an independent life. The parents should take a balanced view and their approach to both the educational and vocational plans should be realistic.

Facilities in Maharashtra

At present there are 20 educational and vocational training institutions for the orthopaedically handicapped children and adults in Maharashtra. Out of these, eight are Government Institutions.



Schooling facilities for hospitalized children are essential.

The following table indicates the break-down of these Institutions:

Type of Institution	Government	Voluntary	Total	No. of Beneficiaries
A. Schools for the Orthopaedically Handicapped	3	5	8	406
B. Special Day-Schools	—	1	1	37
C. Special Residential Schools as well as for daily pupils	3	3	6	330
D. Hospital Schools	—	1	1	39
E. Training and Sheltered Workshops for the Orthopaedically Handicapped	2	2	4	243

It is a matter of gratification that this philosophy is progressively appealing both to the society and the Government; but the programmes offered so far are very meagre considering the needs of the disabled. There are two reasons why these programmes have

not developed—paucity of funds and lack of sufficient appreciation on the part of the society.

A Few Suggestions

1. Each State should have one advisory board for education of the handicapped.
2. Central and State Governments have instituted scholarships on merit basis; but the number of scholarships is so meagre that many deserving candidates cannot get this facility. The number should be increased.
3. Residential and Day-Schools should be started in each State and some arrangements made for hospitalized children also.
4. The present grant for schools for the handicapped should be enhanced, to give incentive to voluntary institutions.
5. Architectural barriers should be removed from public buildings as far as possible.
6. Writers should be given in genuine cases.
7. Attendance should be relaxed in genuine cases.

(Continued on page 30)

The mechanics of cancer, and its inhibition by either drugs or by enhancing the body's own defences against foreign cell-growth are today occupying the scientists and biologists as their prime area of research.

NEW HOPE OF VACCINE TO FIGHT CANCER

JOHN STEVENSON

FASCINATING experiments carried out by two University of Oxford scientists have provoked widespread speculation in Britain over the future development of anti-cancer vaccines.

Although the experiments have so far been limited to mice, both scientists—Dr John Watkins and Dr L. Chen—believe that they could be repeated in man.

Their work is based on a revolutionary technique, pioneered five years ago by Dr Watkins and Professor Henry Harris of the University of Oxford, known as cell-fusion.

Most Curious Reaction

Body cells from two totally different species of animal were mixed with a dormant virus. The mixture then produced the most curious reaction.

Slowly the outer 'skin' of the alien cells began to merge and grow together. After forming a single unit, the nuclei also started to coalesce.

Finally a hybrid cell was formed which began to multiply in the normal way.

This unusual biological phenomenon has now been given an even more unusual role in the fight against cancer.

Dr Watkins and Dr Chen, from the Sir William Dunn School of Pathology at Oxford, have used the cell-fusion technique as a method of immunizing mice against certain forms of tumour.

The mice are easy victims of the cancerous growths. Their natural body defence mechanism—which, as in man, will normally combat infections and disease—refuses to function. And they become tolerant to the tumours which spread rapidly throughout their bodies and cause ultimate death.

Immunological Tolerance Destroyed

But the Oxford researchers, during their unique laboratory experiments, succeeded in destroying this immunological tolerance by fusing the cancer cells with those of another species—a hamster.

The curious hybrid was then injected into the mice, with dramatic effect. The bloodstream, once passive in its acceptance of the tumours, suddenly turned defensive.

And the immune response was so stimulated that the cancer cells were attacked, and antibodies formed.

To prove this new-found immunity, the mice were given cancer cell injections in an attempt to provoke tumours. Normally ten of the virulent cells are sufficient to cause lethal growths in 50 per cent of the mice.

But in the mice vaccinated with hybrids, 100,000 cells were required to produce the same effect.

Cautious observers emphasize that the Oxford results are only the basis for further animal trials and that it is still far too early to assess the applicability of the vaccination technique in man.

The immune response in humans, for instance, could be far too weak to have any noticeable effect on tumours.

But Watkins and Chen, insist that their cell-fusion phenomenon occurs as effectively in mammals (including man) as it does in animal or rodent cells.

And, with this primary hurdle safely cleared, the comment in the British journal of international science 'Nature' is:

"The method can (therefore) be readily applied to any tumour, including human tumours, because the tumour cells do not need to be grown in culture before they can be hybridized by the viral fusion technique.

"The possible therapeutic use of hybrids of tumour cells and hetero-specific cells to stimulate an immune response must also be borne in mind."

The mechanics of cancer, and its inhibition by either drugs or by enhancing the body's own defences against foreign cell-growth, are today occupying the energies of Britain's younger scientists and biologists as the prime area of research.

His Theory

At London's Birkbeck College Zoological Institute, Professor William Bullough was among the first to detect what he claims to be the vital protein which regulates the growth of normal cells.

These are the so-called "chalones" which act specifically—that is, the chalones which check the orderly growth of skin and are separate from those which regulate the blood or other organs.

The Bullough theory, borne out by laboratory trials, is that the typical cancer cell possesses only a minute number of chalones—up to 40 times fewer than those in healthy cells.

Lacking the specific regulator, the cancers run amok throughout the body with nothing to impede their growth.

But, according to Bullough's results, an abrupt halt in the spread of tumours has been produced by injecting chalone tissue extracts from animals into human patients.

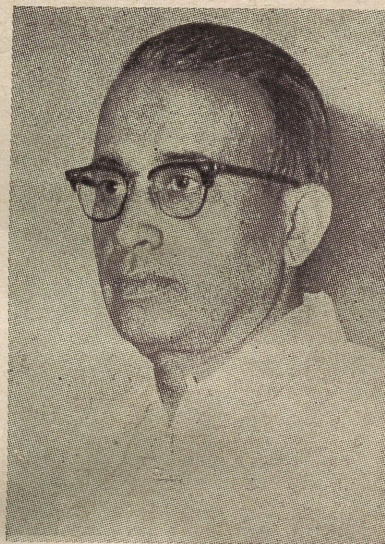
Competing claims from all involved in this explosive field of research on existing British cancer-research funds have left Bullough and his colleagues in urgent need of support to exploit this radical theory.

January 1971

New Director-General of Health Services

DR J. B. SHRIVASTAV

has taken over as Director General of Health Services from 23 July, 1970. Dr Shrivastav joined the Directorate General of Health Services as Deputy Director - General (Health Administration) in April 1967. He took over as Additional Director - General on 14 June, 1968.



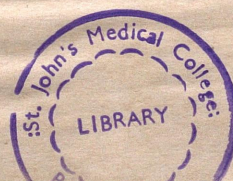
He has been Secretary of the Central Council of Health since April 1967.

DR J.B. SHRIVASTAV

Dr Shrivastav was educated at Bombay, London and Cambridge. He was Professor of Pathology and Bacteriology at the Medical College, Nagpur from 1952 to 1957. He was Director of the Central Research Institute, Kasauli, from 1958 to 1965 and Director of the National Institute of Communicable Diseases, Delhi from August 1965 to March 1967. He has been the Editor of the Indian Journal of Medical Research for several years.

For his outstanding research work on Culture of Trachoma Virus, Dr Shrivastav was awarded the Srinivasan Gold Medal of the All-India Ophthalmological Society in 1957 and made its honorary member the same year. He has a large number of scientific papers and articles to his credit in leading research journals in India and abroad. His pioneering work at Kasauli produced several new types of vaccines and the work at the National Institute of Communicable Diseases shed new light on several communicable diseases.

A fellow of the Indian Academy of Medical Sciences, Dr Shrivastav has contributed much to the progress of medical research, and advancement in the field of medical education, Pathology and microbiology. He is connected with several expert committees of World Health Organization and other international research organizations.





WHO Regional Committee Meeting held at New Delhi from 23 to 28 September, 1970. (From l to r) Shri B.S. Murthy, Minister of State for Health, Family Planning, Works, Housing and Urban Development, the Vice-President, Shri G.S. Pathak, and WHO Regional Director, Dr V.T.H. Gunaratne. PHOTO COURTESY : W.H.O.

Twenty-third Session of WHO Regional Committee

THE 23rd Session of the WHO Regional Committee for South-East Asia, which concluded in New Delhi on 28 September, 1970, unanimously endorsed the WHO programme for the Region for 1972. This programme was examined by the Subcommittee on Programme and Budget under the Chairmanship of Dr J. B. Shrivastav, Director-General of Health Services, Government of India.

The Session was inaugurated by Shri G.S. Pathak, Vice-President of India, on 23 September, 1970.

Shri Pathak stressed the need for adapting the system of medical education which would produce a "basic doctor" who would be able to cater to the needs of the rural people.

Shri Pathak said that today in India there was not only lack of qualified doctors but the distribution of doctors between the rural and urban population was rather uneven. While 80 per cent of the population lived in rural areas, the percentage of the qualified doctors living in rural areas was just the reverse.

Lack of accommodation and basic facilities such as communication, children's education, higher emoluments, etc., were attributed as reasons for this state of affairs. There was also a feeling that this present teaching method was highly 'urban-oriented', that the doctor himself felt as fish out of water in the rural surroundings. It was felt that with the increase in the number of medical colleges and the consequent increase in medical admissions every year "we have not been able to maintain the standards, with the result that the doctors we produce today are prone to lean on sophisticated diagnostic appliances".

This might also be one of the factors for the young doctors' reluctance to go to the rural areas in spite of many incentives offered to them by authorities. It was, therefore, essential that the system of education should be so adapted as to produce a "basic doctor" who would be professionally competent and emotionally prepared to cater to the needs of the rural people.

The Vice-President urged that utmost attention be given to the question of the "basic doctor", who, "holds the key to many health problems of the rural areas which defy solution".

Mobile Training-cum-Service Hospitals

Shri Pathak referred to the Mobile Training-cum-Service Hospital Scheme proposed to be allocated to each of the 95 medical colleges and said that this would provide adequate in-service training in rural areas not only in curative medicine but also in preventive and promotive aspects of health to the medical and nursing students and interns under the close supervision of the teachers.

At present only 21 such mobile hospitals have been sanctioned by the Ministries of Health and Education. When all the medical colleges were involved in this scheme, it was hoped to have every year about 10,000 final year medical students and 8,000 interns, over 5,000 nurses and about 4,000 auxiliary nurse-midwives for in-service training and simultaneously for imparting medical aid through the 95 mobile hospitals.

The mobile hospital scheme, with a large number of trained personnel in various categories made available in rural areas would lend great support to the existing health service personnel in eradicating malaria, smallpox and other communicable diseases,

laying accent on the preventive aspects of the health programmes and on family planning, he said.

Towards Better Health

Shri B.S. Murthy, Union Minister of State for Health, Family Planning, Works, Housing and Urban Development, presented the address of Shri K.K. Shah, Union Minister for Health, Family Planning, Works, Housing and Urban Development, who could not be present.

Shri Murthy referred to the health conditions in India and said: "There are unmistakable trends of improvement in health and well-being of the people. The expectation of life which was 32 years in 1947 is 52.6 today. The death rate which was 27.4 per 1,000 in 1950 has come down to 14 per 1,000 in 1970. Infant mortality rate, which is a sensitive index of the general standards of health and environmental conditions, has registered a fall from 182.5 per 1,000 in 1947 to 113 per 1,000 live births in 1970. People are becoming less and less disease-prone as standards of nutrition and environmental hygiene are improving."

Programmes against communicable diseases like malaria, smallpox, cholera and others had met with phenomenal success. He said that the basic strategy of the development of health, medical and family planning services was to develop an integrated approach.

"Our plan is to provide in rural areas an infrastructure of at least one Primary Health Centre manned by two doctors (one of whom would preferably be a woman doctor) together with the supporting para-medical staff for each unit of about 80,000 to 100,000 population and a sub-centre for every unit of 10,000 persons in charge of an auxiliary nurse-midwife and a male basic health worker. The scale of services in urban areas is very much higher."

Shri Murthy referred to the family planning programme and said that the aim was to reduce the prevailing birth rate from 39 to 25 per 1,000 over the next decade. "The programme had gained much momentum during the last three years."

The WHO had stood like a tower of strength in the global war against disease and sickness. It will be the endeavour of our Government and our

(Continued on page 30)



The problem of man in society has assumed wider significance in the context of rapid changes occurring in the contemporary society. The 12th Annual Dorothy B. Nyswander Lecture delivered by Nevitt Sanford at the University of California, School of Public Health, Berkeley on 18 October, 1968 reflects the fundamental question of the diminishing role of individual in the present-day social systems.

DECLINE OF THE INDIVIDUAL

Two years ago when Dorothy B. Nyswander gave the lecture from this platform, she announced that public health education is going in the direction of concern with man and what is good for him, promoting the welfare of man, and promoting the kind of society in which he can flourish.

I hope public health educators are not only the people who will be doing this, but some of the rest of us who have this concern are very happy to join forces with this movement.

The Whole Person

My main concern is with what appears to be the decline of individualism, or one might say individuality, in our society. I am concerned about how the person, the whole person, gets lost among the healthy professions and institutions in which he is asked to play different kinds of roles.

How does society today work to prevent individuals from

becoming autonomous persons? In connection with this, I am concerned with what appears to be the downgrading of the concepts and theories which enable us to accent the individual in our work.

After trying to document these apparent trends and trying to see them in relation to one another, I want to consider them as aids toward an explanation of some modern phenomena; the declining value of privacy in our society, some of the extraordinary developments on the sexuality front, some of the current trends in psychotherapy with special reference to some of the group phenomena, and finally to some of the new forms of anti-intellectualism.

The title of my lecture suggests only indirectly what I had in mind. I thought of this when I recalled how I was struck by some of the reactions to the Moynihan Report on the Negro family. It broached some psychological ideas leaning rather heavily on Eric Erikson.

It pointed out that fatherless families are more common among Negroes in America than in other segments of the population, and that being brought up in a fatherless family went rather hard on the boys or the young men particularly. The report indicated that this is one of the effects of a long history of discrimination. The main point was to show, once again, the extremities to which people have been driven by discrimination. The whole thrust of the report was that it is time to do something about it.

There were several groups of people that "hit the ceiling" in response to this.

Some of the people were psychologists, particularly behaviouristic psychologists, some were sociologists, and some were spokesmen for Negroes, and they all had a point. Their main objection was the digging into the past to try to explain something. These people wanted to stress the point that the immediate

need is to do something about discrimination now and that the way to do this is to pay attention to existing situations, and to change them : not to suggest at this time that there is something about Negroes themselves as to result of their having been brought up in disturbed families that has something to do with our problem.

What this report suggested to me was the overwhelming trend of thought that sociological theo-

The poor people are very much like everybody in a fundamental way. There are differences but the differences are understandable.

ries are good enough for poor people, whereas personality theories are to be reserved for middle class people.

There was the suggestion in this report that as far as the Negro community was concerned, personality doesn't matter : all we need is a kind of sociological theory that accents the economic nature of this problem or regards the problems of poor people as manpower problems, but never mind what kind of personalities are being produced in this segment of our population.

Dehumanising the Poor

What this suggests to me is that there is a tendency to deprive poor people, Negro people of the lower class, of their humanity. It suggests that, as far as they are concerned, character and personality do not really matter. I

connect this with the fact that we have very little literature that tells us what it is really like to be poor, or to be poor and to be black.

We have little psychological literature. We have very few case studies that come directly from the ghetto, and we have very little fiction. We have nothing today comparable to Dickens, or even comparable to John Steinback's fiction of the 1930's. I regard this as very serious, the

implication is that it becomes increasingly difficult for us to identify ourselves with poor people.

Knowing little about them, our inclination is to fear them or to suspect "the worst", to imagine that if we were in a similar situation we might do very bad things; so is it likely that these people might do very bad things ?

People as Real Persons

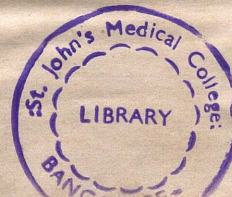
Of course, the fact is that poor people are very much like everybody else in a fundamental way. There are differences, but the differences are understandable, and this is the point that I want to make : that in approaching a problem such as that of poverty it is just as important to look at the individuality, to look at poor

people as real persons, as it is to see the great social forces that have created that poverty, to consider that poor people are just as complicated as anybody else, their oedipus complexes are just as interesting as those of anybody else, and they have all the strengths and all the weaknesses due to having lived in good or bad families. In short they are people who share common humanity with all people, and all people can identify with them. If we do, I think our work and our relations with them will be better than if we feed upon a kind of indifference, not wanting to hear about them because we imagine that they are a totally different kind of being, therefore, to be feared.

I regard this report as but an indication of what is common in our society; the neglect of the whole individual in practice.

The tendency in a great deal of professional practice today is to attend to particular kinds of dysfunctions in persons, and to set up one profession to deal with this dysfunction, and another profession to deal with that dysfunction : whereas nobody looks at the person as a whole.

Dr Nyswander pointed out that in some of the work designed to control malaria, there was a willingness on the part of the powers-that-be to do almost anything to force people to do what was required in order to control malaria. It occurred to her, and she said then that it might not be such a good idea to go roughshod into this matter because



such action might make it impossible for these people to accept other health practices later.

I think this is something that we see rather commonly today: that professional people focus on a particular symptom or problem without regard for the possible implications of actions for the other persons and other problems at other times.

I think it is fair to say that **we have almost nobody in our society, except possibly mothers of pre-adolescent youngsters, who is really concerned about the person as a whole who connects what is done by one specialist with what is done by other specialists and interprets those actions in accord with his knowledge of the person as a whole.**

A Specialist in the Whole Person

Now a days, we hear occasionally about an effort to develop a new kind of specialist—a specialist in the whole person. It has been proposed that we have a primary position: it has also been proposed that we have a child development specialist, a specialist who will do all those things which are now not done by teachers, all of whom are occupied with particular functions of the child.

We see the same sort of thing in behaviour therapy in psychology where the concern is to change a particular symptom or a particular pattern of behaviour by focusing on just that, not paying attention to the meaning of that symptom in the whole functioning of the person.

We have then whole professionals in whole professions built up around the notion that we have to have specialists in all the different kinds of difficulties. This structure is extremely difficult to change because each professional has a great deal of interest vested in what he does, and there is no one to whom we might look for some sort of overall organization of these various professional strategies who would direct attention to the person as a whole.

Paralleling what is happening in practice, it seems to me there is trend in science toward increasing division of scientific activities into specialized inquiry. I think we see this both in the way the search for knowledge is organized and in the current trends in theory-making itself. It has occurred to me that we began

The growth of professional impersonality is based on considerable part upon the fragmentation that has occurred in psychological science.

moving in this direction about the time religion lost its importance in our society. I think the abandonment of the concept of soul helped to pave the way for the psychological fragmentation of the person, and that the growth of this professional impersonality is based in considerable part upon the fragmentation that has occurred in psychological science.

I asked the chairman of a psychology department at a nearby college, how many people there were in her department,

thinking, of course, of FTE's part-time people, and the like. She said we have eight souls, which struck me as odd. I realize that I had expected her to say we have eight bodies. The fact that she said souls makes me think that this must be an unusually humanistic department.

For a time it looked as if the concept of personality referred to the wholeness and the uniqueness of the person, but if you have been around departments of psychology recently you realize that the term personality is regarded by graduate students as almost as "spooky" as the concept of soul.

I connect this trend also with what appears to me to be declining interest in psychoanalysis. It would be a fair question to ask, "Whatever happened to psycho-

analysis anyway"? If you compare the present with the late 1940's the contrast is rather striking.

In the late 1940's, after the war, the young people and the students, who today are taken up with the newest thing in drugs, the newest thing in encounter groups, or with various swinging styles of life were all asking themselves, "Where can I find an inexpensive analyst"?

This was the orientation of those times. Now all that is suddenly changed and it makes, I think, an interesting and a rather

disturbing story. Of course, while psychoanalysis possibly has a lot to do with the nature of psychoanalytic organizations themselves, it has to do with the fact that psychoanalysts have not done anything.

They are still writing papers that could be compared, often unfavourably with those that were written in the twenties. They have neglected to learn how to do psychological research. They have tied themselves to medicine and lost what could have been gained by alliances with the humanistic spirit to be found in universities (or at least that used to be found in universities); but I am inclined to regard the declining interest in the whole subject of psychoanalysis as an aspect of culture, as a part of declining interest in the concept of personality itself, and the psychoanalytical theory would be simply one kind of approach to that.

I think it is fair to say also that psychoanalytically-oriented psychiatrists and psychologists also participate in the focusing on the particular symptom of the particular kind of dysfunction without paying any more attention to the whole person than do other kinds of practitioners.

I think this also means a decline in the value for the individual. For a long time it has been common to say that it is a kind of poor economy for a highly trained specialist to spend so much time with one patient. He ought to be working at activities that affect lots of people.

There is much to be said for that, of course, but I think it also suggests that today we do not recognize that any one person is worth much attention. But the fact is that any person is worth a great deal of attention if we can find some way to afford it.

It is interesting that whereas I speak of the decline of focus on the individual in psychology, historians (owning, I think, largely to the works of Eric Erikson) are just now becoming interested in psychoanalytic or personality theories as an approach to understanding history.

It is also true that whereas the authoritarian personality is rarely taught in departments of psychology, it is taught in departments of political science.

We could suggest to students that if they want to study psychology, it would be better to study it in a department that goes under another name. We could advise the student that if he is really interested in psychology, he might find courses in the department of psychology too specialized; he would be better off to study it in political science where psychology is being talked about in a much more general and practical sense.

I found, as a matter of fact, that the students that I have taught have become very much interested in the personality theories of Maslow, Allport, Rollo May, Carl Rogers, *et al.* They were looking for a philosophy of life, you might say, and this did put sufficient accent on wholeness and uniqueness of the person. But

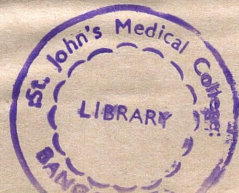
what troubles me is that it was too easy.

These students didn't realize for a moment that these writers were starting from a kind of knowledge of Freud which was in fact being denied to the students who came directly to the revisions without ever having it clear as to what was being revised.

There is a question here as to what causes what. Practice is certainly based to a considerable extent upon the concept and theories that we get from science. If a person is fragmented in all of our theories about persons, then naturally this readily becomes the basis for practice affecting a person. Or if the person disappears into a collective process or into a social structure, then practice is likely to be designed to affect those structures and processes without any particular attention to the person. But the question is how has science come to view things in this fashion?

My suggestion is that science itself has been influenced by same processes, the same social and historical processes in the larger society which have influenced in the way I have described the practices that I have been talking about. Here it must be recognized that the individual is in fact disappearing in our society; that is to say that it is increasingly difficult for a person to act as an individual.

He has fewer occasions to be individual than has been the case. I think this has to do with the fact that so much of our lives is organized in accord with the principles of technology.



The individual is fast disappearing in our society; that is to say it is increasingly difficult for a person to act as an individual. He has the fewer occasions to be the individual than has been the case.

This is as true of the University as various other kinds of organizations. It has to do, I think, with the fact that the models of business and industry and the military have largely been adopted by the University itself. There is a kind of triumph of efficiency and rationality which is difficult to change because this is the way individual careers are defined, and it is worth a great deal to a man to be able to do what will in fact advance his career.

Administrators of universities, like administrators everywhere, are caught in the demands of their roles, and are rarely able to make any personal imprint upon their job, but usually are content if they can do well precisely what the role demands.

Demands of Productive Operations

Of course we are all familiar with the idea of the mark that people are shaped or processed in accord with the demands of productive operations. For example, we segregate people by age, sex, intelligence, personality, etc., in classrooms so that they can all be taught by the same particular teaching device, so it does not put any particular demands on the teacher to adjust the teaching to the child. All the children are presumably just alike, and this

makes for a kind of efficiency in teaching or in the work of organization. **We define roles more and more precisely and insist that individuals do more and more precisely just what those roles require. Never mind whether the work gives him any chance to express himself.**

What is now being pointed out by various writers, particularly Marcuse, in his **One Dimensional Man**, is that the same kind of thing is happening on the consumption front. Just as production or the demand of production tends to shape us, so do the demands of consumption or of keeping the commercial enterprise, going so that it is not only our work but our play which has now been invaded by our technological society.

Ways of playing are almost administered by a system in the interest of market, and in the interest of keeping the corporation going. There is very little need for an individual to make decisions about what he will consume or how he will consume what is available in the markets, because this is all made clear to him in the form of advertising, and in the movies, etc. In fact, these ways of consuming are sufficiently gratifying that we easily go alone. They are gratifying to us

and fundamentally harmless to the larger technological structure.

The only trouble is, it is rather damaging to the individual. He is freed from the necessity of having to make decisions and he is more or less satisfied for the moment, but I believe this gratification is not of a fundamental sort.

Even the sex lives of people are open to this kind of regulation and administration. It started, of course, with the Kinsey Report when everybody could be guided by knowledge of what everybody else did and what was therefore approved in our society.

It is against this background that I want to look at some of the new phenomena.

Devaluation of Privacy

In any event, I believe these phenomena (and I am talking about the devaluation of privacy, the new sexuality, the new group stuff, the new anti-intellectualism and the like) have to be understood as in part, a reaction against the increasing domination of our lives by technology, but at the same time as a kind of identification with this very same technology. My main point is that possibly these kinds of phenomena would not be possible if the people involved knew

about, or believed in, an adequate psychology of the person.

Consider the devaluation of privacy. It seems to me quite clear that privacy or the experience of solitude is essential to sustain the individual against the society. It establishes that "Here am I as an individual, and there is the society". I regard privacy, and to some extent solitude, as vital for the development of personality. It is a way of establishing the boundaries between one's self and the rest of the world.

Of course, technological society pays no attention to privacy. As a matter of fact, it is extremely difficult to maintain privacy in the world of today. There is a file on everybody. As a matter of fact, there are numerous files on each of us and they start accumulating when we are in elementary school. Right now you can probably dig up copies of the tests that Dr Nyswander and I took when we were in school and heaven knows how many people have had access to these tests.

We accumulate enormous numbers of different kinds of records about everybody, and it is well known, or if it is not it should be, that for \$ 30 you can get a credit rating on any one of your neighbours that you may be curious about—a credit rating based on interviews with his or her neighbours and on a careful study of the garbage pails that come from that house.

We are open to all kinds of intrusion and this, of course, is a basis for all kinds of external control.

But the peculiar thing is, and this I really can't understand,

why at a time when this is going on is there so much insistence on sharing everything on account of total honesty—a total openness on the part of the avant garde? It is almost as if there were a kind of identification with those processes which downgrade the very concept of privacy.

I can understand a kind of psychological revolt against the system which is seen as a source of alienation and loneliness and, therefore, a heavy accent on getting together with other "alienated" people and being open with them. But it seems to me that there is failure to consider the complexity of what is involved in this.

Everybody will agree that a person is fundamentally a social

being, and that we all live in interaction with other people. But, it certainly makes a difference how the social relations are mediated in the person.

longing which is very destructive of individuality. But it is something entirely different to achieve a genuine intimacy with other people based upon a structure of personality in one's self, and an appreciation of the complexity of the other person. However, this kind of intimacy takes time.

One has to know the other person and one has to be sensitive to one's self in order to develop genuine intimacy with another person. It cannot be right away, with the speed of light, as seems to be assumed by many approaches to therapy and group relations today.

Consider the matter of the new sexuality. The sexology or the ideology I think is largely set

Privacy is vital for the development of the personality. It is a way of establishing the boundaries between one's self and the rest of the world.

Self and the Groups

It is one thing to be merged with a group or unable to think of one's self as apart from the group. As a matter of fact, the Nazis deliberately used the device of making people always think of themselves as members of groups, as a way of destroying individual personality. There is a kind of necessity for group be-

ing, and that we all live in interaction with other people. But, it certainly makes a difference how the social relations are mediated in the person.

forth in journals such as *Playboy Magazine*, whereas the sexuality I am talking about is the apparent liberality or even access to be found among highly educated and affluent people.

I refer to wife-swapping at conventions or weekend retreats, the extreme tolerance of what can be shown in the movies, on the news stands, etc. This has become very much a part of our culture. It is a part of what Jules Hency described as the "adult fun culture", and it is in keeping with all kinds of commercial interests.

(Continued on page 18)

LAC-TONE: a nutritious milk-like beverage

V. J. NAIR

MILK provides body-building proteins of best quality. For children, milk is of vital importance. They need more protein per unit body weight (for growth and development) than adults. But in India, majority of children (during the period of weaning) are fed on cooked cereals or cereal gruels which are inadequate sources of protein and other nutrients. This low protein intake is responsible for stunted growth, poor muscle development, etc. This dependence on cereals is due to low *per capita* availability of milk (about 140 ml. per day) as against the requirement of about 560 ml. Protein Malnutrition, beyond a certain stage in the young child, also results in mental retardation. One way of solving this malnutrition is by substantially increasing the available milk resources. It is an uphill task to increase the milk production to such a level which will meet the needs of an increasing population. This shows that there is no room for complacency. However, there is also no room for despair because milk substitutes have been developed at the Central Food Technological Research Institute (CFTRI), Mysore, from vegetable sources of protein, mainly oilseed proteins.

Over the past few years toned milk has become popular in India, especially in big cities where fresh milk is in short supply. The skim milk powder used for toning of milk is largely imported. CFTRI's research has established that it is possible to replace skim milk powder in toning of milk with a blend of groundnut protein isolate, liquid glucose, minerals and vitamins. The resulting blend called 'Lac-Tone' resembles toned milk in all respects.

Inexpensive Protein Sources

Food Technology has reached a stage where the available milk supply could be stretched by means of making available the proteins from plant sources as well as by developing supplementary foods.

Researches at the Central Food Technological Research Institute, Bangalore, have established that it is possible to replace skim milk powder in toning of milk with a blend of groundnut protein isolate, liquid glucose, minerals and vitamins. The resulting blend called Lac-Tone, resembles toned milk in all respects.

In India, ample resources of vegetable proteins are available, but these are not fully utilized for human consumption. Close to two million tons of groundnut cake with a protein content of 50 per cent are annually available. This alone is equivalent to one-and-a-half times the protein available from milk produced in the country. Besides, other oilseed concentrates and legumes are also rich sources of protein.

Process

The steps involved in the production of Lac-Tone are as follows:

First, protein is isolated from groundnut cake flour (solvent extracted) and is given a treatment so that it is free from toxic substances. The protein isolate is then dispersed in water and the pH is adjusted to neutral. It is stirred well to get a homogenized liquid. After addition of buffer salts,

the liquid is boiled by injecting live steam into it to remove the nutty flavour. Next, it is taken into a holding tank and is blended with the required quantity of liquid glucose and vitamin. The blend is mixed with equal quantity of standardized, whole

fresh milk and is then homogenized and pasteurized. Finally, after passing through the chilling unit, Lac-Tone is bottled.

Trial Production

Trial production of Lac-Tone is being carried out at three centres: CFTRI, Mysore, Bangalore Dairy and Madhavaram Dairy (Madras). A commercial plant for its production is soon to be set up in association with UNICEF.

Nutritious Contents

Lac-Tone is fortified with vitamins to have all the nourishing qualities of whole milk. Also, it has been supplemented with the required level of vitamins C and D, which are not normally found in milk. Addition of vitamins has been so balanced that over-vitaminization is scrupulously avoided.

Lac-Tone is a nutritious drink. It could be used in the same way as toned milk; it could also be converted into good quality curds.

Extensive trials have demonstrated that the nutritive value of Lac-Tone, when given to children (5-12 years old) is as good as that of toned milk.

What Lac-Tone contains

	Values per 100 g
Total solids	11.5 g
Fat	2.0 g
SNF (Solids Non-Fat)	9.5 g
Protein	4.0 g
Lactose	2.5 g
Glucose & Maltidextrine	2.5 g
<i>Vitamins :</i>	<i>Litre</i>
Vitamin A	150 I.U.
Vitamin C	6.0 mg
Vitamin D	16 I.U.
Vitamin E	0.8 mg
Thiamine	0.04 mg
Riboflavin	0.15 mg
Pyridoxine	0.025 mg
Niacinamide	0.10 mg
Calcium Pantothenate	0.35 mg
Vitamin B ₁₂	0.27 µg
Folic Acid	0.2 µg

Advantages

The benefits of introducing Lac-Tone in the country would be three-fold :

- * There would be a significant increase in the available fluid milk supply.
- ** There would be a substantial saving of foreign exchange from the reduction or stoppage of import of skim milk powder required for toning milk.
- *** The cost of Lac-Tone would be less than that of milk toned with skim milk powder. □

There is a kind of consensus about all this. There are prescriptions with respect to how we are to behave in this realm, that can easily be picked up from the movies and from conversations and it is, I think, quite clear that many, many people gauge what to do in this area by what they know to be a consensus and what they know to be perfectly permissible in our society.

The thing about this that I think is particularly interesting is not so much that very little has to be decided by individual, or that the whole set of practices is really harmless to the major system, but "the catch", which is that this is not really sexuality. It is not one's own sexuality—it is a set of functions or practices taken out of the context in which such practices normally belong. It is mere behaviour whose meaning is not determined by one's self. This behaviour is not determined by its place in a complex set of processes going on in the person, but by external determinants of this particular behaviour pattern.

I can't see how it can be other than meaningless. This I think is understandable, but it doesn't explain how educated and intelligent people can participate in such activities nor what the basis for their rationalization for such behaviour is.

I can understand how it is possible for a person who has been brought up in a puritanical way

to see the personality as made up of two things: first, puritanical standards on the one side, and pure impulse on the other. If such persons are determined to get rid of the puritanical standards there is nothing left but to express impulses as freely as possible.

There is a failure to see sexual behaviour as integral with the personality or to understand that, fundamentally, the great satisfaction is attained from sexual behaviour when it is a means for expressing a variety of complicated feelings and motives in the person. In my view, the kinds of behaviour which are common today are sustained and can be sustained because people have no conception of the place of such actions in the normal personality. They have not learned this in school or anywhere.

I would say much the same kind of thing about certain aspects of the drug scene; the notion that by means of drug somehow or other one can get some sort of quick release of feeling or some sort of quick introduction to one's feelings that one has known nothing about before, and that this somehow will be enormously beneficial.

I believe it is no accident that the LSD culture or movement got started among engineers. I can well imagine people who had devoted their lives to total rationality, science and mathematics and disciplines of that kind, and

had suppressed their feelings, than in middle life these people came to the conclusion that they were missing something and thus they did in fact have quite an experience from LSD, concluding that this was the door to full life and the developed personality.

What I think is lacking is a theory to explain how this new kind of openness to experience is not the same thing as experience: that the experience has still to be had, and that when an experience is had it still has to be integrated in the personality if it is going to make a difference in a person's life.

A word about group practices—in the new sensitivity training and the counter-groups, and the like. I want to be careful here because I know that some very good things happen in groups. I know people who have had very good experiences in this area, but I also think that there are cases in which this kind of thing approaches charlatanism and in many cases this is a kind of parody of genuine human relationships.

I have long been skeptical of sensitivity training because I have known cases in which the whole operation was carried out by the people who knew some formula about group processes, but who had no sensitivity to individuals, so that bad things could happen to individuals while apparently the group as a whole was doing very well.

There seems to be a broad conviction that any kind of

circumstances or situation that can release emotion rapidly is good for us : or that having any experience in a group will somehow be a good thing.

I think this is not necessarily so. Certainly just **expressing emotion or being primitive on some particular occasion is by no means the same thing as being liberated emotionally.** You simply can't do that according to any theory that I know. **You can't liberate an impulse without liberating the rest of the person at the same time,** and the notion that somehow pure emotionality is the thing, that this is the answer to the pure accent on cognitive processes which people have learned in school, seems quite wrong to me.

To really sustain whatever is gained from some emotional experience, it must be thought about the talked about. It must be, in other words, integrated with some kind of intellectual process if it is going to be sustained.

Anti-Intellectualism

And finally, I want to discuss the new anti-intellectualism. I refer to the extraordinary kind of thing encountered everywhere today : young people who feel excluded from the group the moment any effort is made to have a rational discussion.

I encounter young people, and some middle-aged people, who feel that intellectual distinctions are wrong, they are anti-democratic, and will lead to some sort of social distinctions or exclusions.

Probably what is happening there is that there is some kind of revolt against the emotional starvation that most people get in school, but surely the answer to the segregation of cognitive processes from the rest of the personality is not now to be a segregation of emotional processes from the rest of the personality.

The answer, I think, must be new kinds of efforts to segregate the two, to arrange things so that we can be passionate about intellectual ideas, and somewhat intellectual or at least rational about emotional experiences.

To conclude, my main point is that the neglect of the person is due mainly to vast and probably irreversible processes in society, and it is the trend, rather than the failure in theory making that is causing the depersonalization of the human being. But, if we ask what can be done, I don't see how we can progress without being guided by some kind of conception of a person with a theory of how the individual develops in interaction with society. Of course, here I am assuming that the individual and his development is the supreme value in a society such as ours.

We must have a theory about the whole person, and I think in fact we are not far from it. This theory must include the most essential ideas from psychoanalysis, the idea of the dynamic unconscious, and the idea that the same behaviour can have a diversity of meaning. I believe we are not far from having such theories.

If you consider what writers such as Erikson, Jane Loevinger; Robert White, George Klein, and others have added to classical Freudian theories and if you consider what writers such as Maslow, Fromm, and Allport have added by way of stressing the organismic requirement, then we are not too far from having the right kind of theory.

Also, this theory must be a social theory. It must deal with the ways in which personality develops in interaction with society. It won't do at all just to have a theory of socialization as the sociologists define it. We must see that it makes a great deal of difference whether the social stimuli are incorporated into the superego, or whether they are incorporated into the personality on the basis of the good judgements that take place in the ego itself.

Suppose we have such a theory. The question then is how to get it taught and disseminated and used as a basis for practice. It won't do just to exhort people, and I don't know of any powers-that-be that can be appealed to in the interest of getting this kind of psychology and social theory taught.

One thing that we can do is to take advantage of the counter forces that develop a little bit outside of a system, as in the School of Public Health. The fact is that things can be done, and are done, and are taught in the School of Public Health : psychological things, and sociological things that are no longer taught in those departments.

They have become somewhat unfashionable. They are not exactly at the frontier, but this doesn't prevent them from being taught in schools of public health, because schools of public health are concerned with problems, and they aren't too choosy as to which department of the university the theories or ideas come from.

As I suggested earlier, you can learn psychology today in schools of social welfare, in political science, and the medical schools, and you can learn things that you can't learn in the psychology department itself.

Multi-Disciplinary Approach

This suggests that there are counter forces at work, and we see that when things are suppressed on this front, they begin to emerge on some other front. We can lend our support to those developments when they occur.

Then we can deliberately try to set up counter forces. **We could deliberately try to organize reseach around problems and around people rather than around variables or around disciplines or factors.** This is the sort of thing that my colleagues and I have been trying to do in the Institute for the Study of Human Problems at Stanford, and what I am also trying to do in the new Wright Institute here in Berkeley. The notion is that if you attack real problems you are bound to be multi-disciplinary because problems have not sorted themselves out in accord with conceptions of separate scientific disciplines. They are just there. Whatever heories and ideas that can be gotten hold of must be brought

to bear on them, and the kind of theory that can serve in dealing with genuine problems must be comprehensive and holistic.

If we could get research organized in this way, then teaching would follow because teaching does follow research. But, it is no use in trying to get people to devote more time to teaching instead of to research. They just won't do it, or at least not in the foreseeable future: but if you can persuade people to do research that requires that they be generalists, then their teaching will be generalist. If this happens they will have to get back to the kind of theory that I have been advocating.

More than that, I think we can deliberately try to humanize what we do in the universities and in our practical work by deliberately bringing together what has been separated in science and in practice. I mean research from action, and action from teaching, and teaching from research.

Finally, I think we have to "stick to our guns". We cannot turn the clock back. I don't think there is any halting of our advancing technology. We can't just drop out and admit defeat—we might miss some excitement if we do—and besides there is no place to go.

We can only be ourselves, and find that we are being human when we try to understand what is happening to us, and to stand in opposition to it if we don't like it. I would remind you that there are some potent forces on our side without underestimating the power of the technological trends that have gotten far inside

man by now. The fact remains that man doesn't really want to be reduced in this way. We see this I think in each new generation of students who bring the same curiosity and hopefulness and idealism that the last generation brought. Life itself is somehow on the side of countering the deadening hand of technology.

This is the sort of things that Erich Fromm has dramatized in his recent writings, about the love of life on the one side, and the love of death on the other. The problem that I am wrestling with fundamentally is the same problem that we wrestle with in trying to find some conclusion to our work on the authoritarian personality, and I think I would take the same view that we are confronting, a new kind of totalitarianism in this technology which gets at us in the way that it does. I conclude now in the same way that I did in our work on the authoritarian personality: there I was talking about prejudice and suggesting that **although the prejudiced are better rewarded in a material way in our society, that it is the unprejudiced who are fundamentally happier, even though they have to pay for it in the forms of quite a lot of conscious guilt feelings because they are so often in opposition to what appears to be the prevailing way.** Since this is so, we need not suppose that appeal to emotion belongs to those who strive in the direction of fascism while democratic propaganda must limit itself to reason and restraint. If fear and destructiveness are the major emotional sources of fascism, eros belongs mainly to democracy. □

A SOCIAL AND PSYCHIATRIC STUDY

DR ABRAHAM VERGHESE

The Department of Psychiatry, Christian Medical College, Vellore, is planning to launch a mental health survey in and around Vellore. The investigators will visit a selected group of families in Vellore town and villages in K.V. Kuppam Panchayat Union to make a detailed social and psychiatric study. The cases of mental diseases, which are detected during this survey will be given all possible help as far as treatment is concerned.

MENTAL diseases can be divided into two groups. One group is called the psychosis and known as "insanity" or "madness" in common parlance. Our experience at the Mental Health Centre at Vellore as well as that of others, in other parts of the country, would suggest that many such patients are not brought or do not seek treatment early enough. In many instances, by the time the patient is brought for treatment, it may be too late. This is due to the social stigma attached to such illnesses, ignorance or mistaken attitudes. Many patients who suffer from the psychosis can be helped by the modern treatment methods.

Psycho-Somatic Disorders

The second group of mental disorders makes up about 30 to 40 per cent of patients who consult a general practitioner. Their physical complaints and symptoms are produced by emotional factors of living. Thus such physical symptoms as

headache, chest pain, fits, paralysis, sleeplessness, etc., as well as emotional symptoms such as anxiety, fear, depression, etc., can be caused by emotional stress and strain. These are called neurosis and psycho-somatic disorders. These patients also fail to get the right type of treatment because of lack of an understanding of the nature of the illness.

Preventing Mental Illness

There is limited knowledge of the types of mental illnesses that are prevalent in our community. It is necessary to determine the cause or causes which may contribute to such illnesses. There is a reluctance on the part of the population to seek early treatment, when facilities are really available. A more accurate evaluation of these factors will not only help us to effectively treat them but also lead to ways of preventing such illnesses. □

ON FAMILY PLANNING

LUBRICATED CONDOMS TO BE PRODUCED

THE Hindustan Latex Ltd., was working on a scheme for production of lubricated condoms. Production of some sophisticated types of condoms including the lubricated ones, was thought necessary by the Hindustan Latex Ltd. as the Government had stopped further import of condoms.

This was stated by Shri D.J. Madan, Chairman, Hindustan Latex Ltd. on 30 September, 1970 while presenting the Fourth Annual Report of the Company to the Board of Directors.

Shri Madan further said that during 1969-70, 168,420 gross (24.2 million pieces) Nirodh, manufactured by Hindustan Latex, were sold to the Family Planning Department. Out of these 125,460 gross were in the Free Distribution Packing and 41,600 gross in Depot Holder Packings.

The total sales of Nirodh manufactured by the company amounted to Rs 24.76 lakhs. The Company made a net profit of Rs 2.91 lakhs after adjusting depreciation interest and income tax.

The Hindustan Latex Ltd. had also undertaken a research project for developing meteorological balloon in the factory. A grant of Rs 1.2 lakhs had been given to the Company by Indian Space Research Organization and Indian Meteorological Department. The high altitude balloon used for collection of weather data and atmospheric conditions are at present being imported in this country.

FIRST ORIENTATION-CUM-TRAINING COURSE

THE Government has been cautious regarding the use of hormone contraceptives on a mass scale because of fears expressed by scientists throughout the world about their side effects. This was stated by Shri J.B. Shrivastav, Director-General of Health Services at New Delhi on 3 October, 1970 while delivering the valedictory address at the First

Orientation-cum-training course in family welfare planning and human reproductive biology.

The orientation course was organized by the Central Family Planning Institute for teachers in obstetrics and gynaecology science from various medical colleges. Nearly 20 participants attended the course.

STATE AWARDS

STATE Award for outstanding work in family planning during 1968-69, was given to the Indukurpeta Panchayat Samithi at a District function organized in connection with the Independence Day Celebrations by the District Collector, Nellore, Andhra Pradesh.

The District Collector in his message stressed the importance of small family norm. He appealed to the medical and para-medical personnel to put forth their earnest endeavour to educate the younger generation on the importance of health and family planning.

LADY HOMOEOPATHS IN F.P. WORK

THE Union Ministry of Health and Family Planning have decided that lady Homoeopaths, who have undergone full course in Homoeopathy which *inter alia* includes Obstetrics, Gynaecology and Surgery, can be utilized for the I.U.C.D. Programme. However for this purpose, they should be trained at one of the Regional Family Planning centres.

The Lady Homoeopathic Practitioner will be paid a sum of Rs 11 per case of I.U.C.D. provided she gives a certificate that she would undertake to provide necessary loops, after-care and follow-up in each case within that amount. Inserters, according to requirements, will be supplied to such practitioners free of cost. The practitioner, who inserts the loop will also be responsible for taking it out, if and when medically required without any extra charge.

POPULATION EDUCATION PROGRAMME FOR YOUTH

SHRI B.S. MURTHY, Union Minister of State for Health and Family Planning, said at New Delhi on 24 September, 1970 that the Ministry of Health and Family Planning were launching programmes for the education of youth, both within and outside educational institutions, to make the younger generation conscious of the problem of population growth and through a scientific system, to make them understand the way in which the objective could be achieved. This programme would be carried out in cooperation with the Ministry of Education and Youth Services.

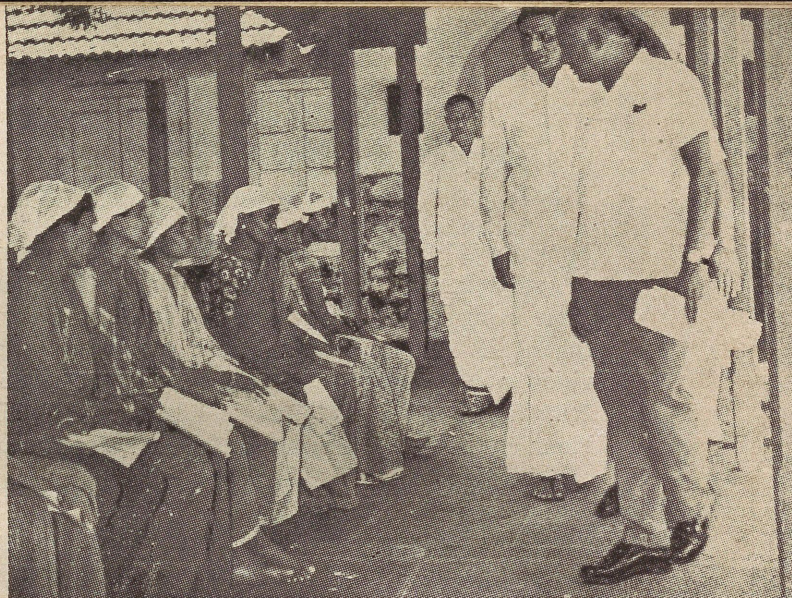
Shri Murthy was presiding over the prize-giving ceremony of the All-India Essay Competition organized by the Ministry of Health and Family Planning.

The Minister pointed out that our educational institutions have only about 7 to 12 per cent of the youth. It would, therefore, be necessary to take the cooperation of all voluntary organizations in the welfare and educational fields to push through the programme.

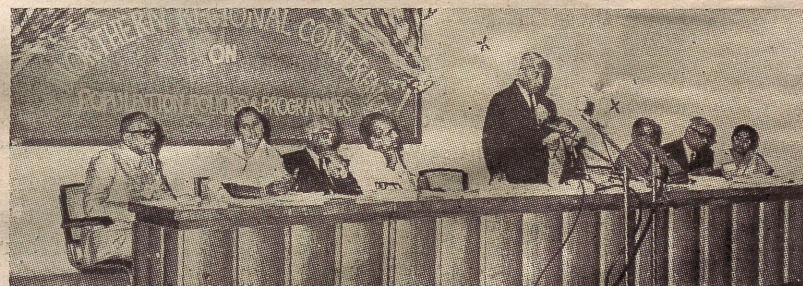
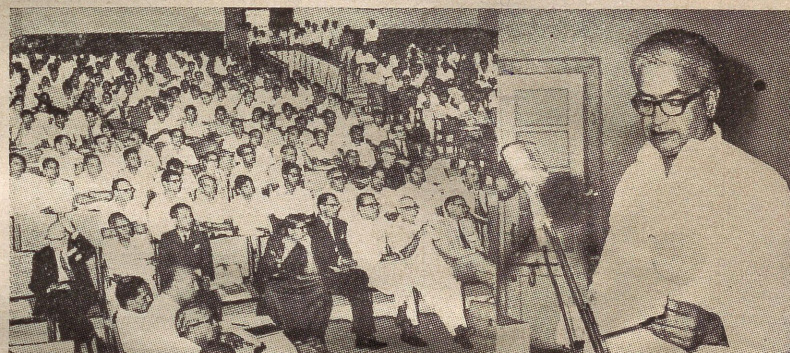
Analyzing the basic factors responsible for the present day youth unrest, Shri Murthy said that to his mind the unrest had a basic economic content, namely, dissatisfaction with the present economic system. The cry was for social justice though the youth might not be able to articulate it. What else, the Minister asked, could we expect from youth who were underfed, who faced a bleak prospect of employment and who saw nothing but economic hardship. He felt that the youth were not able to remedy the situation at home because the decision-making rested with leaders. He wondered if such students had a background of large families, of daily struggle for bread, of difficulties in continuation of their education and a future that appeared none so bright.

The Health and Family Planning Minister added that as a result of the mass education and motivation work during the last 4½ years, 90 to 92 per cent of adults had become aware of the need for family planning and nearly 80 per cent of them knew one or the other methods of contraception. What was needed was an improvement in the percentage of couples who had actually adopted family planning and the bridging of the gap between knowledge and acceptance.

January 1971



During Family Planning Fortnight in September, 1970 at Nellore, Andhra Pradesh, 450 sterilizations were performed. Shri Anan Sanjeevi Reddy, Minister for Civil Supplies (standing in the centre) visited the Tubectomy Camp at Nellore on 2 October, 1970.



Shri Mohan Lal Sukhadia, Chief Minister of Rajasthan, inaugurated the 4-day Northern Regional Conference on Population Policies and Programmes at Jaipur on 19 October, 1970 (above). The Conference discussed matters concerning population character in tribal areas and in new agricultural settlement. Shri C.D. Deshmukh (speaking) presided over the conference (below).

F.P. PROGRAMME FOR SLUM AREA

THE need of the moment for the family planning programme is to reach the slum dwellers and those living in rural and backward areas. This is a sphere in which medical men endowed with vision and a sense of mission are needed, said Shri B.S. Murthy, Minister of State for Health, Family Planning, Works, Housing and Urban Development, on 25 September 1970 at New Delhi.

He was speaking at the inauguration of the Tenth Orientation-cum-Training Course organized by the Indian Medical Association.

The Minister further said that if the slum dwellers are persuaded to accept and adopt family planning, they would not only be relieved of their economic burdens but they would surely become more responsible and productive members of the community. The fact is that living conditions are not only the cause but also the effect of overgrowth of population.

The drive towards the small family norm, Shri Murthy emphasized, has necessarily to be accompanied by adequate socio-economic measures. In this connection, he mentioned the programmes regarding the raising of the age of marriage for both boys and girls and the question of liberalizing the terms for medical termination of pregnancy. He was happy to note that the press, the public and the professions in general have been in favour of both these measures.

In spite of making all earnest and sincere efforts to spread the gospel of the small family norm if the 1971 census show an increase in our population over the 1961 figures, this should not dampen our enthusiasm because as Shri Murthy pointed out that while the numbers might increase, the rate of growth of our population is perceptibly going down.

He concluded that with the cooperation of the medical profession and the rest of the multi-disciplinary team of workers and above all the people themselves, it would be possible to achieve the goal of a reduced birth rate of 32 per thousand by 1974-75 and of 25 within a decade.

MAJOR-GENERAL C.K. LAKSHMANAN

Major-General C. K. Lakshmanan, former Director-General of Health Services passed away on 3 October, 1970 in New Delhi.

Born on 5 April 1898 at Cannanore in Kerala, Cheruvari Kottieth Lakshmanan had his medical education from Madras Medical College, Madras, and St. Bartholomew's Medical College and Hospital, London. He was Commissioned to the Indian Medical Service in 1925. From 1935 to 1958 he worked in different responsible capacities under the State and the Central Governments. He was Director-General of Health Services from 1952 to 1958. He was the Secretary-General of the Indian Red Cross and St. John Ambulance Association (India) and Honorary Secretary of the Hind Kusht Nivaran Sangh.



Maj.-Gen. C. K. Lakshmanan

Major-General Lakshmanan was granted the Honorary rank of Major-General in the Army Medical Corps in 1960. He was the recipient of Coronation Medal, the War Medal, the Indian Service Medal, the Centenary Medal of the Swedish Red Cross and the Silver Jubilee Commemorative Medal of Pere Damien Leprosy Foundation. He was the Honorary surgeon to the President of India between 1951 to 1958. He represented India at various International Health Conferences including World Health Assembly Sessions.

Around the states

Health and Manpower Planning Course

WHO Inter-Regional Course on Health and Manpower Planning was inaugurated at New Delhi on 12 October, 1970 by Dr N. Jungalwalla, Director, Division of Organization of Services, WHO Headquarters, Geneva. Speaking on the occasion Dr Jungalwalla said that a study of 122 countries' constitution has revealed that governments are taking increasing interest in curative, promotive and preventive health services with minimum economic burden on the individuals. He was glad to note that health planning as part of national planning is being taken by more and more governments, but he pointed out that health plans have been placed subsidiary to national plans and not given the priority that they deserve.

Union Health Secretary, Shri B.P. Patel who presided over the inaugural function said that this country was in the midst of two big movements—one was family planning and the other re-orientation of the medical education profession and services to serve the needs of the community. Shri Patel emphasized that concept of health should not be narrowed to medical care but should include preventive and promotive aspects and ensure community health as well as healthy environments.

Earlier, Dr A. Timmappaya, Director of the National Institute of Health Administration and Education, welcoming the members said that the District Health Administration continues to be a weak link. There is an immediate need for an intensive study of rationalizing organization to ensure maximum returns on the intensive improvements. The Director also pointed out that study of national health services in eight States of the country has revealed that there exists a very wide range of diver-

gencies in regard to various methods such as the concept of integration of health services, formation of cadre, training and other aspects of management.

Study of Ayurvedic System

A THREE-MEMBER delegation of health experts from Burma called on Shri K.K. Shah, Union Minister of Health, Family Planning, Works, Housing and Urban Development at New Delhi on 2 October 1970. The delegation, which was on a three-week visit to India, was led by Lt.-Col. HLA MOR, Additional Secretary, Ministry of Health, Government of Burma.

The main object of their visit was to study the ayurvedic system of medical care and its teaching institutions in this country. The delegation visited a number of ayurvedic institutions in the country.

The Burmese delegation told Shri Shah that while Burma had 40,000 registered ayurvedic practitioners, the teaching system of ayurveda medicine needed to be improved and put on a scientific basis. The delegation hoped that their visit to India will help them in understanding the ayurvedic system better and in improving their own.

An ayurvedic college for under-graduate education was proposed to be set up in Burma, according to Lt.-Col. HLA MOR. He also expressed a desire for sending greater number of Burmese students to India for under-graduate and post-graduate education. Shri Shah assured him that India would be happy to offer any help required by them in this connection.

Seminar on Rural Medical Relief

INAUGURATING the Rural Medical Relief Workshop Seminar on 25 September 1970 at New Delhi, Shri K.K. Shah, Union Minister of Health, Family Planning, Works, Housing and Urban Development deplored the continuing resistance on the part of the doctors to moving into the countryside. When we take into account the share that the common man has contributed in the building up of the hospitals, where the medical graduates had been trained and bear the part of the burden of medical education, the Minister said, one was justified in saying that the

medical profession as a whole had not been playing fair to their lesser fortunate brothers in the villages.

The Minister agreed that the conditions of work and service in the villages were not at all satisfactory. That the doctors who chose to go out and work in the rural areas would have to face many hardships. But that, the Minister thought, should be the reason for the doctors to go to the villages and accept the challenge. In that respect, there was a great deal that our doctors could learn from the European missionaries who had been going to the remotest corners of the world and working under most trying circumstances to help the suffering humanity at great personal inconvenience to themselves. He was sure that the young doctors, if approached in the right manner, would not be found wanting. Perhaps we had allowed things to drift in the past without caring to involve them in this great task of national re-construction.

The Minister was all for an effort to be made to offer incentives for the doctors to move out from the main cities and to fan themselves out in the countryside. But only an incentive-oriented approach was not likely to solve the gigantic problem. The Minister referred to the complex problems of health and medical care particularly in the rural areas. He thought about 5,000 primary health centres in the country should be linked with the district and *taluk* hospitals for referral services. Such a liaison has not been established because the *taluk* hospitals had not developed the specialized services. About half of the district hospitals do not have the requisite services.

The limited resources at the disposal of the Government, the Minister added, would not enable official agencies alone to arrange a comprehensive health care for the community. The traditional charitable work done by philanthropic and voluntary organizations in urban and rural areas could play a key role. Such bodies were already organizing special camps in the form of *Netra Yajna* and *Danta Yajna*. They should be encouraged to develop greater facilities in the rural areas for a comprehensive health service to reach the remotest areas.

The Minister made a special appeal to the public spirited medical men to give a few weeks of their busy time away from their hospitals and clinics to

serve in rural areas through the agencies of mobile hospitals, special camps, etc. The Minister announced that a number of measures were under the consideration of the Government for expansion of services in rural areas. These included the upgrading of 400 selected primary health centres to 25-bed rural hospitals, organization of mobile training-*cum*-service units with 50 beds to be attached to a medical college in each State for service of rural population, provision of grants to voluntary organizations running medical institutions and granting of a special allowance of Rs 150 per month to 'primary health centres' doctors in about 400 primary health centres located in difficult areas.

Plea for Basic Doctors

Shri B. P. Patel, Secretary, Health and Family Planning, in his Valedictory Address suggested that the public opinion must be created for producing more doctors particularly the 'Basic Doctor' type. He pointed out that we must not wait for all facilities to be provided to doctors in the rural areas before they start working in rural areas.

Shri Patel further said that doctors volunteering to serve in rural areas, will be provided opportunities for post-graduate study, training abroad, visit to important places of medical education and fellowships.

The rural population which is producer of country's wealth must have a hospital within reasonable distance, Shri Patel concluded.

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XVI D.H.E.E. Course

THE Family Planning message could not be communicated to each and every one through mass media alone. Certain sections of population who need to get some of their doubts and fears cleared had to be approached personally or in small groups, said Dr B.S. Sehgal, Director, Central Health Education Bureau, in New Delhi on 30 September 1970.

This experience, he said, was gained by family planning workers by working in the field.

Dr Sehgal was awarding certificates to 23 trainees of the Sixteenth District Health Extension Education Course organized by the Central Health Education Bureau from 20 July to 30 September, 1970. The trainees who undertook this sixty-working day course were drawn from Jammu & Kashmir (8), Punjab (1), U.P. (1),

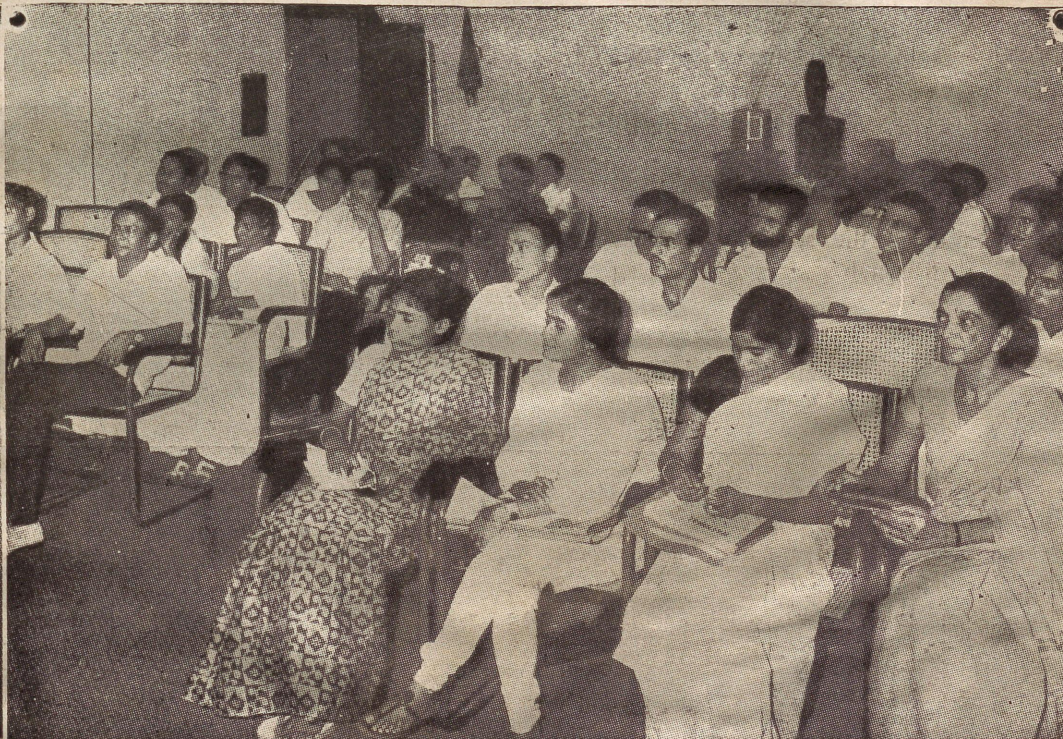
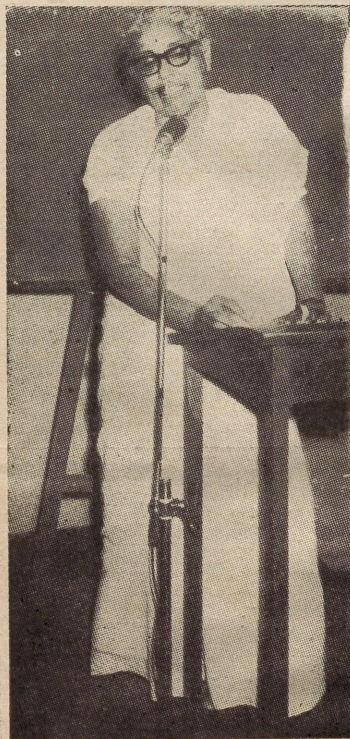
Maharashtra (1), Assam (2), Andhra Pradesh (5), Defence Services (1), N.F. Railway (2), Nepal (1), and Central Health Education Bureau (1).

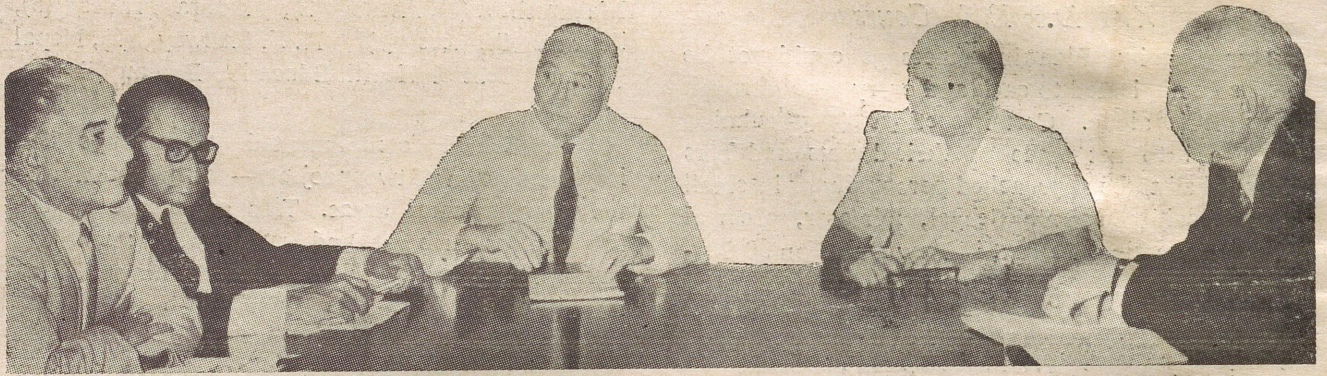
Dr Sehgal complimented the groups on implementation of two projects—one in urban and the other in rural areas. This experience of the two sectors—urban and rural—was rewarding both for the trainees and for the training institution, he said.

The training becomes successful only when the things learned at the training institution were implemented in the area of operation. Unless the trainees develop the skills and utilize the techniques, their individual experience would not be rewarding, Dr Sehgal said.

Dr (Mrs) P. Anand presented the report on the Training Programme.

Dr (Miss) L. V. Phatak, Commissioner, Family Planning, addressing the participants to the XVI D.H.E.E. Course.





A U. N. Team headed by Sir Colville Deverell, former Secretary-General of International Planned Parenthood Federation, London, visited India in October, 1970. The Members of the team met the Union Minister of Health, Family Planning, Works, Housing and Urban Development, Shri K.K. Shah and the Secretary, Shri B.P. Patel to discuss the feasibility of establishing an International Population Institute in India. The team also visited the Central Health Education Bureau. Photo shows the team at the Central Health Education Bureau (L to R) Dr P.M. Kaul, former Assistant Director General of W.H.O., Geneva; Mr Kailas Doctor of the International Labour Organization; Sir Colville Deverell, Dr B.S. Sehgal, Director, Central Health Education Bureau and Prof. G. Ovlín of the University of Uppsala, Sweden.

Education for Child Health

SENIOR teachers of child health from the Institute of Child Health, London visited the Central Health Education Bureau (C.H.E.B.) on 8 September, 1970. They were explained the objectives and functions of the Bureau and its special role relating to the programme of child health. The opportunities for health education in the field of child health and also the various problems encountered by workers were discussed.

The course, sponsored by the UNICEF in cooperation with the WHO is intended to train teachers in developing nations to improve paediatric education in their respective countries. Earlier in

September, 1969, eight participants of this UNICEF-sponsored course visited the Bureau.

LACCADIVE

Foundation Laid for Kavarathi Hospital

THE Vice-President, Shri G.S. Pathak laid the foundation stone of the Kavarathi Hospital Building at Laccadive group of islands on 2 November, 1970. The hospital will be fully equipped with all modern instruments.

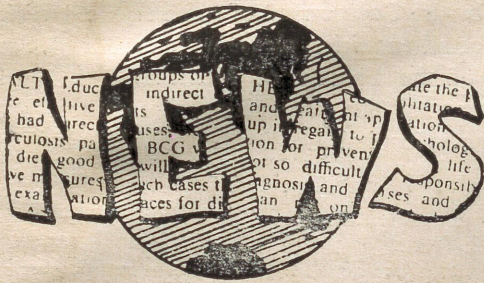
Speaking on the occasion Shri Pathak said he was to see the progress made in the island and he exhorted the people to work hard. He said that "the Government would do its best for the prosperity and development of the people".

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KEY TO HEART RECOVERY

EXERCISE is the most important factor in the recovery from heart attack. It not only enables a patient to regain strength but also acts as a warning against future heart attacks. It leads to a sudden increase in heart activity. More blood is pumped out and this has the effect of 'flushing out places that might have been partially blocked by the heart condition'—(*Heart News*, September, 1970.)

MOTHERS' DIET AFFECTS BABIES

AN important survey aimed at preventing some of the health hazards which threaten pregnant women and their unborn babies is to be carried out in Britain during the next three years. Expectant mothers resident in Leeds have been invited to take part in the study.

Backed by a £27,000 grant from various charities and organizations, a team from Leeds University will attempt to find out the effect of a mother's diet on the health of her baby. Leeds has a large immigrant population and it is hoped that mothers-to-be from the city's new citizens will also participate in the survey.

A questionnaire will request details of the expectant mother's health, the health of her immediate relatives, whether she smoked and whether she worked during pregnancy. "All these are likely to have some bearing on the health of the child", said Prof R.W. Smithells, Head of the University's Department of Paediatrics. "But our work is primarily concerned with the diet of an expectant mother."

—*This is Britain*, June-July, 1970.

CAR CRASH AND HEART DAMAGE

NEW light has now been thrown on mortality due to head-on motor car crash. The practice usually is to look for head injuries when anybody is

involved in a motor car head-on smash. It is only afterwards that the chest is examined for possible broken ribs that may pierce a lung. The limbs are generally seen last.

The heart and the large blood vessels surrounding it are seldom or never examined until much later when the victim might have died. This is despite the fact that potentially fatal injury may have been caused to the aorta, which, if promptly detected could be corrected because of the advance in surgery at the present time.

Occupants of a motor car involved in head-on collision can be subjected to declination forces many times greater than that of gravity. When this takes place, the sturdy chest wall actually suffers no injury unless it strikes any hard object like the steering wheel. However, the aorta, the largest of the blood vessels of the body is not rigidly held. When there is abrupt and sudden stoppage during a head-on collision, the chest and the heart will also stop suddenly but not the aorta which moves for a fraction of a second more. This often results either in the rupture of the aorta or its ballooning.

It has been confirmed by research that the injury to the aorta is responsible for the death of one out of every six persons killed in very serious motor accidents. In many cases there were other injuries which might have also proved fatal. It has been shown that surgical repair of the ruptured aorta could have saved some victims.

The conclusions of this research have been supported by the *British Medical Journal*. Describing four auto-accident cases seen at Hartfield Hospital in Middlesex, it has reported that in two of the cases the aorta was ruptured; in the third the injury was to the mitral valve and in the fourth the septum separating the chambers of the heart was torn.

It has to be remembered that hardly a decade ago there would have been little hope for such victims. In the four cases reported, surgery was successful.

—*Heart News*, September, 1970.

SEVENTH MEDICAL CONVENTION OF DAKAR

THE Seventh Medical Convention of Dakar (Septiemes Journees Medicales de Dakar) will be held from 11 to 16 January 1971 at Dakar (Senegal). The subject of discussion for the convention are: Cancer in Black Africa, Rural Health in Black Africa,

Common Diseases of Man and Animal and their repercussions on public health in Black Africa, Pharmacology and veterinary science.

The members of the medical profession in India have been invited to attend the convention at their

own expenses. No financial assistance will be provided by the Government of India to the participants.

For all enquiries, please write to: Mr M. Sankale, Dean of the Faculty of Medicine and Pharmacy, Chairman of the Organizing Committee, Pavillon Laveran, Hospital Le Dantec DAKAR (Senegal).

□

Education of the Physically Handicapped—Contd. from page 5

8. Special games and sports for the handicapped should be provided.
9. External degrees should be instituted.
10. Services of trained counsellors should be made available to these Schools/Institutions.
11. Sponsorship programmes should be promoted so that a generous heart can adopt a particular child to provide for all his needs.

It needs to be pointed out that more and more integrated types of services specially those which will keep in the education, training and vocational preparations of the handicapped have got to be set up and encouraged. The handicapped do not ex-

pect any pity or charity. They only expect a chance to be educated properly according to their special needs. Given a proper chance, the handicapped will prove that he has a mind which can be educated, a hand which can be trained to do something to achieve economic independence within the limited goals so that he can be a social asset and not a liability. Let us, therefore, ponder together, pull together and produce together for educational programmes of the handicapped of all types. These programmes should be planned on a scale commensurate with the needs and should be worthy of our great country. □

Twenty-third Session of WHO Regional Committee—Contd. from page 9

people to extend all cooperation that the WHO needs in building up that strength, he said.

Cooperative Relationship

Dr. V.T.H. Gunaratne, WHO Regional Director for South-East Asia, welcomed the delegates from Burma, Ceylon, India, Indonesia, Mongolia, Nepal and Thailand. He said that for the first time the distinguished delegate from the Republic of Maldives was attending this meeting. It was in late 1965 that the Maldivian Republic became a full Member of the World Health Organization, and of the Regional Committee.

He said that the cooperative relationship bet-

ween the countries of the Region and the Regional Office was not one of taking from the developed countries and giving to the developing nations. It was, and had been, international cooperation in a true sense. "No doubt the Member States of South-East Asia have received much; at the same time, they have given much—given in the form of experts, technical assistance, operational research in communicable disease control, experiment and demonstration, education and training, and the vast field of research. The world's health has undoubtedly benefited from the experience and expertise of South-East Asia. This is an accomplishment which the countries represented here as well as the Regional Office can be justly proud of", he said. □

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