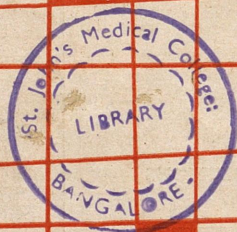


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Swasth hind



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In this issue

- 1 HEALTH PROGRESS IN INDIA
FIGHT AGAINST MALARIA
SMALLPOX ERADICATION
CAMPAIGN AGAINST TUBERCULOSIS
LEPROSY CONTROL
TRACHOMA
OTHER DISEASES
FAMILY PLANNING AND MATERNAL & CHILD
HEALTH
WATER SUPPLY AND SANITATION
NUTRITION
TRAINING OF MEDICAL AND HEALTH PERSONNEL
MEDICAL CARE
MEDICAL RESEARCH
HEALTH EDUCATION
- 24 HEALTH PAVILION (CHILDREN'S INTERNATIONAL
FAIR 1969)
- 26 ON FAMILY PLANNING
- 28 AROUND THE STATES
- 30 NEWS
- 31 NATIONAL MEDICAL LIBRARY—NEW ADDITIONS

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January 1970
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**Swasth Hind wishes its readers a happy
New Year**

India has made considerable progress in the field of health. Swasth Hind publishes an abridged version of the report presented by the Director General of Health Services to the XVI Meeting of the Central Council of Health held at Bhopal on 4 November, 1969.

DR P. K. DURAISWAMI
DIRECTOR GENERAL OF HEALTH SERVICES

Health Progress in India

The importance of a Nation's health for its advancement and prosperity needs no emphasis. Science has helped to create conditions for longevity and better health of mankind.

The objective of medical care and public health is to ensure a state of well-being in which the body and mind are able to function to their fullest capacity.

Objectives of Health Plan

India is one of the few countries that had been planning health services as a part of general socio-economic development right from the time of Independence.

The objectives of the health plan have been : (i) improvement of environmental sanitation, (ii) control of communicable diseases, (iii) curative and preventive health care of the people, (iv) health services for the mothers and children, (v) development of medical and para-medical manpower and (vi) family planning.

In keeping with the spirit of this principle, the allocations for health schemes have been increasing during the successive plan periods. It was

Rs 140 crores in the First Plan, Rs 225 crores in the Second, and Rs 341.80 in the Third Plan. This has gone up to Rs 1076.40 in the Fourth Plan. The health care in rural India was made a part of the community development programme and administered through the primary health centres from which health services are made available to the rural community.

Basic Health Services

The concept of basic health services has started gaining momentum. In order to undertake malaria vigilance activity and implement integrated maternity and child health and family planning programme, the health infrastructure has been reoriented. And it has been given additional responsibilities of carrying out health intelligence, vital statistics and health education.

A basic health service unit covering a population of about 10,000 is served by a basic health worker and an auxiliary-nurse-midwife. Each unit undertakes the maintenance activity of mass programmes. When fully established, the basic health services will mark the fulfilment of the integrated health services radiating from health centre.

Communicable Diseases

In the post-Independence era, we have launched a number of programmes for the control and eradication of communicable diseases which had been sapping the vitality of our people. We have had considerable success in the fight against many diseases like malaria, smallpox, cholera, etc. We are conscious at the same time that these successes do not mean much unless we are vigilant. Complacency is dangerous and it will lead to serious consequences.

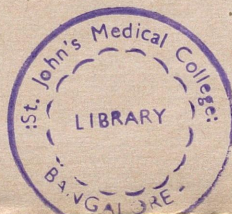


A field worker enquiring about malaria cases and distributing anti-malaria tablets

**fight
against
malaria**

Significant success has been achieved in our fight against malaria. The entire population about 520 million exposed to malaria is covered by 393.25 units of the National Malaria Eradication Programme. By 1968, malaria incidence in our country has come down to 0.26 million cases from 75 million cases with 7,50,000 deaths annually, before the launching of the malaria programme. This is indeed a spectacular reduction by 99.7 per cent.

There have, however, been some setbacks in recent years and a few States have reported a rise in the number of cases. The Programme has, therefore been rephased and the containment measures have been taken to halt this rise. The revised priorities consist of (i) the establishment of adequate basic health services in the maintenance phase area, (ii) supply of insecticides and anti-malaria drugs and (iii) organization of proper vigilance and supervisory mechanism.

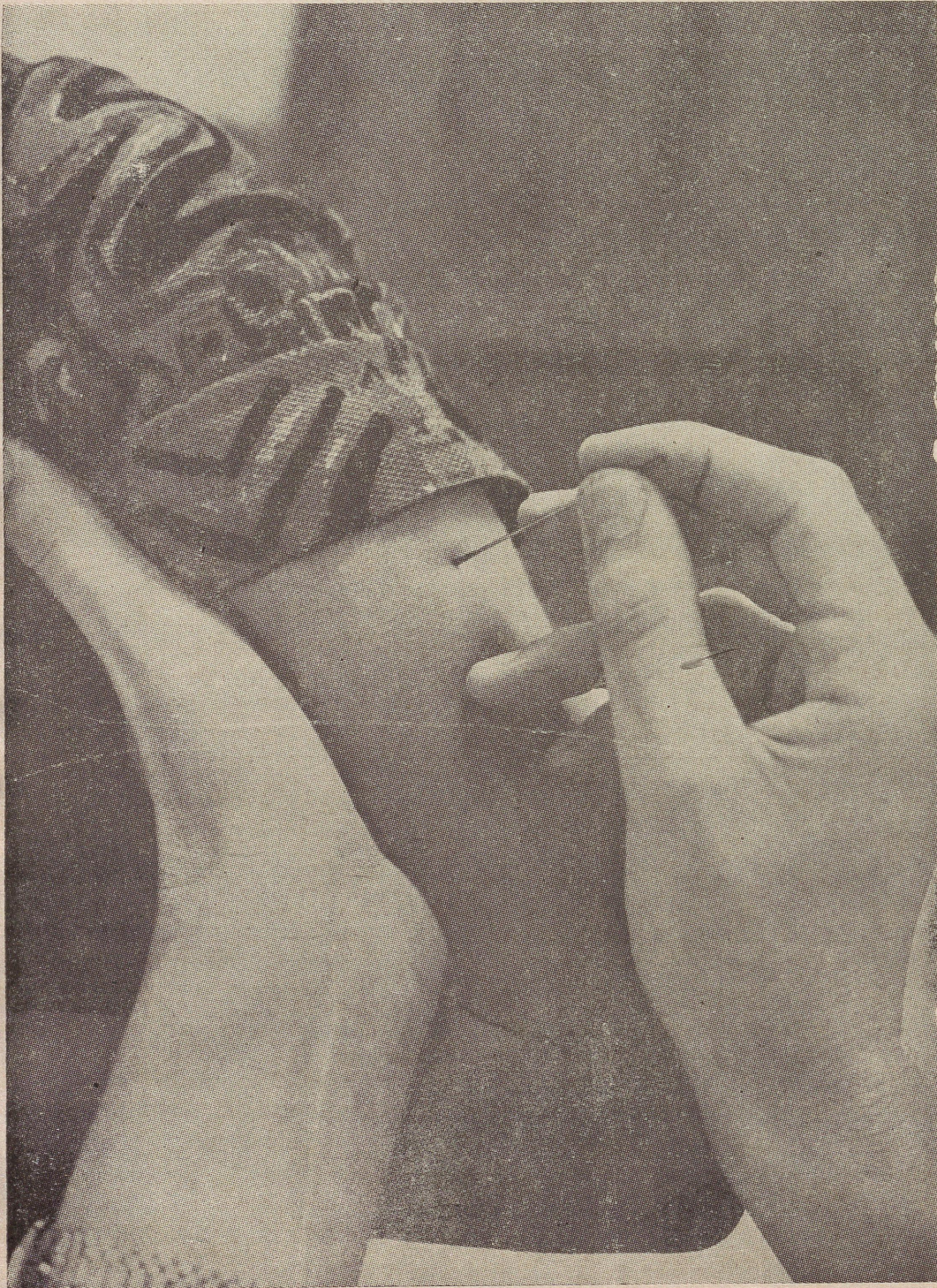


smallpox eradication

Since the inception of the National Smallpox Eradication Programme in 1962, there has been a decline in the morbidity and mortality due to smallpox.

Under this programme, 121.66 million primary vaccinations and 588.62 million re-vaccinations have been performed up to the middle of September, 1969. Highest priority is now being accorded to successful vaccination of new-born infants and children below 14 years. Re-vaccination is done only on a selective basis on children at school entry and school leaving, adults at the time of entry into Government service, industrial workers and nomadic population. Greater emphasis is laid on surveillance measures comprising early case-detection, notification and institution of containment measures.

We are producing smallpox freeze-dried vaccine in four centres. About 60 million doses are expected to be produced during the current year and this is likely to go up to 156 million doses annually when the additional equipment is made available by the UNICEF.



India has made considerable progress in smallpox vaccination coverage and in local production of freeze-dried vaccine. Photo shows vaccination with bifurcated needle.



Mass inoculation against cholera in fairs and epidemics is a part of the national cholera control programme

cholera control

Cholera incidence has shown a considerable decline since 1966, with an average of about 13,000 cases and 2,700 deaths a year. A programme of control of cholera has been instituted and it is aimed at eliminating the endemic foci through surveillance and timely remedial action, supported by provisions, within our limited financial resources, of protected water supply and sewerage systems. Training of medical officers in the modern methods of treatment and control, forms an important component of the programme. About 267 medical officers have so far been trained. Effective control measures are taken at large fairs and festivals.

campaign against tuberculosis

Tuberculosis was the first disease to be tackled on a mass-scale in the form of BCG Vaccination Campaign. Under the BCG vaccination programme which started in 1949, 248.86 million persons were tuberculin tested and 121.66 million vaccinated till April 1969 by 230 BCG teams.

Of the 507 tuberculosis clinics in the country, 176 clinics are undertaking the District Tuberculosis Programme. There are, however 49 districts without T.B. clinics. Besides other institutions and medical colleges which offer specialized courses in tuberculosis, the T.B. Demonstration and Training Centres are extending training facilities. Today, 35,000 beds are available for treatment of tuberculosis. In view of the success of the domiciliary treatment for tuberculosis, it is proposed to increase the number of beds by only 2,500 mainly for treating open cases of tuberculosis during the Fourth Five Year Plan. One hundred additional T.B. clinics will also be set up during the Fourth Plan.

A social worker interviewing people to know their beliefs and other attitudes towards tuberculosis and imparting information regarding its prevention and treatment.





A leprosy patient receiving medical aid

leprosy control

Campaign against leprosy is going on uninterrupted. The emphasis has now shifted from institutional treatment to early case detection and out-patient treatment. The aim is to detect as many leprosy cases as possible and treat them early and thus prevent transmission of the disease. Under the National Leprosy Control Programme, which covers a population of 72.5 million, 37.7 million persons were examined. More than 7,50,000 cases have been detected and 6,80,000 have been brought under treatment.

One hundred and eighty-two leprosy control units are functioning in the country. There are 1,130 Survey, Education and Treatment Centres attached to the primary health centres, hospitals and dispensaries. Thirty-six voluntary organizations are also participating in the programme.



trachoma

The National Trachoma Control Programme launched in 1963, continued to operate in the various States of the country. It has been estimated that trachoma is a major public health problem especially in the States of Rajasthan, Gujarat, Punjab Haryana and Uttar Pradesh.

By the end of 1968-69, a total population of 20.98 million has been brought under the control programme in various States. It has been approved for continuation during the Fourth Five Year Plan. It is hoped that by the end of the plan period a total population of 183.20 million will be covered by the scheme.

A doctor examining a child in a village under the National Trachoma Control Programme.

other diseases

filariasis

Over 122 million people are living in filarious areas, according to random surveys and it is estimated that nearly eight million persons are with filarial manifestations. Sixty seven filaria control units covering a population of seven million people are at present functioning in the country. Andhra Pradesh, Goa, Kerala, Madhya Pradesh and Mysore have set up State Bureaux for filariasis.

A pilot project to study the feasibility of controlling B. Malayi filariasis by interception of transmission with residual insecticides is functioning in Kerala since 1966.

goitre

The National Goitre Control Programme, continuing since the end of the Second Five Year Plan, has been included in the Fourth Plan. The goitre control teams are engaged in estimating the prevalence of goitre in the goitre belt of the country.

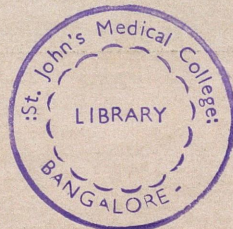
On the basis of surveys, iodized salt is supplied to the affected areas from the Iodization Plant at Sambhar Lake and Calcutta. The Iodization Plant at Kharagoda also started functioning during 1968. With the installation of nine additional plants, the total annual out put will go up to 2.7 lakh metric tonnes of iodized salt sufficient for the entire goitre belt.

venereal diseases

Venereal diseases continue to receive the attention of the Government and due importance has been given in the Fourth Plan as in earlier plans. A total of 262 V.D. clinics are working in different States and 50 more clinics are proposed in the Fourth Plan. Medical and para-medical personnel are being trained in modern treatment of the disease in two centres.

plague

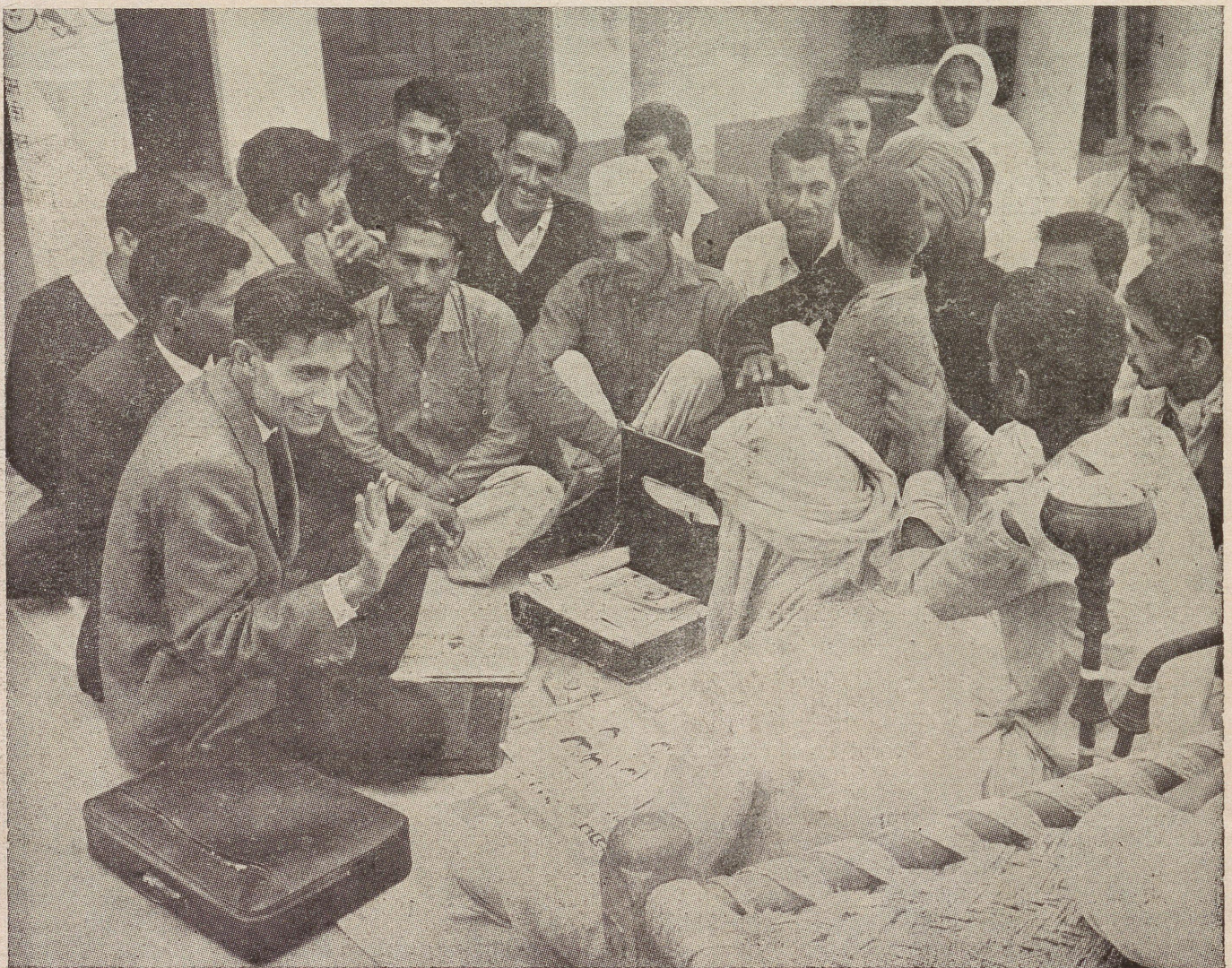
Plague has disappeared from the country and since 1967 no case has been reported.



family planning and

The galloping growth of our population has to a large extent nullified our achievements during the three Five Year Plans. Family Planning has rightly been accepted as a national policy and the highest priority has been accorded to check further inroads into the gains of the future Five Year Plans.

Face to face communication and group participation to meet the challenge of explosive population growth



maternal & child health

A total of 1,782 urban and 4935 rural family welfare centres are providing family planning services. Upto August, 1969, about 6.3 million sterilizations and about 300 million IUCD insertions have been performed. Conventional contraceptives, particularly condoms, are becoming increasingly popular.

Maternal and child health services have been integrated with the family planning programme and this is only a prelude to the total integration of this national programme with the general health services.

Frequent births affect the health of mothers and children. MCH Services have been integrated with the family welfare programme



water supply and sanitation



The health situation in our country would be considerably better if our people are assured of a safe water supply, as a high percentage of gastro-intestinal diseases are due to poor sanitation and bad water supply. With the launching of the National Water Supply and Sanitation Programme in 1954 an integrated approach to this problem was ushered in. Upto March 1969, 2,651 rural water supply schemes costing about Rs 73.42 crores and 1,307 urban water supply and drainage schemes costing about Rs 240.70 crores have been approved. A tentative allocation of Rs 339 crores has been made in the Fourth Plan for this scheme in the States and the Union Territories.

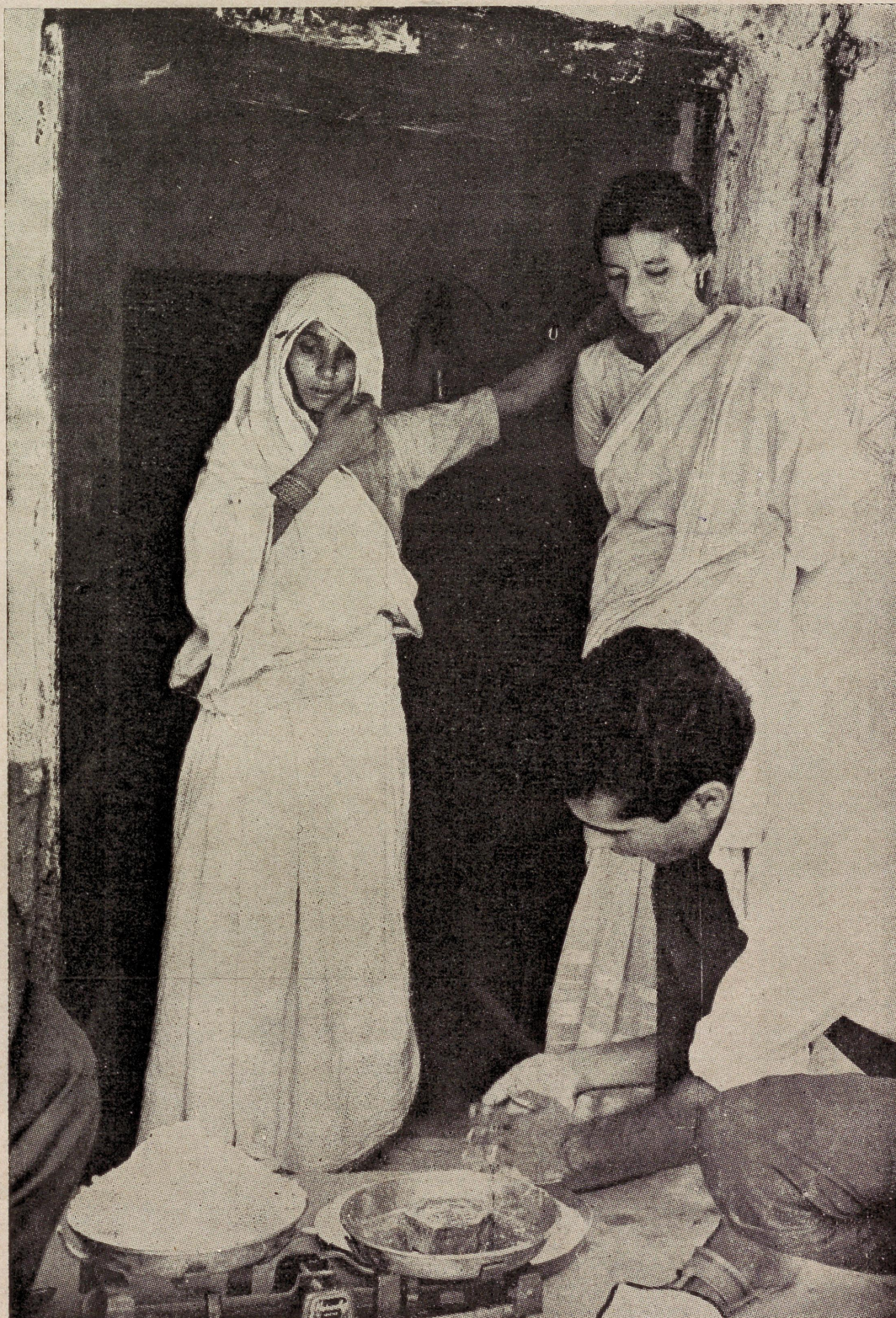
Supply of safe water to people especially in the rural areas is a difficult problem. Efforts are being made to bring about improvements in environmental sanitation with emphasis on safe water supply and proper waste disposal.

nutrition

Nutrition surveys have revealed that there are quantitative and qualitative deficiencies in the diet of our people. It is well known that the average Indian diet lacks in calories and proteins. Malnutrition is widely prevalent mostly in the lower socio-economic group, especially in lactating mothers and children.

Two important programmes, viz., the Applied Nutrition Programme and the School Meal Programme are being implemented. The Applied Nutrition Programme is in operation in the States and Union Territories covering 788 Community Development Blocks and the School Meal Programme is being implemented in 14 States benefiting 13.1 million primary school children.

Doctors and social workers participate in explaining the why and how of good nutrition]



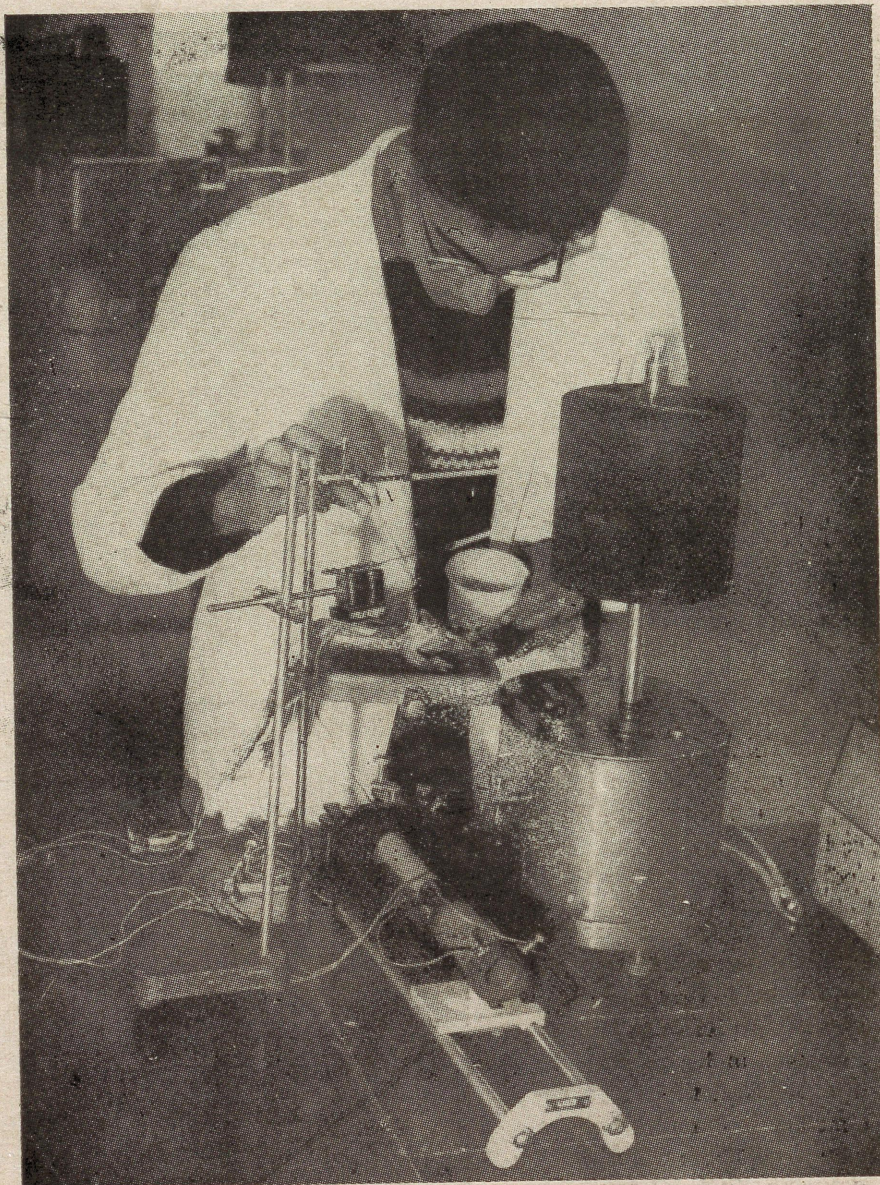
Undergraduate medical education is the responsibility of the States. The Government of India is interested in the promotion of post-graduate medical education and in the introduction of specific schemes of research and specialized training. It is very essential to increase the medical, nursing and para-medical personnel in order to have a sufficient number to meet the increasing demands of medical and health services. A number of measures have been taken to expand the training facilities. Today, we have 94 medical colleges with an admission capacity of about 12,000 as against 25 medical colleges in 1947 with 1933 admissions. It is proposed to have nine more medical colleges during Fourth Plan.

Shortage of teachers, which ranges from 25 to 45 per cent, is the main deterrent to the starting of new medical colleges and this will become greater if nine new medical colleges are to be set up during the Fourth Plan.

The number of doctors has increased from 47,524 in 1946 to 102,520 in 1968, taking the doctor population ratio from 1: 6300 to 1:5112. It is expected that by the end of the Fourth Plan there will be 137,930 doctors.

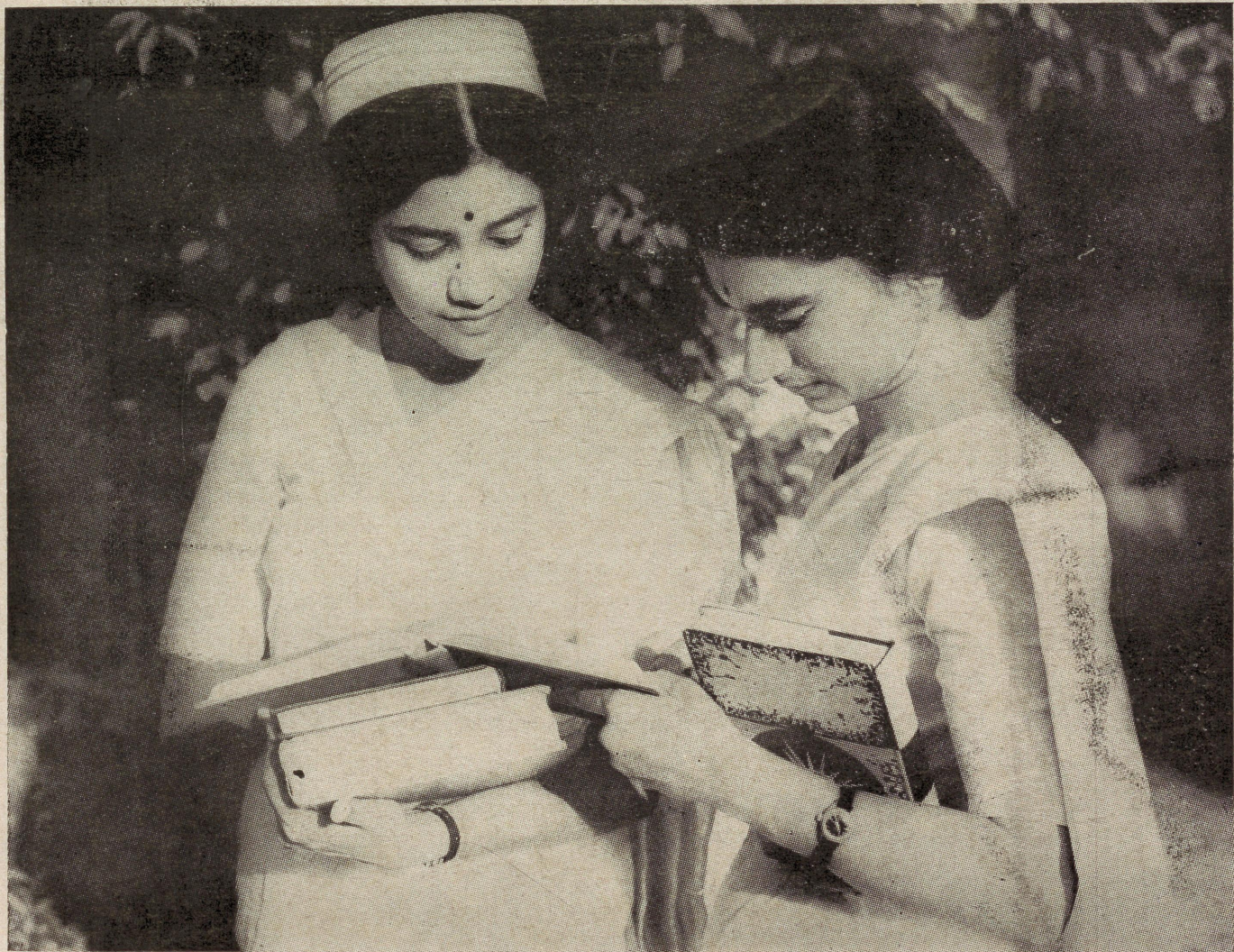
The Medical Education Committee set up on the recommendation of the Central Council of Health has submitted its report on the various aspects of undergraduate medical education, including the development of medical curricula in relation to our national requirements.

Post-graduate medical education has been given its due importance in the scheme of things. Four full-fledged post-graduate institutions at Delhi, Chandigarh, Pondicherry and Calcutta, are meeting the



Increasing medical manpower and its maximum utilization is the need of the day

training of medical and



Education of nurses to prepare them to function more efficiently as members of a health team requires more facilities for nursing training

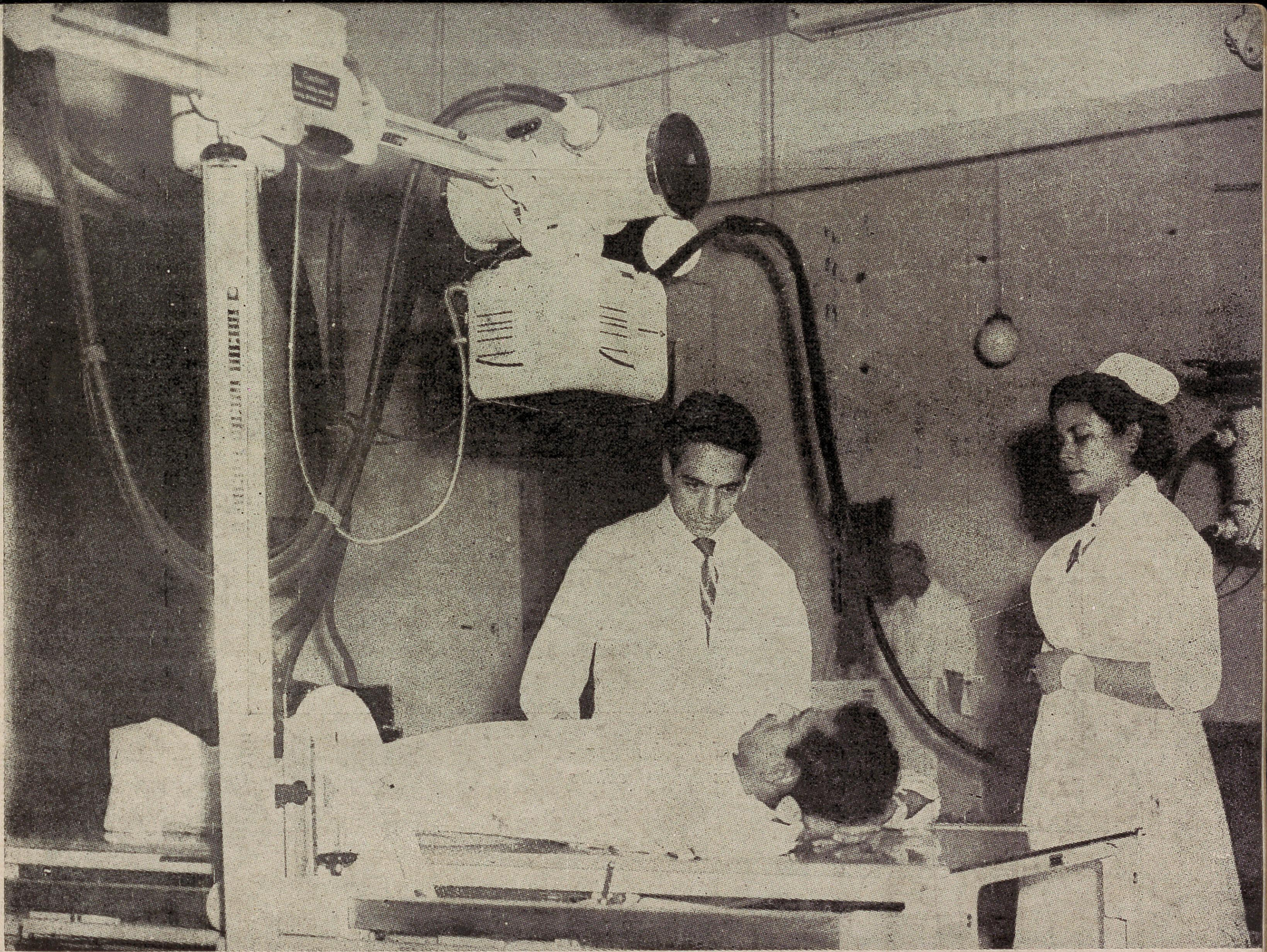
requirements for higher training. Besides, 75 medical colleges are imparting postgraduate training. During the Fourth Plan, it is proposed to expand these institutions and establish 80 postgraduate departments in various medical colleges. Three hundred and seventy-seven scholarships are now awarded annually to deserving postgraduates.

nursing

With 61,000 nurses in the country we have nurse-doctor ratio of about 1 : 2 as against the desirable ratio of 3:1. There are 253 institutions with an admission capacity of about 7,000 approved for the training of nurses. By the end of the Fourth Plan it is expected that there would be about 80,000 nurses.

health personnel





Institutional facilities have considerably expanded during the five year plans

medical care

Medical care facilities have been expanding since Independence. We have today 255,700 beds as against 113,000 beds in 1946. Even with this expansion, the medical facilities in rural areas are inadequate. At present there is one bed per 2000 population. It is intended to add 25,900 beds in the Fourth Plan and this will, at best, maintain the present bed population ratio at the current level of population growth.

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Index for

Volume XIV

swasth hind

VOLUME XIV		
<i>Number</i>	<i>Month</i>	<i>Pages</i>
1.	January	1—32
2.	February	33—64
3.	March	65—92
4.	April	93—124
5.	May	125—156
6.	June	157—188
7.	July	189—220
8.	August	221—252
9.	September	253—284
10.	October	285—316
11.	November	317—348
12.	December	349—380

January to December

1970



swasth hind

INDEX

VOLUME XIV

JANUARY TO DECEMBER 1970

The following is the index for all reading material published in SWASTH HIND during 1970. This is a title index. (The author's names are given in italics).

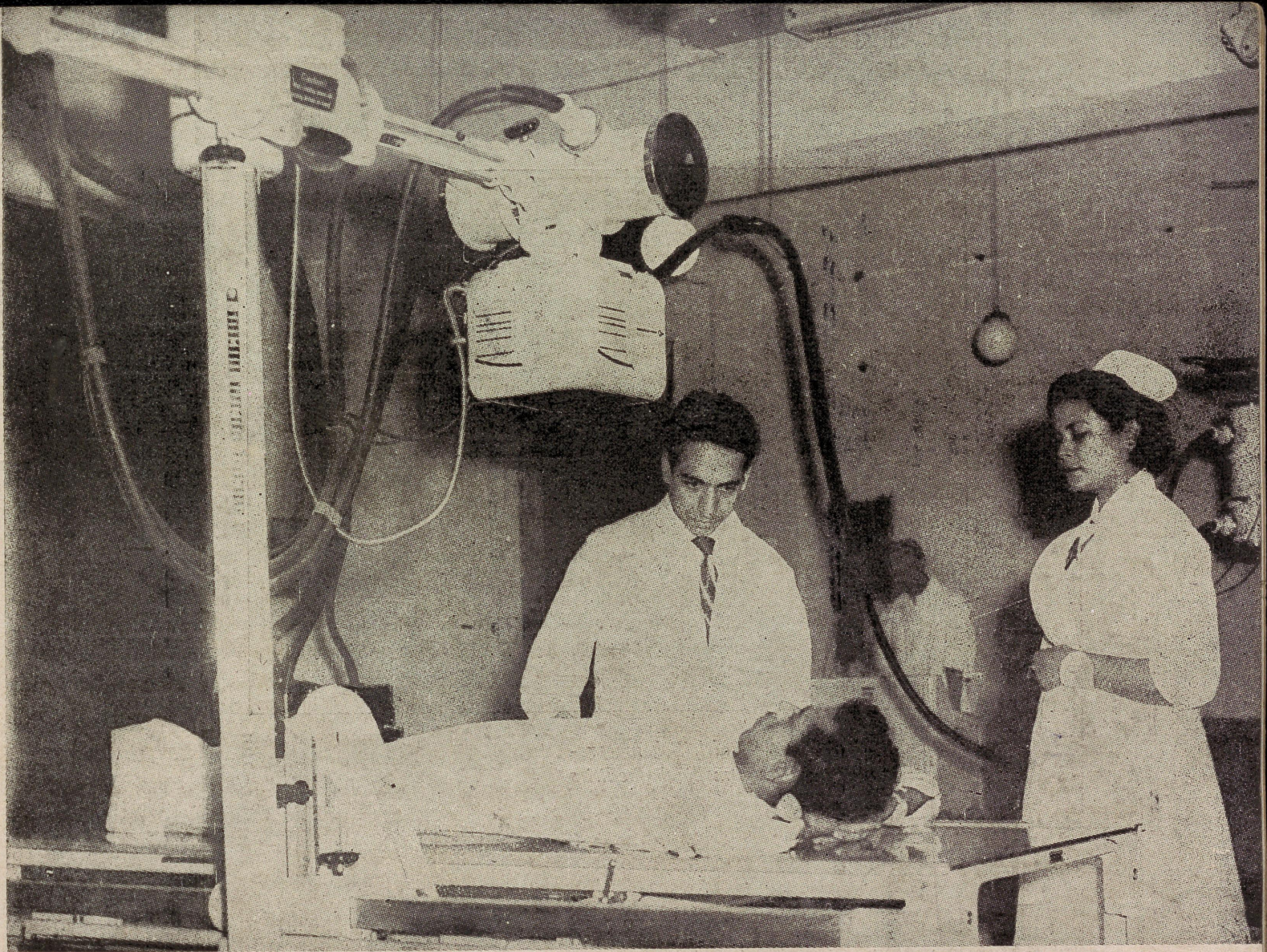
	<i>Pages</i>		<i>Pages</i>
	A		
Around the States	28, 87, 149, 183, 214, 249, 275, 307, 375	Crash Programme for Nutrition	228
Atmospheric Carcinogens	132	Combating Cholera—A New Strategy	234
— <i>Dr G. C. Pain</i>		— <i>Dr J. B. Shrivastav</i>	
Awards to Medical Men	246	Chief Public Health Engineers meet	242
	B	Comprehensive Community Health	
Beliefs And Behaviour Towards Leprosy	82	Care	285
— <i>L. M. Rebello</i>		— <i>K. K. Shah</i>	
— <i>P. K. Sharma</i>		Crash Helmets : Protection Against	
Blood—what it is ?	140	Brain Injuries	300
— <i>Cheb</i>		— <i>Dr S. Kalayanaraman</i>	
Blood Donation—A National Cause	144	D	
Bibliography on Cancer	152	DDT Still Safe for Use	268
Building Rural Health Services	157	— <i>Dr S. L. Dhir</i>	
— <i>K. K. Shah</i>		E	
Bold Experiment By Ajmer College	260	Ensuring Quality Nursing	36
— <i>An Interview</i>		— <i>Mrs Sati Ghose</i>	
Basic Doctor For Health	289	Exhibition on Health Progress	55
— <i>B. S. Murthy</i>		Education for Disease Prevention	223
C		— <i>Dr S. Chandrasekhar</i>	
Cancer : Magnitude of the Problem	93	Exhibition : Health is Life	245
— <i>Dr P. K. Duraiswami</i>		Expanding Medical Education Facilities	267
Cancer Threat to South-East Asia	96	— <i>B. S. Murthy</i>	
— <i>WHO</i>		Education Programme on Food	
Cancer : Need for Epidemiological		Sanitation	302
Approach	106	— <i>Dr B. P. Bose</i>	
— <i>Dr G. C. Pain</i>		Education for Child Welfare	320
Cancer : Early Detection and Cure Rate	112	— <i>Pierre Zumbach</i>	
— <i>Dr V. Shanta</i>		Educating the Mentally Retarded	
Concept of Cancer in Ayurveda	120	Children	324
— <i>Vaidya Shiva Kumar Mishra</i>		— <i>Miss K. Sathyavathi</i>	
Case Against Smoking	134	Education for Better Nutrition	329
— <i>Sir George Godber</i>		— <i>Dr S. C. Balasubramanian</i>	

	<i>Pages</i>		<i>Pages</i>
Education for Health Care—Role of Schools	334	Malnutrition and Food Scarcity	163
— <i>Mrs Kamala S. Bhatia</i>		— <i>Dr Kalyan Bagchi</i>	
Education As A Dimension of Life	346	Mass Screening for Cancer Detection	167
— <i>Renu Maheu</i>		More Funds for Better Health	189
Educational Significance of some MCH & Family Planning Practices	356	— <i>An Interview with Shri B. P. Patel</i>	
— <i>Dr B. S. Sehgal</i>		Madhya Pradesh Makes Steady Progress	221
		— <i>An Interview</i>	
F		N	
Family Planning Needs Vigorous Efforts	51	National Medical Library	31, 63, 91, 186,
— <i>Dr S. Chandrasekhar</i>		—New Additions	217, 251,
Fight Cancer with Early Detection	99		314, 347, 379
— <i>Dr P. N. Wahi</i>		News	30, 89, 185, 310, 377
Family Planning : A Silent-Social Revolution	350	Nurses and Family Planning	38
— <i>B. P. Patel</i>		— <i>Miss Swarn Lata Arora</i>	
Family Planning Catching up in Rajasthan	364	Nursing in Health Services	40
— <i>An Interview</i>		Nursing : An Important Service	42
Family Planning is Planning for Family Health	367	National Awards on Family Planning	57
— <i>WHO</i>		National Cancer Research Centre, Chittaranjan	117
		— <i>Dr Santosh Mitra</i>	
H		New Light on Leukaemia	180
Health Progress in India	1	— <i>Dr John Lenihan</i>	
Health Pavilion (Children's International Fair 1969)	24	O	
Health and Medical Services in Uttar Pradesh	125	On Family Planning	26, 60, 86, 182,
— <i>An Interview</i>			212, 248, 273
Healing Touch of Music	179		304, 373
— <i>Dr S. Kalayanaraman</i>		P	
Health Education for Health Progress	204	Population Education—An Inter-disciplinary Approach	68
I		— <i>Dr. S. Chandrasekhar</i>	
Infestation of Intestinal Worms	175	Population Education—A Programme of Social Education	70
— <i>Shri M. M. Datta</i>		— <i>Dr R. K. Bhan</i>	
— <i>Dr G. S. Chakravarty</i>		Population Education—Role of Home School and Society	72
Institute of the History of Medicine and Medical Research, New Delhi	236	— <i>Dr (Mrs) Kamala Gopal Rao</i>	
		— <i>Dr D. Gopal Rao</i>	
L		Population Education For Small Family Norm	75
Learning Nursing Care	33	— <i>Bhakt Darshan</i>	
— <i>Mrs A. Mani</i>		Population Education Programme	77
Local Leadership in Family Planning Programme	256	— <i>Kamla S. Bhatia</i>	
— <i>H. S. Dhillon</i>		Public Education On Cancer	172
M		Physician's Role in Developing Countries	263
Mass Screening Programme for Cancer	115	— <i>Dr V. T. H. Gunaratne</i>	
— <i>Dr R. D. Stevens</i>			

	<i>Pages</i>		<i>Pages</i>
Patterns of Human Reproduction	299	Smallpox Eradication ; A Battle to Win	191
Plan for Educational Reconstruction	318	— <i>Dr P. K. Duraiswami</i>	
— <i>V.V. Giri</i>		Sixth Health Educators Conference	193
Preparing for communication Task	370	Search Light on Family Planning Progress	239
— <i>D. Lakshminarayan</i>			
R		T	
Radio—therapeutic Equipment for Treatment of Cancer	128	Tobacco Chewing And Cancer	108
— <i>Dr P. K. Haldar</i>		— <i>Dr P. N. Wahi, Dr B. Lahiri</i>	
Recommendations of the XVI Meeting of CCH	138	— <i>Dr Usha K. Luthra</i>	
Round Worm	171	Treatment Facilities for Cancer in India	122
<i>Cheb</i>		The Protein Gap	231
Registration of Births and Deaths in India	271	Training of the Mentally Retarded	342
— <i>A. Chandrasekhar</i>		— <i>Mrs S. V. Char</i>	
Reorientation of Medical Education for Community Health Services	291	U	
— <i>B. P. Patel</i>		Ultimate Goal : Leprosy Eradication	253
S		— <i>Dr P. K. Duraiswami</i>	
Sixteenth Meeting of the Central Council of Health	44	W	
Strengthening Basic Health Services	65	Water Pollution : Control and Abatement	79
— <i>An Interview</i>		— <i>Dr S. N. Narayana Gowda</i>	
Second MEIOs Course	146	Water Pollution and industrial Wastes Treatment	161
Skin Disorders in Anti-Larval Workers	169	— <i>Dr S. Chandrasekhar</i>	
— <i>Dr R. N. Srivastava</i>		Workshop on Health and Population Education	208
		Welfare Services of Children	238
		— <i>Dr (Mrs) Phulrenu Guha</i>	

SPECIAL NUMBERS

January	— Health Progress in India
March	— Population Education
April	— World Health Day (Cancer—Early Detection Saves Lives)
November	— Children's Day (Role of Education for Child Care)
December	— Family Planning



Institutional facilities have considerably expanded during the five year plans

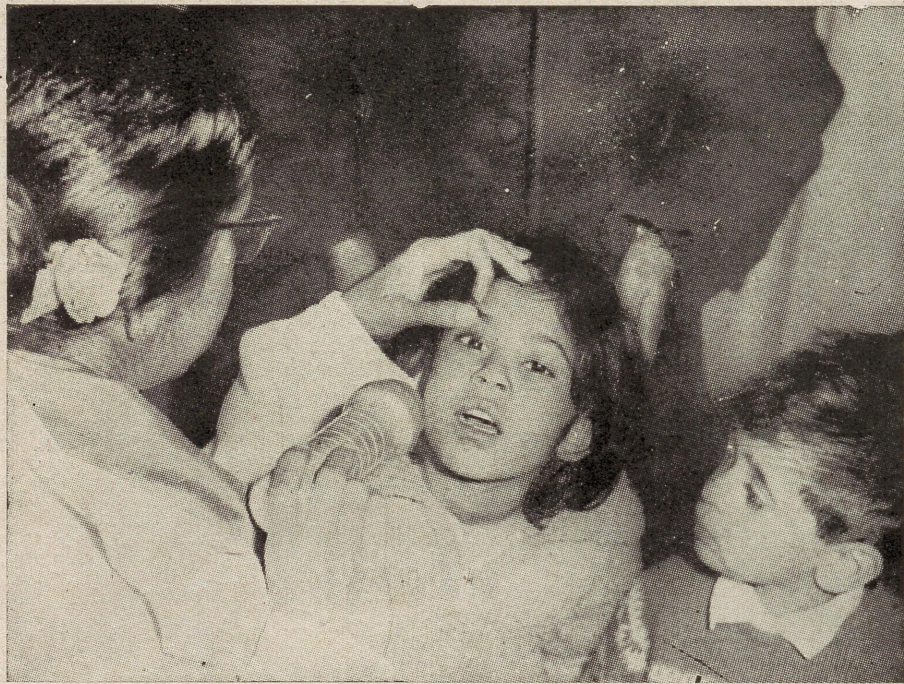
medical care

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health insurance

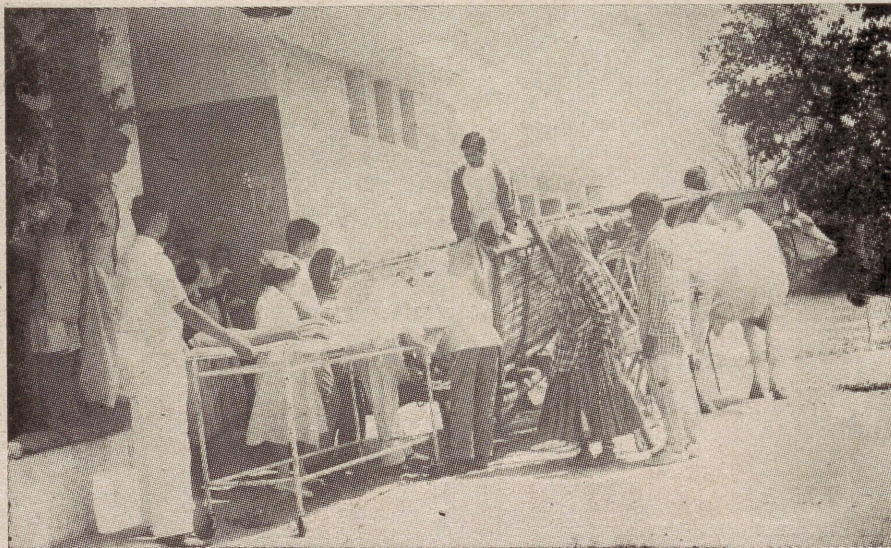
The Central Government Health Scheme which is now functioning in Delhi, Bombay and Allahabad, is proposed to be expanded to a few other places.

Rehabilitating a handicapped child is a hard task requiring sympathy, special care and sustained patience



Central Government Health Scheme provides different types of medical facilities

Primary health centres have been providing integrated preventive and curative services in the rural areas



primary health centres

The rural areas are getting their medical services through the 4,919 primary health centres. It was intended to set up 5,225 primary health centres at the rate of one for each block. It is hoped that this shortage will be made up during the Fourth Plan. The staffing pattern of the primary health centre had been reorganized, as it has to provide the basic framework for the effective implementation of the maintenance phase of malaria and smallpox eradication programme, and has to be the main plank for the family planning programme.

rehabilitation of the handicapped

Facilities for the rehabilitation of the handicapped are not many. At present, the All India Institute of Physical Medicine and Rehabilitation, Bombay, the All India Institute for Speech Therapy and Hearing in Mysore and a few other Centres provide such facilities. It is proposed to have a full-fledged rehabilitation Centre in the Central Institute of Orthopaedics in New Delhi during the Fourth Five Year Plan. Besides, a scheme for the award of stipends to physiotherapists, occupational therapists, prosthetic and orthotic technicians undergoing training has also been included in the Fourth Plan.

dental health

Dental caries and periodontal diseases are increasing at an alarming rate. For the proper preservation of the dental health of the nation, it is of utmost importance to organize dental health services, particularly for school children and adult population. There are at present 15 dental colleges functioning in the country with an admission capacity of 568 and over 100 dental clinics are operating.

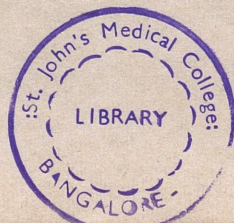
mental health

In 1961, the Government of India constituted a Mental Health Advisory Committee which did commendable work through its sub-committees and recommended measures for improvement of mental health. The Indian Council of Medical Research through its mental health expert group exercises an encouraging influence in the field of mental health research in the country.

In the Fourth Five Year Plan, an allocation of Rs 50 lakhs has been proposed for the establishment of psychiatric clinics in districts and teaching hospitals in the various States.

indigenous systems of medicine

Concerted efforts have been made to strengthen the indigenous systems of medicine since Independence. There are about 9,000 Ayurvedic dispensaries and most of them are functioning in the rural areas. This has somewhat helped to overcome the imbalance of medical relief between rural and urban areas. In the Fourth Plan, a provision of Rs 16.26 crores has been made for the development of indigenous systems of medicine. Drug standardization, education and research will receive a high priority. A Central Council of Research in Indian Systems of Medicine on the lines of the Indian Council of Medical Research has been constituted.



drug control

As for quality control for drugs, the Central Government is anxious that the twin objectives of uniformity and stringent enforcement of quality control are achieved. As a result of twenty-two years of enforcement of this control and thanks to the recommendations of two major committees, the States and the Centre have now a fairly clear idea of all the requirements of a good Drug Control Organization. Recently a Committee consisting of drug manufacturers and representatives of Government has been constituted to explore the ways and means by which the drug industry can bring down the prices of drugs and also assist the Government in checking pilferage of drugs from Government institutions and combating the evil of spurious drugs.

health intelligence

Health statistics and information have a vital place in the drawing up of health plans for our country. The deficiencies in this field were keenly felt and the Central Bureau of Health Intelligence has been established in the Directorate General of Health Services. A few States have also set up such bureaux in their respective Health Directorate. It is essential that other States should follow suit.

blood transfusion

Blood transfusion has a vital place in modern surgery and other medical procedures. Well-run blood banks with blood transfusion facilities are an index of the excellent health services. The situation today is rather sad as the blood donation movement has not caught up. The plasma processing plants in different parts of the country are not fully utilized because of lack of donors. Our production of plasma to day is less than one-tenth of the installed capacity of the plants of 87,000 bottles of 250 cc each of plasma every year.

The programme of professional donor system still continues in spite of the plea to replace it by the voluntary donors. This is an educational programme and needs to be strengthened greatly.

Food adulteration continues unabated in spite of deterrent and stringent punishments provided under the Prevention of Food Adulteration Act. Alarmed at the immensity of the problem, the Prime Minister and the Union Minister for Health, Family Planning, Works, Housing and Urban Development, recently urged the Chief Ministers to take vigorous steps to root out this evil.

menace of food adulteration

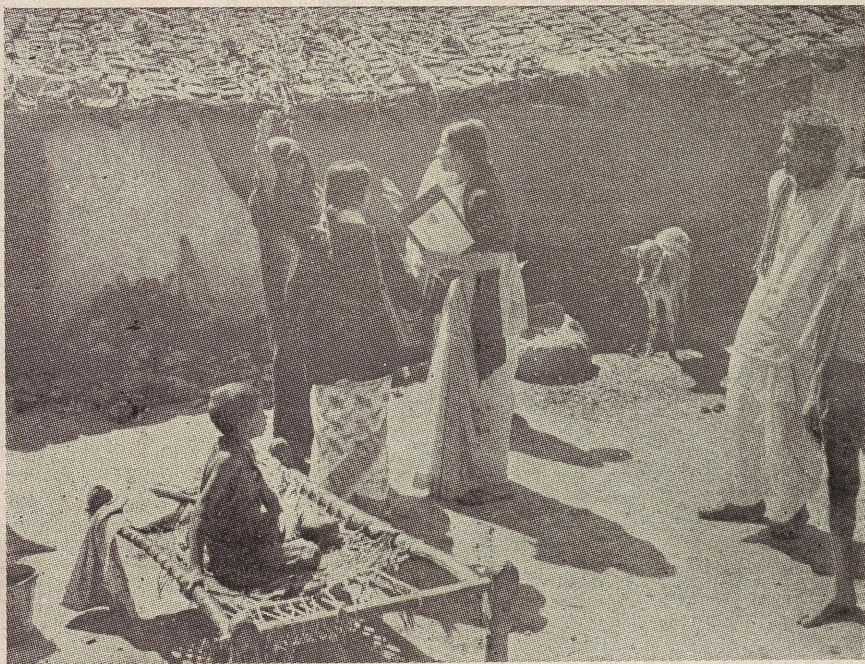
One of the important bottlenecks in the implementation of the Prevention of Food Adulteration Act is that qualified people are not attracted to the posts of Public Health Analysis due to low pay and scales and status. It is essential that the salary scale and the status of this category of personnel should be raised, as soon as possible.



A research scientist explains the characteristics of the serum

medical research

Research activities form an important component in every sphere of our health programme. Though research is carried out by individuals in different institutions, it is co-ordinated by the Indian Council of Medical Research which initiates research on all problems which are expected to contribute towards positive health. The Council covers particularly the problems in the field of communicable diseases, malnutrition, family planning, environmental sanitation, medical care, etc. The Council has given considerable stimulus to the medical research in the country. Due consideration has also been given to the training of research workers by establishing research institutions and upgrading the departments in medical colleges for providing better facilities for training in research.



health education

The different health programmes are meant for the benefit of our people and hence their active co-operation and participation are essential for the success of our health programmes. Health education of the public has made considerable progress in India. Besides, the Central Health Education Bureau in the Directorate General of Health Services, 14 States and two Union Territories have established Health Education Bureaux. It is hoped that the remaining States and Union Territories will also set up Health Education Bureaux and strengthen this vital component of our health programmes.

Promotion of health requires an awareness on the part of the community of its role in solving health problems. Health Education brings about this awareness and it has become an accepted function of the health workers. Health education of children is vital in prevention of diseases and promotion of health.

Health Plan Targets and Achievements

Scheme	Achievements		Third Plan		Expected during 1968	Expected at the end of IVth Plan (1969-74)
	First Plan	Second Plan	Targets	Achieved and anticipated		
Institutions (Hospitals and Dispensaries)	10,000	12,000	14,600	14,600	+	Not fixed
Beds (Plan)	125,000	185,600	240,100	240,100	256,700	281,600
Primary Health Centres	725	2,800	5,000	4,900	+	Not fixed
Medical Education						
Medical Colleges	42	57	75	87	92	102
Annual Admissions	3,500	5,800	8,000	10,625	11,500	13,000
Man Power						
Doctors	65,000	70,000	81,000	86,000	102,520	137,930*
Nurses	18,500	27,000	45,000	45,000	61,000	80,000*
Auxiliary-Nurse-Midwives/Midwives	12,780	19,500	48,500	35,000	34,000@	54,000@
Health Visitors	800	1,500	3,500	4,200	+	+
Nurse-Dais/Dais	6,400	11,500	40,000	28,000	+	+
Sanitary Inspectors/Health Assistants	4,000	6,000	19,200	18,000	20,000	32,600*
Pharmacists	+	42,000	48,000	48,000	51,000	66,000*

* = Net after attritions

@ = Figures exclude midwives

Source : CBHI

Bed Population Doctor-Nurse and Nurse-Bed Ratios in India

Categories	RATIOS			
	During Third Plan ending (1965-66)	Expected during 1968	Targets at the end of Fourth Plan (1969-74)	Suggested Norms
1. Bed : Population	1:2078 (0.48)	1:2041 (0.49)	1:2037 (0.49)	1:1000
2. Doctor : Nurse	1:0.52	1:0.59	1:0.57	1:3
3. Nurse : Bed	1:5.33	1:4.21	1:3.27	1:5

NOTE : Figures in brackets indicate the beds per mille of population

Source : CBHI



HEALTH PAVILION

children's international fair 1969

The Children's International Fair was organized by the Indian Council of Child Welfare in New Delhi from 17 October to 16 November, 1969. The main objective of this Fair was to open the window of the world as it relates to the children. A number of foreign countries took part in this festival for children.

At this Fair, the Central Health Education Bureau had set up a Health Pavilion with a view to educating the children on the benefits of healthful living. It also had a message for the elders and for their tiny-tots.

The Health Pavilion was a vivid portrayal of the fact that the care of children and the investment in their health are necessary for a happy and prosperous nation. The basic theme of the Pavilion was "Today's children are tomorrow's citizens."

The Pavilion presented the fundamental health needs of children in terms of personal hygiene, healthy habits, disease prevention, nutrition for children and expectant and lactating mothers, and population education.

On entering the Pavilion one meets with these words of Jawaharlal Nehru: "My attention is specially attracted towards children not merely because I like children . . . I think all of us have certain responsibility to see that children in this country are properly looked after." These striking words, in fact, set the tone of the Exhibition.

Prime Minister Indira Gandhi visited Health Pavilion on the opening day of the Children's International Fair



The first section had the slogan: "Children are future builders: Healthier the children wealthier the nation."

The visitors were soon greeted with an imposing photograph of three kids whose innocent smiles beckoned the elders to their responsibility towards them. This unit highlighted the need of love and affection, good personal hygiene, medical and health care, and the supreme need for rest and good sleep.

The section also highlighted the need for adopting healthy habits like keeping one's nails short, of using spittoons and dust bins, of drinking safe water, etc.

The photographs were a feast for the eyes; healthy teeth, bright eyes, velvety skin and shiny hair are, indeed, the envy of all. How one wishes one's children possessed these to make them beautiful and charming! And yet how often we neglect the rules of health. There was



President V.V. Giri viewing the panels

a Quiz Master, too. There were some questions and one had just to press a button and lo! the answer flashed.

HOW CHILDREN FALL SICK

The next section was devoted to how children fall sick. Sketches and photographs explained how germs entered the body through unboiled milk, contaminated food or unclean hands.

The virtues of safe water as a preventer of diseases was explained in another photograph.

Protect your food—prepare it in a clean place, keep it covered and eat it in a clean place—another step to remain healthy was the message in another panel.

How one could adopt preventive measures against communicable diseases—DDT spray against malaria, vaccination against smallpox and inoculation against cholera.

Prevent accidents, warned another caption. And listed various measures to protect children against accidents.

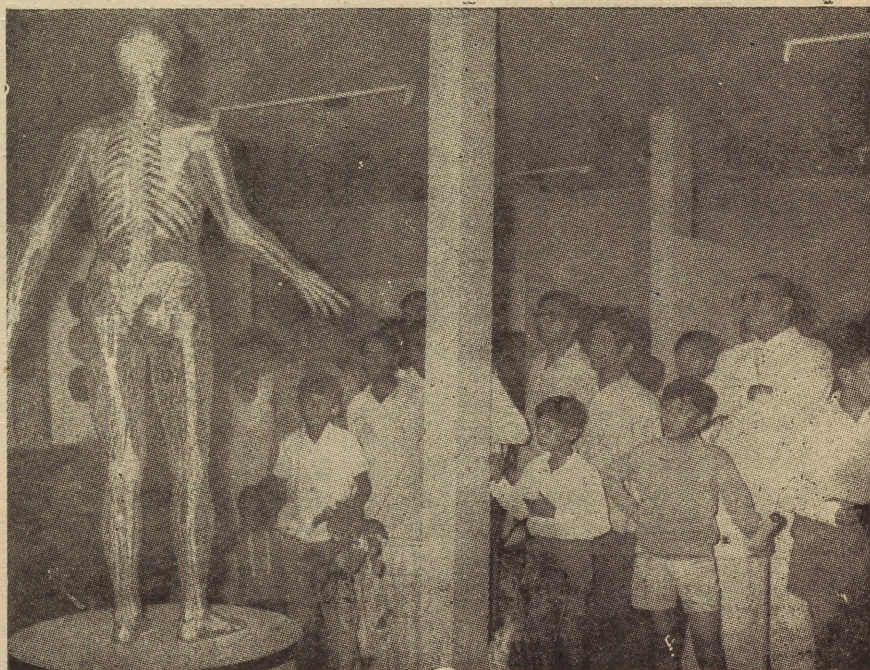
Vice-President G. S. Pathak, showed keen interest in the exhibits of the Pavilion



In the Centre of the Pavilion, the fantastic glasswoman stood majestically surveying the scene. With a tape-recorded commentary and the colourful lighting, the functions of human body were explained.

Now the Section on Nutrition: It stressed the need for balanced diet of various age-groups. Whatever be the age-group—0 to 6 months, 7 to 12 months, 3 to 12 years—the Tables threw light on the exact nutritional

Glasswoman was the star attraction of the Health Pavilion



needs of each. In fact, 70 per cent of Indian children suffer from under-nutrition or malnutrition. Yet another panel depicted the measures to preserve or increase the nutrients of what we eat? With the combination of various food stuffs nutritional level could be raised, too.

POPULATION EDUCATION

It was now the turn of the children to draw attention to the population problem. They had this to say: "We want to be heard! There are two hundred million of us in India." The photographic illustration spoke for itself. They in fact, are the future citizens. (Contd. on page 29)

On Family Planning

VASECTOMIES IN GREATER BOMBAY

AN analysis of vasectomies in Greater Bombay during the period of eleven months (March 1967 to January 1968) was done by the Demographic Training and Research Centre, Bombay at the instance of the Maharashtra Government. The analysis was presented to the Minister for Public Health, Dr Rafiq Zakaria, by S.N. Agarwala, Director of the Centre on April 15, 1969. The important findings of the analysis were:

1. It has been found that the average age of the men who came for vasectomy was 39 years and that of their wives, 32 years. They had on an average three living children—two sons and a daughter. Seventy one per cent of the men who took advantage of these facilities had either three or less than three children.
2. It was also found that while during the period March to July 1967, persons who came for vasectomy had an average of 3.6 living children, those who came in later months, that is, between August 1967 and January 1968 had on an average 3.1 living children. This indicates that younger couples with lesser number of children started taking advantage of the facilities.
3. A majority (61 per cent) of the persons who came for vasectomy were from zopadpattis and had an average income of Rs 114 per month. Sixty one per cent of the males and 88 per cent of their wives were illiterate. If those whose school education was below fourth standard are considered, the percentage of males who came for vasectomy increases to 69 and of their wives to 94. Fifty eight per cent of the cases were unskilled workers. Thus the uneducated and poor class of persons living in zopadpattis mostly availed of these facilities.
4. Monthly figures show that larger number of illiterate persons and belonging to zopadpattis came forward for vasectomy as the programme developed.
5. It has been found that a majority of those who lived in zopadpattis were usually referred by promoters who also lived in zopadpattis. The percentage of such persons was 67.
6. It was also found that 41 per cent of the vasectomized persons went to the centre which was less than a mile from their residence, and 68 per cent to that which was within the radius of two miles.
7. It was also found that in 70 per cent of the cases, the distance between the promoter's residence and that of the person vasectomized was within a radius of two miles.
8. It is sometimes alleged that promoters have made family planning as a business and that some of them are bringing a large number of cases. The data definitely disprove this. It has been found that 67 per cent of the promoters brought only one case each and 94 per cent of the promoters brought four or less cases. Only two per cent of the promoters brought more than 15 cases each. This analysis has been based on 2,776 promoters for the month of January 1968.
9. The data indicate that not only the persons born in Maharashtra availed of the vasectomy facilities, but also those born in Gujarat, Uttar Pradesh, Andhra Pradesh, Mysore, Madras, Goa and other Union Territories and who work in Bombay. It is interesting that 73 Pakistanis, 67 Nepalese and 26 other foreigners also took advantage of these facilities.
10. It has been found, on the basis of another study, that in Greater Bombay, Muslims have not been lagging behind their other fellow brethren in accepting sterilization and that their percentage among acceptors was 8.5 per cent while their percentage in the total population was 13. It was also found that 87.5 per cent of the Hindus came forward for sterilization while their percentage in the total population was 69.—*Sukhi Sansar, June, 1969*

SURGICAL EQUIPMENT FOR IUCD AND STERILIZATION

THE Government of India has decided that surgical equipment for IUCD and sterilization, at a cost ceiling of Rs 1,400 per hospital may be supplied to such institutions, both Government and private, in the country which possess necessary personnel and the technical skill for rendering services in family planning, *i.e.*, conducting sterilization operations and making IUCD placements.

The supply of surgical equipments will be subject to the conditions that the institution concerned will furnish a quarterly return regarding the work done by them, to the State Government through the district family planning officer concerned in the prescribed proforma. The State Government would in turn furnish a report to the Department of Family Planning in the proforma prescribed for the purpose.

LEGISLATION ON REGISTRATION OF BIRTHS AND DEATHS

DESPITE the well-realized importance of the registration of vital statistics, there was no uniform Central Law for the registration of births and deaths. In May 1969 the Government of India enacted the Registration of Births and deaths Act of 1969. Under this Central Law, it is expected both that the registration system would improve both quantitatively and qualitatively.

The compilation and dissemination of vital statistics was taken over by the Registrar General, India, from the Director General of Health Services in 1960. As an initial step the Registrar General, India, organized a conference of the representatives from the concerned Central and State Ministries in April 1961. The main aim was to specify the lines of action for an over-all improvement in the quality and coverage of vital statistics. One of the five main recommendations of this conference was that the Union Government should pass a 'Central Law' on Vital Statistics so that a uniform system of registration may be established throughout the country. The Union Government accepted this recommendation in principal and thereafter invited the comments on the proposed outlines of the Act.

As a result, a Bill on Registration of Births and Deaths was passed by the Upper House of Legis-

lature (Rajya Sabha) in 1964 but lapsed due to the dissolution of the last Parliament. The Bill was re-introduced and finally passed as the Registration of Births and Deaths Act, 1969 and received the assent of the Vice-President, acting as President on the 31st May, 1969.

The provisions of the registration of Births and Deaths Act, 1969 are built closely around the current registration practices. They unify the existing legal and administrative provisions. The act gives a legal status to the various officials in the registration machinery, who at present attend to the registration work in addition to their normal duties. It binds them in a registration hierarchy with the Registrar General at the Centre and the Chief Registrar at the State and running through District Registrars to the village and town Registrars at the periphery. Other legal provisions of the Act are broad enough to permit State variations in operation at details as demanded by the particular characteristics of their respective administrations, but are also specific enough to ensure development of the system so as to secure a minimum of uniformity and comparability in coverage and efficiency. The Act lays down specific principles, general lines of action and channels of authority but execution is left with the States and accordingly details of implementations are relegated to the rule making power of the States. The exercise of this power itself, however, is made subject to prior consultation with the Central Government with a view to securing appropriate standards.

The Act, besides specifying the persons who are required to get the event of birth or death registered also enjoins upon certain agencies whose services are utilized at the time of occurrence of births and deaths to notify such events to the local Registrar. It also provides for medical certification of cause of death where facilities exist, maintenance of records, issue of birth and death certificates, inspections, collections compilations and publication of vital statistics. There are provisions for penalties for various offenders under the Act and their compounding. The procedure for delayed registration of events has also been indicated. The Act also fills an important lacuna in the Indian registration system by providing for the registration of births and deaths of Indian citizens abroad.—*The Registrar General's Newsletter, July 1969*

Around the states

ANDHRA PRADESH

Golden Jubilee of the Nutrition Research Laboratories

THE Nutrition Research Laboratories, Hyderabad celebrated its Golden Jubilee on 26 September, 1969.

Rupees 60 crores have been allocated in the Fourth Five Year Plan for specific nutrition programmes. These programmes will include prevention and control of blindness in children caused by vitamin 'A' deficiency, production of protein-rich foods and nutrition education. This was stated by Shri K.K. Shah, Minister for Health and Family Planning, Works, Housing and Urban Development while inaugurating at the Golden Jubilee Celebrations of the Nutrition Research Laboratories.

The National Institute of Nutrition is the new name given to the Laboratories on this occasion.

"The great agricultural revolution in Asia had generated the hope for achieving self-sufficiency in foodgrains before long," said Shri Shah. "But we would still need the expert guidance, knowledge and technical know-how to combat malnutrition, a major cause of ill-health in our country. The Nutrition Research Laboratories, therefore, would have to shoulder even heavier responsibilities and burdens in future", he added.

Nutrition research in this country should not be a mere academic exercise confined to the ivory towers of a research laboratory. It should be oriented to the important task of providing practical answers to the grave problems of malnutrition. Shri Shah was happy to note that this important consideration had been borne in mind by the research workers of these Laboratories.

"Malnutrition today was not a problem for India alone but for several Asian countries. It was, therefore, our moral duty to make the up-to-date

facilities of this Institution available to these countries, the Health Minister said.

For this purpose the World Health Organization and the UNICEF had given their generous support to organize an important programme of training in nutrition for medical men from the Asian countries at this Institution.

Shri Shah assured his full support and cooperation to international organizations for developing these laboratories as a Regional Training Centre in Nutrition for this part of the world.

DELHI

Grants to Voluntary Medical Institutions

FORTY lakhs rupees will be given as grants to voluntary medical institutions by the Union Ministry of Health, Family Planning, Works, Housing and Urban Development during 1969-70.

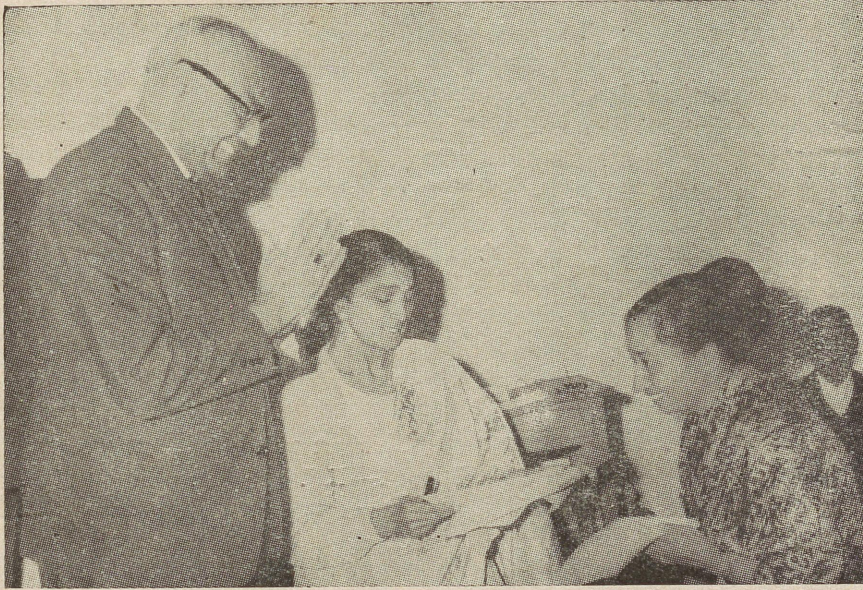
Financial assistance is generally provided to the institutions treating tuberculosis, leprosy and other diseases to meet specific and non-recurring expenditure on purchase of essential equipments such as X-ray plants, sterilizers, operation tables, hospital beds, ambulances and surgical instruments. Assistance is also given for construction of X-ray blocks, operation theatres, wards for the poor or any other works for expansion of hospital facilities.

Recurring grants are given to Survey, Education and Treatment Centres established for leprosy control work.

XIV DHEE Course Concludes

THE training in health education given at the Central Health Education Bureau was of "high quality" after "my observations" of the training programmes conducted by various institutions in India and abroad, said Shri B.P. Patel, Secretary, Union Ministry of Health, Family Planning, Works, Housing and Urban Development.

The emphasis today, Shri Patel said, was on the integration of MCH, medical care and family planning. He was, therefore, happy to find that this batch of trainees represented three different areas and provided an opportunity to put this integration into practice.



Shri B. P. Patel, Secretary, Ministry of Health, Family Planning, Works, Housing and Urban Development awarding certificates to the trainees of XIV DHEE Course on 4 December, 1969 in New Delhi. This course was organized by the Central Health Education Bureau.

Shri Patel was awarding certificates to 23 trainees on their successful completion of the XIV District Health Extension Education Course, organized by the Central Health Education Bureau (CHEB) on 4 December, 1969 in New Delhi. The trainees were 18 from India, three from Ceylon, one each from Nepal and Thailand.

He was happy to find that this batch included participants from various social diversities, cultures and specialities and, this helped in instilling a team approach which was the backbone for the success of any health programme.

Earlier, in his address of welcome, Dr B.S. Sehgal, Director, CHEB, said that the core of this training was active participation of the trainees in everything that was taught to them and the whole focus in this course were the people.

Dr Sehgal said that it was well-nigh difficult to change people's behaviour but efforts were made to expose the trainees to the community to develop skills in motivating people for accepting innovations.

A special significance of this course, he said, was that it was field-based, *i.e.*, the trainees were taken to the field to implement what they had learnt through lectures in the classrooms.

Proposing a vote of thanks, Shri H.S. Dhillon, Deputy Director (Research), CHEB, said that this training helped the trainees to develop self-confidence as it was field-based.

Shri Dhillon said that CHEB would not become complacent and rest on its laurels. It would always continue to improve its training programme "further and further".

HEALTH PAVILION—Continued from Page 25

One did wonder : what did these children want ? The blown-up photographs and illustrations told their story thus: "We want wholesome nourishing diet—vitamins, proteins, carbohydrates and minerals, vital for our physical and mental growth."

Next only to food "we need shelter and education, love and affection "for a lonely child may be slow to develop."

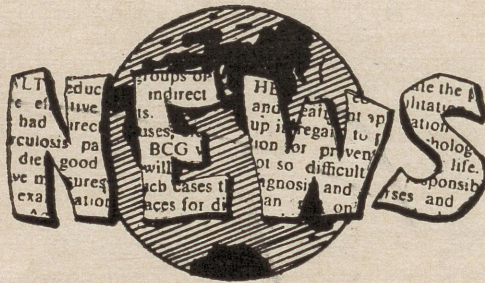
But, the hard facts, they said, had different story to tell :

- 10 million of the children live without schooling.
- 60 to 70 per cent suffer from malnourishment.
- 12,000 to 14,000 go blind due to vitamin A deficiency.

What are the reasons ? The answer through photographs was : "We are growing too fast", 13 million new faces every year. At this rate there would be 1,000 million people in 1994 in India. Staggering !

"Is there any solution ?" Yes. "Indeed, a small family, with two or three children only, is a happy family. It assures better facilities for education, more food per head, more clothes, and a happy living." A small happy family bid a farewell.

—M.L. Mehta



SCHOOL NUTRITIONAL AND HEALTH SERVICES UNIT

THE U.S. Education Commissioner, Dr James E. Allen, Jr., has recently announced the establishment of a new school Nutrition and Health Services Unit in the Office of Education.

"The existence of chronic hunger, malnutrition, and disease among thousands of American school children has been well documented", said Dr Allen. "Educators now realize that the learning problems of disadvantaged children cannot be treated in isolation. We cannot expect educational achievement from children who are hungry, listless, or suffering from some form of mental or physical illness.

The Office of Education, therefore, places high priority on the improvement of the nutrition and health services available to the disadvantaged children enrolled in the schools of our Nation."

The new Unit will be charged with policy formulation and programme co-ordination for the Commissioner in the areas of nutrition and health services in the schools. It will also serve as a co-ordinating link between the planning and programme activities of the Office of Education, other agencies of the Department of Health, Education, and Welfare, and other Federal departments in these areas.

The Unit will devote a substantial part of its time to providing technical assistance to pilot school projects to help them plan comprehensive programme that focus on the service needs of disadvantaged children. This technical assistance will be designed to create links between disadvantaged schools and local community health resources such as the Office of Economic Opportunity's, Comprehensive Health

Centres and the Children and Youth Projects of the Childrens' Bureau.—U.S. Department of Health, Education and Welfare

NEW APPARATUS FOR CRUSHING STONES IN URINARY BLADDER

A new original Soviet preparation for crushing stones in urinary bladder without any surgical interventions has been evolved.

Named as "URAT-1" the apparatus is a portable, simple, reliable and safe electronic device. It secures crushing of stones of any size and composition until they are reduced to small fragments which can be easily withdrawn from the bladder with the help of standard aspirators or during independent urination.

The process of crushing takes only 10-15 seconds. The whole process of crushing stones and their withdrawing takes not more than 20-30 minutes. Thus reducing by 10-20 times, the time of treatment and bed stay as compared with other recognized surgical intervention.

Treatments with "URAT-1" have been observed for five years and no harmful after effects on the urinary treat were revealed. Therefore, there are practically no contra-indications to the use of this apparatus. With the help of the apparatus patients can be treated not only at the hospital but also at out-patients departments or clinics.

"URAT-1" can be widely used in all urologic clinics and hospitals as well as in specialized health resorts and polyclinics.

NATIONAL MEDICAL LIBRARY

NEW ADDITIONS

THIS library is mainly a reference library open for consultation to entire medical profession. Bibliographical services are provided in special cases on request.

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ABNORMALITIES CONGENITAL

Rubin, A. ed.—Handbook of congenital malformations 2nd edn. Phila, Saunders, 1967. 398p.

AIR POLLUTION

Katz, M.—Measurement of air pollutants. guide to the selection of methods. Geneva, W.H.O., 1969. 123p.

ALLERGY

Frazier, C.A.—Insect allergy. Allergic and toxic reactions to insects and other arthropods, St. Louis, Green, 1969. 493p.

Proceedings of the sixth congress of the International Association of Allergology.—Allergology; proceedings of the sixth congress of the International Association of Allergology, 1967. ed. by B. Rose et al. Amstd. Excerpta Medica. 1968. 508p.

ANIMALS, LABORATORY

Gay, W.I. ed.—Methods of animal experimentation V. 3 New York, A.P. 1968. 469p.

BIOCHEMISTRY

Flor-kin, M. and Stotz, E.H. ed.—Comprehensive biochemistry, photobiology, ionizing radiation. Amstd., Elsevier. 1967. 384p.

CANCER & TUMORS

Beremblum, I.—Cancer research today. Oxford, Pergamon, 1967. 151p.

Le Roux, B.T.—Bronchial carcinoma Edin, Livingstone, 1968. 144p.

McNeer, G. and Pack, G.T.—Neoplasms of the stomach, Lond, pitman, 1967. 555p.

CARDIOVASCULAR DISEASES

Rose, G.A. and Blackburn, H.—Cardiovascular survey methods, Geneva.

W.H.O., 1968. 188p. (W.H.O. monograph series, 56).

DENTISTRY

Holloway, P.J. et al.—Child dental health; a practical introduction. Bristol, John Wright, 1969. 212p.

DISEASE VECTORS

Bisseru, B.—Diseases of man acquired from his pets. Lond, Heinemann, 1967. 482p.

DRUG ADDICTION

Dawtry, F.—Social problems of drug abuse; a guide for social workers. Lond, Butterworths, 1968. 115p.

EDUCATION, MEDICAL

Charvat, J. et al.—Review of the nature and uses of examinations in medical education. Geneva, W.H.O., 1968. 74p. (Public Health Papers, 36).

Cottrell, J.D. et al.—Teaching of Public health in Europe. Geneva, W.H.O., 1969. 246p. (W.H.O. monograph series, 58.)

EMBRYOLOGY

Freeman, W.H. and Bracegirdle, B.—Atlas of embryology, 2nd edn. Lond, Heinemann, 1967. 107p.

EXUDATES & TRANSUDATES

Spriggs, A.I.—Cytology of effusions in the pleural, pericardial and peritoneal cavities 2nd edn. Lond, Heinemann, 1968. 174p. (318 refs.).

FAMILY PLANNING

*Advanced concepts in contraception—*Proceedings of four symposia ed. by F. Hoffman and R.L. Kleinman. Amstd. Excerpta Medica, 1968. 151p. (Excerpta Medica International Congress, Series. 169)

GASTROENTEROLOGY

World Congress of Gastroenterology,

3rd, Tokyo, 1966—Recent advances in gastroenterology: Proceedings of the 3rd World Congress of Gastroenterology. V.I. to IV. Tokyo, The Congress, 1967.

GYNAECOLOGY & OBSTETRICS

Kellar, R.J.—Modern trends in gynaecology. Series 4. Lond, Butterworths, 1969. 274p.

HEALTH PLANNING

Abel-Smiths B.—International study of health expenditure and its relevance for health planning. Geneva, W.H.O. 1967. 127p. (Public Health Papers, 32)

Comea, R.A.—Health Planning in socialist and developing societies. Cairo, 1966. 99p. (Arabic).

HOUSING

Goromosov, M.S.—Physiological basis of health standards for dwellings. Geneva, W.H.O., 1968. 99p. (Public Health Papers, 33)

LABORATORY DIAGNOSIS

Smith, I. ed.—Chromatographic and electrophoretic techniques, 2 vols. Vol. I. Chromatography. 3rd edn. 1969. 1080p. Vol. II. Zone electrophoresis. 2nd edn. 1968. 524p. Lond. Heinemann.

Wilson, J.M.G. and Jungner, G.—Principles and practice of screening for disease. Geneva, W.H.O., 1968. 163p. (Public Health Papers, 34).

MEDICAL RESEARCH

World Health Organization:—Medical research programme of the World Health Organization. 1964-68: Report by the Director General. Geneva, W.H.O., 1969. 350p.

MEDICINE

Inflammation—Aetiopathogenetic, clinical and therapeutic problems; proceedings of an International Symposium Bologna, Nov. 7—8, 1967. ed. by B. Silvestrini and S. Tura. Amstd. Excerpta Medica, 1968. 217p. (Excerpta Medica International Congress Series. 163).

MICROBIOLOGY

Jawetz, E.—Review of medical microbiology, 8th edn. Lond, Blackwell, 1968. 502p.

NUTRITION

Jelliffe, D.B.—Infant nutrition in the subtropics and tropics. 2nd edn. Geneva, W.H.O. 1968. 335p. (W.H.O. monograph series, 29).

OPHTHALMOLOGY

May, C.H. and Worth, C.—Manual of diseases of the eye, 13th edn. by T.K. Lyle & A.G. Cross. Lond, Bailliere, 1968. 796p.

Schepens, C.L. and Regan, C.D.J. eds.—Controversial aspects of the management of retinal detachment. Lond, Churchill, 1965. 374p. (Retina Foundation, Institute of Biological and Medical Sciences, monographs and conferences: V. III).

PHARMACY & PHARMACOLOGY

Campbell, G.D.—Oral hypoglycaemic agents; pharmacology & therapeutics Lond, A.P., 1969. 482p. (Medicinal chemistry; a series of monographs ed. by G. Destevens, V. 9).

PHYSIOLOGY

Dawes, G.S.—Foetal and neonatal physiology; a comparative study of

the changes at birth. Chicago, Year Bk. Med. Publ., 1968. 247p.

Monnier, M. et al.—Functions of the nervous system. 4V. Amstd. Elsevier Publ., 1968. V. I. General physiology, autonomic functions. 671p.

PIGMENTATION

Advances in Biology of Skin Vol. VIII.—Pigmentary system ed. by W. Montagna and F. Hu. Oxford, Pergamon, 1967.

PREVENTIVE & SOCIAL MEDICINE

World Health Organization—Prevention of suicide. Geneva, W.H.O., 1968. 84p. (Public Health Papers, 35).

PSYCHIATRY & PSYCHOLOGY

Ciba Foundation Symposium—Role of learning in psychotherapy ed. by R. Porter. Lond, Churchill, 1968. 340p.

Mayer-Gross, W. & others—Clinical psychiatry by W. Mayer-Gross, E. Slater & M. Roth. 3rd edn. Lond, Cassell, 1969. 904p.

Ott, H.A. comp. and ed.—Human potentialities the challenge and the promise. St. Louis, Green, 1968. 217p.

World Congress of Psychiatry, 4th Madrid, 1966—Psychiatry; proceedings fourth World Congress of Psychiatry, Madrid 5—11 Sept. 1966. ed. by J.J. Lopez Ibor. Pt. 1 to 4. Amstd, Excerpta Medica, 1967. (International congress series, No. 150).

PUBLIC HEALTH

Cottrell, J.D. et al.—Teaching of public health in Europe. Geneva, W.H.O. 1969. 246p. (W.H.O. monograph series. 58).

Lilienfeld, A.M. et al, eds.—Chronic diseases and public health. Baltimore, Johns Hopkins, 1966. 846p.

World Health Organization.—Twenty years in South-East Asia. 1948-67. New Delhi, WHO Rgl. office for S.E. Asia, 1967. 385p.

World Health Organization—Work of WHO virus reference centres and the services they provide. Geneva, W.H.O., 1968. 120p.

World Health Organization.—World directory of schools of public health 1965. Geneva, W.H.O., 1968. 232p.

RADIATION

Snyder, W.S. et al. eds.—Proceedings of the first International Congress of Radiation Protection at Rome, Italy, Sept. 5—10, 1966. 2pts. Oxford, Pergamon, 1968. pt. I. 800p. pt. II. 801 to 1623p.

RESPIRATORY SYSTEM

Hunter, A.R.—Essentials of artificial ventilation of the lungs. Lond, Churchill, 1966. 90p.

Rodman, T. and Sterling, F.H.—Pulmonary emphysema and related lung diseases. St. Louis, Mosby, 1969. 468p.

SURGERY

Gardham, A.J. and Davies, D.R.—Operations of surgery Vol. 2. Lond, Churchill, 1969. 63p.

TOXICOLOGY

Gleason, M.N. et al.—Clinical toxicology of commercial products acute poisoning (Home & Farm), 3rd edn. Baltimore, Williams & Wilkins, 1969. 772 & 132 & 23p.

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