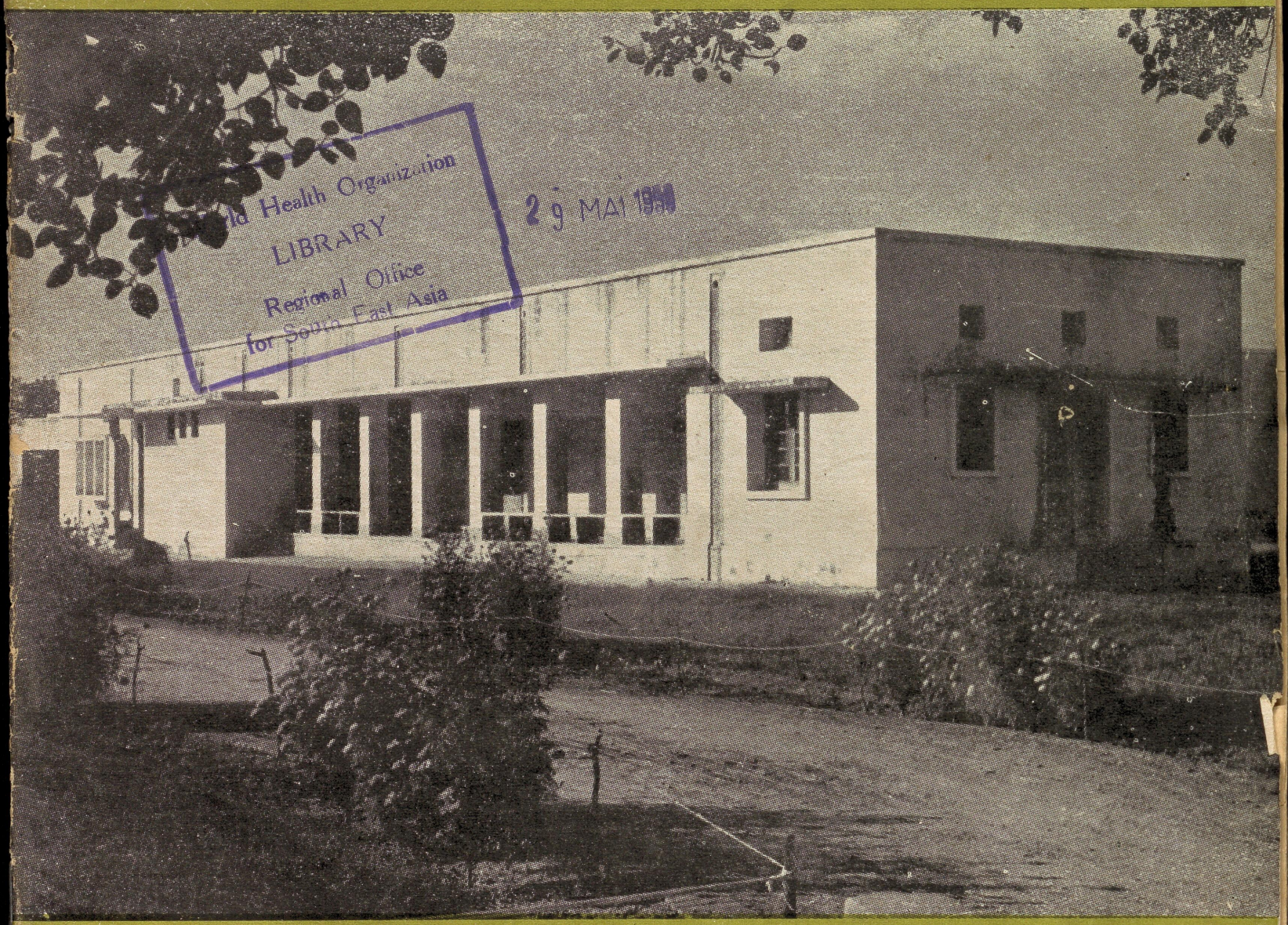
Swasth Hind



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Contributions to 'Swasth Hind' from Public Health and Social Welfare workers on public health topics are invited. Articles should be typewritten and suitably illustrated. They ordinarily should contain about 1000 words and sent in triplicate to the Central Health Education Bureau, Combined Councils Building, Temple Lane, Kotla Road, New Delhi—1.

PHOTO ON COVER: THE PRIMARY HEALTH CENTRE AT PALAM. The Centre was formally declared open on 2 March, 1959 by Shrimati Tarakeshwari Sinha, Union Deputy Minister for Finance

PRIMARY HEALTH CENTRES— CONCEPT AND ADMINISTRATION

Dr. B.S. Khurana*

THE idea of developing primary health centres as the focal point for providing curative and preventive health services in the rural areas was first presented in a concrete shape by the Health Survey and Development Committee in 1946. In the Committee's opinion a nation's health, the positive state of well-being in which both the mind and the body are able to function to their fullest capacity, is perhaps the most important single factor in determining the character and extent of its development and progress. A nation's prosperity and advancement, whether in the economic or the intellectual sphere, depend on the state of the physical well-being of its people. Therefore, any monetary investment and efforts for improving the nation's health will yield immediate and steady substantial returns.

Accepting the national health as the foundation for any plan of reconstruction, the rural area should be taken as the focal point, for it is this sector that is the backbone of the national economy. Very limited health and other services reached the rural areas. It was with the objective of providing the countryside with essential health services through the primary health centres that special emphasis was laid on health aspects of the community development programme. The health programme in the community development projects and the progress in its development was discussed at the first meeting of the Central Council of Health in Hyderabad in January, 1953.

The purpose of the community projects, according to the joint agreement on the Community Development Programme, signed by the Governments of India and the United States of America under the Technical Assistance Scheme, is to exterminate the triple enemies of the country *viz.*, 'poverty, disease and ignorance'.

A community project covers about 300 villages with about 200,000 people and is divided into three blocks, each block covering about 100 villages and 66,000 people. The primary health centres have been accepted as the nucleus of health activities in the development blocks. A health centre is intended to provide integrated health care, both curative and preventive, and to serve as the focus from which health services would radiate into the area covered by the development block. During the First Five Year Plan, 505 health units and centres were established and it is now proposed to establish a total of approximately 2,400 such units. A provision of Rs. 19 crores has been made in the Second Plan for this purpose.

Since the primary health centre is an administrative concept for establishing a unit to co-ordinate medical care and preventive services, it is essential to undertake necessary administrative measures that will help its growth and enable it to function with maximum efficiency and utility. The work of the health centres may suffer a serious set-back if the administrative problems that arise are not considered and tackled.

What then are these problems ? An exhaustive list of the problems cannot be drawn up as more problems will arise in the day to day work of these centres. But the most important of these which now come to one's mind are: (1) organization ; (2) budgetting and financial management ; (3) public relations, and (4) co-ordination with other agencies.

Organization

The Bhore Committee Report had emphasised the importance of the intermediary units which will link a primary health centre with the secondary centre and then with a district hospital. The Second Plan also lays an emphasis on the chain of intermediary units for a two-way flow of service between the headquarter units and the peripheral units. In a rapidly expanding programme, it has to be ensured that this link is not broken. The efficiency of the working of a primary health centre will be adversely affected if this chain were to snap.

Staff Pattern

The staff pattern of a health centre varies from State to State and in some cases within the same

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State. Some States have, in addition to the staff recommended under the scheme in the Second Plan, provided medical officers or para-medical personnel to some of the centres. Broadly speaking, the variations in the staff pattern fall under four different categories of centres :

(a) Newly started centres as envisaged in the Second Plan.

(b) Health centres other than those being opened in development areas and provided with staff as recommended by the Bhore Committee.

(c) Centres which have been started by converting the existing civil and local body dispensaries.

(d) Demonstration centres for providing field practice experience for various categories of medical and para-medical personnel.

The categories (b), (c) and (d) have extra staff.

While the additional staff by itself cannot be a problem, it is the question of lack of inter-personnel relationship and a clear understanding of the duties and responsibilities of each person that often create a difficult situation, especially where an existing dispensary has been converted into a primary health centre. The problem arises out of the lack of understanding of host, agent and environment relationships that affect health. In practice, however, the problems that arise are : (i) the physician at the dispensary is not conscious of the importance of understanding the host, agent and environment relationships; (ii) the physician has not developed faith in the practices detailed at (i) above ; (iii) he finds the switch-over from desk work in hospitals to field work to be detrimental to his private practice, and (iv) he is discontented as he is not provided with a compensatory non-practising allowance in some States when he is asked to work in a primary health centre.

The Government has realized the gravity of the problem and is organizing orientation training centres for the staff in the primary health centres in the community development areas. Such training is given in Singur, Poonamallee and Najafgarh in teams consisting of a Doctor, a Sanitary Inspector, a Lady Health Visitor and two mid-wives/dais so as to develop a spirit of fellowship and co-operation among the primary health centre staff and to help the medical officer to assume leadership. Educational material is also published from time to time to assist the staff in understanding the working of a health centre. These steps, however, only partially solve the problem as such opportunities assist the staff only in understanding the principles of work and get acquainted with the technical skills needed for carrying out the work efficiently. The centres, however, need a continued programme of regular guidance and supervision by the senior staff since the opening of a primary health centre in this country marks one of the most important advancements of the century. The benefits to be derived will depend mainly upon the sound practices developed which in their turn are closely related to efficient guidance. This brings out the need for making the district and State supervisory and administrative staff conscious of their role in this programme. An in-service training programme for the senior administrative staff appears to be essential.

Number of beds

The dispensary chosen to be converted into primary health centre should have as few beds as possible. A large number of beds will be a strong deterrent to the functioning of a primary health centre. The centre cannot undertake a heavy load of hospital services if it is also to provide adequate extensive field services. It is the job of the administrators to see that adequate extra staff is provided for hospital services when the bed-strength is more than suggested.

The staffing pattern prescribed for primary health centres has not taken into account the requirements of clerical staff for office work. All the health centres operating in rural areas have to collect data, maintain records and compile periodical reports. The importance of sufficient staff to handle the records and reports cannot be over-estimated if the field staff should not be burdened with desk work. It will be essential to provide adequate personnel for maintaining records.

Fiscal Management

The funds for starting a primary health centre are jointly provided by the Departments of Community Development and Public Health on the one hand and by the villagers on the other hand by donating land and doing voluntary work. There is a great reluctance on the part of the staff to take up work in rural areas owing to difficulty in securing residential accommodation. Hence attention should be given to the construction of residential quarters for the essential staff on the premises.

Environmental Sanitation Services

There are very little funds allotted for subsidizing the purchase of equipment and other material required for improving environmental sanitation services or for providing collective aids as a follow-up for school health programme. It is expected that the Development Department and the people will co-operate to provide funds for minor sanitation works. Adequate funds under both these heads are essential for meeting the requirements of the popula-

tion which the primary health centre serves. While no Government department can fully finance all the required services of any area, it should be possible to provide for a minimum essential amount so as to maintain people's interest in such services and to activate their enthusiasm. Another difficulty which is being experienced by the primary health centres in various parts of India is the timing of their opening in relation to the Community Development Programme. All such centres that have recently been opened in National Extension Blocks which have passed on to phase 2, face a set-back as sufficient funds are not available for them to meet the needs of carrying out intensive work by its health staff. Since the movement for the opening of health centres is gaining momentum in the last phase of the Second Plan period, it is essential that necessary provision is made for appropriating such funds as may be necessary towards the betterment of health services in an area, particularly in the field of environmental sanitation, school health, etc.

Public Relations

Health centres form part of the total development programme aimed at improving the rural community. Hence people's views on the services provided in the health centres should be taken into consideration. The health centre should not be regarded as merely a place to dispense medicines but should be thought of as headquarters of local leadership that can be mobilized for initiating health activities. To put it in a nut shell, local people should be involved while working out the details of services to be provided at the centre. They should be made to feel that the health centre is different from a dispensary. To create the right type of public opinion and to improve the quality of services by making the people conscious of the variety of services, formation of Advisory Councils in each area to assist the health centres in carrying out an effective programme will be useful. It is the responsibility of the medical officers and the State administrators to establish a suitable organization for such exchange of opinion at each health centre.

Co-ordination

The health services in an area should work in close co-ordination with other governmental and non-governmental agencies to provide the most efficient services to the largest number of people in the shortest time possible. The most important among these organizations are those that deal with education, agriculture, animal husbandry, etc. These agencies may assist in developing such programmes as rodent control, propagation of kitchen gardens, poultry and bee-keeping, fish farming, improving milk yield, etc. In case the different agencies are unable to do adequate planning, the District Administrator or Block Development Officer should act as a co-ordinator. As an experimental measure a few field action programmes may be jointly taken up by some departments and tried in various parts of the country to assess their potentialities.

Evaluation

The success of any new enterprise launched for the benefit of the people will ultimately be judged by the measure of its effectiveness. Unless we think in those terms from now on and evolve certain criteria for measuring the success we shall find ourselves at a loss at the time of evaluating the programme. Evaluation methods play an important role in the development of any programme and such methods should be utilized in the fields of administrative research and follow-up action to judge the success of the primary health centres.

Leprosy Control—A Changed Outlook

Dr. R.V. Wardekar*

THERE are many countries where the main emphasis of leprosy work was on the isolation of infectious cases in colonies and separation of healthy children of leprosy patients in preventoria. These countries had adopted these two measures vigorously for 25 years or more but a recent review of the results revealed that the measures had failed. All these countries have now completely changed their method of leprosy control and this changed outlook is perceivable from the recommendations of the two international conferences held in 1958 under the auspices of the World Health Organization. The first conference of all the Latin American countries was held in Brazil in July, 1958 and the second of the South-East Asia and Pacific regions at Tokyo in November, 1958. These two conferences recommended that the main emphasis of leprosy work should be on case-detection and sulphone treatment in out-patient departments, and colonies should be used for special treatment for short-term stay. Their views regarding "colonies" and "preventoria" are given here.

Brazil Conference

Limitations of colonies

"The seminar was of the opinion that legal enforcement of compulsory isolation in specialised institutions—leprosaria—had serious disadvantages, which hinder the development of essential control measures. Among these are :

(a) concealment of numerous patients afraid of being isolated which makes it more difficult to control their contacts ;

(b) undue burden on the national treasury since funds invested in those activities could be better applied for the development of the more sound and effective methods to combat the disease ;

(c) stigmatization and disintegration of the family itself, which makes social readjustment more difficult ;

(d) unjust and inhuman discrimination against a class of patients regarded as outcastes, which makes it impossible to reintegrate them into society, and

(e) perpetuation of popular prejudices.

Therefore, the seminar recommended the abolition of compulsory isolation and its replacement by effective control of foci through the treatment of all patients and the surveillance of their contacts.

Hospitalisation in specialized institutions should be restricted to those cases requiring special medical or social care."

No new preventoria

"While recognizing the important services rendered by those preventoria in the past, the seminar did not recommend setting up new establishments for this purpose. Rather, it proposed that those already in existence be converted into general child care institutions".

Tokyo Conference

Colonies

Regarding colonies, the Tokyo Conference completely endorsed the views of the Brazil seminar.

This Conference realized that in countries with a serious leprosy problem it was not possible to remove healthy children. Experimental trials of B.C.G. and Chemoprophylaxis were suggested for protection of children. The Conference did not believe in separating children to preventoria.

Identical Recommendations

An important feature of the Tokyo Congress was that its recommendations on leprosy control were identical to those of the Gandhi Memorial Leprosy Foundation seven years ago.

For the sake of comparison, the recommendations of the Gandhi Memorial Leprosy Foundation and

*Secretary, Gandhi Memorial Leprosy Foundation, Wardha.

those of the VII International Congress on Leprology at Tokyo are given in the following pages.

Recommendations of the Foundation

When the Gandhi Memorial Leprosy Foundation started its work, the whole emphasis of leprosy work was on colonies. Leprosy work meant only starting colonies and institutionalisation of patients. But realizing that India had 20 lakhs of leprosy patients and that very meagre financial resources were available, the Foundation concluded that institutionalisation of leprosy patients was not a solution. In the meantime, a very effective and cheap drug was introduced. Its chief advantage was that it could reduce the infectivity and check the disease in early stages. The Foundation, therefore, decided that by making a planned use of the new drug—sulphones—it was possible to control the disease.

The recommendations of the Foundation were :

Instead of isolating in colonies an infinitesimal fraction of infectious cases, it was far better to put a large number of infectious cases on sulphone treatment in out-patient departments so that ultimately the infectivity in the population goes down and spread of leprosy stops. Another very important advantage would be that cases put on treatment in early stages would be prevented from developing deformities.

To use sulphones in this way, it was essential to start survey work to detect cases and also to arrange for the treatment of patients through different types of treatment centres.

To make this campaign successful, measures to educate the society to recognize early signs and symptoms of the disease and seek advice, should be undertaken.

The existing colonies should be used for special treatment of cases in reactions. In case the infectious cases are admitted they should be discharged when they are mildly infectious so as to make the maximum use of the available beds. There should thus be a rapid turn-over of patients from the colony.

A few beds for hospitalisation of the patients who require short-term stay of two to three months should be provided.

The leprosy work should be linked up with the general medical and public health work so that every doctor could treat leprosy patients in general hospitals and dispensaries.

Para-medical workers should be trained to do case-detection work. Every doctor in general practice or in service should be trained to diagnose and treat leprosy.

As regards healthy children of leprosy patients, they should be handed over to relatives, and failing that should be kept in general care homes and not in preventoria which are meant only for children of leprosy patients.

Recommendations of the VII Congress

It is not possible to give completely the recommendations of the Seventh International Congress on Leprology. A summary of the recommendations using original sentences as contained in their report is given below :

Emphasis on treatment of infectious cases

"The principal arm of the modern anti-leprosy campaign is Chemotherapy. It follows that if a considerable proportion of bacteriologically positive patients are treated, the disease will decline. The primary problem therefore becomes largely an administrative one—to reach and treat patients who are bacteriologically positive and those likely to become positive. From epidemiological point of view it is more advantageous to reduce infectiousness in many patients than to eliminate the infectiousness in a few.

The importance of sulphone therapy as a means of control of leprosy is emphasised ; it is recognized, however, that it will fail unless supported by an effective campaign of case-detection and education. The control of leprosy depends upon early detection and early treatment of all cases. Out-patient treatment is recognized as the principal centre for attack on leprosy."

"Although out-patient care is stressed, facilities for in-patient care are necessary for patients in reaction, and can play an important part in the control of leprosy. In countries with adequate facilities, as many infectious patients as can be accommodated should be induced to enter leprosaria on a voluntary basis. The period of hospitalisation however, should be only sufficient to effect clinical regression. A prolonged series of negative smears should not be required. The leprosarium may also be a centre for research, education of professional personnel, special surgery and vocational training of patients."

"Clinical and didactic instruction in diagnosis, treatment and prevention of leprosy should be given to medical students as a part of the curriculum, and by means of regularly scheduled post-graduate courses to general practitioners and health officers. Suitably graded instruction should be provided for nurses, social workers and lay assistants."

(*Continued on page 48*)

Seventh Meeting of Central Council of Health

THE Central Council of Health at its seventh meeting at Shillong in January appreciated the progress made by the State Governments in the various sectors of the National Anti-Tuberculosis Programme. It emphasised the need for an adequate number of well-organized clinics and facilities for domiciliary treatment for tuberculosis.

The meeting appreciated the efforts of the Central and State Governments in the Malaria Eradication Programme and expressed the hope that the tempo of activities would be sustained so that the goal of eradication could be attained within the target period. It recommended *inter alia* that steps should be taken to enlist the co-operation of the villagers through various local bodies in this connection.

The Council referred to the increase in the incidence of smallpox and cholera in most parts of the country and requested the State Governments to introduce compulsory re-vaccination in the selected age-groups of five to seven years or at the time of admission to schools. It urged the State Governments to give effect to the measures recommended by the Union Health Ministry for the control of cholera and smallpox.

The Council commended to the State Governments the scheme prepared and circulated by the Union Health Ministry for setting up health education bureaux in the States. The meeting regretted the lack of provision for school health service programme and hoped that top priority will be given to this subject in the Third Plan.

Shri B.P. Chaliha, Chief Minister of Assam, inaugurated the three-day meeting on January 15, 1959. Shri D.P. Karmarkar, Union Minister for Health, presided.

Shri Chaliha said that effective planning for so vital an object as national health necessitated the closest possible co-ordination between the health services in different States and those of the various non-official and international organizations whose experience and resources were invaluable for the success of the health plans. He stressed the need for opening another medical college in the State to meet the dearth of medical personnel.

Shri R.N. Brahma, Health Minister of Assam, welcoming the delegates said that before independence little interest was shown in the economic improvement of the State. As a result of the measures taken by the State Government after independence, he said, the incidence of kalazar and malaria, which used to claim a heavy toll of life in the past, had been effectively controlled.

Shri Karmarkar, in his address, stressed the need for evolving "well-thought-out schemes" of health to be included in the Third Five Year Plan. "Fortified with the experience of the working of the First and Second Plans we should be in a position to think well ahead and to base our future line of action on the anticipated level of development at the end of the Second Plan period", he said. A sizable part of the Third Plan will necessarily be made up of the continuation and expansion of the existing schemes but this should not exclude a re-orientation of the schemes, if considered necessary, and adoption of new ones.

"Although two years of the present Plan period are still ahead of us, yet it is important that blueprints for the Third Plan begin to take shape from now on in order that well-thought-out schemes find a place in the Third Plan and in order that last minute improvisations be obviated", he said and hoped that a bold and integrated plan would emerge in so far as health was concerned.

Financial Utilization

Surveying the utilization of funds, he said, "Judged in terms of the money likely to be spent by the end of this financial year as against the total Plan allocation for each State, I find that only one State will have utilized over 50 per cent., four over 40 per cent., five between 30 and 40 per cent. and the rest less than 30 per cent. of the Plan provision. The position in respect of the utilization of the provision made in the Central Plan for assistance to the States for various schemes, is not very different either. While the overall average for this is 49 per cent., it ranges from 4.5 per cent. in respect of some schemes at one end to 74 per cent. at the other end."

It was only in respect of the following schemes that the off-take could be considered to be reasonably in proportion to the total anticipated Plan outlay :

(*i*) Isolation of advanced cases of T.B. (74 per cent.) ;

(*ii*) National Malaria Control Programme (67 per cent.);

(*iii*) National Filaria Control Programme (48 per cent.);

(*iv*) Indigenous Systems of Medicine (47 per cent.), and

(*v*) the National Water-supply and Sanitation Programme (46 per cent.). He regretted that only seven per cent. of the allocation made for family planning had been utilized so far in spite of the very great importance attached to it.

This state of affairs was undoubtedly due partly to the annual financial allocation made for many schemes during the first three years of the Plan, being below the proportionate Plan ceiling. If the Plan targets were to be achieved, the tempo of activity in the next two years would have to be of a very much higher order. Shortfalls due to lack of trained personnel, or due to administrative or procedural delays, needed to be deprecated and guarded against. If any projects were held up for want of trained personnel, it followed that timely action in respect of the training activities had not been taken.

He said the country was still faced with major public health problems in the shape of communicable diseases, lack of environmental sanitation, including the absence of safe water-supply, health care facilities in rural areas, and with a low level of nutrition in a population which is at the same time increasing at a pace which must be considered alarming in the context of the present economic and social conditions.

The recent trends towards higher incidence of smallpox and cholera had exercised the mind of the Government of India. It was indeed, unfortunate that epidemics of diseases which were amenable to control should still continue to occur in the country.

Haj Pilgrims

Of late there had been many complaints regarding defective vaccination and inoculation certificates issued to Haj Pilgrims. These not only caused hardship to the intending pilgrims but also brought a bad name to the country. The Government of India took a serious view of such irregularities and requested the State Governments to take suitable action. He appealed to the States to look into this matter and ensure strict adherence to the international rules of vaccination and inoculation as prescribed in the instructions issued by the Director General of Health Services.

Malaria Eradication

The Minister said that "very good progress" had been made in the field of malaria eradication.

SHRI D.P. KARMARKAR, Union Health Minister, addressing the Seventh Meeting of the Central Council of Health, held in Shillong in January last

"The year 1958 can, indeed, be considered a landmark in the history of malaria in this country and it is heartening to visualise the prospect of this public enemy number one being brought to heel within the next three or four years," he added.

He said that the campaign against filariasis, which is a scourge affecting many parts of the country, was gaining momentum although it would be some time before the results became tangible. The battle against leprosy and venereal diseases needed to be intensified and made much more broad-based, at least in the case of the former. Education, elimination of superstition and prejudice, enlistment of the co-operation of voluntary and non-official agencies and adoption of measures for physical and economic rehabilitation were the steps required to be taken in support of the anti-leprosy programme. He added that a Central Leprosy Advisory Committee had been constituted by the Government of India with the object of providing a common forum for the discussion of the many problems, technical and administrative, connected with this campaign and to secure the maximum co-ordination and integration between the various agencies.

Tuberculosis Control Programme

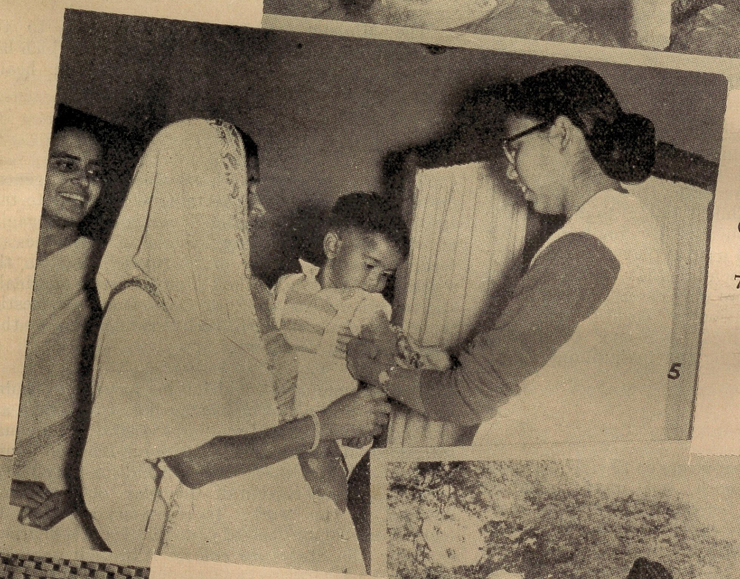
He said that the country was unfortunately lagging behind in the implementation of the Tuberculosis Control Programme. He appealed to the members to pay greater attention to this programme of national importance and to make special efforts to cut short delays in the formulation of concrete schemes so that the funds provided in the Second Plan could be fully utilized.

Primary Health Centre Programme

Referring to the primary health centre programme as the cornerstone of health care activity for the

PRIMARY HEALTH CENTRE— ITS FUNCTIONS

1. Medical Care—Blood pressure being taken.
2. School Health Service—Morning inspection by the teacher.
3. Maternal and Child Welfare.
4. Health Education.



5. Communicable Disease Control—Inoculation.
6. Environmental Sanitation—Safe Water-Supply.
7. Collection of Vital Statistics—Verifying births and deaths.

rural population, the Minister said that while they must aim at providing as close a network of such centres as possible, they must guard against the risk of these centres losing their essential character and becoming merely glorified dispensaries. The recent rehashing of the set-up and revision of the monetary allocations should go a long way in enlarging the potentialities of these centres. The size of the programme had to be somewhat restricted in the interest of better functional efficiency. The fact that maternal and child health activity had been integrated with the primary health centres, should not result in any lowering of the standard of maternal and child care programme. The primary health centre programme must indeed, have as its *motif* preventive work, as it was through timely prevention alone that they could hope to tackle the health problems within a reasonable time, particularly in the rural areas. They were far from reaching the stage of optimum integration of curative and preventive activities in the health centres. He said that means to bring about this at the health centre level as also more effective supervision and co-ordination at higher levels were matters deserving serious consideration.

Maternity and Child Welfare

The Minister said that health services for mothers and children were an important activity of India's health programmes and it was encouraging that each State had appointed an Assistant Director of Health Services (Maternity & Child Welfare) to direct these services. In order to successfully implement this programme as an integral part of that of the primary health centres, it was essential that the Maternity and Child Welfare Officers were associated with the planning and administration of hospital and field services and provide technical assistance to district health officers in establishing and maintaining a high standard of service.

Family Planning

The family planning movement, Shri Karmarkar said, was gaining strength, but much remained to be done, however, before it became a mass movement. While many problems—technical and other—in this field remained to be tackled—and necessary action is being taken in this behalf he was convinced that in a scheme like this, more than any other, the active association of the people through voluntary and non-official organizations and socially active individuals was vital to the success of the movement. The message of family planning should be broadcast and given effect to not only through family planning clinics and centres but through every possible health agency. The rural masses, accounting for 80 per cent. of the population, must be speedily covered. Much of our planning was otherwise likely to fail to achieve the desired results, he said.

Ayurvedic System

In the field of Ayurvedic and other systems of indigenous medicine, there had been a steady progress in many directions. A committee consisting of some eminent scholars of Ayurveda was appointed last year to visit the various teaching and research institutions in the country. Its report would provide a valuable guide for determining the future course of action in promoting teaching and research. Very useful work continued to be done at the Jamnagar Centre and the results of the studies being carried out elsewhere on the effects of Yoga were awaited with interest, he said.

The Minister commended to the members the suggestion of the Estimates Committee of the Parliament, regarding the collection of information on many of the secret and household remedies in Ayurveda and to find out whether they could be put to greater use in providing medical relief. The Government of India would consider any concrete proposals for assistance in this direction.

The Minister expressed his gratitude to the various international and bilateral agencies which had willingly co-operated in developing the health programmes during the last ten years.

Recommendations

The Council noted with satisfaction the general desire of the Central and State Governments to take steps to prevent unqualified persons from engaging in the practice of any system of medicine and recommended that the draft (model) bill in this regard be prepared by the Union Ministry of Health and circulated to the State Governments requesting them to adopt it with such modifications as they might consider necessary.

It took note of the multiplying hazards to public health as a result of increasing use of radiology and ionizing radiations and realized the need for adequate safeguards in this matter. It requested the Union Ministry of Health to draft a bill for the effective control and supervision of the plan and personnel engaged in this work. It recommended that the legislation might be of an all India character enabling the States to enforce it in their respective jurisdictions.

The Council reviewed the progress of the National Water-Supply and Sanitation Scheme and having taken note of the difficulties and bottlenecks encountered in the course of its execution, recommended that :

the Public Health Engineering Organization in the States should continue to be strengthened at all levels ;

steps should be taken by the State Governments for training and putting into the field an adequate number of trained public health engineering personnel, and for providing servicing arrangements for the maintenance of handpumps and other perquisites for water-supply schemes in the rural areas ;

ways and means should be found for integrating the activities of the many agencies concerned, particularly in the rural phase of the Programme, with a view to developing a co-ordinated programme coming within the purview of the Public Health Engineering Organization, and

the Water-Supply and Sanitation Programme should be drawn in such a way as to cover the requirements of the country within a period of about 10 years.

The Council reiterated its earlier recommendation that the Public Health Engineering Departments in the States should function as integral parts of the State Public Health Departments.

Incidence of Cholera

The Council took note of the increase in the incidence of cholera and smallpox in most parts of the country and drew the attention of the State Governments to a resolution passed at the Fifth Meeting of the Council requesting the State Governments to take action for introducing compulsory re-vaccination in selected age-groups of five to seven years or at the time of admission to schools. The Council urged the State Governments to give effect to the measures recommended by the Union Health Ministry for the control of smallpox and cholera and further requested them to take action in pursuance of the recommendations of the Expert Committee set up by the Indian Council of Medical Research to examine the various aspects of this question. It was suggested that after the State Governments had examined the recommendations of the Expert Committee, representatives of the Union Ministry of Health and the State Health Departments should meet to evolve detailed plans for the eradication of these diseases.

The meeting appreciated the efforts of the Central and State Governments to implement the Malaria Eradication Programme and expressed the hope that the tempo of activities would be sustained to achieve the objective of eradication within the target period.

Referring to the difficulty in some States in recruiting medical personnel for the Malaria Eradication Programme and the necessity of Malaria Eradication Units being operated by medical personnel, the meeting recommended that a special allowance be paid to the medical officers appointed to such posts.

The Council further recommended that :—

(*i*) Additional insecticides be made available to cover the larger surface to be sprayed in some States ;

(*ii*) Adequate arrangements be made at the appropriate time for the prevention of re-introduction of malaria from neighbouring countries where no malaria control exists across the border ;

(*iii*) Steps be taken to enlist the co-operation of the villagers through gram panchayats, and other local bodies, and special committees may be formed at different—levels village, taluk, district, etc., for this purpose, and

(*iv*) The co-operation of the medical profession for the confirmation of all clinical malaria cases by blood examination and reporting of confirmed cases to the appropriate authorities, may be secured through the good offices of the Indian Medical Association.

The Council noted with satisfaction the progress in the establishment of the primary health centres in the various States and felt that preventive activity needed to be stressed further in relation, particularly, to the conditions of environmental sanitation. It referred to the administrative difficulties and the problems of co-ordination, experienced during the working of the primary health centre programme in the way of the use of the vehicles, the utilization of the budgetary allocations for the programme from various sources and the control of personnel, etc. The Council recommended that in order to enable the effective functioning of State Health Departments to carry out the Primary Health Centre Programme the administrative and financial arrangements should be rationalised where necessary, in such a way as to ensure freedom of action to the technical personnel within the limits of the prescribed programme.

The Council appreciated the progress made in the Family Planning Programme and recommended that the State Governments should intensify the programme, especially of the education of the people, of training medical and health personnel and the provision of family limitation methods including surgical facilities at their hospitals and medical institutions. The Council suggested that the Central Government might consider giving financial assistance to State Governments for such surgical facilities.

It further recommended the mobilization of all health and social welfare agencies for the extension of family planning activities.

The Council, while appreciating the progress achieved by the State Governments in the various sectors of the National Anti-Tuberculosis Programme

drew their attention to the need for overcoming the various difficulties mentioned in the memorandum submitted to the Council. The Council especially emphasised the need for requisite stress on providing an adequate number of well-organized clinics and facilities for domiciliary treatment. For this purpose, the Council recommended the early employment and training of the required personnel and the utilization of the facilities being provided by the Government of India in this connection.

Noting the slow progress of the V.D. Control Programme in the country, the Council recommended that a higher priority than in the past be given to the V.D. Programme and requested the State Governments to pursue more vigorously the programme of starting V.D. clinics, of establishing mass campaign units in areas where necessary, and of training a larger number of V.D. personnel.

The Council also recommended that State V.D. Schemes be considered for financial assistance from the Centre, even if they depart from the prescribed pattern within reasonable limits.

The Council further requested the Union Ministry of Health to take steps to ensure the ready availability of *pam* for the V.D. Control Programme.

Statistical organizations

Taking note of the present position regarding the development of statistical organizations in the health departments of States and appreciating the urgent need for developing patterns of statistical units suitable to the existing conditions, the Council recommended that the whole question be examined by a Committee consisting of :

The Health Minister, Madras as Chairman and the representatives of the Governments of West Bengal, Bombay and Andhra, the Registrar General and the Directorate General of Health Services, New Delhi as members.

The recommendations of the Committee may be placed before the next meeting of the Central Council of Health.

Noting the progress made in the National Leprosy Control Programme, the Council recommended that the Subsidiary Centre Programme be pursued more vigorously and that more effective and sustained supervision be exercised over this activity. The Council further recommended to the State Governments the desirability of increasing association of voluntary agencies and social welfare organizations in this work.

The Meeting noted the steps taken by the Central and some State Governments to establish Health Education Bureaux and commended to the State Governments the scheme prepared and circulated by the Union Health Ministry for setting up State Health Education Bureaux and hoped that the Health Education Programme would be developed on the lines suggested in the Scheme, in order to ensure the successful implementation of the Health Programmes and to enlist active public participation.

The Council, recognizing the need for more effective control over the standards of drugs manufactured and sold in the country, recommended :

(*i*) that the strength of the inspecting staff in the States be increased to ensure effective control over the manufacture and sale of drugs and proper enforcement of the Drugs and Magic Remedies Act and that their salaries be such as to attract well-qualified people ;

(*ii*) that early action be taken to establish analytical laboratories and appoint Government analysts for the purpose of the Drugs Act, and

(*iii*) that Central Government should take necessary action including amendment to the Drugs Act to control the standards of patent and proprietary medicines and of drugs which are in inter-State commerce.

The Council noted with satisfaction that the Union Ministry of Health had compiled a National Formulary of India. The Council recommended the adoption of this National Formulary by all the State Governments in their hospitals.

Considering that the sale of opium for other than medical use will be stopped after 31st March, 1959 in pursuance of the resolution passed at the Opium Conference in March, 1949 and being of the view that such stoppage would create a problem for opium addicts the Council recommended that immediate steps be taken by all State Governments for the registration, treatment and rehabilitation of the addicts.

The Council recommended further that the import, manufacture, sale and distribution of narcotic drugs be effected only through governmental agencies.

The Council, having regard to the continuing decrease in the consumption of quinine due to the Malaria Eradication Programme and having regard also to the actual and potential capacity of the States of West Bengal and Madras for the production of quinine, and being of the opinion that it is no longer necessary for the Central Government to maintain large stocks of quinine as reserve, resolved that such stocks be reduced to one year's national requirements.

The Council further resolved that the surplus quinine stocks be disposed of by export or free distribution to rural areas.

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SIXTH INTERNATIONAL CONFERENCE ON PLANNED PARENTHOOD

THE Sixth International Conference on Planned Parenthood was held in New Delhi from 14 to 21 February 1959. About 700 delegates from 28 countries attended the Conference. The theme of the Conference was "Family Planning : Motivations and Methods". The Conference discussed population in an atomic age, cultural patterns and motivations, biological aspects of fertility control, education for family life, oral methods of fertility control, laboratory and clinical testing of contraceptive methods and implementation of family planning programmes. Study groups were conducted on population problems, research into reproductive processes, motivations and methods, sterilization and education for family life.

The Prime Minister, Shri Jawaharlal Nehru, who inaugurated the Conference, said that the success of any family planning programme in India required that it should be linked with a general advance on the economic, social and educational fronts. If this major aspect was ignored "we would be building on wholly insecure foundations".

Shri Nehru said that the Government of India was the only Government to adopt a policy of family planning. He pointed out that no other government had made such an integrated approach to the problem. In spite of the Government's interest in the matter, family planning work in the country had been relatively slow. But, a sure foundation had been laid to compensate for it.

The most revolutionary change that was taking place in India was the rapid spread of education at all levels and particularly the education of girls. These educated girls, Shri Nehru felt, were likely to influence society and "probably succeed in carrying this message of family planning further than some of the social workers".

The Prime Minister said that the social workers should understand rural minds and mould their thinking so as to influence them. He was of the view that the rural masses were overcoming the initial shyness at the mention of family planning and there was beginning a realization that family planning was a matter deserving their consideration.

PRIME MINISTER JAWAHARLAL NEHRU speaking at the Sixth International Conference on Planned Parenthood in New Delhi on 14 February, 1959

DR. S. RADHAKRISHNAN, Vice-president of India, opened an exhibition on family planning on 16 February in New Delhi

Shri D.P. Karmarkar, Union Minister for Health, earlier welcoming the delegates on behalf of the Union Ministry of Health, reviewed the progress the country had made in the field of family planning. He said that as many as 675 clinics had been opened and more than 2,000 workers trained. The subject of family planning had also been included in medical curriculum. He said that "the objective of family planning has come to be generally accepted by public opinion in our country. Our plan is to make the work of family planning as integral part of our work in the medical and public health fields".

An important aspect of the work was the evolution of suitable and readily acceptable contraceptives. He referred to the research work going on in this field and mentioned the efforts of Dr. Sanyal of Calcutta to evolve an effective oral pill.

Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India and Shrimati Lakshmi N. Menon, Chairman, Reception Committee, welcomed the delegates.

Mrs. Margaret Sanger, President of the International Planned Parenthood Federation, spoke of the basic principles of the Federation and commended the Indian Government's efforts in the field of family planning.

Mrs. Elise Ottesen-Jensen of Sweden, President-elect of the Conference, said that family planning meant a better world for the next generation.

Shri V. T. Krishnamachari, Deputy Chairman of the Planning Commission, presided over the plenary session of the Conference, on 15 February.

Shri Krishnamachari said that the Government of India was doing its utmost to promote family planning.

To create an awareness of the population problem in the country, it needed thousands of non-official woman social workers to make individual and mass contacts. He hoped that the workers engaged in the task would consider sympathetically the traditional and moral values of the people.

"As soon as possible the programme of family planning should form an integral part of India's wider and more comprehensive programme of community development.....", he added.

Dr. S. Radhakrishnan, Vice-president of India, addressed the closing session of the Conference on 21 February.

Dr. Radhakrishnan asked family planning workers to approach the people in an intelligent, sincere and earnest manner in explaining family planning.

"If one looks at the records of infant mortality, one will be surprised at the wastage of human life and the large amount of preventable suffering in the country. People are born, suffer and wither away in the first years of their life" he said. He said that to raise a better quality of human beings certain things like physical and mental health were essential.

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In regard to the zonal distribution of quinine by the West Bengal and Madras Governments, the Council suggested that this question be decided by mutual consultation between the respective State Governments and the Government of India.

Regretting the lack of any provision for School Health Service Programme in the Central Plan and inadequate provision in the State Plans the Council hoped that efforts would be made to make up this shortcoming even at this stage. The Council further hoped that top priority would be given to this Programme in the Third Five Year Plan and that a comprehensive School Health Service Scheme would be formulated for inclusion in the Plan.

The Council recommended that the proposal of the Andhra Government for setting up an All-India Academy of Medical Sciences be circulated to the State Governments, universities and representative organizations of the medical profession for their views.

The Council recognized the need for improvement in all medical colleges and recommended that the Union Health Ministry might provide funds to improve the equipment, libraries, museums, etc., in the medical colleges, through grants made for this purpose, on the lines of the University Grants Commission.

The Council also recognized the need to regulate and register medical and public health laboratories, dental clinics, nursing homes, X-ray installations and physiotherapy centres. It resolved that the proposal might be circulated to State Governments, State Medical Councils and Medical Associations for their views.

NEWS

Ayurvedic Research and Evaluation Committee Report

The Committee appointed by the Union Ministry of Health to assess and evaluate the present status of Ayurvedic system of medicine, presented its report to the Minister of Health, Shri D.P. Karmarkar, on 27 January, 1959. The Committee has recommended the setting up of a Central Council of Indian Medicine and a Central Council of Ayurvedic Research for planning and co-ordination.

The Committee has made suggestions regarding the improvement of Ayurvedic training, research, pharmaceutical concerns and status of Ayurvedic practitioners. The committee went into the question of the status of Ayurveda in detail and collected valuable statistics.

The Committee consisted of Dr. K. N. Udupa, Surgical Specialist, Himachal Pradesh, (Chairman) ; Shri Kaladi K. Parameswaran Pillai, Research Professor in Ayurveda, Government Ayurvedic College, Trivandrum, (Member) ; and Shri R. Narasimhan, Under Secretary to the Government of India, Ministry of Health, (Member-secretary).

The Committee has stated that for the time being training in both the integrated and *shudh* Ayurvedic systems may have to continue. Post-graduate and research facilities in training centres have been suggested for the improvement of Ayurveda and for giving it greater emphasis during the training course.

The Committee has recommended the establishment of Chairs of Indian Medicine in colleges of modern medicine.

The Report states that presently more than Rs. 6 crores worth of Ayurvedic medicines are being manufactured and consumed in the country,

Since Independence there has been an increase in the number of Ayurvedic colleges and pharmaceutical concerns and greater control over the registration of Ayurvedic practitioners. It has suggested that Government should make a clear declaration of policy in regard to the place of Ayurveda in the country for providing medical relief.

February, 1959

Tokyo Seminar on School Feeding

The Regional School Feeding Seminar for Asia and the Far East was held in Tokyo, in November, 1958 under the auspices of F.A.O. and U.N.I.C.E.F.

India was represented by Dr. Y. K. Subrahmanyam, Assistant Director General of Health Services, Government of India, Ministry of Health, and Dr. S.C.P. Sinha, Assistant Director, Health Services (Planning), Bihar.

Thirteen countries of Asia and the Far East participated in the 10-day Seminar which commenced on 19 November. Dr. Takashi Kurasawa, Professor of Education, Tokyo University of Liberal Arts, Ministry of Education, was elected Chairman and Dr. Y.K. Subrahmanyam, Vice-Chairman of the Seminar.

Dr. Subrahmanyam spoke on the expanded Nutrition Programme for rural areas through Community Development Projects (Orissa Scheme).

The Seminar recommended that the participating countries should endeavour to develop a comprehensive and well-integrated programme of nutrition for schools to improve nutrition of children and to organize in-service training courses for personnel connected with nutrition services of children. It impressed on the participating members the importance of planning for better food supplies, through increased production of fish, milk, eggs, pulses, etc., and the

DR. K.N. UDUPA, Chairman of the Committee on Ayurvedic System of Medicine, presented the report of the Committee to Shri D.P. Karmarkar, Union Health Minister, in January last

DR. Y.K. SUBRAHMANYAM, who represented India at the Regional School Feeding Seminar for Asia and Far East held in Tokyo in November, 1958, is seen addressing the meeting

need for providing better nutrition to the rural areas through Community Development Projects. It also recommended that organizations like FAO, WHO, and UNICEF should bring together experts to deal with the nutrition problems of pre-school and older children not attending school and to provide assistance to countries desiring to conduct feeding trials on locally produced food.

At the exhibition put up by the participating countries, keen interest was evinced in the display material exhibited by India, particularly substitute food like tapioca macaroni, multi-purpose food, etc., developed by the Central Food Technological Research Institute, Mysore. The film "The Food That You Did'nt Eat" and the filmstrip "Better Diet on Low Cost" exhibited by India were also highly appreciated.

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"There should be an adequate number of centres, the number and distribution being related to the prevalence of the disease in various regions. Clinics should be so located as to be conveniently accessible to the largest number of patients, and may be housed in general hospitals. If this is not possible, recourse should be had to the mobile clinic, with a regular itinerary. The health centre, staffed and equipped for generalized public health services can readily be adapted to carry out all functions essential to anti-leprosy programme."

"If the case is bacteriologically positive, all household contacts and siblings should be given physical examinations and be advised to report annually thereafter. Removal of infants and young children from contact with bacteriologically positive patients is recommended. Efforts should be made to place these children with relatives or friends. Failing this, they may be placed in institutions for general child care. In some countries, special preventoria are in operation ; whenever possible, these should be converted into general child care institutions."

Dr. Davey of Nigeria was requested by the Organizers of the Congress to give a brief review on four subjects discussed at the Congress. In his speech Dr. Davey brought out clearly that the whole emphasis of leprosy work had shifted from colonies to out-patient treatment. He said, "In reviewing those aspects of this Congress which have dealt with therapy, epidemiology, control and social work, it is well to remind ourselves that the sixth International Congress was held too early in the sulphone age for the full implications of the new era to be understood. During the intervening years, and now at this Congress, we have come to realize that we are in fact living through a revolution in the history of leprosy, the extent of which is only evident to those who knew leprosy work in the past... This Congress has illumined the fundamental changes which are going on and are affecting us all in our approach to this disease... Mass treatment campaigns are not only exposing the extent to which leprosy has penetrated in many localities, but by rendering less infective the many, rather than rendering non-infectious the few, they are striking a powerful blow at *M. leprae* in its natural environment. This shift in emphasis from the settlement to the local dispensary is one of the focal points in our thinking at this Congress."

SO SAY THE EXPERTS

Efficient birth control methods are necessary to counterbalance the effect of efficient death control. Research for the development of a cheap and satisfactory oral contraceptive should be international.

—Sir Julian Huxley

I would say that the ultimate motivation for family planning is to secure an improvement in the quality of life—to realize more possibilities of fulfilment for more people ; while the immediate motivation is the necessity to secure a reasonable future to the human species before it is too late.

—Sir Julian Huxley

If family life is to be a stable institution in our societies in the days ahead, marriages will have to be held together by cohesion from within, and not by coercion from without.

—David R. Mace

It (premarital examination and consultation) should not only try to discover whether the couple is free from sickness, but it should aim to provide them with information and understanding of the problems which may arise in marriage and family living, and to give them the basic facts and attitudes they may need to help them make their marriage more stable and more harmonious.

—Dr. Abraham Stone

Education for family life prepares the individual mentally for a well-adjusted, happy life, while health education aims at providing him with a healthy body that is necessary for a happy life.

—Shrimati Mukhta Sen

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