

NEWS & VIEWS

PROGRESS IN MEDICAL AND HEALTH SERVICES IN INDIA

Today, there are about 12,600 hospitals and dispensaries with about 1,60,000 beds in the country. New institutions have sprung up for treatment of the age-old afflictions of leprosy and tuberculosis.

Tuberculosis ranks high as a public health problem owing to its high morbidity rate. A recent survey has revealed that there may be about five million cases of tuberculosis of lungs of which 1.5 million are probably infectious.

The anti-T.B. programme envisages BCG vaccination on a mass scale, the establishment of clinics and provision of beds for isolation and treatment of T.B. cases. There are now about 30,000 beds for T.B. patients.

A national tuberculosis institute for research, training and administration has been opened at Bangalore with the assistance of United Nations International Children's Emergency Fund and World Health Organisation.

It is estimated that about two million persons are suffering from leprosy. Of these, half a million are infectious. During the last decade, owing to availability of effective drugs the emphasis has shifted from institutional care to early detection and domiciliary treatment.

During the Third Plan, an extensive coverage has been proposed to deal with this disease. Besides establishment of control units and training centres, a number of rehabilitation centres to look after the physical, psychological and social rehabilitation of the persons affected would also be set up.

The problem of cancer calls for all-round approach. The State Governments are being assisted to establish cancer wards and units in the existing hospitals to provide better clinical service to cancer patients.

While physical facilities are important, it is equally essential to have trained and competent doctors and other personnel to man the hospitals. There are at present about 60 medical colleges, but more are needed to approach a satisfactory doctor-population ratio.

Teaching hospitals, which are the vital focal points of education for the health profession, number about 110. They also form the nucleus of much of the clinical research necessary for the advancement of medical and public health.

PRIMARY HEALTH UNITS

In order to make health services available to the mass of our people in the villages, a programme of establishing primary health units has been evolved.

The country has been divided, for this purpose, into 5,000 blocks (each block serving roughly a population of about 66,000) through the Community Development Programme, and each block will have one primary health centre.

The primary health units provide both preventive and curative services to the community in an integrated manner.

The very fact that improved health services have reduced the mortality rate has created the huge problem of rapid rate of population increase. Unless stability is reached between death rate and birth rate all plans may be defeated. For this purpose the programme of family planning is being taken up in a very big way. The aim is to have family planning accepted as a philosophy and way of life by the bulk of the population.

USE OF CHLORAMPHENICOL AGAINST MINOR INFECTIONS

The Food and Drug Administration authorities of the United States have recently revised the regulations governing the labelling of the drug 'Chloramphenicol' so as to include a warning on the label of the drug against its use in minor infections and calling attention to the necessity for adequate blood studies when its use is required. In the 'release' issued by the Food and Drug Administration it has been stated that Chloramphenicol which is a life-saving drug in certain severe infections such as typhoid, and some drug-resistant staphylococcal infections, infrequently produces blood disorders, some of which can be fatal. It has been pointed out that there were instances where this drug was employed in conditions in which safer and equally effective drugs or no antibiotics were indicated. The Food and Drug Administration have, therefore, imposed labelling provisions whereby it will be necessary to label the immediate container with 'Warning—Blood dyscrasias may be associated with the use of Chloramphenicol. It is essential that adequate blood studies be made'. In addition the package insert is also required to contain a similar warning.

As chloramphenicol preparations are widely used in India the question whether it would be desirable to impose similar labelling restrictions on chloramphenicol preparations on the lines as recommended by the Federal Food and Drug authorities in the United States was examined in consultation with the State Drug Control authorities. It has been decided to impose similar labelling restrictions on chloramphenicol preparations marketed in the country.

It is requested that the publicity to the instructions that have been issued may kindly be given in your journal so that manufacturers as well as medical practitioners in the country would be acquainted with possible dangers of chloramphenicol therapy. S. K. BORKAR, Drugs Controller (India)

TOO MUCH RICE SHORTENS LIFE SPAN

Excessive consumption of rice shortens your life span, says a Japanese scientist. This indictment of the staple food of more than a billion

Asians is to be submitted to the current 10th Pacific Science Congress at Honolulu by Dr. Kondo of Tohoku University. An unbalanced diet of too much rice causes premature senility and early death, his report concludes.

The professor said that he reached his conclusion after studying the eating habits of 700 Japanese villages over the past 25 years.

"THE BOMBAY HOSPITAL JOURNAL RESEARCH POOL"

We have pleasure to announce the undermentioned "Research Fellowships" of Rs. 250/- p.m. for 12 months, effective from March 1962. Application form and rules may be obtained from "The Secretary, *The Bombay Hospital Journal, Research Pool*," 19 Marine Lines, Bombay—1.

APPLICATIONS SHOULD REACH BY JANUARY 21, 1962.

1. "ALBERT DAVID FELLOWSHIP" SUBJECT: *Efficacy of Ferrochelate in Iron Deficiency Anaemia.*
2. "CIPLA FELLOWSHIP" SUBJECT: To be advertised in January 1962.
3. "DEY'S FELLOWSHIP" SUBJECT: *Serum Cholesterol in Relation to the Intake of Unsaturated Fatty Acid Compound in Hypercholesterolaemia.*
4. "FRANCO-INDIAN FELLOWSHIP" SUBJECT: *Comparasion of an Antidiabetic Drug (2-thymyloxymethyl—glyoxalidine hydrochloride) with Tolubulamide. (For Six months only).*
5. "HIMALAYA FELLOWSHIP" SUBJECT: *Indigenous Compounds in the treatment of Haemorrhoids.*
6. "HOECHST FELLOWSHIP" SUBJECT: *Intrathecal Injection of "Reverin" in pyogenic Meningitis.*
7. "LEPETIT FELLOWSHIP"
8. "NAPHA FELLOWSHIP"* *For Six Months only)*
9. "PFIZER FELLOWSHIP"—I SUBJECT: *Control trials on effects of MAO Inhibitor with or without steroid for the management of Rheumatic Disorders.*
10. "PFIZER FELLOWSHIP"—II SUBJECT: *Value of MAO Inhibitor as an anabolic agent and energiser in middle age and elderly persons.*
11. "SARABHAI FELLOWSHIP" SUBJECT: *Siquil in Anaesthesia.*
12. "SMITH KLINE and FRENCH FELLOWSHIP" SUBJECT: *Drug Treatment in Psycho-Neuroses.*
13. "SUHRID-GEIGY FELLOWSHIP"—I SUBJECT: *Micoren, a new Re-spirotonic — Uses in Hypoventilation Syndrome including, if*

possible, estimation of arterial carbon dioxide and oxygen before and after the use of this drug.

14. "SUHRID-GEIGY FELLOWSHIP" SUBJECT: *Tebafen in use of Pulmonary Tnberculosis.*
15. "THEMIS FELLOWSHIP" SUBJECT: To be advrtised in Jan. 1962.
16. THERAPEUTIC FELLOWSHIP" SUBJECT: *Blood levels in PAS and various Salts.*
17. "UNICHEM FELLOWSHIP"—I SUBJECT: *Evaluation of a New Anti-Diabetic Drug.*
18. "UNICHEM FELLOWSHIP"—II SUBJECT: To be advertised in Jan. 1962.
19. "ZANDU FELOWSHIP"*

*Applicants are requested to give their own subjects for these Fellowships.

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