

NEWS & VIEWS

CRISIS 2,000

'More of the world's resources have been used in the past forty years than all the people of the world had used in the 4,000 years of recorded history up to 1914.'

'World population increases by between 50 and 60 million a year, with about 6,000 babies born every hour.'

'Modern medicine has lengthened the life span of people throughout the world in some countries, adding over 20 years to the average life expectancy.'

The three facts above, taken separately, give little cause for the alarm that is now felt in scientific circles throughout the world. Look at them, however, in the light of world population, and the picture change drastically—and ominously. For there are already 3,000 million people on Earth, two-thirds of them living on the razor-edge of starvation.

The situation, at this moment, is critical. If the world cannot feed the hungry millions of today, how can it feed the increasing hungry millions of tomorrow? And food, alone, is not sufficient. People must be clothed, educated, have work to do.

It has taken the human race over 200,000 years to reach a population of 3,000 million. Yet at the present rate of increase, that figure will double itself in less than forty years.

Crisis 2,000! In that year, world population will have reached the astronomical figure of 6,000 million. By 2070, it will have increased to 25,000 million.

For some years now, eminent scientists throughout the world have been warning that the human race is rapidly breeding itself to the point of extinction. Science cannot increase food supplies ad infinitum, and is powerless to distribute the product to the hungry mouths that need it.

If the world's population is allowed to grow unchecked, there will doubtless be a 'natural' solution. And this is hardly likely to be a pleasant one, bearing in mind, for example, the Black Death which between 1384 and 1395 killed half the people of Europe; or the 'flu outbreak of 1918–1919, which raged round the world and killed more people than all the warring nations had lost in four years.

The only sane solution, and one which is already under way in most countries throughout the world, is birth-control. For over ten years, scientists in America and Britain have been working on an oral contraceptive cheap enough to be used throughout the world, simple enough to be understood throughout the world, and, most important of all, effective on a world-wide basis.

The first step in this field was made twelve years ago in the Research Laboratories of G. D. Searle & Co., of America. A Searle chemist, synthesized norethynodrel, a chemical derived from the root of the barbasco (Mexico yam).

This is almost, but not quite the same chemically as a natural female hormone that controls much of the menstrual cycle and at certain times helps to prevent ovulation—the release of an egg from the ovary so that it can be fertilised by a sperm. This represents a major advantage in respect of convenience and acceptability as compared with the clumsy methods of contraception previously available. Equally important, as extensive tests have shown, 'the pill' offers a degree of effectiveness never before achieved or considered possible.

The drug was first tested as an oral contraceptive in 1955 by Dr. Gregory Pincus and Dr. John Rock, in collaboration with Dr. Edris Rice-Wray, in a large-scale test among women volunteers in Puerto Rico. While on the pills only 16 out of 838 women in four study areas became pregnant and all 16 admitted to having occasionally omitted to take their pills. Equally important, among the 174 women who dropped out of the test because they had decided it was time to have another baby, conception occurred promptly.

The first effective oral contraceptive had been found. Now G. D. Searle have two oral contraceptive pills on the market, Conovid and Conovid-E, both containing norethynodrel. Both have been approved by the Family Planning Association in Great Britain for use in their clinics, and both are used in practically every country in the world.

Extensive and searching tests were made before 'the pill' was made available to the world. In Great Britain, the United States, Australia, Ceylon, Japan, Egypt and in many other countries the effectiveness of the drug was fully confirmed. During this time many thousands of women have taken part in clinical trials.

Norethynodrel has been authoritatively described as 'the best, the most effective contraceptive known to man. Its failure rate in patients who take it consistently is virtually zero.'

The oral contraceptive is simply taken. To prevent conception, a woman need only take one tablet a day for twenty days of each month.

The most extensive and comprehensive clinical trials have failed to yield any evidence of harmful or dangerous long term effects, and there has been no impairment of subsequent fertility. In addition, no harmful effect upon children born to women who have used the drug has been found.

There is no doubt now that oral contraceptives offer a solution to a world population problem the long-term consequences of which are infinitely more frightening than the possibility of nuclear war.

Governments throughout the world are embarking on birth control education programmes. In America, earlier this year, a world-wide programme of birth control was proposed in a report issued by the National Academy of Sciences. Recently, the Ford Foundation announced a grant of \$2,856,200 for training and research in family planning and reproductive biology.

Such action comes not a moment too soon. For earlier this year, Dr. Binay Ranjan Sen, Director-general of the Food and Agricultural Organisation at the United Nations, said; 'the population increase in the Far East will produce famine before 1980. The picture is only slightly better in the developing areas of South America, Africa and the Near East.'

Practice of Medicine

In all honest work there is ultimate good, but in medicine the rewards of devotion, of forgetting self in helping the sick and sorrowful, are more immediate; the harvest is gathered on the field. The sense of saving life, relieving pain, as promptly as by dragging a drowning man out of water, is joyful, little grateful as the saved one may be. It is perhaps no less a satisfaction to feel that at least we smooth the pillows and calm the fears of the suffering.—*Sir Clifford Allbutt.*

Cutaneous Malignancies of the Face

M. S. Miller, M. D.

Canadian Med. Asso. Journal, June 1958.

Skin cancer is quite common. It is the most curable, yet comprises 6% of all cancer deaths. Facial cancer must never be missed; A cure can almost always be achieved with early diagnosis and proper treatment.

Most cancers of the face are 'basal-celled tumours'. Those of lips are epidermoid type. Basal-celled carcinomata usually occur in the middle third of the face. They grow slowly, do not metastasize, but cause local erosion. Their growth under the skin is extensive as compared to their extent above the skin.

Any growing non-pigmented skin lesion should be a suspect Epidermoid cancer unless proved otherwise. In the initial nodule stage it is most curable. Later when it ulcerates, metastases may already have occurred. Epidermoid cancer is more dangerous for this reason than basalcell tumours.

Malignant melanomas carry a very poor prognosis. Any sore that does not heal within 4 weeks may be precancerous. Every lesion of the type of Senile Keratosis should be excised as 1 in 5 become malignant.

Any rough, scaly or bleeding lesion of lower lip of over one month's duration should be excised.

The only method of diagnosis is by excision and microscopic examination of the suspect tissue.

It is better to carry out complete excision and rapid section and examination together. Gross appearance of tumour does not convey its malignant nature; submit a section to microscopic study. Excision with scalpel or electro-surgical gives satisfactory results. Excision must be complete to avoid recurrence. Where excision is not possible X-Ray irradiation is the only other alternative.—*Abridged from Am. practitioner Vol. 10, No. 3.*

Office Diagnosis of Allergy : Study of Nasal Smears

Many allergic reactions are not recognized in the general medical office. Dr. James A. Mansmann, suggests this may be avoided by the judicial study of nasal

secretion using microscopic methods. The technic of obtaining the smears and staining them is simple and accomplished easily. This type of study may be used to differentiate between allergy and respiratory infections.—*Am. Prac. Reporter, 108th Session, Med. 50 of Penn. Philadelphia.*

Nicotinic acid and cholesterol metabolism

Dr. Rudolf Altschul gave large doses of nicotinic acid (1 to 3 gm. per day) to healthy and sick persons and observed an immediate and highly significant lowering of serum cholesterol as long as the medication lasted.

There is now no doubt that the treatment with large doses of nicotinic acid has a definite effect in lowering serum cholesterol to a major degree.

In addition to the effect on serum cholesterol, large doses of nicotinic acid also lower phospholipids and triglycerides of the serum and change the ratio of A and B lipoproteins.

The side-effects occur as two types. A vasomotor reaction (flushing, pruritus) quite regularly follows the intake of small or large doses of nicotinic acid and subsides after approximately one-half hour. If the intake is maintained, the vasomotor reaction vanishes, usually after four to seven days, but reappears after any pause in the treatment. In some cases the reaction becomes mitigated but disappears only later or not at all. Most of the patients, especially if prepared psychologically in advance, take the vasomotor reaction in their stride. According to Parsons and Flinn, flushing and pruritus subside rapidly in the early stages of therapy and have not interfered with therapy.

Whereas the vascular reaction appears to be an almost physiologic vasomotor reflex, the gastrointestinal disorders, although much less frequent are to be taken more seriously. They are reported as anorexia, nausea and diarrhoea. The various reports differ very much as to frequency and intensity of these symptoms.

The recommended dose is 3 gm. daily (approximately 1 gm. per 50 lb. of body weight), possibly divided into two or three administrations. In refractory cases, the dose may well be increased up to 6 gm.

A very surprising finding of ours fully confirmed by others, was that nicotinic acid amide, which is effective in pellagra, has, even in large doses, no effect whatever on serum cholesterol.

A startling result is the influence of the nicotinic acid therapy on angina pectoris. So far, five publications report that angina pectoris is improved by large doses of nicotinic acid. Most of the authors still hesitate to make any final statement or generalization, but De Soldati and colleagues speak of "clear improvement" of angina pectoris in their patients.—*G. P. Jan. 1960.*

Do You Know That

- * Many patients who ask for a tonic need a sedative.
- * Some patients, who ask for a second opinion really want a different opinion.
- * The barbiturate addict is more disabled than the opiate addict in terms of thinking, judgement, reaction time and general intellectual functioning.

- * While it is important to realize that a normal ECG by no means excludes heart disease, it is even more important to recognize that an abnormal ECG does not necessarily indicate an abnormal heart.
- * Investigations should be carried out for the sake of the patient and not for the sake of investigations.
- * Coronary victims are almost five times as likely as the controls to be aggressive, ambitious and emotionally driven.—(*Courtesy: Cipla Medical Service, No. 1, Jan. 1962.*)

Annual Meeting of the American Medical Association

CHICAGO—Physicians from many nations will attend the American Medical Association's 114th annual meeting in New York City, June 20–24, 1965.

With New York the home of the United Nations, and with the New York World's Fair scheduled to be held that year, many physicians from other nations are expected to attend the AMA meeting, which will be geared to touch on many aspects of international health.

With the influx of guests from abroad to see the fair, the AMA estimates that registrations for the 1965 meeting will far exceed the 23,053 physicians who attended the last New York City convention in 1961.

"As the world shrinks, the role of this country's medical profession in international health is growing larger every year," said Dr. F. J. L. Blasingame, executive vice president of the AMA. "Medicine, shared with all the peoples of all the earth, is a powerful force for truth, compassion and human service," he said, adding that "the AMA is always ready to extend the warm hand of American medicine to the whole world in friendship and service."

Dr. Blasingame said that the AMA's Department of International Health and the Council on Postgraduate Programs are already formulating plans to host a large contingent of physicians from other countries during the New York convention. A complete hospitality program also is being planned, including tours of clinical, hospital, pharmaceutical and medical research facilities in the New York area.

AMA scientific meetings will be concentrated in New York's Coliseum, and Dr. J. Arnold Bargen, Temple, Tex., chairman of the Council on Postgraduate Programs, said preliminary plans call for the staging of more than 300 scientific exhibits, 250 industrial exhibits, a special close-circuit television program with a possibility of a trans-Atlantic hookup, and a special international medical film exhibition.—*News Release from American Medical Association.*

Indian Society of Endocrinology

"The Indian Society of Endocrinology has been formed. The head office is located for the time being in the College of Medical Sciences, Banaras Hindu University, Varanasi-5, (U. P.). A journal under the name of THE JOURNAL OF INDIAN SOCIETY OF ENDOCRINOLOGY will be published by the society."