

NEWS & VIEWS

HEALTH PROGRAMMES

In the countryside the spread of health services is negligible in the Middle East and limited in India. This is on account of the present unsatisfactory condition in respect of housing and facilities for education of the children. The Governments no doubt are conscious of providing increased medical facilities, but the lack of funds stands in the way. In many countries, the provision of health services is limited by a shortage of health personnel. These being the circumstances, the obvious remedy to meet the demands of the rural areas appears to be to strengthen the mobile medical units. Efforts on the whole continue to be directed by the Governments and the World Health Organization to combat the spread of bilharziasis and other infectious diseases, including the purification of water in infected areas. A number of maternity and child welfare centres have been opened in the chief cities of the countries. At the end of 1957, increased funds in the Malaria Eradication Special Account enabled WHO to plan and put into operation eradication measures for most of the countries in the region exposed to malaria. As a result of the combined efforts of the respective Governments and the WHO, malaria has been eradicated from the Aden Colony, Cyprus and the Gaza strip. Considerable efforts have been made to activate and expand the assistance given by the WHO to the tuberculosis control programme by the national health authorities. Studies are under way on the epidemiology of bilharziasis.

The Government of India's health programmes, in which WHO has co-operated, cover such fields as malaria, tuberculosis, venereal diseases, environmental sanitation, maternal and child health, health education of the public, nutrition, professional and technical training specially for doctors and nurses, trachoma control, dental education and vital health statistics. The training of national health workers at all levels is a vital common denominator underlying WHO activities in all these fields. Apart from training facilities available at the various projects, WHO experts have been assigned to many nursing schools and medical colleges and other training institutions to upgrade the training in various specialities.

As a result of this assistance, malaria and tuberculosis, the mass diseases in India have been brought under control and smallpox and plague under complete control. With a decision to change over from a programme for control to a programme for eradication of malaria, the position is expected to improve still further. As a result of a well conceived health planning the general death rate per 1,000 of population has diminished from 19.7 in 1947 to 12.9 in 1954 and the infant mortality rate from 146 to 113. A sum of Rs. 274 crores has been allocated for health in the second Plan. At the Centre, the important provisions to protect the health of the people are malaria control, urban water supply and sanitation, medical education, and family planning. In the States the principal items are

hospitals and dispensaries, urban and rural water supply and sanitation, control of diseases and training programmes. All this is encouraging. But if the popular definition of health as a condition of physical fitness and immunity from disease is to be accepted as a goal for achievement, it is plain that India and the Middle East countries will have to traverse a long distance in the field.

INTERNATIONAL WORK IN ENDEMIC TREPONEMATOSES AND VENEREAL INFECTIONS, 1948-1953, Geneva, 1965, 47 pages (reprint from *WHO Chronicle*). Price : 3/6, \$ 0.60, or Sw. fr. 2. Also published in French. Available through*

The dramatic decline in the reported incidence of venereal syphilis and gonorrhoea in many countries between the late nineteen-forties and the early nineteen-fifties, following the introduction of penicillin and other antibiotics, was a landmark in the history of public health. Unfortunately, in both these disease, a persistent rising incidence has been noted in many countries after an all-time low in or around the mid nineteen-fifties. The reasons for this disturbing trend are analysed in this comprehensive report on WHO's programme in the endemic treponematoses and venereal diseases, originally submitted to the thirty fourth session of the WHO Executive Board in May 1964.

It is stressed that the public health methods available for the control of venereal syphilis are as effective today as they were before the recrudescence of the disease became apparent in many countries a few years ago, but that there is an urgent need for a more determined application in public health programmes of current knowledge in this field.

In gonorrhoea, on the other hand, there is increasing evidence of resistance to one or more of the antibiotics currently in use, though this is a localized rather than a general phenomenon. The chief difficulty is that of bringing cases and contacts to treatment quickly enough to overtake the rapid spread of the infection in the community, and it seems unlikely that the disease can ultimately be controlled except by mass treatment or some form of immunoprophylaxis.

In the endemic treponematoses of childhood, thanks in large part to WHO's work in this field, striking progress has been made. In most countries where mass campaigns against these diseases have been carried out, the prevalence among rural populations has rapidly regressed to a fraction of 1%. Some 50-60 million people, however, still live in areas of medium or low prevalence where no intensive effort has been made to control these diseases. It is hoped that it will now be possible to accelerate their elimination in these areas, too, by means of selective, multipurpose, or integrated campaigns.

*Please insert the name of the appropriate WHO Representative or Sales Agent as given on the back cover of this publication.

In the light of this report, the WHO Executive Board urged Member States "to exert a determined effort to maintain adequate and effective measures to reduce the incidence of the endemic treponematoses, particularly those of childhood, and the venereal diseases, and, where indicated, to increase their efforts to combat, at the national level, the recrudescence of these infections".

INTERESTING, RARE AND ODD CASES 1964 AT NAIR HOSPITAL

by

T. K. MEHTA

Dermatitis Herpetiformis	...	...	...	1
Stevan's Johnson Syndrome	...	...	...	2
Pemphigus Vulgaris	...	...	...	1
Darier's Disease	...	...	...	3
L. E. (discoid)	...	...	...	2
Systemic L. E.	...	...	...	1
Naevus anaemicus	...	...	...	1
Varicose Veins (Breast)	...	...	...	1
Sehamberg's disease	...	...	...	1
Hyperhidrosis	...	...	...	1
Parapsoriasis	...	...	...	1
Naevus of Ota	...	...	...	1
Naevus of Jadahsson	...	...	...	1
Macular atrophy	...	...	...	1
Alopecia Universalis	...	...	...	1
Hyperkeratosis punctatum	...	...	...	1
Leukonyehia	...	...	...	2
L. P. Pigmentosus sine lichen	...	...	...	1
Psoriatic arthropathy	...	...	...	1
Pseudo Pelade of Broc	...	...	...	1
Lichen Plano pilaris	...	...	...	1
Grannlome Inguinale	...	...	...	1
Mal de melade	...	...	...	1
Phycomycosis	...	...	...	1
Rhiel's melanosis	...	...	...	5

Total 34

AWARDS AND MEDALS FOR DIABETICS

"The Shantaram Moreswar A]gaonkar, "Victory over the Diabetes" medals are to be awarded in the month of February or March every year at Annual Day of the Diabetic Association of India. Application from suitable diabetics for these medals are invited by the Diabetic Association before 30-11-1965. The Scientific Committee of the Association will be the final judge in selecting the recipients of these awards.

The recipients will be informed about the decision by 31st January, 1966.

The rules and regulation regarding these awards are sent herewith for publication in your Journal.

The persons who intend to apply for these medals and certificates of merit should apply to the Diabetic Association of India, for rules and further information not later than 30th November, 1965 at the following address.

Dr. M. K. DHIRAWANI,

Scientific Committee Diabetic Association of India,
127, Mahatma Gandhi Road, BOMBAY-1.

CHLOROQUIN AND THE EYES

Lloyd and Hiltz report on their studies on ocular complications of chloroquin administered to patients attending two eye clinics. This drug used during world war II as an antimalarial drug is now used in treating various chronic human ailments like rheumatoid arthritis, disseminated discoid erythematosus and other "collagen diseases", actinic dermatitis and asthma. Ocular complications were seen in 18 of 45 patients on long term chloroquin therapy. Thirteen patients had reversible corneal opacities, and seven had irreversible retinal changes, with visual loss and visual field defects. Pathological evidence of chloroquin retinopathy was obtained in one patient.

The authors warn against the possibility of ocular complications when using this drug. A dose of 250 mg. daily for a period of one year may be considered to be reasonably safe, after which ocular assessment should be carried out every three or four months, or whenever the patient complains of visual symptoms. The examination should include tests of visual fields and careful ophthalmoscopy. Canadian Med. Assoc. Journ., 6-3-1965, via Med. News, 16-4-1965).

LUPUS ERYTHEMATOSUS

In a patient with systemic lupus erythematosus with muscle weakness and vacuolar myopathy, histologic examination of the muscle showed vacuoles containing a finely granular eosinophilic precipitate and sarcolemmal nuclei, and increased numbers of sarcolemmal nuclei, but no other degenerative changes. Clinical evidence of smooth muscle and myocardial disease was also present. Destruction of skeletal muscle was thought to contribute to elevated serum transaminases which returned to normal values with steroid therapy. Lang et al, J.A.M.A., 4-1-1965.
