The Nation's Voice

On Health and Medical Education

National Health and Medical Education Conference turns health eduation towards the needs of the people.

There were 270 participants. Present were Central and State Health Ministers, Directors of Health Services, Directors of Medical Education, heads of various systems of medicine such as Homeopathy, Ayurved, Unani, Siddhi and Naturopathy.

The Conference was held in new Delhi from August 27th to August 30th. A delegate from VHAI was invited and attended.

The Minister of Health, Shri, Rabi Ray, was Chairman of all the working general sessions. He is a delightful person, sociable, patient, kind and competent. However hot the debate, he would always diffuse tension by some relaxed or humorous comment.

Three Year Medical Course

The most debated topic was the controversial three year medical course, to be begun after the ten plus two, or the equivalent educational level.

While the nation's oratorical festival was debating whether such schools should be opened or not, the quiet effective lady Health Minister, Dr. Tople, of Maharashtra took the stage to announce that Maharashtra had long ago decided to open five such schools, and they would be receiving students almost immediately. The schools are to be in: Ratnagiri, Nander, Kolhapur, Akola and Dhulia.

There were many vehement speeches against the plan, but the sense of the house was in favour. So we may say that the idea has been approved and recommended.

Health Sciences University

Another topic of unusual interest was the feasibility of a health education university for each State, especially the more developed States. The sentiment in favour was that the ordinary universities are not sufficiently conscious of the health needs of the country to plan and organize health education. The subject is so vast, varied and complex that a separate university is needed for it.

The universal concept would be had in the many different kinds of courses that would be offered, ordinary medicine plus the specialties, nursing, pharmacy and all the para-medical branches. There would be courses in all the systems of medicine and the history of medicine. Then humanities, sociology, anthropology and psychology as these relate to health education. There would also be courses in how to teach. Some speakers pointed out that the teachers in medical colleges rarely have as much as a diploma in teaching. They often lack the art of communicating.

It would be left to each State to decide whether the university would be a residedtial teaching university or an affiliating university. The suggestion that seemed most acceptable was that one of the medical colleges in the State could be chosen as the *State Health Sciences University* and the other medical colleges in the State would be affiliated to it.

The nurses expressed fear that most of the resources of such a university would go to doctors, and the nursing profession would be considered a step-child. This possibility was discussed frankly, and the recommendation was made that the university should not be called a Medical University, but Health Sciences University, or some equivalent name, to indicate equal openness to all the health related professions.

Health Education Commission

The proposal of a Health Education Commission received strong support. The idea arises from the model of the University Grants Commission. The latter, due to insufficient funds, has not been able to assist health education to any notable degree.

The purpose of the Commission would be to plan and ensure balanced development of all health related disciplines, medicine, nursing, dentistry, pharmacy, administration, etc.

It should have financial resources to implement its recommendations.

The existing national Councils would be retained as advisory bodies. But the general idea is that all systems of medicine, all categories of and for registration and ethical standards. learning, and all Councils would be brought under the common umbrella of the Medical and Health Education Council.

Continuing Education

The need of continuing education merited long discussion. All were in favour of it. The debate was on

how it could be carried out. Everybody agreed that every professional person today must up date him/herself by reading and discussions, and more formally about every five years. The reason is the rapid advance of knowledge, sometimes called the knowledge explosion. If we try to make do with what we learned in our degree obtaining years, we quickly become out of date, and this light defect will lead towards irrelevance.

The whole gamut of seminars and short courses was recommended. Of interest for VHAI, correspondence courses were also recommended.

Research

The trend of the discussion on research was that the major portion of it should be applied research relevant to the needs of the people of this country. The whole ethos of research, states the draft national plan, should be based on simple, low cost, health technology, the results of which are replicable in routinized settings. The need of continuing research for cures or vaccines for leprosy, malaria, etc., was urged, as well as in matters related to human reproduction and population control.

Medium of Instruction

Whether and to what extent the medium of instruction in medical colleges should be in the regional language attracted serious discussion. The cons pointed out the scarcity of books in these languages, and especially of jonrnals. The pros urged the experience of reality that many of the first year medical students cannot understand what the lecturer is saying.

The conclusion of the discussion was that our decision must be in the direction of preparing ourselves to teach in the regional languages, as Israel, Japan, and many other countries do.

The trend of thinking in the Conference was to energise the health services of the country, and make them more easily available among our millions of neglected and underserved people.

Mother Teresa

The Saint of the Gutters

The Nobel Peace Prize coming to Mother Teresa is symbolic of the World's attention to the children of the poor. The prize committee said that it had "expressed its recognition of Mother Teresa's work in bringing help to the suffering humanity." "This year the World has turned its attention to the plight of children and refugees, and these are precisely the categories for whom Mdther Teresa has for many years worked so selflessly."

Mother Teresa and her Missionaries of Charity have been bringing love, hope and relief to hundreds of beggers, lepers, the blind, the crippled, the dying and the unwanted of the Calcutta slums. For decades she has been providing the poor medical care, schooling, a bowl of gruel, a slice of bread or just a clean place to die.

"The poor give us so much more than we give them", said Mother Teresa in an interview in 1977. "They are such strong people, living day to day with no food and they never curse, never complain. We don't have to give them pity or sympathy. We have so much to learn from them."

Mother Teresa was born on August 27, 1910 in Skopje, Yugoslavia and her original name was Agnes Gonxha Bojaxhiu. She came to India when she was 18 as a novitiate from Ireland where she had entered Loreto Congregation. She taught for 20 years culminating in her being made the Principal of St. Anne's High School, Calcutta. It was then in 1947, she received "the call" to dvote the rest of her life serving the poorest of the poor, the sick, the dying and the unwanted."

Mother Teresa applied for decloisteration from the Pope in 1948, which she got for a year. She began organising schools and dispensaries for the poor. Realising the extent of her work and her total dedication, the Church granted special permission to from the Order of the Missionaries of Charity in 1950.

She continued her work in Calcutta and founded Nirmal Hriday for the dying destitutes and Nirmal Shishu Bhavan for destitute children. Over the years her work spread all over India and in many other countries, Today there are 158 branches of this Order in 14 countries all over the World and in India alone there are 98.

Fighting poverty with love and faith her band of sisters carry on the work never worrying about resources. "God provides" says Mother Teresa and some how or the other the money pours in She has received land from the Government in many places. Besides the honour the prize money of $190,000 means that "more can now be done for the poorest of the poor".

SR. CAROL HUSS

In Pursuit of Wholeness

Modern medicine is a wonderful thing, but there are two problems: people expect too much of it, and too little of themselves. Modern medicine is good, invaluable and worthy of our highest regard. But it is not the same as health. Health is a state of wellness including physical, emotional and mental factors plus harmony within oneself, with one's neighbours, with the universe and with God. It is primarily a matter of self responsibility. But the modern medicine system generates a value system that does not hold the patient responsible for his state of health. On the other hand it legitimizes his state and makes him look for help externally.

Then there are other problems of modern medicine. It is too expensive for any one but the top 10% of the population to afford. It is not available to the rural masses. Many drugs cause more problems than they solve. There is not sufficient protection to the public related to the knowledge, availability and use of medicines. Doctors have a tendency to over medicate and often fail to maintain the necessary vigillance over patients who continue to take potent drugs long past the time when their benefit is indicated.

For this reason people are searching for new ways of maintaining wellness. One of these is the holistic health approach.

What is Holistic Health?

Holistic health emphasizes what is within *your* power and self responsibility for health and well being. It is an alternative to doctors, drugs and disease, because a life style that is consistent with wellness will help you avoid diseases, and you will need doctors and drugs far less than you probably do right now.

To be well a person must find personal satisfaction and a sense of purpose in life: to find opportunities for the expression of uniqueness and a place of dignity among others. A holistic approach promotes the interrelationship and unity of body, mind and spirit. It encourages healthy, enjoyable activity on all these levels of existence.

- ☐ Attention to lifestyle and environment offers the most rewarding paths to improved levels of health.
- ☐ Wellness initiatives in one area of your life will reinforce health enhancing behaviour in other areas, e.g., jogging, exercises, yoga, meditation.
- ☐ It is even possible to be "well" in the midst of illness and dying. You can learn to interpret illness as a message from within—a signal that some area of yourself deserves attention and reform. Similarly you can learn to accept the eventuality of your own mortality, and experience the dying process as another human reality.
- ☐ A state of high level wellness is within reach of all.

How do you go about it?

A wellness lifestyle cannot be made in a day. It is hard work to live well. An integrated lifestyle requires emphasis on each of five dimensions.

1. self responsibility
2. nutritional awareness
3. physical fitness
4. stress management
5. environmental sensivity.

Each of these is expanded below.

Self Responsibility

The biggest factor accounting for insufficient self-responsibility in our society is probably the lack of effective health education.

Self Responsibility Principles

1. You are in charge of your own life.
2. You are different from everybody else.
3. You are motivated by a desire for happiness.
4. You need a sense of purpose.
5. You are ok, and on your way to being even better.
6. At times you might prefer illness to health.
7. Stop, examine and choose.
8. Go for positive happiness, wellness style.
9. Great decision are seldom made under distress.

Part of self-responsibility is knowing how to use the medical system effectively, as well as learning to create a lifestyle that enables you to stay healthy and out of the medical system to the extent possible.

Nutritional Awareness

Five out of the ten leading causes of death are diet related. They are:

1. diseases of the heart
2. cerebrovascular diseases
3. diabetes milletus
4. arteriosclerosis
5. cirrhosis of the liver

Nutritonal Awareness Principles

1. Go out of your way for natural "live" foods, curd, garlic, soyabean, sprouts, fresh fruits, raw vegetables, honey, apple cider vinegar, bran, sunflower seeds, wheat germs, nutritional yeast.
2. Vary your diet.
3. Avoid dangerous foods and food additives.
4. Boycott refined, processed foods.
5. Learn to dislike the refined carbohydrates.

6. Keep it simple and take your time.
7. Eliminate coffee, tea, alcohol, and other addictive drugs.
8. Concentrate on quality in proteins.
9. Enjoy fresh fruit and uncooked vegetables every day, if you can.
10. Try to get high-fiber roughage every day.

Physical Fitness

Inactivity is a serious health hazard that has been convincingly linked to hypertension, chronic fatigue, physiological inefficiency, premature aging, poor musculature, and inadequate flexibility. These conditions, in turn, are major causes of lower back pain, injury, tension, obesity, and coronary health disease. No matter how attentive you may be to your nutrition, however much you control and channel stress, and regardless of how much you practice self-responsibility and environmental sensitivity, you cannot be healthy if you are not reasonably fit.

As if all this were not bad enough, you might as well recognize that lack of exercise leads to premature bodily aging, or pathological old age.

Physical Fitness Principles

1. Make physical fitness a part of your life.
2. Don't think of fitness as a crash programme.
3. Exercise is fun, so don't cheat yourself by taking an activity too seriously.
4. Learn to distract yourself.
5. Get in touch with Mother Nature — and yourself.
6. A little activity goes a long way.
7. Set modest expectations.
8. like wine, you can get better with age.
9. Get involved in your activity.
10. Learn how to breathe!
11. Supplement your favorite fitness activity.
12. Fxpress your fitness objectives in a contract.
13. Be sensible.

Stress Management

Mental stress is taking a fairly heavy toll of our health in modern times. Again it is in this region modern medicine with its headache pills and sleeping pills has done more harm than good. Proper stress management requires understanding of our physical and psychological responses under stress conditions and regulating them in such a way that our health is not damaged. Stress management principles are:

1. Take stock of your own power.
2. Make up your own guidelines.
3. Take it easy.
4. Try ways to quiet yourself.
5. Enjoy what you do to manage stress.
6. Design an environment for quieting.
7. Set your sights on inner peace.
8. Plan your response to stress.
9. Work on being open and politely assertive.
10. Consider changing parts of your life.
11. Consider changing parts of your life that bring chronic stress.

Environmental Sensitivity

In discussing this dimension of wellness, I would like you to think of the environment as having three aspects: the physical, the social, and the personal. The first two components are rather familiar and self-evident. They refer to the extent to which all aspects of air, water, land mass, and other physical configurations combine with social conditions (economic, governmental, culture, etc.) to act upon the individual and enhance or limit health and well being. The personal component of environment refers to the extent to which your immediate surroundings either affirm or deny, or facilitate or inhibit, your efforts to pursue high level wellness.

Another way to think of the personal component of this dimension is to talk of a "space" or spaces, which I define as all the stimuli or forces acting upon a person at any point in time. To the extent that you learn to design and shape the spaces under your control, you are planning your personal environment and making it easier to enjoy the pursuit and experience of high level wellness.

The air you breathe, the city or town in which you live, the quality of your home, and the attractions or shortcomings of your neighbourgood are all examples ot physical and social environments. The manner in which you organize your bedroom or work space, the kinds of friendship networks you create and sustain, and the nature of the feedback about yourself which you invite by your actions, are all examples of the personal environment, or spaces you consciously or unknowingly set up for yourself.

Most of us are relatively insensitive to our physical and social environments, and are even less attuned to the personal spaces around us which vastly affect our health and well-being. If you commit yourself to a lifestyle of high level wellness, you will have to cultivate an awareness of the physical and social components of the environment. You will also deliberately design your personal environment.

There are severe limits to what most of us can do to change the physical and social aspects of our large environments The problems of population expansion, air pollution and other forms of pollution, atomic waste, urban blight, inflation, and all forms of social dissolution are beyond the province of the individual. But, while it is difficult to change, affect, shape, order, and design your relationship to these overeaching physical and social environments, it is both easy and enjoyable to design the personal component of your environment.

The first step in doing so is to increase your sensitivity to all the stimuli that touch upon your sense at any point in time. These may be physical, mental, chemical or anything else. You create a great deal of your physical, social, and personal environments by your choice of place, career, job, friends, and life style. In turn, these environments, or spaces affect all aspects of your life. There are many reasons why it

pays to learn to shape a space. A positive environment will help you stay healthy and move toward high level wellness, whereas a negative environment will block your growth toward well-being and all manner of positive expression.

Principles of Physical/Social Environmental Sensitivity

1. Do yourself and the world a favour — live lightly on the earth.
2. If you smoke, try extra hard to quit; if you do not, assert yourself around those who do.
3. Eat lower on the food chain.
4. Living wisely is your best revenge.
5. Consider participating in an environmentally oriented organisation.
6. Have fewer children or more of someone else's.

Principles of Personal Environmental Sensitivity

1. Catalog the impact of your personal environment.
2. Upgrade your needs to preferences.
3. Arrange your personal environment.
4. Match your values and spaces.
5. Don't stay bored or unhappy with your life.
6. Stay current with yourself on the basic questions.
7. Learn to recognize a poor space fit.
8. Do more for your future than hang around waiting for it.

Rayalseema Development Trust

The Rayalaseema Development Trust, with headquarters at Anantapur, operates a fabulous rural development project. Its founder and director is Mr Vincent Ferrer. Closely associated with him is Anne, his charming English wife. She assists the Director in the health service.

This year 75,000 trees have been planted. That is symbolic of the work volume of the project. There are above 400 employees. The services are designed almost entirely for tribals and harijans.

They have trained seventy village health workers. This is an astounding number for one project. Each of them is assigned a population of about one thousand. That totals seventy thousand people. The officers tell us that concerning health they have learned much and been inspired by the VHAI community health seminars they have attended. Anne is taking our health care administration correspondence course. Interestingly, their village health workers are nearly all village dais (traditional birth attendants). They have found them especially suitable because their maternal and child experience disposes them to be sensitive to health care needs. These carefully selected ladies are eager to learn. As interesting events, one of the VHWs has gained enough of reputation that she was invited to deliver the wife of one of the doctors. Another lady patient had retained, urine, and needed a catheter. She was unwilling to have a man doctor. So, with the doctor's direction, it was done successfully by one of the VHWs.

There are five doctors in the project. One of them is supervisor for the whole health system of education and practice. One is Ayurvedic and one a homeopath. They all have equal status and participate as a group in the planning and evaluation. Between the doctors and the village health workers are a few nurses, and several health guides trained for two years at Oddenchatram.

There is maximum community participation. Every village in the project area has a community development committee. All the activities are first discussed with them and their support is obtained. This includes the health activities.

Prominent among the faming activities has been irrigation. Tube wells, open wells and ponds have been made throughout the project area. Assistance also is given concerning improved seeds, effective rotation of crops, and fertilizers. People are assisted with introductions to get bank loans, and guidance in fulfilling the related obligations.

In one village, co-operative farming has been undertaken on a trial basis. So far it is working satisfactorily. With guidance from the project, the villagers who own land decide on the fields to be planted. Their work is distributed and recorded. The harvest is shared equally among all the participants. They have irrigation. The growing crops are thriving.

T. VIJAYENDRA

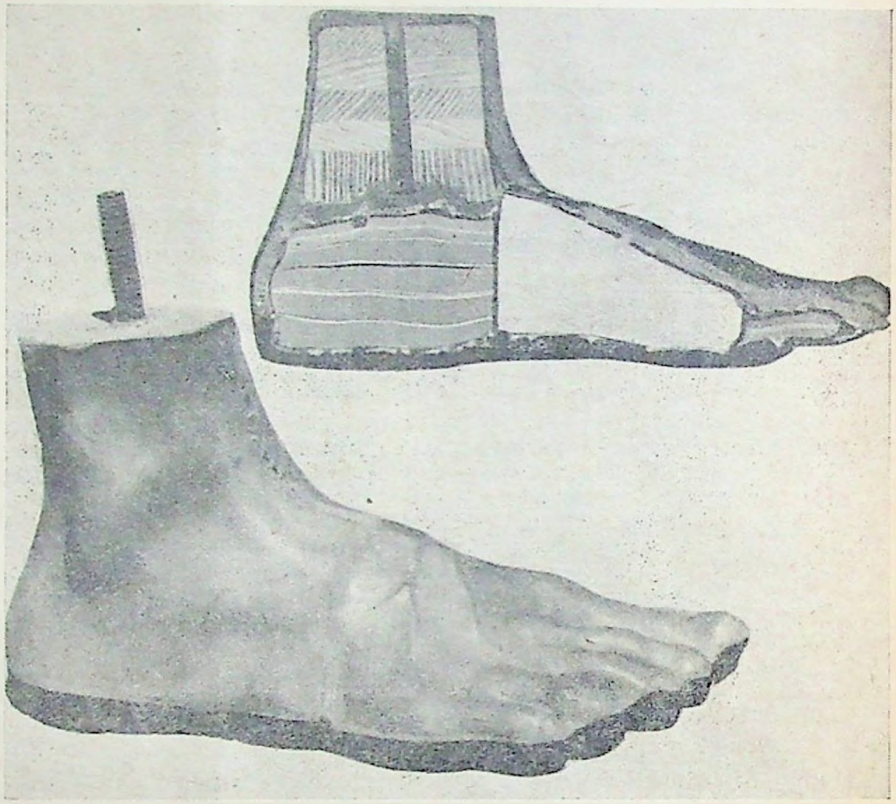
New Hope for Rural Amputees

"Read this paper. My name is written here", said Kishan Bhau Darekar proudly giving me a press clipping from a Marathi newspaper. Darekar, an erstwhile contract labourer in a sugar mill in Aurangabad, Maharashtra, lost his right leg in an accident. Being poor, all his meagre belongings went to meet hospital expenses. In those terrible months his wife and two children died of starvation.

Darekar is typical of patients at the Rehabilitation Research Centre of the S.M.S. College, Jaipur. Poor amputees, rejected from society, and even from their own family, have heard about this centre. They have heard that you just have to reach Jaipur some how, and then you get free lodge, board, a free artificial leg, and the fare to return home **too!**

And so they have reached. Dil Bahadur from Manipur, Shyamnath of Bhojpur and Ranjan a boy of 12 from Calcutta sent by Mother Teresa. Polio victim Nirakar Pattanayak is so deformed that he looks like a wobbly ball. On the other hand, Ayub from M.P. is a cheerful and brilliant chess player. Some have their legs cut below the knee, some above, some have lost one leg, some both legs. Phalahari Mahto from Dhanbad lost both his legs and an arm. But all of them have on thing in common. All of them come from poor, mainly rural families. The mark of suffering and humiliation is written large on their faces.

Actually, they get much more than they have anticipated. There is no formality. You just give your name and address and you are admitted. The organisers say: "We can't humiliate people by asking them to *prove* that they are poor and that they have lost their leg. We can see it ourselves". The whole process takes less than half an hour. And then each one gets a towel, a soap, a mug and a plate.



The Jaipur Foot

The ward is very informal. There is no hospital white paint that terrorises poor people. Instead there are simple cots on a veranda overlooking a court yard where all these rural people are sitting, talking, singing, smoking. There are no visiting hours and visitors, social worker, nurses and other workers move about freely.

The Voluntary Agency

The voluntary agency involved is "Sri Bhagwan Mahavir Society for Physically handicapped". It was set up on March 30, 1975 during the celebration of 2500 years of the Nirvana of Lord Mahavir. This society works in co-operation with the Government in a unique fashion. The government hospital provides the salaries of the surgeon and the craftsmen of the centre, and the food for the patients. The ward is housed in a few abandoned garages. The society has not created a large establishment of its own. Instead it provides crucial inputs, which are difficult for a government organisation. The entire money is spent on:

(a) purchase of raw material,
(b) payment for appliances to the poor,
(c) salaries to two part time employees — an accountant and storekeeper,
(d) transport and maintainence cost of the patients,
(e) hiring additional personnel to meet the increasing work load.

Some enthusiastic members of the society come regularly and supervise the work, talk to the patients and assist with their difficulties. One woman social worker comes daily and helps to schedule the amputees' treatment. For example, some one who comes with only one leg amputated below the knee, can be fitted within a day and requires only a few days walking practice. On the other hand a Syme's amputee will require about 40 days stay. The volunteer social worker also writes case history of each patient.

Recently a few girls of the local college have begun coming under the NSS Programme to initiate educational programmes among the patients, run a literacy class and so on.

Appropriate Technology

Medical rehabilitation work has a history of over twenty years at the S.M.S. Hospital, Jaipur. Besides simpler appliances such as braces and callipers, they were also making artificial limbs.

As is customary in most medical establishments in our country, the designs of these limbs were borrowed from the West. Often, it was not realised that such designs may not necessarily suit Indian patients. Soon, however, because it is easy to observe an amputee moving around on crutches, a number of patients were spotted who had earlier been fitted with an artificial limb and who had returned to crutches. This led to a close questioning of the reasons which led to a rejection of the limb by these amputees.

It then became apparent that the designs borrowed from a different culture may not necessarily suit the life style of our people. A western limb, for instance, has a foot piece which, because of its appearance and fragility, needs to be hidden and protected by a shoe. Shoes are normally not worn by the majority of our villagers.

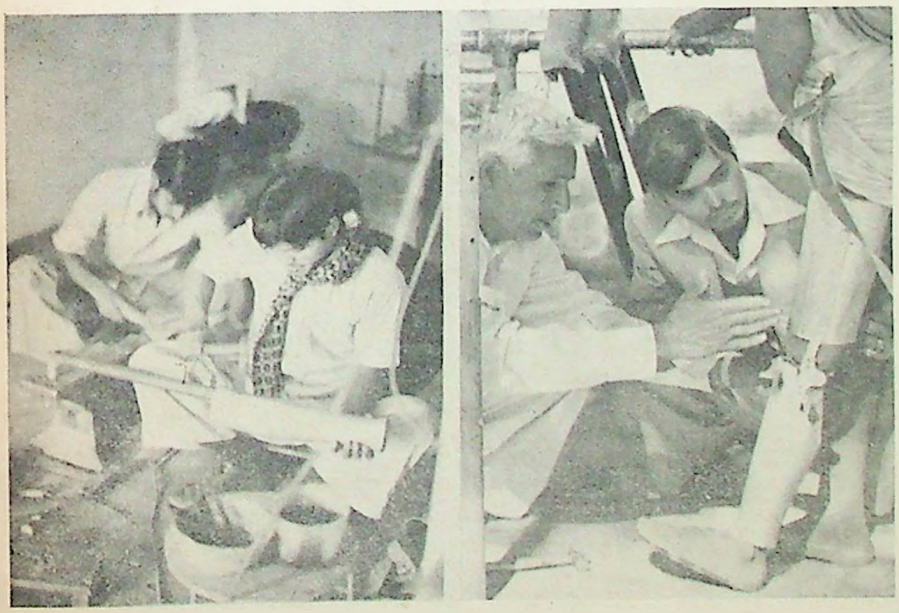
Shoes raise materially the cost of a limb and the frequent breakdown especially in the rugged landscape of our villages pose problems of a recurring expenditure. Further, western limbs were designed for walking on level, paved surfaces. When used in the uneven, rugged terrain of a village, their deficiencies in respect of adaptability to the ground are readily revealed. Our cultural habits involve squatting or sitting cross-legged on the floor. It is obvious that these postures require a range of movement in the foot piece which the "chair-sitting" western amputee never needs.

As this feed-back became available, it became increasingly clear that alternative designs were called for. Some intensive work led to the evolution of what is now internationally known as the "Jaipur Foot." Briefly, its design is a complete breakaway from conventional designs. The structural unit, containing an exteremely simple, but effective and virtually indestructible sponge rubber universal joint, is enclosed in rayon cord (used in tyres) and the external surface is a layer of vulcanised rubber, moulded in a die which reproduces the shape of a normal foot. The foot is made of a sturdy and waterproof exterior which so closely mimics a normal foot that even experienced orthopaedic surgeons sometimes fail to recognise the amputated side. Shoes can be dispensed with. Over 1500 amputees, mostly villagers, have been fitted with this foot. Follow-up studies have been gratifying. Many amputees are now regularly working on their farms, moving in mud and water, for 3 to 4 years without a breakdown. When this foot was tested in the laboratories of the University of Strathclydeat, Glasgow on a Scottish amputee, he refused to part with it at the end of the study; he felt it was admirable for hiking in the Scottish Highlands! Patients can now squat and sit cross-legged on the floor. Women can work in traditional kitchens. Sadhus can enter temples without taking off their limbs.

Involvement of Local Craftsman

Another interesting feature of this centre is that workers in the workshop are not trained in a technical training institute. They are local craftsman. The history of their involvement is interesting.

At the centre they had a Craft Instructor to help rehabilitate spinal injury patients by teaching some crafts. It was purely fortuitous that this craft instructor worked in the close vicinity of the limb shop. Watching the crude fumbling while trying to give a practical shape to theoretical concepts of a new design for the foot, he became extremely interested. While the minds of for-



Local Craftsman at Work

mally trained limb makers would refuse to get out of the grooves of their training, this craftsman felt absolutely free to think of novel solutions, utilizing local materials and his own skill. The dependence on imported materials ceased. He made the first die for the foot, using ancient sand casting methods. When no major rubber manufacturers came forward to help in preparing the vulcanized rubber foot, an ordinary way side retreading shop owner was approached. He vulcanised these feet and subsequently taught the workers at the centre to do it themselves. It is important to note that this poor man never charged anything for this work. He just got emotionally involved in the problems of the physically handicapped and even now, comes and spends all his spare time sitting in the Centre and watching patients walking away happily on the foot made possible due to his invention.

As this interaction between professional doctors and traditional craftsmen, highly skilled but unlettered, started displaying pay-offs, this strategy was adopted as an institutional one, and now the centre is always on the lookout for such skilled craftsmen who understand local materials and who are creative. Over a period of time the centre has acquired a wide assortment of such people.

Handicapped Children

In India over *thirty lakhs* children suffer from some kind of handicap or the other. The breakdown is:

Mentally retarded	20 lakhs
Blind	8 lakhs
Orthopaedically handicapped	5 lakhs
Deaf	2 lakhs

Training and Rehabilitation of these children are so inadequate that they cater to the needs of only 4% of the physically handicapped, 2% blind and 2% of the deaf!

— "A Small Voice"
UNICEF, March 1979

T. VIJAYENDRA

Women Health Workers

A new kind of change agents are appearing in rural India—the women health workers. This was the predominant feeling I gathered in my visits to the community health projects in Madhya Pradesh.

The organising Secretary of the M.P.V.H.A. Miss Marjorie Hill spoke highly of the innovative teaching methods in training illiterates tribal health workers. Many students of the M.I.B.E. Graduate School of Nursing, Indore go for their field training in these community health projects.

JOBAT AND MENDHA

Jobat is a small little town in Jhabua district in South West M.P. The Christian Hospital has been serving the community for over 50 years. Over the years they realised that unless the health work reaches the village homes the health status of the people will not improve.

For the poor tribals do not reach the hospital unless it is very serious. What is needed is that diseases are prevented by early detection, improved nutrition, immunization and health education. For such a community health project to succeed it is essential that the VHWs should be effectively trained.

The Training of the VHWs

One major reason for the success of the programme is that *all* the personnel involved are from the Bhil tribe. Thus the man at the top—Dr. Daniel is Bhil and so is Dr. Tezlo. The community health personnel—Mrs. Rufus and Mrs. Ingrid Paul are also Bhils. And so are the 11 Bhil VHWs.

So is the case in the Mendha Community Health Centre. The person in charge is Suzane Tezlo, who is a Bhil and so are her colleagues. Mendha is a small village and the small dispensary serves as a centre for the community health programme. There are 9 VHWs in this programme 7 of which are Bhils, one from the Bhilala tribe and the other from Patelia.

The other outstanding feature of the programme is the innovative method in teaching these illiterate Bhil women. All the teaching is done by lectures using picture book. The daily report is written by putting tick marks against pictures. Similar pictures are put in the medicine bottles.

The VHWs are paid Rs. 40/- per month. After an initil training of 10 days they come once a week to the centre for further education. This involves weekly reports, helping and studying at the centre and bringing referral cases. On one another day in the week they come with the mothers of the children suffering from malnutrition. The mothers also receive some education at the centre.

Change in the Status

There is a dramatic change in the life of these women. Majority of them used to work on the subsistence family farm. Today they have risen in the status. They can give immediate relief in many children's diseases, give medicine for scabies, assure safe delivery of babies by bringing pregnant women for checking. The villagers envy them because they move about confidently in buses, in the town, talk to doctors and administrative officers and even with foreigners! They also dress better and look cleaner.

Many of them have a high motivation for going forward and learning more. For instance they are not happy with putting tick marks on their reports. They want to write. Unfortunately the literacy

programme is not succeeding, mainly because they do not have any person familiar with methods of functional literacy. Still all of them can write their names.

They also are very much aware of the larger problems because they are from the villages. Thus every one is concerned about the drought problem. During drought the male population goes to distance places and the cattle is stolen. They want irrigation works to be implemented in their area, providing job and soling the local problem.

A Measure of Success

The figures of the nutritonal status of the children give us an idea of the extent of the problem and what has been achieevd.

Children under Six	Target Area	Non Target Area
On the Road to Health	35%	8%
I° Malnutrition	36%	31%
II° Malnutrition	21%	36%
III° Malnutrition	8%	25%

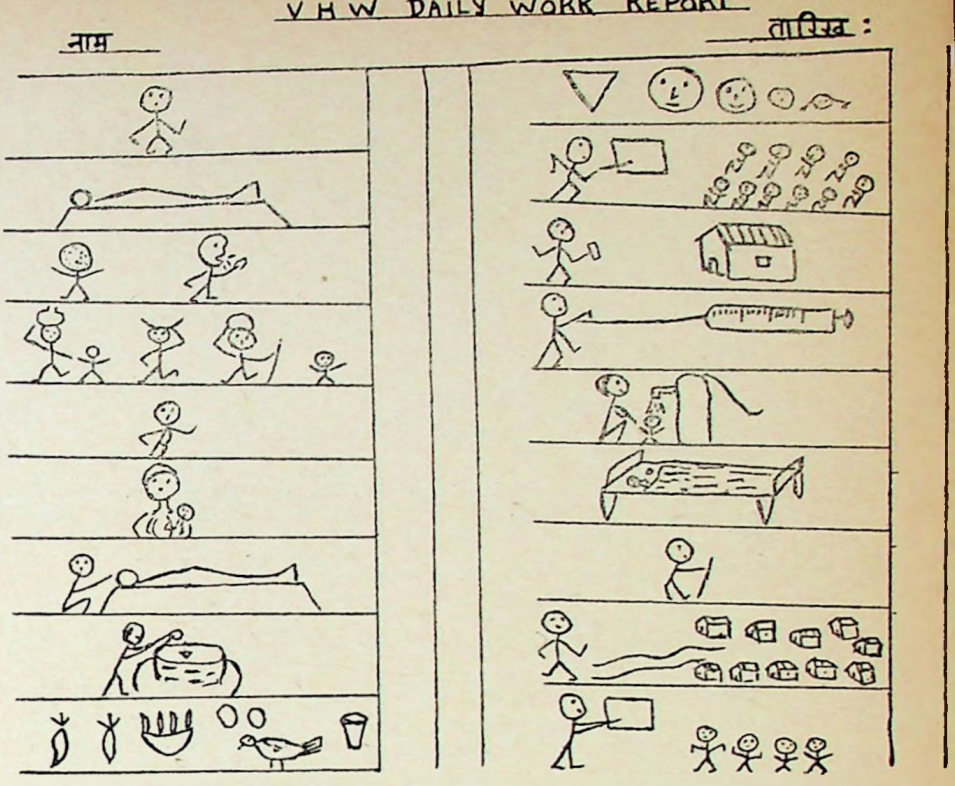
MANDLESHWAR

Mandleshwar is a small little town on the banks of the river Narmada in West Nimar District. The community health programme is similar to Jobat and the two programmes are linked.

However Mandleshwar has its own local problems. Miss Doreen Morrison, in charge of the programme, is very modest about the achievement of the programme and is frank about the shortcomings.

One of the problems is, she said, is the bad tradition of doles. It makes people dependent and then it becomes difficult to convince them that they should become self reliant and support the VHWs who are doing a service and should be paid.

Secondly, unlike Jobat, where every one is from the same community. Mandleshwar is a caste society and the village politics is very complex and changes with the fortunes of the political parties.



Pictorial Daily Report of VHWs

The Programme

However the programme has been largely successful and has many interesting features. Miss Morrison is very self critical about the inadequacy of the teachers. "*In many ways the VHWS whom we are teaching are brighter and more keen in their work than the nursing team. They are more assertive and aggressive, have more energy and interest because they work among their own people.*"

And this was borne out in my meeting with these health workers and moving with them in their villages. They move about confidently, asking questions, joking and even scolding some of the men.

They are respected in the village and are offered tea or nuts in most homes. Only a few months ago they were agricultural labourers and a visit would normally have resulted in being ordered about to do some household chores.

There is a change in the caste prejudices too The VHWs eat with each other and even food cooked by harijans. All of them said that they want to learn more, learn to read and write, handle delivery cases independently etc. They are very critical of the village Dais and sometime teach them.

These low caste and tribal women carrying the knowledge and confidence of modern science are posing a great threat to the spirits of obscurantism and will prove an important vehicle of progress and change in coming years.

Voluntary Health Movement

The awareness about community health in the world's poor countries is increasing rapidly. A large number of such projects are operating in many countries. Inevitably along with this growth the need is felt to bring together, support and strengthen the voluntary health movement at a national level.

It is therefore, not surprising that organizations like VHAI are coming up in other countries too. Below we carry reports about two such organizations.

BANGLADESH

The Voluntary Health Service Society (VHSS) was set up in March 1978 to support the many voluntary health projects up and down the country through the running of training courses, exchange of information, liaison with the government and the procurement and distribution of medical supplies.

By June 19 8 it had 47 members. It has an executive board who belong to different projects. From July '78 Dr Razia Laila Akbar has been its Director. Dr Akbar has recently visited India. She spent some time with VHAI Delhi office and later she visited health projects in India.

Dr Akbar has a distinguished career in the medical profession. She has worked and taught in the field of public health, maternity and child care and family planning both in Bangladesh and in the United States. Before joining VHSS she was Deputy Director, Maternity and Child Welfare Services of Bangladesh government.

In Touch

"In Touch" is the official organ of Voluntary Health Service Society of Bangladesh. It is a monthly news bulletin. Many of its issues had one main theme — like Health worker, Tube wells, Incentive and sterilization, Drugs — uses and abuses, Nursing in Bangladesh etc. It also carries reports about health project in Bangladesh. In Touch is sent free to interested people.

Editor: Dr Razia Laila Akbar,
No: 4, Road No. 16 (old 72)
Dhanmondi Residential Area,
Dacca — 1
Bangladesh.

GUATEMALA

Tne Guatemala Association of Community Health Services (ASECSA) was founded in February 1978, in order to meet the recognised needs of dispersed groups working in rural Guatemala in primary health care and promotion.

The Philosophy of ASECSA

Noting the ineffectiveness of the existing health systems, the solution to health problems, it is visualised, ought to come from techniques and resources that permit a greater, more efficient coverage. The primary objective of ASECSA, therefore, is to improve the coverage of health services and foster the utilization of resources that promote primary health care. To achieve this objective it is necessary to improve the existing community health services, and become more accessible to them.

The instruments and means to provide these services and to study new alternatives that permit an improvement in primary health care.

Organisation

The ASECSA functions through a board of directors that has been elected by the General Assembly. The General Assembly is made up of one voting member of each of the member organization. However more than one member of the constituent organizations can attend the meeting.

The five board members include a microbiologist working in appropriate technology, a director of a rural health and development programme, a hospital administrator, a rural health promoter and a rural clinic nurse! It is heartening to see that people working at the grass root level have an equal status in decision making along with the experts.

Activities and Achievements

The ASESCSA works through three commissions: administrative, therapeutic and education commission. Within the short period of one year they have made significant progress.

Administrative Commission

It is mainly responsible for helping the board of directors to run the organization. Its activities include recruting personnel and evolving personnel policy, accounts, planning and evaluation, relation with other institutions, coordinate with other commissions, building, office etc.

Therapeutic Commission

This commission has taken up an extremely interesting and challenging work. It has made a survey of the needs of members regarding certain medicines, their purchase price, supply, quantity etc. It established a norm for the acquisition and distribution of essential drugs. It has begun this work since March 1979 and some members saved up to 117% of their expenses on drugs. It is also going to publish information sheets in simple language on indications, counter indications and utilization of medicine.

Educational Commission

It began its work with a survey of available educational material and needs of the members. The majority of the member organizations are of rural peasant origin and have programs of environmental sanitation.

It is also setting up an Information Centre. It is publishing a monthly magazine "El Informador" for the promotion of rural health. It is taking up a comprehensive programme of publishing health educational material beginning with a graphic pamphlet about immunization.

Looking Ahead

In the years to come ASECSA is sure to contribute in a major way in the field of rural health care and health education. It will provide inspiration to many other countries in the third world to have similar organizations.

HEALTH EDUCATION

BLAT—A World Link

The British Life Assurance Trust for Health Education, was founded in 1966. To a large extent the Trust represents the common ground that lies between medicine and insurance, and which exists because both have an interest in promoting the further education of the medical profession, and public generally, in the fields of preventive medicine and health. Working mainly through the medium of educational technology, defined in the broadest terms, BLAT seeks to promote this further education by encouraging individuals and institutions to introduce new ideas and materials into their reaching. Over the years the work of BLAT has been assisted greatly by the support of the Nuffield Foundation and the World Health Organization. Nuffield, with a grant of £ 36,000 in 1972, made possible the development of a Centre for the production of individual learning materials in medical education, and it has also financed a number of research projects. WHO designated BLAT a Collaborating Centre for Educational Technology so that it functions at an international level, especially in the developing countries.

As far as it is known no other profession has such an organization and this degree of uniqueness arises from five features. Firstly the fact that BLAT does not possess an area of interest in which it is the sole operator. Secondly, it is independent of any of the institutions, such as universities, colleges, and societies, which do have their own areas of interest, and it can thus collaborate with any of them or bring about collaboration between them. Thirdly it is not a grant giving body and thus collaboration takes the form of a commitment of staff and resources. Fourthly the fact that the activities of BLAT cut right across the traditional boundaries of preschool, primary, secondary, higher, further and general education. Finally it can offer a wide range of expertise and facilities including research, graphic design, electronics, printing, teaching and the provision of information.

BLAT staff can be grouped in five sections, information library, administration, film library, audiovisual and research and development, all of which provide an information service.

A bi-monthly abstracting journal "Information" gives details of publication, current researeh work, educational software and hardware, and general news. The journal is edited by the information library which offers advice on the availability, whereabouts etc. of materials and organizations concerned with health or medical education. The library has a reference section open to visitors and holds a large stock of academic papers.

The BMA/BLAT Film Library publishes a catalogue of its 700 plus titles, all of which have been appraised by a panel of specialists before inclusion in the library. The films are available for hire at a nominal charge. The library also acts as the distributor of World Health Organization films in the U.K. and in collaboration with the Graves Medical Audiovisual library, it has started to operate a small videocassette library. The BLAT Certificate of Educational Commendation is awarded to films of educational content and technical merit. The annual BLAT Trophy competition attracts a world wide entry and films of outstanding merit can achieve gold, silver or bronze awards unner the BMA Film Competition scheme.

The audio-visual section has facilities and expertise in audio-tape recording and duplicating, graphic design, photography and printing all of which are available to outside educational organizations and individuals.

The research and development activities of BLAT have resulted in a large number of publications in the form of books, journal articles, conference papers and learning materials. The learning materials cover wide range of media including audio-tape and booklet, a medium for which BLAT has been the main pioneer in the U.K. The main emphasis has been placed upon assisting teachers to develop methds and materials which promote individual learning.

News from the States

MADHYA PRADESH

RAHA, the Raigarh Ambikapur Health Association will be holding its General meeting on November 5, 1979 at the Holy Cross Hospital, Kunkuri. On this occassion they will be hosting a workshop on Physical Assessment (Nov 6 to Nov 12). The workshop is sponsored by M.P. VHA and will be conducted by Dr Ron Seaton of VHAI.

* Anesthesia workshop for Nurses in Anesthesia was held at Padhar Hospital, Dist. Betul from August 13 to 27, 1979. The workshop was organised by VHAI and was directed and coordinated by Mary Mc Nabb and Daniel Singh.

VAHI Workshop on Anesthesia for Nurses held at Padhar Hospital Aug. 13-27 1979

MAHARASHTRA

Unusual excitement introduced the ANNUAL CONVENTION OF THE CATHOLIC HOSPITAL ASSOCIATION, Nagpur. Medical students staged a public demonstration against Dr Pramila Tople, Minister of Health and Family Welfare, Government of Maharashtra, when she arrived as chief guest of the convention. The students were expressing their disagreement with the plan of the Maharashtra Government to open five medical schools with a three year course, to train rural youth for health care in the village.

In honour of the year of the child the theme of the convention was: CHA AND CHILD DEVELOPMENT.

The Chairman was Archbishop Eugene D'Souza. He gave a beautiful address contrasting the idealism of conventions with the sad reality of the hunger, illness and neglect which is the lot of millions of our children.

An outstanding address was given by Dr M.V. Joseph. He described the now famous school health programme operated by the Christian Hospital, Kangazha, Kerala, in an area extending several kilometres around the hospital. As people's participation, a few selected teachers and students are trained to assist with the health care of the students.

Dr G. M. Carstairs, a Scotch psychiatrist, spoke learnedly on the Social Health of the Child. Remarkable among his counsels was the supreme delicate and gentle care that should be given to the baby in the process of being born and during the first moments after birth. Any rough treatment, he said, would harm it emotionally, and have serious consequences that might appear in its later life.

Dr S. N. Mukherjee held the attention of all with his account of the community health extension programme of the Mure Memorial Hospital, Nagpur. In the villages selected for health care, there was in the first years frustration, because health was not a priority for the people. Then they began with economic development projects. Immediately enthusiasm rose, and after that a successful health programme was established. It includes village health workers, and considerable people participation.

The discussion sessions of the convention were especially interesting. Numerous valuable experience were presented and suggestions made. They are worthy of being preserved in some published form.

The Maharashtra Voluntary Health Association (MVHA) is trying to find out what its role ought to be. They have circulated a ballot with 60 ideas for seminars and programs asking people to assign priority to them. These 60 ideas themselves tell us what a lot can be attempted!

* The Hastimal Sancheti Memorial Trust is doing important work in rehabilitating orthopaedically handicapped children. It has held 39 camps in 16 districts of Maharashtra and examined 14, 740 children, of which 11, 737, have been diagnosed as defective — 3870 needing operations, 2445 needing caliprs and 5023 needing physiotherapy. Some 2352 children have been operated free at Sancheti hos-

pital. Calipers are provided at subsidized rates.

In a survey of 22 villages they found 7 out of every 1000 to be orthopaedically defective.

Recently the trust has received a donation of Rs 15 lakhs from a businessman from Pune.

Our HOME at Nagpur (established in 1890) is a home for the physically handicapped children and adults. It has a full fledged Rehabilitation centre. It provides a home for some 125 children who are physically handicapped with polio and cerebral palsy, 50 handicapped adults and 100 aged and infirm men and women. It helps them with artificial appliances which are manufactured by them, and provides education and vocational training. They have appealed for donations. Address:

OUR HOME
Untkhana,
Medical College Road,
Nagpur 440 009.

* The Wanless Hospital, Miraj has set up an independent department of Nutrition Development Programme — NDP — headed by Mrs Maryonna S. Cassdy. NDP is to provide medical men materials, messages, communicatin skills, nutrition and sanitation education to prescribe nutrition and sanitation INSTEAD of medicine if possible or if not, in addition to medicines.

ANDHRA

*A seminar on Human Relations and Communications was held at Hyderabad. Dr. Carol Huss from VHAI conducted the seminar. Some 18 members attended the seminar and learnt Transactional Analysis and related insights for better human relations and communications.

*The Regional Training Programme (six plus one) has been organised for the health centres of Cuddapah district. The 6+1 training method is a method of experience based learning where six learners from nearby health centres come to one base centre or hospital. The first meeting is about 2 days and thereafter the participants meet every one/two months for 2 days to discuss a predetermined subject. The course usually lasts one year. The topics included will be community health and development, management and T.A. principles. The faculty also visits participants at least once during the course.

Mr. George Ninan VHAI Southern Region, Mr K.M. George, KVHS and Mr D. Rayanna APVHA are the resource persons for the training programme.

KERALA

The Kerala Voluntary Health Services (KVHS) conducted a half day workshop on labour legislations such as payment of bonus, payment of gratuity and Kerala tax on employment acts. Most of the hospitals in Kerala have already received notices from the All Kerala Private Hospital Employees Association demanding minimum wages and bonus.

GUJARAT

* GVHA cosponsored with COMFORD (Communications for Development) and conducted a seminar on Writers for Children on Health topics.

The annual Convention of GVHA will be held on November 17 and 18th. The topic chosen for the convention is "Problems of Rural Development".

* The minimum wages Act has been made applicable to all Hospitals, and Nursing Homes in Gujarat from 31st August 1979. It is enough to have *one bed* to fall under the Act. The Act stipulates minimum wages as Rs 7.70 per day in cities and Rs 6.90 per day in other places.

WEST BENGAL

The West Bengal Voluntary Health Association (WBVHA) will be arranging a seminar in November 1979 at Durgapur on community health and development with the workers of 4 districts nearby such as Purulia, Bankura, Burdwan and Midnapur.

* Young doctors of Calcutta plan to start a magazine on health and society. It is going to be a quarterly bilinguial (English and Bengali) magazine and will focus on a critique of the health system and search for alternative approaches. Contact:

Manan Ganguli,
CNMC Main Hostel,
59 A-D Beniapukur Road,
Calcutta 700 014.

Participants at the Workshop for Nurses in Anaesthesia held at C.F. Hospital, Oddanchatram, Madurai Dt., Tamilnadu, 30th July through 4th August 1979.

OPPORTUNITIES AND ELSEWHERE

VHAI OFFERS

Community Health Course at Jamkhed

Duration: January 7th to mid February 1980

Fees : including board, lodge and tution Rs. 600/-

Faculty : Raj and Mabelle Arole and VHAI staff.

This introductory course at the Comprehensive Rural Health Project, Jamkhed, Ahmednagar Dt, Maharashtra is aimed at giving highly motivated people an opportunity to learn the concepts of community health and development through academic and practical work experience and observation.

Contact:
Co-ordinator,
Cemmunity Health & Development,
VHAI, C-14, Community Centre,
S D.A,, New Delhi 110 016.

Community Health and Development Residency Programme

The one year residency programme in community health and development is designed for young men and women who wish to work in such programmes in organising capacities. The course offers theorical inputs as well as pracitical train ng in ongoing programmes, under selected preceptors. Sponsored candidates with BA, RNRM, MSW, MBBS, MBA are accepted. Individual institutes as well as VHAI can be sponsors. For prospectus write to:

Mr Ron Seaton,
Coordinator,
Voluntary Health Association of India,
C-14, Community Centre,
Safdarjang Development Area
New Delhi 110 016.

Nurse Anaesthesia Course

The aim of this course is to provide anaesthesia service to small and remote hospitals through training nursing personnel with a theoretical and practical course in anaesthesia. At present sponsored grade 'A' nurses are accepted for a 15 months course outside the sponsoring hospital. A certificate is awarded after a further one year practice in the sponsoring hospital. Two courses start every year — in January in North India and in September in the South. The medium of instruction is English.

For prospectus write to:
Ms Mary McNabb
Volunlary Health Association of India,

C-14, Community Centre,
Safdarjang Development Area,
New Delhi 110 016.

Workshop on Personnel Management in Hospitals

The aim of this workship is to discuss the role of a personnel Manager in a hospital, what is expected of him from the hospital and what should he know/learn to be effective in his job.

Date : January 7 to January 13, 1980

Venue : Navjyoti Niketan, Patna 8' 0 001 (Bihar).

Last date: December 20, 1979
Registration fee: Rs 150/-

Contact:
S. Srinivasan,
Health Care Administration
Voluntary Health Association of India,
C-14, Community Centre,
Safdarjang Development Area,
New Delhi 110 016.

Middle Management Seminar

Dated: 3rd to 8th December 1979

Venue: Jeevan Jyothy, Hyderabad

Contact:

D. Rayanna,
Executive Secretary, AP VHA.
10-311/7/2, Vijayanagar Colony,
Andhra Pradesh.

Hospital Management

A 5-day workshop in Hospital Management will be held at some Central place in Madhya Pradesh from January 8 to January 12, 1980.

Contact:

Marjorie Hill
M.P. Voluntary Health Association PO Box 170
Indore 452 001
M.P.

Training Programmes at The Philadelphia Leprosy Hospital, Salur.

1. Six weeks doctors course in leprosy (VIIth batch).

From: 17th January 1980 To: 28th February 1980

2. Paramedical workers training course in leprosy (6 months duration). (Xth batch).

From: 14th February 1980 To: 13th August 1980.

NB: For all the above courses sponsored candidates only will be taken. All the above courses are recognised by the Government of Andhra Pradesh and the Government of India and recognised certificates will be issued. The medium of instruction for all the above courses is ENGLISH.
Dr Alexander Thomas, MD
Superintendent,
Philadelphia Leprosy Hospital,
Salur (Vizianagaram Dt.)
Andhra Pradesh 532 591.

SITUATIONS

Wanted

For a rapidly expanding Christian Hospital, with community outreach and Nurses' Training school.

1. General Physician with MD or equivalent.
2. Obstretrician/Gynaecologist with MD or DGB.

Individuals with initiative and leadership qualities will be preferred. A married couple will be acceptable.

Applp to:
The Administrator.
Evangeline Both Hospital.
(The Salvation Army)
Nidubrolu
Dist. Guntur, Andhra Pradesh.
522123

Nurse

A nurse for a nursing home in Goa. Salary Rs 240/- per month and free quarters. Apply to:

K.S. Rao,
Personnel Officer,
Cosme Matias Menezes Memorial Trust,
Rua De Ourem,
Panjim, GOA.

Woman Community Worker in Health

Job: To work among tribal women in Betul district M P. The job involves health work coupled with literacy and development work.

Qualification: Any woman ANM/ Graduate Nurse/ Degree in Home Science with aptitude for the work, preferably knowing Marathi.

Contact:

Dr. D.K. Sharma,
Director,
Satpura Integrated Rural Development Institution (SIRDI)
E 6/65 Arera Colony,
Bhopal, 462014 Madhya Pradesh.

LETTERS

FROM A FIELD WORKER

I am a Community Health Nurse. I want some advice from you. At present I am going to the people of five villages for giving help. One of them is called Pode and the biggest problem there was drinking. They talked with me and then the Mukhia and the Panch of the village made the following rules:

(1) Any one who comes to the village drunk will pay a fine of Rs 25/- next day.

(2) He will feed all the 500 people of the village with his own money.

The result of this action was that today it is nine months and no one in the village drinks nor any person from outside the village can enter the village drunk. I want this news published in the VHAI magazine in Hindi so that the people of other villages can benefit and people from my village can be encouraged that they have helped other villagers by doing this work.

There is another village with a population of 3000. Among them nearly 100 to 150 are found ill every day. They also want that drinking should stop in their village but they failed and they have asked my advice.

I told them that I will stay in their village if they completely stop drinking and distilling. So they promised that they will neither drink no sell.

But there are three families who sell alcoholic drinks. They say, "Sister, we will definitely stop selling but how will we feed our family. We searched for work everywhere but did not get it and that is why we are doing this work." What advice can I give to them? They are illiterate poor. I know the moment I inform the govt. about their work, the govt. will confiscate their belongings and punish them. But I want the govt. to say that since these people sell out of necessity, if the govt. punishes them then instead of prohibition drinking will increase. If the govt. will help these pople then I will show good result from many villages.

Please let me know if there are any new programmes for the villages. Please think of all these problems and tell me what I should do for the people of my village so that these 3000 people stop dirnking.

Miss Dipti J. Masih
Christian Hospital,
Champa, PO Champa
Dist. Bilaspur
Madhya Pradesh.

AN APPRECIATION

Dear Fr. Tong,

Your statement of the spiritual testament of VHAI is a masterpiece that could only be born of inspiration. I know I would not have found the words to express it. There is nothing I can or want to add or take away. I am in whole hearted agreement.

Your statement of the philosophy of VHAI, as far as I can see, is the only solution to a self evident truth. The immensity of the problem leaves me immobilised. My own effort seems barely to touch the fringe. I can only admire the way you and the various VHAI staff especially Sr. Carol, Sr Ann and Ed with whom I have had more contact carry on with faith and dedication.

Dr. K. Vasant Rau,
M.S. Child Jesus Hospital, Tiruchirapalli. 620001

Women: The New Entrepreuners

TOWARDS SELF-RELIANCE

Income Generation for Women.

Editors: Jessie Tellis-Nayak and Selena Costa-Pinto. New Delhi, Indian Social Institute, June 1979. Rs. 12/-

This is a practical guide book for all those interested in projects involving employment generation for poor women. Some of them can be used by people involved in community health projects.

The industries described are on the basis of case studies. They are: garment making, ropes, mirrors, dolls, theatre craft, tailoring, nutrient mix, batik, masalas, reed work and hand weaving. All of them are of the type which women have been doing at home in one from or the other. What is new is that these projects describe attempts at making these women self-reliant by the efforts of voluntary agencies and creating istitutions like cooperatives.

The case studies are preceded by articles describing the general context of women in India and general article on planning such projects. An appendix provides useful information about resource agencies concerning finance, marketing and consultancy.

Child Health

JEEVANDAAN

Special Issue on Child Health and Diseases. (In Hindi) Vol. V. No. 4,5,6. 1979. 325, Ramganj Bajar, Jaipur 302 003 (Rajasthan)

In this year of the Child, child health has received a lot of attention. However most of the literature is still in English and therefore out of reach of many people. This special issue of Jeevandaan is a notable contribution to fill this gap.

Written in a simple style, it gives a fairly comprehensive coverage of the problems of child health It carries articles on under five clinics, problems of child diseases, diagnosis and doses of common medicines and a very interesting article on use and misuse of tonics. There are also articles on care of a new born baby, growth of the baby, breast feeding and balanced diet for children. Indigenous medicine for children are often cheaper, safer and mothers are often familiar with them. Thus a small article on Aurvedic medicine could give many useful prescriptions. Unfortunately the article gives preaparation for five prescriptions which can only be prepared by Vaids Distributed throughout the magazine there are important pieces of information and statistics about condition of children in India which makes the copy worth preserving.

The editor for this issue Dr. Sarla Kabra deserves congratulations for bringing out this excellent issue. She has done credit to her teacher Dr. Shanti Ghosh, the author of the well known books like "Shishu Palan" and "The Feeding and Care of Infants and Young Children".

Health for the Millions Becomes Priced Magazine

From January 1980, Health for the Milltons will be available at Rs. 12/. per year (Rs. 2/- per copy).

Our motive really for starting to ask for a subscription price is service, not primarily gain. We are improving the magazine so that it will be genuinely worth the amount asked. In the past we have been sending it free of charge, one copy to each voluntary hospital and dispensary. One of the disadvantages of this procedure is that it goes to the Medical Superintendent of the hospital, and often others in the hospital do not see it. Often it does not even get into the common reading room. We have thought, therefore, that the magazine would be more effective if we charge for the magazine, and have a subscription list. Then it can go to every individual who may wish to receive it. This is no doubt a great leap in policy. We have hopes of building up a paid subscription, and that way come one step closer to being self-supporting.

CARDS RECEIVED. We are grateful to all of you who have returned our cards requesting your suggestions concerning Health for the Millions. In future issues we shall be aware of the topics of genuine interest concerning which you have asked us to write.