MEDICAL SERVICE

marriage in god's plan ● need people die any more of cholera ● travellers' diarrhoea ● nature cure for rheumatism ● on your right to compensation in motor vehicle accidents

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EDITORIAL

Children's health : tomorrow's wealth

"Today's children are tomorrow's citizens". This is an old adage yet ever new and valid. It is estimated that 40,000 children die every day in the developing world. The question to be asked is : should these children die everyday like this especially in a world of such scientific and technological advancement as of today ? The answer is an emphatic NO; but how far it is from the reality. The World Health Organisation has taken the theme, "Children's Health : Tomorrow's Wealth" for this year's World Health Day. This should give us the occasion to think of the State of the children in our own country. And for us it starts with children in our family and neighbourhood.

According to a report released by UNICEF on the state of the World's Children, four low-cost but effective measures, backed by community awareness and action, can dramatically reduce the present high rates of child mortality and sickness in developing countries. The four simple technologies are oral rehydration therapy to prevent diarrhoea deaths; promotion of breast feeding and better infant nutrition; immunisation against preventible childhood diseases; and systematic use of simple growth monitoring methods for timely detection and treatment of children at risk.

The UNICEF report appeals to employers, teachers, religious leaders, politicians, trade unions, civil servants, the media, community development workers and the citizens at large to promote and use these simple ways to transform the child's future from a tragic to a hopeful one. If people have the will and make the effort, they can bring about a virtual 'revolution' in child health and survival for their nations. Only then can the present grim picture change for the better, the reports points out.

If we believe that children are the wealth of the nation we need to initiate a massive programme of educating the masses and particularly the mothers, of making them aware of the seriousness of the matter and how simple it is to remedy the situation to a great extent if only they take a bit more care, and above all of providing with the correct knowledge, proper attitude and necessary skill. CHAI and its members are called upon to play their role in this regard to ensure a better future for millions of children in our country.

WORLD HEALTH DAY
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—Executive Director

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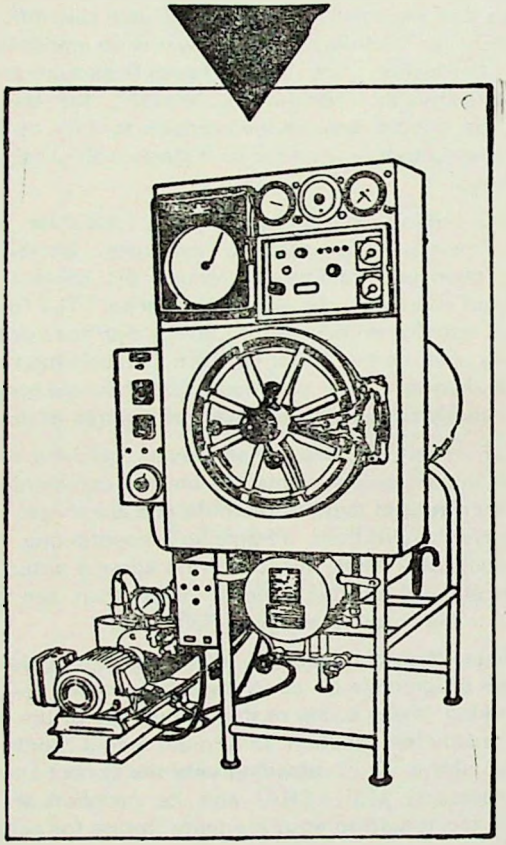

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Marriage in god's plan

—Joe D'Souza

If there is a world's plan for our sexuality, there is also a world's plan for our marriage; and there is God's plan, and the two are diametrically opposed.

In the world's plan, we are role oriented, duty conscious, self-seeking and separate, even though living together. In God's plan, we are spouse oriented, conscious of his/her beauty, seeking his/her good, and living as one couple in unity even though we are two individuals.

As we experienced the beneficial effects of God's plan in our lives, we have felt an urge to try and discover more of this plan of love, and how we can allow it to pervade our lives through and through. And so we sought his plan for us as a couple, as it is written for us in the Bible, and we selected the following five features of his plan, hoping that understanding his word, we may be guided to live in it through his power.

a. To be in God's image

On the first page of the Bible we are told that we are created to reflect the beauty and goodness of God : "So God created man in his own image, in the image of God he created him, male and female he created them... And God saw everything that he had made, and behold, it was very good" (Gen 1 : 27,31).

And so we understood that at the very basis of our goodness as man and woman, of our great attraction for one another is the fact that we are images of God, two different and complementary ways of being like him.

How then could we continue to live in mutual attraction and love except by wanting to be ever more like him, the way we originally came from his hands. The more masculine and feminine we are as spouses, in our form and in our character, the more we are able to rejoice in each other's beauty and goodness.

It became our goal for each of us as spouses to lift the other to the very heights, to glamourize the other, so that our hearts, minds and spirits interact in order to create the harmony on which a family is built.

b. To Leave and to Cleave

A little further on in the Bible, we are told that God said : "It is not good that the man should be alone; I will make him a helper fit for him" (Gen 2 : 18). And the Lord God created her and brought her to the man, who cried out in his exaltation : "This at last is bone of my bone and flesh of my flesh; she shall be called Woman, because she was taken out of man". And the sacred author adds : "Therefore a man leaves his father and his mother and cleaves to his wife, and they become one flesh" (Gen 2 : 23-24).

What could be more sacred or precious than father and mother ? Yet we find that God said: "No, leave them and cleave to your wife". What does this mean, except that for a man, his wife is always first and for a woman, her husband ? Doesn't my wife also have the right to say : "Behold I have left all things and followed him ?" And before job, profession, hobby, friends, parents and even children. That is what God was saying

right at the beginning, and the implications of his care are vast. For, all our worldly distractions and ambitions are to be trampled underfoot in order that we may be joined to one another as spouses, never to leave each other.

Only when we have learnt what it means to be first for each other, are we prepared to become one flesh. Being one flesh, in God's meaning, is not as easy as it seems, and definitely, it is not merely physical union.

c. To be no Longer Two but One

Many centuries pass in the Bible, before we are able to understand what being one flesh really involves, and we can only get it from the lips of the Word made flesh. He said of the married couple, to those who would make a mockery of marriage : "They are no longer two but one. What therefore God has joined together, let no man put asunder" (Mat 19 : 6).

What Jesus is elaborating for us is the mystery of divine mathematics. He is telling us that being a couple is a completely new reality, not an addition of one to make two, but, as only God can put it "No longer two, but one"—one heart, one intention, one feeling, one intution, one aim, never to be separate from each other. This is the greatest mystery on earth, the mystery of marriage.

Does not this stir the deepest recesses of our hearts ? It is something inscribed at the very core of our being : to lose myself in the love of my spouse; and yet it needed a divine key to unlock this mystery. Poets and Novelists and dramatists have written the greatest of literature on Mystery of love, for our edification and knowledge; but none with this divine simplicity : "No longer two but one".

And so we dare to ask him the grace to leave with our spouse in the depth our being, removing the barreness which prevents the emptying of ourselves, to feed upon the stream of each others precious life, the source of rich is Jesus himself.

d. To be One as God Himself is One

To know the source of the mystery of our oneness we have to come right up to the death of Jesus. The evening before he died, he prayed thus for his loved ones : "That they may all be one; even as thou, father, art in me, and I in thee, that they also may be in us, so that the world may believe that thou hast sent me" (John 17 : 21).

We are already in the image of God and Man and Woman; but we are much more perfectly His image when we are one as a couple, as God himself is one. Now no man has ever seen God, but if God is love, he who has seen God. He who has seen two beings no longer two but one, has seen who God is. No one can doubt any longer that God is real, when he has seen the reality of couple, loving unity: when he has seen them, in joy and sorrow; in good times and evil times, in sickness and health, to love and to HONOUR each other, all the days of their lives.

This is a living miracle, and it happens only because the Holy Spirit of God, whom Jesus promised, has come to make his home with us; in fact, he is the oneness between us. As become aware that the spirit of love of the Father and the Son in the same Spirit of Love in our couple too, who has come to dwell in us for ever. This is our Sacrament. And this Sacrament the living presence of God spirit we continue to give to each other with a cup of tea, a tablet of aspirin or a monthly pay cheque, as we did when for life we surrendered to each other in love.

e. To Love unto the Giving of Life

And finally we get from the Bible the secret of how this is possible, in practice; a

touchstone of our ability to loose ourselves in giving, in order to become one. St. Paul tells us : "Husbands, love your wives, as Christ loved the Church, and gave himself up for her." He did this, he continues, "That he might sanctify her..... (and) present her to himself in splendour without spot or wrinkle or any such thing" (Eph 5 : 25-27).

These words of St. Paul, though addressed to husbands, apply equally to wives and to every follower of Christ. Ordinarily, when we think of our wives or our husbands, what do we see above all ? The things that annoy us, that grieve us, that even make our lives unbearable. But St. Paul advises us to feel the feelings of our spouse in these conditions; to experience the circumstances that have oppressed him or her, to die to oneself in order to feel the other's feelings of sorrow and confusion; to be willing to under go this death within him/her, as often as need be, that he/she may live again in all radiance for us pure and faultless. This is what Jesus did for his bride, the Church, experiencing her sin as death on the Cross, so that we may live his new risen life.

A husband who loves his wife, St. Paul says, loves his own flesh, and feeds and nourishes it, just as Christ does the Church. If Christ's body had to be broken on the cross to be Eucharist for us, can we refuse to be broken to be eucharist for our spouse, who is flesh of our flesh and bone of our bone ? We often pinch ourselves to seek the answer; this is because the answer like the willingness or obstinacy of our own flesh. But to those of us who are wllling to be so given, there opens a lifetime of joy. This is the secret of God's plan for our marriage. To be willing to be so given is to accept within us the abundant grace which flows from the death and resurrection of Jesus, in our Sacrament of Marriage, our Matrimony.

Marriage—Contract or Covenant ?

Looking around the world to observe why so many marriages either break up entirely or put up eternally with a life-time of separate loneliness, we see that it is because one or both the partners were unworthy or unable to honour the terms of the marriage contract.

A contract is binding only in so far as its conditions are upheld. And so, viewing marriage as a contract, the world feels justified to make and to break this contract at will. But God has desired our marriage to be covenant, as permanent and irrevocable as his covenant with Israel, and the death of his Son has made it unto a Sacrament.

Can God ever withdraw his faithful love from his people, orJesus the bridegroom, from, his Church ? St. John says : "Having loved his own who were in the world, he loved them to the end" (13 : 1). And our Lord himself confirmed : "Greater love has no man than this, that he lay down his life for his friends" (John 15 : 13).

And so our Sacrament of Matrimony is irrevocable, not because of our human love, but because in God's plan our marriage is a sign and a sacrament of his love for us. Our joining in the sacrament of Matrimony is a joining made by God, not by man, and no man (and no wordly power) can put as apart.

Can this call to be a sacrament be lived by mere human strength ? "Wives, be subject to your husbands, as to the Lord..... Husbands, love your wives, as Christ loved the Church and gave himself up for her" (Eph 5 : 22,25). And for what reasons ? So that our spouse may become daily more spotless and without blemish, more and more everyday, our bridegroom or bride. That is the aim, of our matrimonial love. Whether it is a cup of tea or a slice of toast we give,

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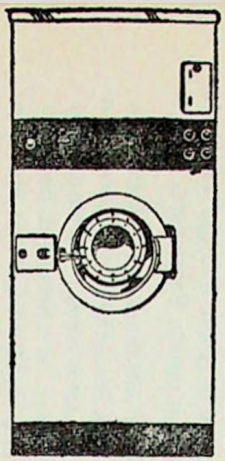

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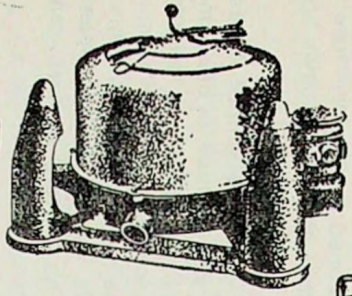

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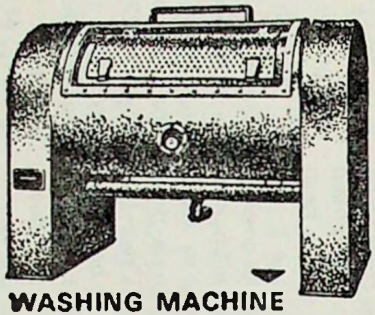

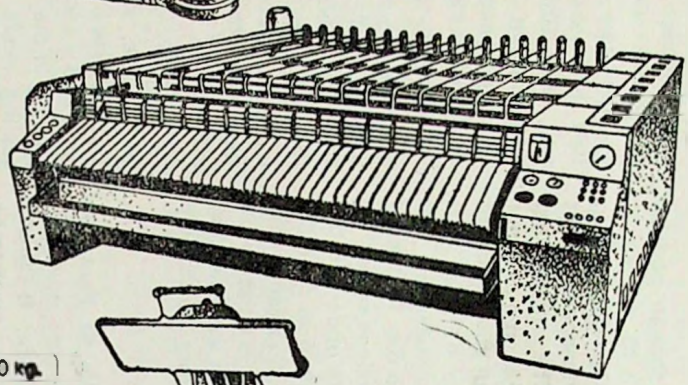

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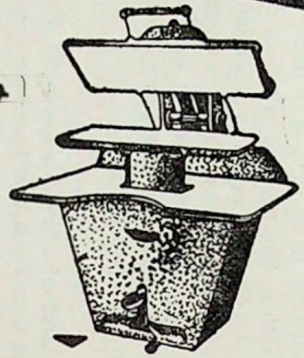

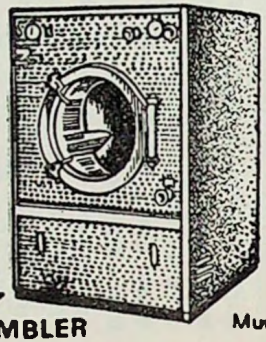

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whatever we do in the love make him or her ever more faultless and pure, without wrinkle, or stain or any such thing.

In God's plan our wedding day is not the greatest day in our lives; it is only the beginning of our sacrament. And we prepare for this sacrament not by an engagement—another legal tie to be made or broken—but by betrothel. From this day I pledge myself to build my relationship with you, ever seeking from God and within my heart, whether it is you I can look upon forever with the compassionate eye of Christ, and love with his redeeming love.

If we have tried and longed for this enough, and if we have sought Jesus and invited him, we know that he, our Sacrament will be there at wedding. And he will turn our water into wine. He will make of our lives a miracle. For every sacrament of matrimony, like every eucharist, is nothing short of a miracle. Namely, when Jesus is there in our marriage the wine of our love does not get diluted, but rather becomes richer with the years. And the last wine is always the best wine. What a contrast to what the world offers !

Perhaps the reason why Jesus gave him into his mothers request at the wedding of Cana, eventhough his hour had not come because he was aware that his marriage and every Christian marriage would picture and proclaim to the World, in an unforgettable way, the meaning of his marriage to the Church on the Cross. That was the hour, the hour he longed and prepared for, all his life. He realised how his turning water into wine for the sake of a couple, would be the forerunner of the changing of wine into his blood for the church, his bride. And when he did this at the last supper and on the Cross, he promised that he would never again taste of the wine, and until he would celebrate his marriage feast in heaven, united forever to his people, whom he had owned such a price.

So now we see what our Sacrament of Matrimony really means, and why it was for Paul the great mystery that matrimonial couples to reproduce the love of Christ for his Church.

This is my Body, he had said, broken for you, this is my Blood poured out for you. It is the same thing; we husbands and wives say to each other daily. And the strength to say it, and to live it, so that our spouse be daily redeemed and renewed and beautified, comes from the Cross of Jesus, and from living his Sacrament of Marriage and the Eucharist, both patterned on the Cross, the supreme symbol of love.

And so we often hear Jesus say to us in the intimacy of our sexual relationship, and our total loving as a matrimonial couple, even as he says to us daily at mass—"Do this in memory of Me".

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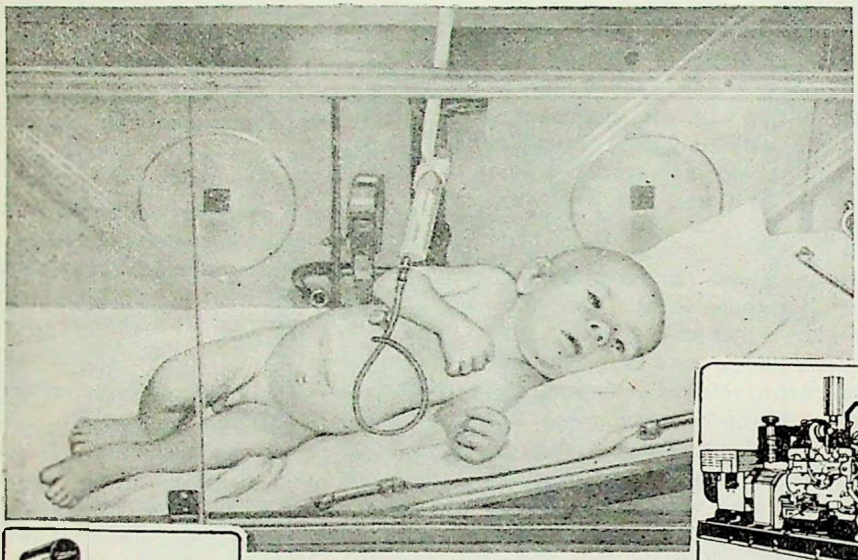

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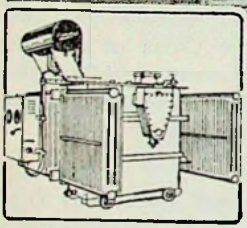

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Need people Die any more of cholera ?

Cause, Concerns, and Control

—W.B. Greenough III

"While an effective cholera vaccine appears to be on the horizon for the future, right now no one need die of cholera", says william B. Greenough III Director of the Inteinational Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR, B), the world's only international institution devoted solely to studying diarrhoeal diseases.

Among the less publicized facts on public health in the developing world is the uncounted number of people in the countryside, several developing countries, who die of the disease each year. The prime victims are young children.

Answering questions, Dr. Greenough speaks with candour on prevailing conditions, social perceptions and scientific options.

We hear more of diarrhoea than of cholerea. Does that mean cholera has been contained?

Roports that cholera has been wiped out simply are inaccurate for any country. Today cholera continues to take an enormous annual toll in poor, developing countries worldwide. However, no accurate estimate of deaths is possible—because the disease is so devasting and surveillance so inadequate that governments rarely can define or wish to acknowledge the extent of the problem.

Unfortunately, in many countries a widespread belief exists in the most educated and sophisticated circles that cholera has been controlled, or even eliminated. The reason : in big cities, where good health facilities exist, cholera death rates are extremely low. And most big city dwellers simply are unaware of cholera realities in the countryside, where most people live, and where medical help is unavialable, especially given the very short time span between disease onset and death.

How fatal is cholera ? And when and where does it strike ?

About 30—50 per cent of untreated cholera victims will die. And, in cholera endemic areas of developing countries, cholera remains dormant for six to eight months, before suddenly resurfacing with a vengeance—almost each and every year.

Though much has been learned about cholera in the last 20 years or so—especially about what happens inside the human body and how to counteract the debilitating, often deadly effects--many important aspects of the disease and the organisms that cause it remain a mystery. Two of the most crucial unknowns, are where and how do the cholera bacteria remain dormant during the off season, and what are the specific environmental conditions that trigger the bacteria's sudden reemergence, usually in epidemic proportions.

Despite all the studies that have been done at our centre and around the world, despite the advanced state of science, we do not know for example, why annual chollera epidemics in a given country occur about the same time each year—even through evironmental conditions can vary

from year to year. We have been unable to pinpoint what crucial factors favour a large epidemic.

How badly does cholera affect children ? How does the disease spread ?

The victims are primarily young children. For once some one has been "challenged", and has survived contact, with a large enough dose to produce the disease, the body builds up immunity. In most cases, cholera does not strike the same person twice or, if it does, the second infection is less likely to be life-threatening.

As for how the disease is transmitted, it was discovered as early as 1848 that cholera mainly gains access to human hosts via contaminated water used for drinking, cooking and utensil washing, and via the "faecal-oral" route, when food is prepared by hands that have not been washed after prior contact with faeces.

What, in your view, is the prospect of checking the spread of the disease ?

To interrupt the transmission cycle, governments around the world, with the help of international agencies such as WHO UNICEF and ICDDR,B are engaged in massive educational compaigns aimed at instilling and improving hygienic habits. Also being tried are expensive installations of improved water and sewage facilities. However, the scope of the problem is enormous and such remedies will require expensive, painstaking efforts, over many years, to yield large scale results.

Does prevention by vaccination hold promise ?

Scientifically speaking the battle against cholera has taken an existing positive turn in the past four years. For, being investigated are about a dozen potentially effective vaccines, one of them tested at ICDDR,B. Although cholera vaccines have existed since about 1890, none was ever rigorously tested, until the 1960s. At that time, the vaccines then required by international health regulations were shown by the ICDDR,B to be effective in controlling the spread of cholera, and of a little sustained use in preventing illness.

While such vaccines no longer are widely required, large numbers of travellers still are inoculated. This is mainly because many doctors simply are unaware of the latest developments; and many who are, probably believe the vaccine might do some good and would not do any harm. This is an unfortunate attitude, because the vaccine being used not only is ineffective but also has some very unpleasant side effects.

How is the search for alternatives progressing ?

Given the 'negative' discoveries, scientific attention now is focused on oral vaccines, both 'live' and 'killed', consisting of specific parts of the cholera bacteria that cannot produce the disease or any side-effect, but can elicit an effective intestinal antibody response. Such a vaccine is similar to the one for polio now used routinely the world over.

For the past three years, a specific 'killed' cholera vaccine has been tested on human volunteers in the United States. It was found to totally prevent cholera in about 67 per cent of the volunteers challenged with a dose far larger than one normally needed to produce the disease. Moreover, even among those who did get ill, the disease was relatively mild, and no one developed life-threatening symptoms.

Finally, in related experiments with volunteers in other countries, no 'challenge' of cholera bacteria was given. However, the vaccine was found to provide intestinal immunity equivalent to that of naturally acquired cholera.

Such a vaccine, if effective, would be administered easily by a non-medical person. Moreover, the potential oral cholera vaccine is a 'sturdy' one, meaning that it may be possible to maintain it without keeping it cold. This latter attribute is crucial, for one of the most important problems confronting developing country vaccination programmes is the need to maintain a "cold chain" to prevent deterioration, as vaccine is transported throughout the countryside.

In 1984, at the request of the World Health Organization and with the agreement of the Bangladesh Government, the ICDDR,B will begin in Bangladesh a large scale field trial of this vaccine. At least 80,000 people will receive it before the cholera season. When cholera arrives, it will be apparent whether or not the vaccine worked. If it did, ICDDR,B researchers will be watching those people for 6, 8, 10 or even 20 years. For no one can predict the length of such immunity.

Does this mean that we are on the verge of a breakthrough ?

Here, some caution would be in order. Even if the proposed cholera vaccine is very effective, it cannot be a panacea for cholera for a long time to come. At least for the next few years we cannot expect to prevent cholera on a large scale. But we can prevent cholera deaths 100 per cent of them—by taking advantage of the most important cholera development in the past two decades—the discovery of the correct formulation for intravenous rehydration therapy, and the perfection of an oral rehydration therapy or ORT.

By using these two rehydration methods, intravenous for very severely dehydrated patients and ORT for the moderately and mildly dehydrated, no one need ever die of cholera. That is the most important thing we have accomplished in the past 20 years, and it is no small achievement.

And so, while an effective cholera vaccine appears to be on the horizon for the future, right now we must concentrate our energies on reaching people the world over with the therapy we have at hand—a therapy that has been proven to be 100 per cent effective against one of the most deadly diseases mankind has ever known.

Is there cholera in India

Around 1950, the number of cases reported to the public health system and officially notified ran into six digits, with a five digit tally of deaths.

By 1980, these shrank respectively into four and three figures. There after, cholera does not figure in official statistics.

It is possible that incidence and fatality do occur, especially among children, but due to the similarity of symptoms as well as of treatment, to those of diarrhoea, cholera gets clubbed with the latter. And an estimated 1.5 million children in India die of diarrhoea.

Courtesy—*Future, unicef*

Travellers' Diarrhoea

The commonest cause of travellers' diarrhoea is contaminated food or water

—by R.H. Herniman

There is nothing new about diarrhoea. It is a condition that has afflicted travellers from time immemorial. But what is new today is the tremendous increase in the numbers of people travelling and the distances they travel. There are few places in the world that cannot be reached in 24 hours. If we count tourists alone, there are more than 500 million people trevelling each year, and anyone who travels is liable to get diarrhoea.

The experience is all too well known : the journey, the excitement of arrival in new and foreign places, the exotic foods and drink, and then the uneasiness, the abdominal cramp and the sudden emergency rush towards the toilet (if one is lucky enough to be near one). Then the business of being ill in a strange place, the misery of being confined to a hotel room while work is unattended or a holiday ruined.

Travellers' diarrhoea can cover a wide range of conditions from food poisoning to cholera. In general we can describe it as an illness of sudden onset with water diarrhoea more than three to four times a day, often with abdominal cramps, nausea, vomiting and even fever. The illness can sometimes last up to a week and will then subside, even if no treatment is given. This is perhaps the most common form, but there are variations, from the very mild attack with one or two loose stools to an extensive diarrhoea with vomiting and collapse.

Travellers' diarrhoea isn't caused by a change in climate or by exposure to draughts, or by air conditioning. It results from an infection, usually picked up from contaminated food or water—and of course local residents are usually exposed to it. The commonest cause of the infection is one of several types of the bacteria Escherichia coli, but other bacteria may also be to blame, such as Shigella (it can cause dysentery) or Solmonella, or those causing food poisoning (e.g. Staphylococcus auraus). Viruses may also be the culprit as well as bigger intestinal parasites such as Entamoeba hystolytica (causing amoebic dysentery) and a parasite with two tails called Giardia lamblia.

So the causes of travellers' diarrhoea are many. From the patient's point of view, the cause is not so important as the treatment, which we will mention later; but from the health authorities' point of view it is important to know the causes of the diarrhoea since they can also be responsible for endemic illness in the population and even for large epidemics.

Strange Food

Many travellers blame strange food and a change of diet for their diarrhoea, and there is good reason for this. After all, as we have mentioned, food and water may carry the infecting agent, especially where hygiene is poor. But in addition travellers in strange places may relax their own code of clean-

liness and take risks they would not take at home. In a holiday environment, people tend to drink too much alcohol and eat large heavy meals that they are not used to. All this may dilute the acid in the special risk. Anyone taking stomach which acts as a natural defence against infection and, with the defences down, the infection can gain entry to the intestine and start its painful work.

Certain travellers are at antacids or drugs for ulcers in susceptible, since these drugs also neutralise the protective acidity of the stomach. Diarrhoea is potentially more serious in young children and older people, who can quickly become severely ill due to loss of body fluid and salts. The same would apply to persons with a metabolic disorder such as diabetes, or to heart cases receiving treatment, especially those taking diuretic drugs or digitalis.

The risk of getting travellers' diarrhoea depends on where one travels. Areas, where standards of food hygiene are not high, and where there is already a high incidence of diarrhoeal disease in the population, are more likely to be associated with travellers' diarrhoea; but a traveller from one high incidence area to another is not so likely to be affected as he may have built up immunity to the offending agents. The traveller most at risk is one who travels from a low incidence area to a high risk area.

Having been attacked by diarrhoea, what should the traveller do about it ? There are many suggested treatments for this age-old malady. The first and most important thing to remember is that the danger in diarrhoea is dehydration, that is to say loss of body fluid and salts caused by the diarrhoea.

From the patient's point of view, the vital thing is to replace the fluid and salts lost. This is particularly important in children and older people. The fluid and salts can perfectly well be replaced by mouth, even if the patient is vomiting; however where vomiting is severe or loss of fluid excessive, it may be necessary to use intravenous fluids under proper medical supervision. WHO recommends a special mixture known as oral rehydration salts (ORS), packets of which are widely distributed in developing countries with the assistance of UNICEF. The mixture recommended by WHO contains, in each sachet : 3.5. grams sodium chloride; 2.5 grams sodium bicarbonate; 1.5 grams potassium chloride; and 20 grams glucose, all to be dissolved in one litre of potable water. ORS preparations with these or similar ingredients are available in almost all countries. If they are not available the traveller should at least drink pleanty of fluid in the form of thin soup, weak herbal tea, or some bland drink such as barley water with a little salt and sugar added. Highly sweetened and acidic drinks should not be taken. In the case of infants and children, some feeding should be maintained, particularly breastfeeding of babies.

In most cases, maintaining a high fluid intake, preferably with an oral rehydration mixture, is all that is needed until the diarrhoea stops. There is no evidence that drugs play much part in curing travellers' diarrhoea except under certain specific conditions. This is a rather controversial area, since a vast number of commercially available "anti-diarrhoea agents" are on the market. It is doubtful whether any of these really cure the diarrhoea, although they may temporarily reduce its severity and relieve symptoms.

Let me be more specific. Antibiotics are of value only for cholera or for frank dysentery due to shigellosis (or amoebiasis). There is also a specific drug for giardiasis. A number of anti-diarrhoea drugs are availa-

ble for the relief of abdominal cramps, and these may be helpful in some adults who for convenience desire temporary relief of symptoms, but they should only be taken for a day or two and should never be given to children, older persons, or anyone with dysentery. There is some evidence that drugs, such as bismuth subsalicylate, which help prevent the secretion of the diarrhoea fluid from the intestine may be useful, but more experimental work is needed to find this out before their use can be recommended. There is little evidence that any other preparations of combinations are useful.

So the mainstay of treatment should be oral fluids. If relief is not rapid, then medical help should be sought and the appropriate additional therapy should be given under medical supervision.

Although rapid and effective treatment is of great concern to the individual traveller, it is equally important for the health authorities to try to prevent travellers' diarrhoea from occurring. In the present era of jet travel, tourism is particularly affected. Tropical countries trying to develop their tourist industry are very conscious of the need to prevent diarrhoeal outbreaks. For athletes in competition, for pilgrims, and for businessmen, prevention is vital.

The best way of preventing travellers' diarrhoea is to avoid exposure to the infective agent. To do that, food and water must be clean and standards of personal and environmental hygiene must be adequate. Public health authorities in countries with a high incidence of diarrhoea should ensure that a good standard of food and water hygiene is maintained in establishments serving travellers. To support this, it is necessary to have adequate laboratory facilities, so as to be able both to perform the necessary checks on food and water, and to identify the causative agent when any outbreaks of diarrhoea occur.

What can the individual do to prevent diarrhoea while travelling ? First and foremost, it is prudent to reduce the risks as much as possible : eat clean food, drink clean water. This means in fact drinking only water that is boiled or bottled (be sure it is carbonated), hot drinks made with boiled water, or other carbonated beverages, and eating only food that has either been well cooked immediately before serving, or is protected from infection (that is to say, food from tins). Beware of salads and avoid them if at all possible.

There is some evidence that taking prophylactic antibiotics may be of some value. However, if they are used at all, they should be used only by adults travelling for a short period (less than three weeks) to high-risk areas where it is impossible to obtain safe water and food. This would especially apply to persons with conditions associated with decreased gastric acidity or other serious conditions.

Moderation in all things is a good motto, and this applies to travelling : eat and drink sensibly, do not take risks, and—if the worst happens—then be prepared and have some oral rehydration mixture handy.

—courtesy HERALD OF HEALTH

Nature cure for Rheumatism

by Asha Khanna

Rheumatism, Arthritis and Sciatica are crippling diseases. Their symptoms are similar to each other and that is why they are treated on the same lines.

In Rheumatism one suffers from pain in the joints, tendons, nerves or muscles of the limbs. When this affliction comes, the pain is felt when the joints are moved or when pressure is exerted on the joint.

There are several varieties of rheumatism :

1. *Chronic Rheumatism*—It includes rheumatoid arthritis and osteo-arthritis, aching chest muscles, stiff neck, inflammation of tendons and ligaments, and sciatica.

The various morbid changes in chronic rheumatism are dependent not on an infection, but on the ability of the individual to resist the disease.

The sources of infection include the teeth (i.e. decayed teeth) the tonsils or a sore throat, the cavities behind the nose, the intestines, the urethra and the pelvic organs of women.

The pain is generally influenced by changes in the weather, cold and damp aggravating it considerably.

2, *Rheumatoid Arthritis*—Causes the sufferer to have a burning feeling and terrible pain in the affected joints. There is swelling, redness, stiffness and heat in the joints too. The age of onset is from twenty to forty years. It is most common in the female sex. The joints most commonly affected in order of frequency are those of the hands and feet, wrist, ankles, knee, jaw and the neck.

3. *Muscular Rheumatism*—The onset generally sudden with severe aching pain in the affected muscles, interrupted by spasms intense pain when movements involving these muscles are carried out.

4. *Osteo-arthritis*—The age of onset is later usually from forty to sixty. Here joint pain is generally bad in wet weather and is worse at night. Some degree of malnutrition and anaemia is also present in this case.

5. *Sciatica*—It is often the result of rheumatic trouble in the tissues of the large nerve in the thigh.

Causes

Rheumatism can attack young children under the age of twelve also, and this can later result in heart disease. Symptoms are the following : A child affected by the disease, unlike the normal child, is abnormally sensitive to weather changes. This child is also more prone to skin rashes like nettle rash or eczema.

The reasons of these crippling diseases (which will be referred to as one) are many, including infections, metabolic problems, degenerative problems, allergies, faulty diet, injuries, malnutrition, anaemia and after effects of other illnesses. Since this imposes a lot of stress on the body, a maintenance of a completely adequate diet is especially necessary for anyone who suffers with this problem, but it is impossible to give a generalized diet since food allergies can also cause arthritis.

Treatment

Furthermore, in order to prevent this disease, be sure to brush your teeth after each meal. Brush up and down so that you clean between the teeth. Go for a regular dental check up.

Take good care of the joints by exercising them regularly. The importance of regular exercise cannot be overlooked due to the fact that exercise nourishes the joint. You may ask how ? The answer is : Each joint has a pad of cartilage as a cushion between the two bones. A fluid baths this cushion and keeps it lubricated and in good condition. As the joint is moved the fluid is spread over the entire joint space. Much of the time, most of our joints are kept in one position. So the fluid does not come in contact with part of the joint surface and this part naturally suffers.

Actually the patient himself can greatly control or arrest his disease by avoiding such foods as carbohydrates and dairy products, and items which have significant fat content which cause calcium deposits in the joints. Citrus fruits are to be avoided.

Furthermore, the arthritis victim normally does not wish to exercise his body because the body hurts when he does so, and his body hurts more and more when he refuses to exercised.

The self-manipulation of various limbs with a great will power will improve the patient's condition and in this way, even a cure can be procured. The 'yogic' movements performed in slow motion, without strain, requiring the patient to attain a position in which only the slightest discomfort is felt are ideal. The various stretches and holds are able to reach deep into the joints and apparently loosen the deposits. The methodical repetition of the movements practised very slowly and cautiously seems within the course of time, to produce excellent results. But a person who has a severe case of arthritis should first seek the approval of her physician, before going in for yoga. Simple form of exercises like moving each joint slowly till it does not hurt—can be carried out every night before going to bed.

The following poses will be found useful to the person who practises yoga, to ease out the pain and stiffness in the affected muscles and joints. Santulan asana, trikona asana, veera asana, gomukhasana, briksashana, setubandasana, sidhasana, natrajasana and shavasana for complete relaxation.

During the first week the patient should practise two to four asanas. During the second week and after he should gradually add other asanas. He should never try to do all during the first week only.

Apart from the above mentioned treatments, various herbs, vegetable and fruit juices have been found to give relief in these conditions. Potatoes have proved to be very useful for arthritis sufferers. The water in which potatoes are boiled can be consumed or the potato juice can be extracted and taken raw. One potato or two would be ideal.

Celery is also beneficial. Extract the juice of one celery pod, with its leaves and take it daily or on every alternate day till the problem is over.

Early morning before bed tea, seven to eight cloves of garlic should be swallowed raw with water. A few garlic cloves should be crushed and fried in oil. This oil when applied locally on the affected area brings on great relief. The area is covered with a light piece of cloth.

The following fruit and vegetable juices will be found to be useful if consumed in moderate amounts :—Apple, cherry, lemon,

grapefruit, cucumber, beetroot, celery, carrot, watercress, tomato and spinach.

The most beneficial amount of juice to use will vary with each individual case. It is wise to start with ½ cup and go upto 1½ cups a day and never more than 2 cups. Fruit juices may be used in larger quantities than vegetable juices.

The various parts of Baniyan (Bargad) tree can be used to provide cure for these diseases. The milky fluid produced by this tree can be applied locally on the painful area to reduce the pain and swelling. Its leaves should be dried and powdered and ½ teaspoon should be taken twice a day. This opens the stiff joints of the sufferer.

The oil of the leaves of thorn apple (Dhatura) should be applied on the affected area to relieve the pain. The hot poultice of the leaves of the seed nite herb (mokey) relieves the swelling and pain. The patients can eat the leaves of the herb Babedols Aloes (Hindi: Ghikanwar) by roasting it in butter as this provides comfort to the sufferer.

Stiff muslin bags with dried Elder flowers can be added to the hot bath of the patient. In ancient days Marjoram was also used as a cure for rheumatism. Sprays of the herb were packed inside cloth bags and they were placed in boiling water and the bag was then placed while as hot as comfortable on the affected part or limb.

Besides all this the patient should take a lot of rest also, and this is the best treatment. Rest of mind is as important as rest of the body. It is well to avoid emotional disturbances, for these may increase the discomfort. Above all, the patient should not feel depressed, but develop a hopeful attitude. Even if the healing process may be prolonged, remember, you can always help yourself by maintaining a courageous and helpful attitude towards your life and disease. These are the two best and inexpensive medicines.

—courtesy HERALD OF HEALTH

(*Contd. from page 31*)

Msgr. Varghese Puthenpurakal was the moderator for the discussion.

The concluding session was presided over by Coadjutor Bishop Rt. Rev. Peter M. Chenaparampil.

Over 200 people including college students attended the seminar.

The concluding item of the programme was a social evening—a get together—of doctors and hospital staff in which the doctors of the Alleppey Medical College Hospital and District Government Hospital, in all 50 people, attended. Rt. Rev. Peter Chenaparampil, the Coadjutor Bishop, inaugurated a CHAI Blood Donors Association on this occasion.

Representatives of St. Sebastian's Hospital, Arathinkal, St. Joseph's Hospital, Shertalli, St. Michael's Hospital, Kattoor and Assisi Hospital, Punnapra participated in the programme.

LEGAL EDUCATION—5

On your Right to Compensation in Motor Vehicle Accidents

P.D. Mathew

Taking account of the inevitability of road accidents in modern society and the need for just and expeditious compensation to the victims through institutions outside the court system, the law under the Motor Vehicles Act (Act IV of 1939 along with the amendments made in 1982) provides the principles and procedure to be followed for accident compensation. The following paragraphs explain the rights of citizens involved in road accidents and the dependants of those who die in such accidents, against the driver, owner and insurance companies. It further explains the procedure to be followed, the specific Tribunal to be approached and the amount of compansation a claimant is entitled under various circumstances.

What is compensation ?

Compensation is the amount of money paid for the damage caused to a person or property.

Who can claim compensation ?

Compensation can be claimed by :

i. the person who sustained the injury, or

ii. the owner of the property, or

iii. by all or any of the legal representatives of the deceased (where death results from the accident), or

iv. by any agent duly authorised by the person injured or legal representatives of the person deceased.

Note

* The legal representatives are the lawful heirs of the deceased, who are entitled to succeed to his property.

* Those entitled to claim compensation have the power to appoint an agent (including a lawyer) and authorise him to act on their behalf in claiming compensation.

* An application for compensation can be made even by one of several representatives of the deceased on behalf of all of them. Such non-claimant legal representatives shall be impleaded as respondents to the application.

To whom should the application for compensation be made ?

In every state a specialised Tribunal (court) is set up under the Motor Vehicles Act known as the Motor Accident Claims Tribunal. It is usually located within the premises of district courts and a judge of the status of District Judge presides over it. The application for compensation should be addressed to the "Claims Tribunal" having jurisdication over the area in which the accident occurred.

Form for making the claim

Each state has a prescribed form for making claims. The form is available for a nominal charge from the Stamp Vendor or Court Official. One may even write a claim on a plain paper. The format itself changes from State to State but in every case it should contain at least the following points.

* Full address, age and occupation of the applicants.
* Name and address (if known) of
  a. driver of the Motor vehicle;
  b. owner of the Motor vehicle;
  c. the insurer of the Motor vehicle;
* Relationship of each applicant with the deceased (if the accident has caused death);
* Age of the deceased;
* Monthly income of injured person or deceased;
* Nature of injuries sustained and disablement caused;
* Date, time and place of accident;
* Registration number of the Motor Vehicle involved;
* Quantum of compensation claimed and basis thereof;
* Grounds on which compensation is claimed;
* If claim for compensation is not made within 6 months of the accident, the reasons thereof.

When can the claim be made ?

The application for compensation can be made any time after the accident but not later than six months after its occurrence. Even if the application is made six months after the accident, the Cliams Tribunal can still admit the claim provided sufficient reasons for the delay are shown in the application.

Who is liable to pay compensation ?

Amount of compensation fixed by the Claims Tribunal will be paid by the owner or driver of the Vehicle or the insurance company which has insured the vehicle. According to law every motor vehicle has to be insured at least against third party risks. This helps speedy recovery of claims. The insurance campany is liable to pay to the extent of the insured amount out of the award granted by the Tribunal.

Proceedings of the Tribunal

The Claims Tribunal has exclusive jurisdiction over motor accident compensation. The Civil Courts have no authority to stop the proceedings before the Tribunal by injuction or otherwise. On receipt of an application for compensation, the Claims Tribunal shall, after giving the parties an opportunity of being heard, hold an inquiry into the claim and may make an award determining the amount of compensation which appears to be just and specifying the person or persons to whom compensation is to be paid. In making the award the Claims Tribunal shall specify the amount to be paid and the party by whom it is to be paid viz. the insurer, owner or driver of the vehicle.

Note

* In these proceedings the Claims Tribunal has the powers of a Civil Court and it can follow summary procedures in order to avoid delay and dispense quick justice to the victim.
* The Tribunal is empowered to award interest on the amount of compensation sanctioned from the date of claim to the date of payment.

Remedy for inadequate compensation

If a person is not satisfied by the amount of compensation granted by the Tribunal, he may appeal to the High Court within 90 days from the date of the award. If an

appeal is preferred after 90 days, reasons must be shown to the Tribunal to justify the delay.

An appeal to the High Court will not be granted if the amount in dispute in the appeal is less than Rs. 2000/-.

How does one obtain the money awarded by the Tribunal

The ordinary procedure is to seek from the Tribunal itself a certificate for the amount awarded addressed to the District Collector. The Collector has powers to recover the amount in the same manner as arrears of land revenue and pay the same to the claimant.

In some cases where the claimant cannot recover the amount by ordinary procedures, he may approach the Tribunal again which can direct payment of such compensation from the amount every insurance company is required to deposit with the Reserve Bank of India as a security deposit.

QUANTUM OF COMPENSATION

What is the amount of compensation one can claim ?

Amendments made in 1982 in the parent Act of 1939 have fixed the amount of compensation in certain cases of motor vehicle accidents on the principle of "no fault". It has also made special provisions to pay compensation to the claimants in hit-and-run accidents.

I. Liability to pay compensation on the principle of no fault under Section 92-A

In case of a motor vehicle accident in which a person dies or suffers permanent disablement the owner of the vehicle is bound to pay Rs. 15,000/- in respect of the death, and Rs. 7,500/- in respect of permanent disablement, if an application is made to the Tribunal on the principle of no fault.

If the claim is made on the principle of no fault, the claimant is not required to prove or to establish before the Tribunal, the negligence, fault or guilt of the driver or the vehicle.

In this case the above fixed compensation must be given to the claimant in spite of the fault or negligence of the victim of the accident. In other words, the owner of the vehicle, by which an accident has occurred, is liable to pay Rs. 15,000/- in case of death and Rs. 7,500/- in case of permanent disablement even if the accident has occurred without his fault. The above mentioned minimum statutory compensation cannot be reduced on the plea that the victim of the accident was at fault or negligent.

Note

* Permanent disablement means
  a. permanent damage to either eye or ear or anypart of the body or joints; (b) permanent disfiguration of the head or face (Section 92-C)
* If a claim for compensation is made to the Tribunal under Section 92-A, then the application for the claim must contain a separate statement to that effect immediately before the signature of applicant.
* A claim for compensation made under Section 92-A on the principle of no fault is expected to be disposed of as expeditiously as possible (Section 92-B(1))
* The above provisions of Chapter VII-A of this Act will also apply to cases arising out of death or permanent disablement of any person under Workmen's Compensation Act 1923. In

such a situation the person entitled to the compensation may claim under either of the Acts, but not under both.

II. Liability to pay compensation for death or permanent disablement on the principle of fault

A person has a right to claim compensation with respect to death or permanent disablement not only on the principle of no fault under Section 92-A, but also on the principle of fault (of the driver) under Section 110-A of this Act or any other law for the time being in force. (Section 92-B)

If the claim for compensation is made under Section 92-A and also on the principle of fault, the claim for compensation under Section 92-A should be disposed of as expeditiously as possible.

A person liable to pay compensation under Section 92-A is also liable to pay compensation in accordance with the right on the principle of fault.

If the compensation awarded by the Tribunal on the principle of fault is more than the amount of compensation fixed under Section 92-A (i.e. Rs. 15,000 for death and Rs. 7,500/- for permanent disablement) than the person liable to pay the compensation must also pay the claimant the amount that exceeds the compensation fixed under Section 92-A.

III. Compensation in case of hit-and-run motor accidents

The compensation that a claimant is entitled in hit-and-run accident is Rs. 5,000 with respect to death and Rs. 1000 with respect to greivous hurt. This compensation is to be paid from the Solatium fund established by the Central Government (Section 109-A (5))

Note

* Hit-and-run motor accident : It means a motor vehicle accident in which the identity of the vehicle cannot be ascertained in spite of reasonable efforts.

* Grievous Hurt may include :

  — Emasculation (deprivation of masculine power)

  — Permanent privation of the sight of either eye

  — Permanent privation of the hearing of either ear

  — Privation of any member or joint

  — Destruction or permanent impairing of the head or face

  — Permanent disfiguration of the head or face

  — Fracture or dislocation of bone or tooth

  — Any hurt which endangers life, or which causes the sufferer to be, during the space of twenty days, in severe bodily pain or unable to follow his ordinary pursuits (Section 320 of India Penal Code).

* Solatium Fund ; It is a fund established by the Central Government to pay compensation in case of death or grievous hurt caused by hit-and-run motor accidents.

* If the Solatium Fund does not have adequate amount of money to meet any claim for compensation the claim may be kept pending for payment till that amount becomes available in the Fund (Section 109-A (5) (b)).

* The amount of compensation received by a person, under Section 109-A,

from the Solatium Fund is to be refunded if the same claimant receives compensation under any other provisions of this Act or under any other law in force (Section 109-B, 91).

Note

The provisions of the Act explained in this leaflet are based on the Central Act. Government of States and Union Territories may make amendments in the Act with respect to the form of application, inquiry proceedings, authorities, ane mode of paying the compensation etc., to suit their specific requirements and situations. For example, in hit-and-run accidents the Delhi Administration has authorised authorised the SDM (Sub-Divisional Magistrate) under whose area the accident takes place, as the "claim inquiry officer". The claims for compensation have to be submitted on prescribed form within one month from the date of the accident to the SDM. In this case the claimants are not required to pay any fee for making an application.

The Claim Inquiry Officer concerned will hold inquiries in respect of the claims arising out of hit-and-run motor accidents and shall submit his report to the claims settlement commissioner namely the Deputy Commissioner or the District Magistrate. Along with his recommendations the claims settlement commissioner shall sanction the claims on the basis of the said report and send the same to the "claims inquiry officer" along with the amount of compensation by cheque or treasury challan for payment to the party concerned.

Assessment of compensation on the principle of fault

Since there is no fixed formula or any legislatively recommended method of calculating compensation on the principle of fault the courts may proceed to assess damages under two heads viz :

1. Personal loss to claimant
2. Loss to the estate of the deceased

Under the first head, pecuniary benefits received by the claimant from the services of the deceased can be claimed while under the second head, loss suffered by the whole estate of the deceased can be claimed. Estate means the monthly savings of the deceased from his wage or salary, after the mainten ance of his dependants.

Generally every Tribunal adopts its own method of calculating compensation. Variations in calculations should be justified from the facts and circumstances of each case.

Basis of calculating compensation for personal injury on the principle of fault

* Degree of disability caused to the person due to the accident;
* Permanent economic loss arising as a result of the injury;
* Expenses for medical treatment;
* Loss of income during treatment;
* Additional expenditure which the injury is likely to incur on account of his physical incapacity;
* Mental suffering of the victim.

In the case of adults, age and yearly income must be taken into consideration to calculate the amount of compensation. If, however, the victim is a school going student, the loss of future potentiality of earning can be assessed having regard to his academic performance and the consequent

loss of future carrier earnings. If the victim is a non-earning member of the family, compensation can be assessed by evaluating the loss of services he might be rendering to the family.

Duty of driver in case of accident and injury to a person

When any person is injured due to a motor vehicle accident, the driver or any person incharge of the vehicle must take necessary steps to secure medical treatment for the injured person and, if necessary, take him to the nearest hospital unless the injured person desires otherwise. In the absence of any police officer at the site of the accident he must report to the nearest police station as soon as possible and in any case within twenty-fours hours of its occurrence (Section 89 of the Motor Vehicles Act 1939).

Duty of officials to furnish particulars of vehicle involved in accident

A registering authority or the officer-in-charge of a police station has a duty to furnish to the claiment of compensation, information relating to the identification marks and other particulars of the vehicle and the name and address of the person who was using the vehicle at the time of the accident or was injured by it. To obtain such information the claimant must pay a prescribed fee to the officer-in-charge.

Is there any remedy for police inaction in pursuing the accident case ?

If the local police does not take initiative in investigating the matter based on FIR, one may make a petition to the District Superintendent of Police to take necessary action. One may also make a private complaint to the Judicial Magistrate having jurisdiction over the area in which the accident occurred.

Points to note in accident cases

* At the time of the accident note down the number of the vehicle and name, age and address of the driver.
* Don't allow the vehicle to proceed till police come to the accident site to make a report.
* Make sure that on FIR is lodged at the nearest police station as early as possible to enable the police to investigate the accident.
* Get as many witnesses as possible to make statements to the police.
* If the victim of the accident is alive after the accident he must be taken to a government hospital for treetment.
* If the victim is treated by a private medical practitioner, a certificate to that effect must be obtained from him. A Medical Certificate of the doctor who treated the victim is necessary to ascertain the nature and the degree of injury and its possible cause.
* If the accident is fatal, the body of the victim must be sent to a government hospital for post-mortem. Report of the post-mortem is required to establish the fact and the cause of death.
* In the event of every motor vehicle accident, the police must file a criminal case against the driver for causing injury or death to a person by rash and negligent driving.
* The award of the Tribunal is not dependent on the result of the criminal case against the driver.
* The amount of compensation paid to the applicant on the principle of fault will also depend on the contributory negligence of the victim of the accident.

Relevant information, reports and documents required to obtain adequate compensation.

1. Identity of the vehicle (Its registration number);
2. Identity of the driver of the vehicle who caused the accident;
3. Address of the owner of the vehicle and insurance company;
4. Date, time and place of the accident;
5. First Information Report (FIR) given at the police station;
6. Police report of the site of the accident;
7. Doctor's certificate regarding the nature and cause of the injury and the degree of disability;
8. Post-mortem report (in case of death);
9. Statements of witnesses of the accident;
10. Birth certificate (to ascertain the age of the victim);
11. Documents regarding the salary and income of the victim;
12. Vouchers regarding medicine, food and travelling expenses etc.

Means to ensure claims against insurance companies

1. The vehicle should be driven by licensed persons;
2. The licence should have been renewed at the appropriate time;
3. Conditions of insurance policy should be observed;
4. Transfer of ownership of insured vehicle should be notified to the insurer;
5. In getting insurance all material facts must be disclosed and no misrepresentation made;
6. In claim proceedings the insurer should be joined as a party.

Free Legal Aid to the poor

Poor claiments are entitled to get free legal aid from the District Legal Aid Committee whose Chairman is the District Judge. An application for legal assistance must be made to the said committee in a prescribed form. This must be accompanied by an income certificate obtained from a concerned officer. In some states Scheduled Castes and Scheduled Tribes are exempted from paying court fees. In case of other poor people, the court allows the litigants to pay a certain percentage of the court fees at the time of filing the application for compensation and the remaining portion will be deducted from the compensation fixed by the award before it is paid to the claimant. A ceiling of income entitled a person to free legal aid is fixed by State Governments.

For Further Information In Legal Matters Contact:

Director, Legal Aid
Indian Social Institute
Lodi Road, New Delhi 110003
Tel : 622379, 624760
Gram : INSOCIN

Report on Community Health Programme—an extension service M & R F Hospital, Naganhalli, Mysore

Community Health A Source of Joy to our Commitment

As a further step in the community health, exactly after 6 months of the dais training, the 10 trained indegenous dais were called back for a refresher course of 5 days from 5th to 10th Jan. 1984. It was the second course of the series and a follow up of the first one which was held from 5th to 11th June 1983. Seven trained dais, 4 MCHE guides and 2 nursing assistants of the hospital participated in the present course.

After the initial welcome speech, and opening prayers by the public health nurse Sr. Concepta, a review of the topics dealt in the previous course was made. The dais remembered very well the topics because of the practical experience they gained through their village work.

This time the course was based on the following topics :

1. Physical, Physiological and Emotional changes that take place during adolescence, menstruation and in pregnancy. Personal cleanliness, need for antinatal check up, common ailments during pregnancy and the use of simple home made medicines.
2. Importance of Immunisation and ways of bringing up baby into a healthy individual.
3. Measures to combat common ailments and superstitious beliefs prevalent in the villages.
4. Importance of house visits and the link role of the dais between the hospital staff and the patient.
5. First aid.

The method used for this training was simple speech, explanation, case study, brain storming with incidents, reflection discussions, role play and reading of charts, pictures from the news papers and periodicals on patients, germs, disease communicants, bad sanitation and ignorance. Comparatively this time the dais were very enthusiastic and cooperative. They themselves organised recreations and took active part in singing dancing and dramatising.

At the concluding session a tea party was arranged and the staff together with the paticipants experienced the joy of mutual benefit of such short courses. It was encouraging to note that the hesitating, hiding and shy type of women came forward boldly to give a vote of thanks to the Public Health nurse and the staff of M & R F Hospital. It is very interesting to note that from one village namely Geera no patients come to the hospital for minor ailments because of the dedicated service of our trained dais. It is planned to give another follow up training to the same dais, after an interval of 4 months.

Legal Education Workshop in Indore Diocese

A three day work shop on Legal Education was conducted at the Bishop's House,

Indore, from 11 to 13 January 1984 by the Indian Social Institute, New Delhi at the request of the Indore Diocese Social Service Society. About 20 young socially committed people including priests and sisters from various parts of the diocese, participated in the workshop which was lead and guided by Fr. P.D. Mathew S.J., Advocate, Supreme Court and Director, Legal Aid Cell, Indian Social Institute, New Delhi. Others who spoke at the workshop include the Hon'ble Justice Shri P.D. Muley (High Court, Indore) and Advocate R.P.C. Sanghi.

During the three days, the participants were helped to analyse not only the Indian socio-economic legal reality but also shown how law could be used to bring about desired social changes in the society.

For the many participants, the workshop was an eye opener and they became aware of their own constitutional, fundamental and legal rights and also the various wrongs committed against them or against the poor who are voiceless citizens of this great country.

Through the discussion on the case studies, the participants were familiarised with the rights of people when they are arrested, the law on rape workers right, on the right to compensation in motor vehicle accidents, public interest litigation and legal aid to the poor etc.

At the end of the workshop, a decision to form a legal aid cell, attached to the Indore Diocese Social Service Society was taken. The participants felt that there is great need in the country to make the people aware of their many legal rights and also to give adequate information about the various socio-economic projects, launched by the various Governmental machinery especially for the poor, so that they can actually claim for their rights and facilities for themselves.

Presently many projects intended for the poor do not reach them due to their ignorance and also due to the apathy of the bureaucracy. Therefore, the participants decided to launch a massive programme of legal education for the poor, through non-formal education centres, legal aid camps, etc., to educate them about their fundamental rights and to inform them about various socio-economic schemes, procedures to be followed to avail the schemes to their best advantage, and also to help them organise themselves to protect their interests through legal and constitutional methods.

Other decisions of the proposed Legal Aid Cell include, starting a Legal Library, indentification and training of Para Legal personnel, socio-legal survey and research, free legal advice to the poor, collection and dissemination of relevant legal information.

Seminars on "Respect Life"

Under the auspices of St. Sebastian's Hospital, Arathinkal a half day afternoon programme was held. The programme commenced with a special Mass and ended with a public meeting attended by over 100 people, mostly married women. Rt. Rev. Msgr. Varghese Puthenpurakal presided over the meeting. Mr. Joseph Mathen (Ex. M.P.) and Rev. Sr. Celine Francis (ASMI) spoke on "abortions", "birth control" and "natural family planning as an approved way to plan a family". The function was held on 25th September 1983.

At the diocesan level a half day programme was held on Sunday 16th October, 1983 at St. Joseph's College auditorium. The programme commenced with a Bible Service with meditations on relevant lessons. This was followed by a seminar which was inaugurated by Rt. Rev. Bishop Michael Arrattukulam.

Dr. (Miss) Daisy Kandathil and Mrs. Marykutty Antony gave orientation talks. Rt. Rev.

(*Contd. on page 19*)

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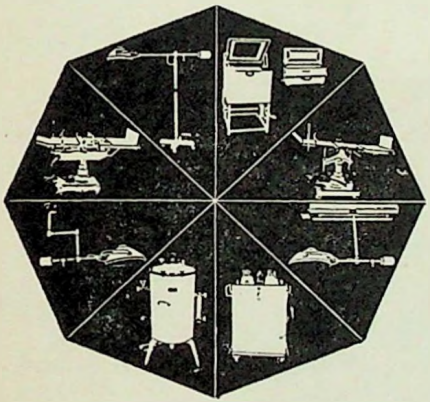

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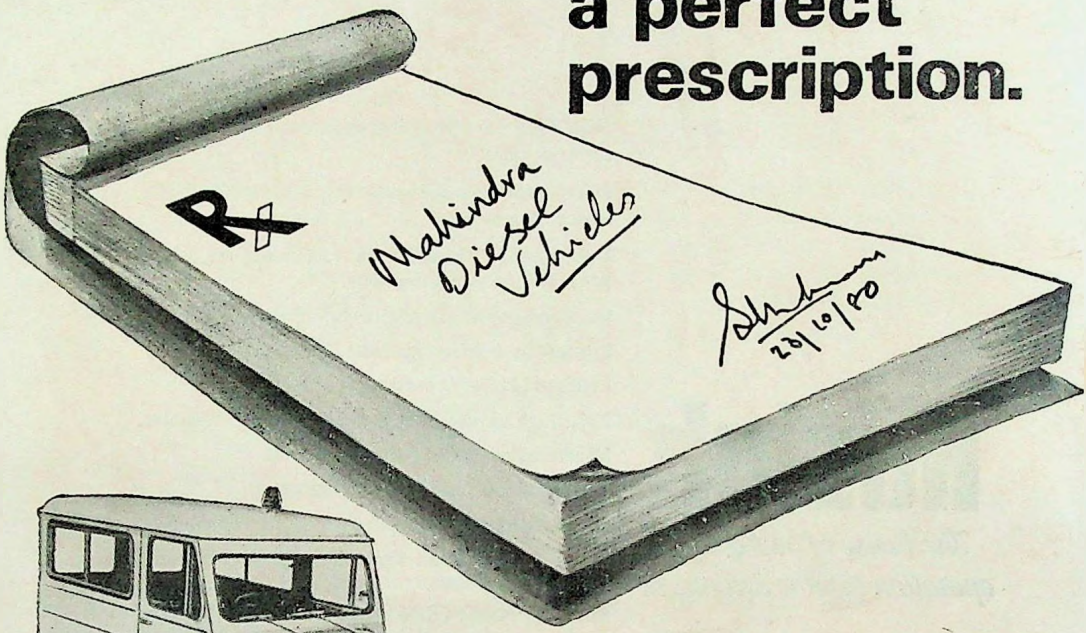

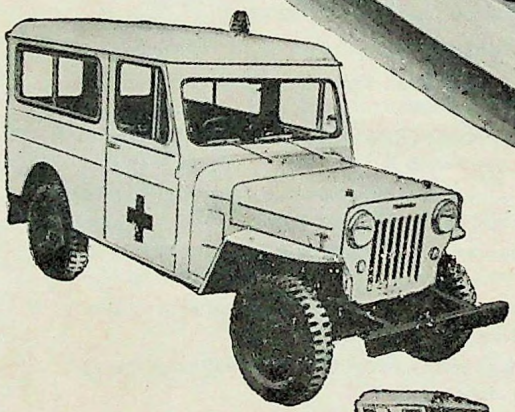

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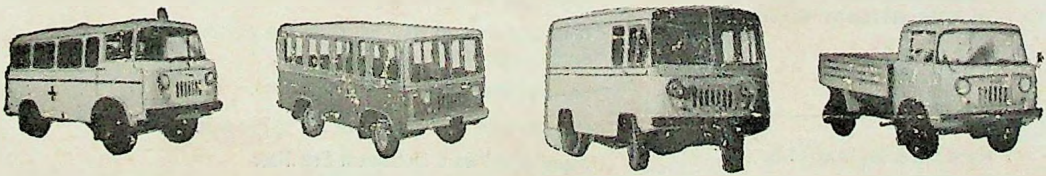

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