MEDICAL SERVICE

COMMUNITY HEALTH CELL
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India

relating public programmes to people's lives ● know your blood pressure and live longer ● key-note address by dr j j billing at the first international congress for the family of asia and australia ● your baby is growing

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EDITORIAL

A mission with a vision

A Jewish Rabbi is said to have asked his disciples one day: "When can you say that the night is over and the day has begun?" After thinking for a while one of the disciples told: "If you can see an animal at a distance, and if you cannot distinguish whether it is a dog or a goat, at that moment the night can be said to have ended and the day has begun". The Rabbi was not satisfied with that answer. Another disciple said: "If you see a tree at a distance, and if you cannot distinguish whether it is fig tree or a badam tree at that moment the night ends and the day begins". The Rabbi was not satisfied with that answer either. Being disappointed a bit, the disciples asked the Rabbi, "Then when can you say the night has gone and the day has begun? Please tell us". The Rabbi said: "If you see a man and looking in his eyes, if you can recognise him as your brother, at that moment the night ends and the day begins. But if you cannot recognise him as your brother, no matter what time is it, it will always be night".

Modern man with so much of scientific advancements to his credit tends to be in darkness in the sense as expressed by the Rabbi. Nearly twenty years ago Vatican Council expressed its anxiety over the situation. The situation has since been worsened. In the Documents "Church in the Modern World" the Council Fathers expressed: "Never has the human race enjoyed such an abundance of wealth, resources and economic power. Yet a huge proportion of the world's citizens is still tormented by hunger and poverty while countless numbers suffer from total illiteracy. Never before today has man been so keenly aware of freedom, yet at the same time, new forms of social and psychological slavery make their appearance.

"Although the world of today has a very vivid sense of its unity and of how one man depends on another in needful solidarity, it is most grievously torn into opposing camps by conflicting forces. For political, social, economic, racial and ideological disputes still continue bitterly, and with them the peril of a war which would reduce everything to ashes. True, there is a growing exchange of ideas, but the very words by which key concepts are expressed take on quite different meanings in diverse ideological systems. Finally, man painstakingly searches for a better world, without working with equal zeal for the betterment of his own spirit" (n. 4).

It is necessary for us to evaluate and rethink from time to time about our mission, our commitment, our various types of services. In spite of our efficient services in the field of education, health, development, etc., let us make sure tnat we are not in the darkness.

SEMINAR-CUM-RETREAT ON
"HUMAN AND SPIRITUAL GROWTH THROUGH CLINICAL EXPERIENCE"
FOR SISTER-NURSES

Catholic Hospital Association of India is organising a series of short training programme for health care personnel. Two of such courses will be held at Amarjyothi, Capuchin Ashram, Kattappana, Idikki, in the months of September and October, i.e. course number one :— from September 2nd to 9th, 1983 and course number two :— from September 30th to October 7th, 1983.

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Please note the CHANGE OF DATES FOR
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Theme	:	"Respect Life"
Venue	:	St. Pius X College (Diocesan Seminary) Goregaon East, Bombay 400 063
Dates	:	November 6 - 10, 1983 (instead of Nov. 2-5, 1983 as announced earlier)

Await Details

—Executive Director, CHAI

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This quarterly will be useful for all those who are involved in health care and peoples development, also for libraries.

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Relating Public Programmes to People's Lives

Experience in working with village women

Among the smaller and comparatively prosperous states of India, Haryana has a proven potential for economic progress. It has also a number of ongoing government-administered programmes relevant to development of the human resource. Imaginatively worked, and given certain minimal conditions, these could trigger, at the present stage of the State's evolution, a process of social change—involving the generality of the people and sustained mainly by its own momentum.

Some ideas on what it takes to relate public programmes to people's lives emerged from a 1980 study in a Haryana village, of "the Role of Women in Post-harvest Food Conservation".

Sponsored by the United Nations University, this study (the report is yet unpublished) provides the basis for the following article by NANDITA SINDHU. She worked for the project as researcher.

The village of Narayanpur in Central Haryana is a mosaic of castes, social classes and economic interests. To serve its 700 households the government has a number of varied programmes in operation.

Lie of the Land

In the course of our study, which spanned two months in 1980, the investigators collected information also on aspects other than women's role in post-harvest food conservation. A seventh of the total number of families constituted the sample. Long hours of observation were punctuated by interviews with village women and others. A great deal of information on the work done by the women and girls thus became available. An analysis was made, by age and sex, of the distribution of food and work within the family. Caste-related variations in work-patterns, the functioning of local self-government (village panchayat) and the working of governmental programmes were looked into. An ethnographic study of representative section of the village thus came to be undertaken. Sketches of some of the women in the sample were added in order to enhance the human content of the report. These profiles revealed certain features of rural life that often go undocumented, like the women's ways and styles of adapting to the eco-cultural environment and to their own particular life-situations.

A Social Profile

The findings of the study reinforce the growing literature on the dominance of the male, and the corresponding subservience of the female. The society was bound by the rules of the traditional patriarchy, and the man remained the focus of his family. From birth onward, the concept of male superiority was perpetuated by both men and women, generation after generation. Women were actively involved in farm and household tasks like harvesting, fetching fodder and water, tending cattle and cooking food. They seldom travelled outside the village and when they did they were accompanied by a male member of the family. Authority for making the family's major decisions and access to cash were not open to the women. The use of radio, television or any other technological device became and remained the prerogative mainly of the male.

There was a clear demarcation between the tasks performed by men and those done by women. The latter were assigned jobs that were more arduous or monotonous and those considered as not requiring technical skill. All the same, they worked for as many hours on the farm in addition to shouldering the complete responsibility of running the household. Women's role in reproduction evokes a great deal of comment but their part in production goes largely unrecognized. The Indian census data tend to classify these women as 'unemployed'.

The women interviewed had little knowledge about the development programmes in their village. Their participation in local self-government remained a formality. There was the token representation of one woman on the panchayat. The women had no knowledge about their legal rights. Even the programmes that were meant specially for alleviating rural women's conditions were generally not attended by them. Sometimes, these programmes were used by the men for their own ends, as in the case of the Credit Cooperative. Women were enrolled as members and since it was a convention that they would not be prosecuted in case of non-payment, their husbands borrowed in their names. Among the programmes, there were only two that seemed relevant to them; the Craft Centre to which young girls were sent prior to their marriage and the Food for Work scheme. The latter received some response from the women of the scheduled castes.

Public Programmes

Narayanpur has other services as well : a Secondary School, Balwadi, Mahila Mandal, Lab-to-land Extension Services and a Health Centre. Each of the services depended either directly or indirectly on government funds. A look at their working is instructive.

The Secondary School suffered from the general malaise of the educational system. The teachers were not motivated enough and the children's spontaneous enthusiasm for the natural sciences, languages, and other subjects gradually tended to wear away. Children were scared off by the physical punishment given by the male teachers. And girls were rarely sent to the co-educational school once they attained the age of puberty.

The pre-school centre (Balwadi) at the village was operated by a trained Balsevika who belonged to a neighbouring township. She was insufficiently involved in the activities at the Balwadi and assigned most of the work to the helper. She was broadly contemptuous of the local people and eagerly awaited her return on transfer to the city. Also, the centre which was meant for the poorer families was located in the higher caste area, thus restricting access to the children for whom it was intended. To conclude that the Balwadi did not serve any of its original objectives would be a fair judgment.

The small Farmers' Development Agency of the government was another ongoing programme. It provided benefits like subsidy and credit for small farmers and landless labourers. This agency also operated the Craft Centre. Each of the girls who attended the six month programme was given a sewing machine free of cost. Under the community development programme, a mahila mandal, organised for the local women, was run by the wife of an influential member of the panchayat. This woman did not belong to the local community and maintained a social distance from the village people. The few meetings that were organised by her, were attended by a selected few.

Agricultural and veterinary experts from the State Agricultural University regularly

visited the village. Often these services were provided also to the more influential families.

A Sub-Health Centre was also located at Narayanpur. This was operated by a nurse who was expected to provide health and family planning services for the people of this and the neighbouring villages. Belonging to a different community, she believed she had little in common with the local people whom she rarely visited. Most of her time was spent either at the centre or at her home. And the people preferred to consult the local midwife (dai), chemist, or city doctor for their ailments.

In summary, the government programmes at Narayanpur had, by and large, failed to have much of an impact on its people. Generally, the objectives of the programmes got obscured by the time they were made available to the people. Discussions with village level workers revealed their apathy towards their work and disregard for the people for whom they worked. Further, most of the services failed to pass the simple test of appropriateness and often the community was provided with those benefits that government officials thought necessary for them. Unfortunately, these were seldom in consonance with the needs of the community as perceived by them.

Each programme needs to be reviewed in the context of the people for whom it is administered. The salient factors of rural life like caste boundaries, economic disparities, political dominance need to be recognized and dealt with. As with the green revolution which benefited the rich farmer, most of the programmes intended for the betterment of the poor were controlled by those who wielded power. The village level workers found it impossible to proceed with their work, without getting an informal 'clearance' from these powerful local families.

VILLAGE PORTRAITS

The economy of the village has reached a certein level of progress. However, this achievement has been the preserve primarily of the land-owning families. Many of the other households have sustained a level of living through hard work and perseverance. The profiles of some women stand out.

GINNI: She is a Kumhar woman who lost her husband a couple of years ago. She has five young children to look after. She assigns the responsibility of household work to her eldest child, a 15—year old daughter. She supervises a pottery industry on a cottage scale, traditionally a man's job. For this Ginni has hired a professional potter. Related tasks like fetching clay on donkeys, sun-drying the pots, baking them in the kiln, selling them to villagers are entirely Ginni's responsibility. She combines this work with bartering her services at the local brick kiln for daily wages. Her economic achievements and business acumen are admirable. All this has been done without the benefit of literacy or the aid of any official or other development programme.

BHISHNI: She belongs to the Jhimar caste, a caste traditionally associated with water-carrying and maintenance of wells. The panchayat has given her the 'ownership' of one of the best wells in the village as a pension and insurance payment on her husband's death. She lives with her son (who works as a casual labourer), his wife and children. Her main source of income is from the collection of grain from the women who use the well. Early in the morning she arrives at the well with a rope and buckets. Every woman who takes water from the well leaves a handful of wheat. This amounts to a total of about 6 kg of grain each day. Bhishni is also consulted on problems of health for which her standard

treatment is massage sprinkled with conversation. The well is located at the entrance to the village and the water from it is rated good. Around the well, women gather naturally and take a short respite from household work.

DHARMO: Belonging to a land-owning caste, she is attractive and jovial. She has six children. And the family has a land-holding of four acres. She has chosen to run a business of her own, to add to the family income. The enterprise is run independently, with household chores being managed by her daughters. She buys grain, cotton, and pulses at fairly low prices and sells them at a profit. She also lends money and has the reputation of a tough creditor. She has an extraordinary memory for debtors' names, the duration of the loan, and amounts owed her—all this without the aid of any formal education. Her husband maintains a low profile and is indeed denigrated by other men in the village as being subservient to his wife.

The portraits of these women display at high level of competence, developed agains odds, and by a large work output in each case. These cases do not conform to a stereotype. It is not caste or land-ownership that is the sole determinant of the living standards of a family. The women's temperament, that of the husband and the children, the kind of interactions within the family and the village—all these decide her life situation and the quality of life. There is evidence of much more strength in the character and ability of simple village women than is usually acknowledged. For instance, using the information gathered during the study, Bhishni could be identified as the 'key' person for conveying many messages to the people.

Lessons in Strategy

The rural programmes operating in Narayanpur were officially designed, practically all of them. They tended to be compartmental with hardly any communication being achieved between the organizers of the different schemes. Each programme is operated in isolation whereas the activities would lend themselves excellently to be integrated. To give an example, health centre in Narayanpur was situated in the same building as the Balwadi, but the health worker did not concern herself with either health or hygiene of the children, or sanitation, at the Balwadi.

No programme was immune from the influences of the power structure in the village. For instance, in Narayanpur, the mahila mandal which was 'captured' by the local panchayat member 's family was not functioning. In the given social context one way of reactivating the mahila mandal would be to give the influential families something of a ritual role to perform. Without actually alienating the sympathies, their support for the activity, centered on women from the relatively poorer groups, could be enlisted. It would serve little purpose to pretend that the caste factor did not exist.

Those who planned development schemes were removed from the people by distances of many kinds and did not seem to know the local situation sufficiently. As it happened, prepacked programmes were superimposed on the fabric of rural life without attention to specific ecological factors, caste structures or cultural practices. As a result, each of them tended to be inappropriate in relation to people's lives.

The pattern of training that supported existing programmes was not such as to emphasise the active and durable involvement of the people. It needed to be retailored

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Know Your Blood Pressure and Live Longer

The fact that you don't feel you are hypertensive does'nt prove you are not.

— by Robert J MacMurray, MD

It could have been called "high blood pressure day." That Monday morning every one of my patients had the disease.

My first patient, a middle-aged, mild-mannered man, was typical. Accompanied by a domineering wife, he was silent while she did the talking. "I finally got him down for an examination," she said. "But he still insists there's nothing wrong with him."

I reached for the blood pressure cuff. I try to do this in an offhand manner, but he still tensed a bit. "Let's check your blood pressure."

His wife released one of those "hah" type laughs. "Blood pressure! That's one thing he hasn't got. Nothing excites him".

His blood pressure was 175 systolic and 112 diastolic, commonly called 175 over 112. Definitely high, and dangerous if untreated.

Hypertension, or high blood pressure, is the most pervasive cardiovascular disease, the main cause of death among adults in most modern societies. Thirtyfive million Americans are known to be hypertensive, and an additional 25 million are considered to be borderline.

Elevated blood pressure is the most important factor in half a milion cases of stroke recorded each year, resulting in 175,000 deaths. Hypertension is also a very significant factor in 1,250,000 annual heart attacks occurring in the United States alone. It is estimated that the disease costs the country 8 billion dollars annually in medical care expenditures, lost productivity, and lost wages.

Just what is high blood pressure? It is the force or tension of the blood against the walls of the arteries. Systolic pressure, the upper reading, refers to the pressure when the heart is contracting and therefore pumping. Diastolic pressure, the lower reading, refers to the pressure when the heart is resting.

My first patient was of that type of people who outwardly show no emotion but inwardly are racing their engines. The deceptive condition reminds one of a floating duck that seemingly is moving without effort yet whose feet are paddling "a mile a minute."

When the placid, unemotional individual has a heart attack, shocked friends say, "Oh no, not him! Not jolly, easy-going Jim."

Stress, however, is only one factor that contributes to hypertension. There are some people who do not have much stress who nevertheless do have high blood pressure problems.

As is my custom, I took more than three blood pressure readings of my patient. I do this because of patient anxiety and stress. The sight of medical instruments, the examination table, even the white-coated doctor, can contribute to a feeling of apprehension. One of my patients calls it "doctor's office hypertension." He has one of those home blood pressure kits. The readings he obtains in the relaxing environment of his home are consis-

tently ten units less than those obtained in my office.

Because of anxiety, then, I take the three readings at different times. To help relieve anxiety, I engage in small talk. If the patient is sports minded, I might mention something about baseball or football. I have even tried jokes. There is nothing like laughter to reduce stress

How successful have my jokes and one-liners been? At one time I cracked a joke that brought my patient's blood pressure to normal. I wish I could remember that joke!

One patient supplied his own humour. When I inflated the cuff on his left arm, he said, "Doctor I usually take 32 pounds in the left tyre."

As I expected, with lessened anxiety on the part of my patient, the pressure on the third reading was lower—165 over 102. Still high. At this point I told him he had high blood pressure, but that it could be reduced with treatment.

The treatment, I told him, could be as simple as drastically reducing his salt intake. His wife let out another one of those "hah" laughs. "When he eats, the salt shaker never leaves his hand!"

My announcement took him by surprise. "I can't believe it! I never get headaches or feel dizzy."

I explained to my patient that headaches or dizziness could be those of hypertension, but they were also signals of many other ailments. Actually high blood pressure rarely shows symptoms. That is why it is called the silent killer. It is an enemy that can lead to heart attack, stroke and kidney failure.

This symptomless condition is one of the reasons only 20 to 50 per cent of patients stay on prescribed medication. "Why should I stay on drugs when I feel fine?"

Yet, if high blood pressure is controlled, the chances of controlling heart attack, stroke and kidney failure are the same as for a person without high blood pressure.

We are constantly learning more about hypertension. For example, no longer is the diastolic, or low reading considered the more important. My second patient was guilty of this misapprehension. When I told him his blood pressure was 190 systolic and 85 diastolic, he sighed with relief. "Thank God," he said. "I understand the diastolic figure is the important one, and mine's below ninety."

I shook my head and told him a recent study made with 3,000 hypertensive patients revealed that the systolic pressure reading was most important. This is an about-face from the former belief.

There has been a change, too, on when to treat high blood pressure. At one time a systolic of 160 and a diastolic of 105 were considered serious enough to institute treatment. Now physicians are recommending that patients be concerned with readings of 140 over 90, and control measures are recommended.

What are the rewards of lower blood pressure? For one thing, the chances of getting stroke and heart and kidney diseases are markedly reduced. If, for example, your blood pressure is 90 over 50, be glad. You have the potential to live a long life. Only in rare cases is low blood pressure a disease.

There is an economic award, too, in having low blood pressure. Life insurance companies lower premiums for people having it.

Do guidelines exist to indicate whether an individual is a candidate for high blood pressure? There are several. Family history is one. A mother, father, or both, can pass a tendency toward hypertension on to children. Also, being overweight places a strain on the cardiovascular system and can raise blood pressure. And, as most of us know, emotional stress, worry, and anger raise blood pressure.

It does not surprise us that smoking can raise blood pressure. It may be surprising that black people have a high incidence of hypertension—one in every four over the age of 18. High blood pressure is the single biggest killer of blacks in the United States.

Pregnancy can be a factor in hypertension. And women who use oral contraceptive (the pill) suffer a two-and-one-half-times greater danger of developing the disease than women who do not use it.

Age can be a factor in hypertension. As the years progress, fatty deposits accumulate in the arteries, a condition termed atherosclerosis. Under these circumstances the heart must pump harder to make up for the clogged arteries. The result: hypertension. The ingestion of salt through the years can be a factor in hypertension among the elderly.

It should be emphasized that age does not automatically mean high blood pressure. On the other hand, even children are not immune from it. It is estimated that some 15 per cent of children have the disease. For this reason, all childern over 5 years of age should receive a blood pressure check.

If I have painted a somewhat grim picture for people afflicted with high blood pressure, I want to brighten it immediately. There is an excellent possibility that medication need not be required. I state this because we doctors see people every day with blood pressure in the range of 160 over 100, who stop salt ingestion and within months reduce their pressures to normal 140 over 86.

It is my custom to reduce the risk factors before prescribing medication. Here are the goals I ask my patients to achieve:

Reduce weight. The correlation between high blood pressure and obesity has been consistently demonstrated.

Stop smoking. Nicotine is the main ogre responsible for elevated blood pressures. Smokers also have the increased risk of stroke and heart attack.

Reduce salt intake. The percentage of hypertensives in a given area varies directly with their salt intake. How effective is the reduction of salt ingestion? Consider the Alaska Eskimo with a salt ingestion of less than four grams per day and no hypertension. Now consider the people of northern Japan, with a daily average salt intake of more than twenty grams. And forty per cent of the population there has hypertension!

Monitor oral contraceptives. Women on the pill exhibit a sligt rise in blood pressure. But only five per cent develop hypertension. These five per cent should employ other methods of contraception.

Reduce stress. It is well known that blood pressures vary in relation to the emotional stress. What can be done? Relaxation techniques help many hypertensives to reduce blood pressures.

Exercise. Avoid the sedentary life style. Exercise is the best therapy in the world. It can prevent more diseases, cure more problems, and tranquillize environmental stress better than any drug. Exercise will not only reduce blood pressure, but it will also increase muscle tone, improve lung capacity, increase heart efficiency, and combat constipation, among other benefits.

Any one of the above—preferably all—can save you from a lifelong commitment to medication and best of all can prolong your life.

Courtesy : *Herald of Health*

Key-note Address delivered by Dr. J J Billing at the First International Congress for the Family of Asia and Australia held at Madras

from January 26 — February 1, 1983

For more than twenty years we have been assailed with gloomy forebodings about population growth and the environment. Demographers, economists, sociologists and statisticians have warned us that mankind is about to be overwhelmed by the tragedy of multitudes dying of starvation, and that the situation is virtually irretrievable except perhaps by a massive reduction in birth rates by whatever means are available. On the other hand, there are many demographers, economists, sociologists and statisticians with equally impressive qualifications who tell us that these assertions are totally false. What is the ordinary man to conclude? Perhaps we have here another situation where the application of commonsense leads us to saner conclusions than the overweening pronouncements of the experts. There is evidence in recent and past history and pertinent facts observable by ordinary men and women which can help to give us a balanced judgement.

Let us look at two propositions :

1. The world we inhabit can ultimately sustain only a finite number of people. This truth is self-evident, even though it is sometimes profounded as if it were a new discovery, or as if one needed a university degree to perceive it. It leads on to the questions of how many people that may be, and how much that estimate would be altered by developments in agriculture, pisciculture and veterinary science, and even by the widespread application of technology already available.

2. The vitality of a country comes primarily from its young people, and if there are to be young people there must be babies. This truth is also self-evident, although it has tended to become obscure in recent years because the evil influence of sexual permissiveness, particularly in western society, has created at first in a subtle manner but now more overtly an antagonism towards the child, perhaps the greatest perversion of conscience in society today.

We recognise, but leave aside for the moment, the fact that much of the malnutrition and poverty which exist in the world would be quickly overcome if there were a more equitable distribution of resources. This is not our brief just now, although we need to remember that measures being proposed as solutions by powerful individuals in affluent countries, not merely proposed but even imposed on those nations in which poverty is a serious problem, can often be seen to reflect an intention to preserve their own superior economic status. However, this facile solution of promoting propaganda in favour of birthcontrol, sterilisation and abortion has already boomeranged (as we would say in Australia). One can confidently predict, and there are already signs of it, that before the close of this century those same affluent countries will be reminding their citizens that they must populate or perish.

In his essay, "Should we heed the prophets of doom ?", Julian Simon, Professor of Economics and Business Administration

at the University of Illinois, and author of "The Ultimate Recourse" allows these prophets of doom to condemn themselves by their own utterances. In 1968, Paul Ehrlich in his book, "The Population Bomb", wrote : "In the 1970's .... hundreds of millions of people are going to starve to death". He also predicted that famine would kill 65 million Americans between 1980 and 1989. He spoke of "the collapse of civilisation as we know it" and "catastrophic famines, plague and probably thermonuclear war". Then in one gigantic intellectual (though not necessarily intelligent) leap he guarantees a solution in contraception, sterilisation and abortion.

Such utterances have had considerable influence on the modern mind, even so as to create a fashionable opinion in their favour. One is reminded of the statement Hilaire Belloc who said that "the modern mind" is so called in order to distinguish it from the mind.

As Simon points out, and other economists such as our Australian Colin Clark also, it is population pressure which both promotes development and enables it to occur. A country which needs to develop its natural resources and improve the welfare of its people certainly needs a substantial birth rate to achieve these objectives. In the 1600's England was alarmed about the possibility of a shortage of wood fuel; this led to the development of coal supplies. In the 1800's there was anxiety about an approaching coal crisis, and this led to the development of oil as a more desirable fuel. So now England exports both coal and oil ?

There are of course many people in the world in need of assistance to regulate their fertility. We all know that this is so. We would not be here, this magnificent Congress would never have been organised, if there were not so many people already determined to help these couples in need, determined moreover to offer them a real solution in place of these so-called solutions which have proved not only unable to solve the problem but also to have caused much harm. The solution that we propose, which in years gone by was dismissed by the sceptics as impossible, will prove to be the only one that is possible.

The focus of our concern is the family, that organic unit composed essentially of father, mother and children, whose status is determined by the basic elements of human biology. In a wider but still necessary relationship it comprises grandparents, grandchildren, aunts, uncles — a kinship group of members linked by ties of blood, marriage and adoption. It is structured to bear and rear children and to care for the young, the sick and the old, among other human needs.

The family is therefore the fundamental unit on which society is established. As Confucius said, "If there is harmony in the home there is order in the nation and peace in the world". Solidarity with the community especially its helpless and oppressed members, is the crucial element of the family mission. It is the role of the family to defend the dignity of each individual human person, to mediate between the individual and those forces which threaten his freedom and other fundamental human rights, whether those oppressive forces be governments, business enterprises, workers' guilds and unions, or any associations which concentrate within the hands of a small minority the exercise of power, thereby rendering that same minority susceptible to the corruption which power so often produces.

The family needs to be educated in order to see its role as the agent of history, lest it become its victim. The home is the primary school of education for maturity, designed to equip the growing children for their role as responsible citizens, working to build a better nation and a better world.

We must help people in government to see that by wise decisions they can help to form society in such a way that family life is enabled to grow healthy and strong. This will be accomplished if the natural goodness of the generality of people is recognised. Then people will not be alienated by oppressive laws which would coerce them into submission, but rather encouraged, by respect for their freedom and dignity, to become active, indispensable collaborators of those who both lead and serve them. The whole fabric of civilisation ultimately depends upon the existence of a moral consensus, more fundamental than enforceable law; it requires what has been called "obedience to the unenforceable".

An an extension for our love for the family we have come to Madras from many different countries and cultures. There extends from the biological family, from that fundamental nuclear family of husband, wife and children, a message of love and life which has inspired us to affirm our faith in the universal brotherhood of man, with expressions of goodwill to all.

The Regulation of Fertility

It is an unfortunate fact that many of those who share our compassion for the couple in need of help to regulate their fertility, have been deceived by the fallacy that this regulation can be achieved only by methods which either distort the sexual act itself or attack life at its source, or even worse, would destroy life after it has begun — in other words by programmes of contraception, sterilisation and abortion.

There exists in the biological order natural phenomena which can teach a woman to recognise days of infertility and days of possible fertility. It is a biological fact that women are infertile most of the time, that an act of coitus on most days in the menstrual cycle cannot possibly cause conception.

The proposal that we take advantage of what nature herself has provided has the following advantages :

1. The necessary knowledge is easy to acquire[2].
2. The knowledge can be applied not only to space pregnancies but also to help many couples who have been anxious to have chilren but so far are unable to do so.
3. The application of the knowledge does not involve druge, appliances of surgical procedures and is therefore completely harmless.
4. When the guidelines for the avoidance of pregnancy are followed, the success achieved is comparable with any other method of avoiding pregnancy, including contraceptive medication and sterilising operations[3].
5. The application of the knowledge in order to solve the problem of fertility regulation develops communication and cooperation between the husband and wife, and so strengthens the marriage.

The programmes of contraception, sterilisation and abortion have proved unable to solve the problems of fertility regulation in those countries which have the greatest need, for a variety of reasons. They were usually introduced with a fanfare to publicity and optimism but were found to grind to a stop after not so many years,

particularly because of the physical harm they caused including their irreversibility which those with antilife sentiments mistakenly thought an advantage. The important statistic in the assessment of these methods is the *prevalence* of their usage, a figure obtained from a combination of both the acceptability of the method in the first instance and the willingness of the couples to continue in its use. These methods are now finding little more than a 10% prevalence in any community, a truly hopeless figure. Now there is frantic research into newer methods of the same ilk, in fact almost totally directed into the development of easier methods of procuring abortion, of which it can be said that no civilised nation will continue indefinitely natural the social evil of abortion. It is also plain for the ordinary man and woman to see that all of these newer techniques, are directed to the efficient production of a very serious biological disturbance within the human body, usually the body of the woman, and that it is impossible to do this without the concurrent production of serious bodily harm.

We are going on in the course of the next few days to study the Ovulation Method, a method which has been verified not only by field experience but also by painstaking scientific research which began in 1963 and is still continuing. The guidelines of the Ovulation Method for the achievement or the avoidance of pregnancy are correct, and the verification of those guidelines which was first carried out in Melbourne has been confirmed by scientific workers in other parts of Australia, Italy, the United Kingdom and the United States of America. The rules for the achievement or the avoidance of pregnancy cannot be altered without disturbing the effectiveness of the method.

The modification of teaching methods is of course a different matter altogether. Educational programmes must be organised and adapted to local needs, so that we can achieve our objective of brininging this knowledge to every woman of reproductive age on earth.

Everyone is delighted that His Eminence Cardinal James Knox, President of the Pontifical Council for the Family in Rome, is here with us. He spent many years in India and holds the people of India in deep affection and respect. Many years ago he made the prediction, in the face of the permissive morality which has corrupted western society, that the people of Asia will provide leadership and a voice of sanity in the world, in regard to the development of mature attitudes towards sexuality and conjugal love. The organisation of this Congress in Madras is perhaps a sign that his prediction will prove to be correct. Let us therefore apply ourselves to our tasks with energy and enthusiasm. We have much to learn from each other.

(*Contd. from p. 7*)

to suit the environment and to attract participation.

The picture that emerges from the Narayanpur study is hopeful though not satisfying. Though the distribution of resources remains patently skewed, the mean economic standard was good relative to the other states of India, The major weakness was, however, in the quality of and access to services for human and social development. Narayanpur seems to have reached a stage of development when it could provide a living laboratory to try out alternative strategies to relate programmes integrally to people.

- Courtesy : *Future, Unicef*

Your Baby is Growing

— by **Abha Ahuja**

You, mothers must be observing the fast growth of your baby. You must be very keen in knowing various ways for facilitating your baby's rapid growth. Here are some of the suggestinos regarding general care, feeding, illness and its treatments.

General Care of Your Baby

It includes all aspects of cleanliness, feeding, general health, immunisation and care during illness. Follow these regularly to keep your child healthy and happy.

1. Take your children to the primary health centre for immunisation. All necessary vaccines should be given to the child at desired schedule.

2. Keep a rough record of child's weight and show to the doctor when you visit the clinic with your child.

3. Breast feed your child until eighteen months or two years. There is no substitute for breast milk.

4. Start giving porridge when your child is four months old.

5. Give protective food every day. These are fruits and vegetables.

6. Do not stop feeding even while sick.

7. Keep yourself aware of symptoms of cough or diarrhoea.

8. Use latrines to prevent diarrhoea and worm infections. Avoid using outside areas and road sides for toilet and wash.

9. Boil the child's drinking water.

10. Wash hands before you touch child's food.

11. Keep flies away from food. Keep all food articles covered.

12. Do not let your baby to eat dust and dirt.

13. Make Glucose-salt solution or salt and sugar water for your baby while suffering from diarrhoea.

14. Do not put too many clothes on your baby when suffering from fever.

15. Put a mosquito net over the baby's bed to prevent malaria.

16. Give bath often to prevent skin and eye diseases.

17. Clean your baby's eyes and ears every day.

18. Prevent vitamin 'A' deficiency—give them plenty of orange and yellow fruits and vegetables.

19. Make a child's home safe and comfortable. Do not keep things which you feel would harm the child.

Feeding Your Baby

For the maintenance of good health proper food and nutrition is essential. You should insist more on good nutritious diet for your baby because it is essential for normal rapid growth. Follow these:

1. Breast feed your baby at least until eighteen months. If possible a mother should breast feed until child weighs about 10 kg.

A poor mother cannot make a safe bottle feed and she cannot buy enough milk. A badly made bottle feed contains many micro-organisms that a child gets diarrhoea. It has so little milk that baby becomes malnourished. So breast milk should be given at least until 2 years.

2. Start giving porridge (Dalia and khicheri) at fourth month. Breast milk alone is enough for a child for the first four months. Fourth month is the best time for a child to start eating other foods. Rice, maize, millet, wheat are good staples for preparing porridge. Year old child should eat all the foods that family eat. But they must be soft or well prepared and cooked.

3. Add protein foods to porridge. Even porridge made from a good staple do not contain enough protein for a young fast growing child. Mother must add some protein food to it. Legumes are good cheap protein foods. Peas, beans, soyabeans, or groundnuts are good. Milk, eggs, meat or liver are very good protein food, but these are expensive.

4. Give protective foods to children over four months old. These are fruits and vegetable which contain minerals and vitamins. Mother should give their children yellow or orange fruits and vegetable. Carrots, papaya, pumpkins, dark green leaves are good foods to be given to a child every day.

5. Sick children need feeding—A child's body is made of protein. These proteins are slowly being destroyed all the time. If child eats enough protein food, then only can repair its body and have enough protein for growing but if child is suffering out of fever its body protein is broken down faster than normal. So child needs more protein to repair its body while sick. Energy food is also important. A child's body burns energy food to keep warm. Child burns more energy food to heat it's body and make fever. So child becomes thin and malnourished. Protein and energy foods should be given to him. If baby is too young, mother must breast feed extra often.

Giving Drugs to Your Baby

If you follow the rules for feeding young baby, you may not require to give medicines to your child. But in case you require to give drugs to your children during illness, following are some of the hints for you.

1. A standard teaspoonful is 5 ml. The doses of solid drugs are measured in grams (gm) or milligrams (mg.) A teaspoon holds about 5 ml of fluid or about 5 gm of most powders. There are about 20 drops of water in a ml.

2. You must be knowing that dose depends on weight of a child. An elder child needs more of a drug than a younger. The dose of a drug depends on a child's weight and age. Sometimes it is written on bottles in milligrams a child needs each day for every kilogram of body weight.

3. Give the right drug in the right dose at the right time intervals. For example a child is to be given four doses each day, first dose early in the morning, second about mid-day, third dose in the afternoon and the fourth late at night.

4. Learn the ways of giving drugs. Always shake the bottle before giving drugs. Check the size of a tablet and the strength of a mixture. Some mixtures are made in two strengths, one for adults and grown up children and another for babies and young children. An adult mixture can be very dangerous to babies.

5. Do not give too many drugs at the same time. If a child vomits a drug, give

another dose, because if child is seriously ill it is very important.

6. Do not give any medicine to your baby without the doctor's prescription. If you have confusion regarding doses and timings ask your doctor again without hesitation. Do not give any drug unless you are very sure of it.

7. Keep all solid drugs in dark bottles or in tins, because light may harm some of them.

8. Keep their labels at proper place. Put labels on them if not written with the name of the drug and the size of the tablets. Even you can write number of doses to be given in a day. Always read labels before use. Never use unlabelled drugs.

9. Keep liquid oral drugs, tablets, powders and pills separately from ointments, lotions or paints which are for external use only.

10. Keep all the medicines in a closed cupboard away from children's reach. Do not keep other germicides and insecticides in the same cupboard. Store them at separate place. Throw away all unnecessary expired drugs from your cupboard.

Courtesy : *Home Science*

Dr. Mahler Appointed for Third Term as WHO Director-General

Dr. Halfdan T. Mahler was on Thursday appointed by the 36th World Health Assembly meeting in Geneva for a third five-year term as Director-General of the World Health Organisation (WHO). In accepting the appointment, Dr. Mahler said, "I want to thank you very very warmly for the trust you evidently have in me by asking me to continue in the driver's seat for a few more years. I hope you will forgive me if I take the liberty of turning the tables and, instead of you explaining your vote, I explain it for you for a change. I interpret your vote as confidence in the strategy for health for all, on which we have worked so hard together, and of confidence in your secretariat which has worked so hard to support you in setting up that strategy and setting it in motion. So I shall be devoting all my energies over the next few years to maintaining and even trying to increase the momentum of that strategy and to ensuring that your secretariat continues to deserve your confidence".

Referring to WHO, "Your Organization", Dr. Mahler said he did not think any other International Organisation had succeeded in reaching unanimous agreement on a world-wide policy with such profound implications for the people who inhabit this planet, and on a specific strategy for putting that policy into practice. "At the same time", he said, "I have no illusions about the difficulties you have to face in pursuing your strategies for Health for All, whatever the level of social and economic development of your country. Quite apart from internal obstacles, the world political and economic climate hangs over us all like an ever present sword of Damocles. Yet, we have been singularly successful until now in guiding our Organization between the mine fields of international political and economic turmoil. I consider it essential that we continue to follow that route. The route to Health for All that we have mapped out together is amply wide to make it unnecessary to trespass on others' territories. All of us in the United Nations system have our special roles to play in the economic and social fields, and of course the United Nations General Assembly and Security Council in their political fields. If we allow ourselves to be lured astray into fields beyond our constitutional competence, I am afraid we will find ourselves in these very mine fields that we have been trying to avoid in the interest first and foremost of the health of the deprived people in the third world".

The Director-General felt sure that no one wanted to lose the tremendous prestige WHO has gained as an organization of Member States cooperating with one another for the health of people everywhere without distinction of race, religion, political, belief, economic or social condition, as the WHO Constitution clearly demands. "So I plead with you", he said, "to keep the objective of the Organization, and the target of Health for All that you adopted to reach that objective, I plead with you to keep them in the forefront of your minds now and in the future whenever you decide on your agenda and throughout the course of your debates".

COURTESY : *WHO*

MALAYSIAN HEALTH MINISTER ELECTED PRESIDENT OF 36TH WORLD HEALTH ASSEMBLY

WHO Director-General Calls for 'Collective Policies'

Malaysia's Minister of Health, Tan Sri Chong Hon Nyan, was elected on Tuesday, 3rd May, 1983, President of the Thirty-sixth World Health Assembly, the governing authority of the World Health Organisation (WHO). He succeeds Mr. Mamadou Diop, Minister of Health, Senegal, outgoing President. The new President has served in national posts since 1957. Prior to his present position, he was Deputy Minister of Finance in 1974-76, and Minister without Portfolio, 1976-78. He was born in Kuala Lumpur in 1924 and received his M.A. degree from Cambridge in 1955. Among decorations he holds is one awarded in 1973, which confers upon him the Honorific title, "Tan Sri".

Address of WHO Director-General

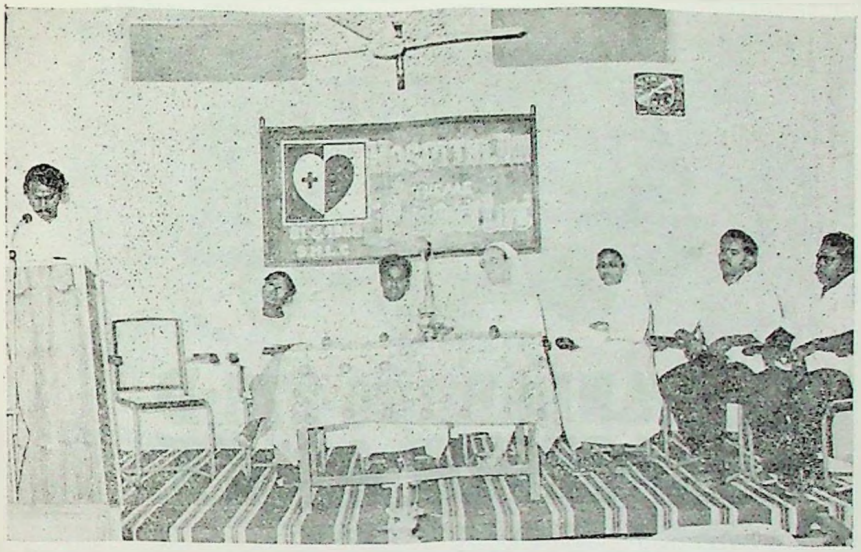
In his address to delegates Dr. Halfdan Mahler, WHO Director-General, called upon countries to "adhere to our collective policies" and requested them to provide their support to others in an enlightened manner and cooperate among themselves.

HOSPITAL SUNDAY CELEBRATIONS, 1983

The Catholic Health Care Institutions all over India celebrated Hospital Sunday as usual on the 3rd Sunday of March, i.e. 20th March, 1983. Great importance is attached to this celebration of Hospital Sunday by all Catholic Hospitals, Dispensaries and Health Centres and this was also emphasised by CHAI in its earlier circulars and issues of Medical Service. According to the reports received from all over India the day was celebrated by all colourfully and with gaiety. The following is the summary of the reports received from various institutions.

Sacred Heart Leprosy Centre, Kumbakonam, Thanjavur Dist: The staff of the Leprosy Centre expressed their grateful thanks for having got an opportunity to celebrate and participate in the function. The theme "Respect Life" was dealt with in its various aspects and the speakers stressed on Respect Life and on improving the standard of life of the people. A few quotations were read by authors of repute giving guidelines for leading happy and peaceful lives. Scriptures were also read and examples were given from the Holy Bible. It was emphasised that leprosy patients who come to the hospital have to be treated and heard compassionately as they have been physically, mentally and socially affected. Love and affection will give the patients a healing touch in addition to the treatment. One speaker said that test tube babies were produced, but it is only God that gives life to these babies. The years of childhood are impressio nable years when moral values are inrgained in them and take deep routes.

St. Joseph's Hospital, Pondicherry. The theme 'Respect Life' and its relevance was was presented to the people in a touching play, for which preparations had been made long in advance. More than 200 invitees gathered in the hospital premises. Mass was said at 5.30 p.m. The greatness of human life with convincing quotations from Mahatma Gandhi and from the Encyclical of the Holy Father Pope Paul VI was highlighted by the Vicar General Most Rev. Fr. Solomon. He stressed that conjugal love and responsible parenthood are the true concepts of the married life. Abortion was condemned in the strongest terms as a crime against God and human nature. The play "She is an unique creature" began on time. The central



Sacred Heart Leprosy Centre Sakkottai

idea of the play was that a young lady, a rape victim becomes pregnant, and the parents want her to get aborted. A lady Dr. explains the facts, the dangers and the cruelty of killing a life, with the help of slides. She also explains the methods of abortion and the manner in which the foetus struggles for life and dies. The mother of the girl, who had an abortion earlier realises with a pang in her heart, that she had killed her own child, a poor innocent, defenceless creature by abortion. The girl decides to keep the pregnancy and the mother supports her. With the help of a social worker the remaining doubts, whether to retain or abort that pregnancy got cleared. And thus a life, the tender life of a child, is preserved even though it was not conceived in love. The young mother was also given her proper place in the society. When the slides on abortion were being shown, one could hear sympathetic impressions and voices of horror. It appeared that the play had struck home the idea it wanted to convey.

St. Joseph's Hospital, Tindivanam, S.A. Dist. One of the wards of the hospital was transformed into a beautitul Chapel and the Dispensary Varandah was converted into a Dining Hall for the poor. The theme suggested by CHAI 'Respect Life' was instilled and kept alive in all the hospital activities of the day. The highlight of the day was the Holy Mass celebrated by Fr. Benjamine from the Catholic Centre, Tindivanam. In his Homily, Fr. stressed the fact that life is precious from the moment of conception, and it is of the same value whether born or unborn, young or old, and harm done to any of these was equally wrong. People brought forward their sick and little ones and Father conducted a special blessings ceremony for them before the Holy Communion. After the Holy Mass, lunch was served for about 100 poor people from the neighbouring villages. To capture the attention of the people a mini concert was organised and displayed by the hospital employees. Before the film was shown. a Dr. Sr. had explained with the help of chart

St. Joseph's Hospital, Pondicherry

the development of the baby in the womb and how people try to destroy the little lives by various means used in the hospital and by the quacks. She stressed on the moral implications of abortion saying that abortion is a murder and one who does it has to bear the guilt and shame all through life. The cooperation and attention of the people was remarkable. The function ended with a film show on nutrition and child care. Before the people dispersed, sweets were distributed to all.

St. Joseph's Hospital Tindivanam

St. Joseph's Hospital Tindivanam

Cluny Convent, Kaveripak, N.A. Dist: The day was started with a very meaningful liturgical celebration with appropriate readings, hymns and prayers were especially chosen for the occasion. Nearly 200 mothers participated from 8 villages in the class which was conducted by Dr. John Iype from Vellore. After the class, slides on abortion were shown. Each one went home very happy not only because of the refreshments they were served but because of the current notion they were able to get by attending this class.

Nirmala Rani Health Centre, Cluny Convent Devikapuram : It was decided to look at the theme as Respect for Life around for the vulnerable age group of under five. The mortality rate is rather high in this age group in rural areas and an Immunization Camp at the Health Centre was conducted with the help of the Dist. Health Officer and his team of health workers. Mothers of the seven surrounding villages were motivated to bring their children under five for measles vaccination. The compound was packed with eager and anxious mothers and yelling children all lined up and 50 children were vaccinated, but what appealed most to the children was the biscuits that were distributed. Another camp was held in the market square of the village and hence another 500 children were covered.

Social Action Dispensary, Sacred Heart Seminary, Poonamallee, Madras : The celebrations were spread over a few days. Every morning was started with reading of the Bible, prayers, hymns and instructions to all the people assembled. The instructions were generally given by a zealous catechist. Sweets and other eatables were distributed to the children. The theme 'Respect Life' was well explained by the catechist and the Sister Nurses.

Leonard Hospital, Batlagundu, Madurai Dist : The hospital team decided to make extra effort to spread the message of Respect Life and do everything in their power to fight against abortion. The points sent by CHAI were translated into the

local lanugage and displayed in the hospital as well as in the village programme. A talk on abortion on a casette was played back to the people in the hospital and there was a very instructive discussion between a patient and a priest regarding certain practical cases in abortion, where morality of the act was brougt out very clearly by the priest. It was a really enlightening talk for the public, especially the commentary given by the priest. A short prayer was the culmination of the programme.

St. Mary's General Hospital, Salem Dist. Tamil Nadu: One of the most fascinating celebrations that has emerged out of the Hospital this year is Hospital Sunday, made possible by the dynamic management of the administrators, under the able guidance of Rev. Mother Superior. To start with all assembled in front of the OPD to make an Act of Faith and take an oath of devotion and dedication to Respect for Life. The Chief Medical Officer said that they were lame without having access to the patients in times of need and suffering, blind without opening their eyes to their anguish and agony, not being able to extend their helping hands which were withered and bereft of circulation towards the sick. Thus they were impotent and powerless to show respect to life that is entrusted to their care and attention.

The celebration assumed a special significance because it signalled a plunge into hectic items of sports, with participants of various descriptions in the bright and warm sun.

A Solemn Mass was conducted for all the participants by Rev. Fr. Gabriel. In his message he dwelt on the theme Respect for Life, emphasising all the time how the members of the medical profession should have compassion and mercy on the patients entrusted to them.

The participants were served a sumptuous lunch. Then, after tea and snacks, a debate was held on Respect for Life (Abortion) in the Out-Patient's Department. Dr. Dominic acted as moderator and brought out relevant points whenever it was necessary.

The Chairman in his concluding remarks said that family planning could be adopted to stabilise the population explosion with methods approved by religious bodies by envisaging a change of the attitude of the people and motivating them to abstinence and rythm methods without resorting to embryonic murder in inculcating the concept of abortion which is detrimental to the health of the women.

Rev. Mother Superior gave away the prizes to the successful competitors and the celebration concluded with the singing of Papal Anthem.

Nirmala Hospital, Suryapet, Dist. Nalgonda, A.P.: For the first time in the history of Nirmala Hospital, Hospital Sunday was celebrated in spite of inclement weather on that day. Young and old, literate and illiterate were enthusiastic and took part in the celebrations and many of them bagged prizes.

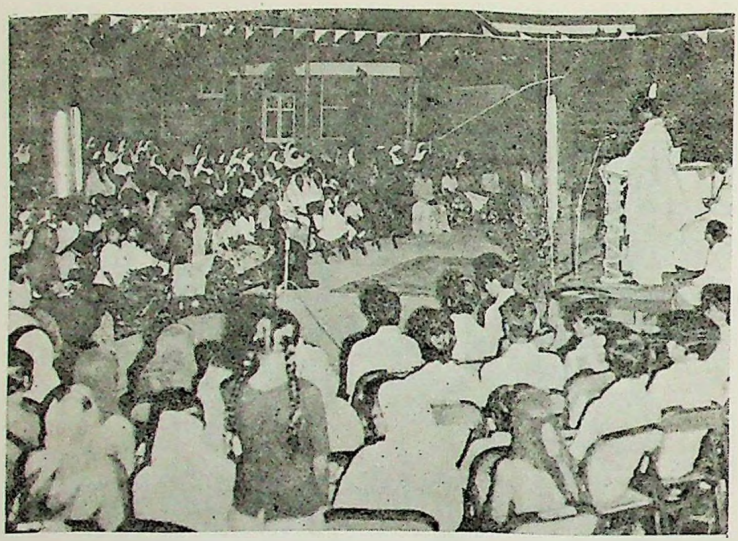
Free medical check up and treatment were given in a remote village to 283 people, Free medical check-up was also given to patients in Vangamarthy and Addagudur villages. The hospital day collection was sent for medical relief work in Assam. The celebration commenced with the Holy Mass at 8.30 a.m. The Mass was especially offered for the patients. VIPs of the Suryapet Muncipality were invited to a meeting which started at 5 p.m. Rev. Sr. Xavier, Superintendent, gave a report of the hospital service since 1966. Several speeches were made. Rev. Fr. Francis, Assistant Parish Priest,

Nirmala Hospital Suryapet, A. P.

spoke on Respect for Life. Meeting was fol lowed by variety entertainments which made everyone happy.

St. Philomina's Dispensary, Nalgonda Dist., A.P. : The celebrations started with hymns and readings from the Holy Bible. Many lactating mothers and pregnant women participated. The gravity of abortion and the consequences thereof were clearly explained to the people. The people were very happy with the prayer meeting and most of them expressed that such meetings be held more often.

St. Joseph's Hospital, Guntur, A.P. : The celebrations were held after prior discussion with the members of the staff of the Hospital. To have some variety, a discussion and conference was conducted for the staff by experts about the quality and work of human life. Pamphlets and programmes were made on the theme and distributed early. The Hospital compound was decorated with flags and the Holy Mass which started in it at 5.30 p.m. was a source of inspiration and joy for all. The Homily by Rev. P. Arogayam highlighted the day. Hundreds of people joined in the campus irrespective of colour, caste or creed and were amazed on hearing the talk on Respect Life which brought out many truths unknown to them before. The Holy Mass concluded with prayer for all the faithful and blessing of the sick. After the Mass a social movie was shown in the hospital premises.



St. Joseph's Hospital, Guntur, A. P.

St. Joseph's Hospital, Visakhapatnam, A.P. : Rev. Fr. K.E. Zacharias, Vicar General of the Diocese, celebrated the Holy Mass. The Sisters, Nurses and patients participated In his Homily Father spoke about duty towards the patients and how to continue God's healing mission in our service in the hospital or anywhere. This was followed by a meeting and cultural programme. During the meeting several Fathers spoke on Respect for Human Life, which was greatly appreciated by Doctors, Sisters, Nurses and all those who were present.

Holy Cross Hospital, Kotiyam, Quilon, Kerala: A meeting was held at 3.30 p.m. in the auditorium of the Nursing School. Rev. Fr. George Mathew presided over the meeting and spoke on the theme "Respect Life" in the Biblical context. Some Doctors of the Hospital also spoke on the same theme. The entire staff and students of the Hospital and Nursing were present. Later the students presented variety entertainments. A few educational films and a part of 'Jesus the Liberator' were screened for the patients and staff in the Hospital premises.

St. Martha's Hospital, Bangalore: It began with the Eucharistic Celebration. The theme "Respect Life" was integrated into the liturgy. The main speaker spoke very touchingly and laid emphasis on the responsibility of the medical and nursing staff to protect life. The exhibition stall in the Nurses' Hostel displayed literature on abortion, planned parenthood, etc. There was a panel discussion on the theme and this was followed by a film show on "Abortion—a woman's decision". A collection of Rupees 1,000/- was made towards the medical relief fund of CHAI.

M & R.F. Hospital, Mysore District : The celebrations was inaugurated in the morning by Rev. Fr. L. Santiago the Parish Priest. A colourful function was held in the

St. Martha's Hospital Bangalore

evening with a good stage. Distinguished guests, MLA of the place, the Municipal President, the BDO, and several other dignitaries were present. There was a gathering of more than 500 people, of which 50 per cent were non-Christians. The non-Christians were very much touched by the prayer service, which was followed by a report of the work on the value of life. The chief guests in their reply appreciated the work of the hospital and promised their support and co-operation.

Fatima Hospital, Mau, Azamgarh Dist. U.P. The celebration was started with Holy Mass in the OPD hall early in the morning followed by distribution of sweets amongst the patients. A scientific seminar was held later in the morning, which was largely attended by the doctors from the neighbouring districts.

Speakers for the first session were Dr. S. Mitra, Dr. B.N. Kapur and Dr. Bhattacharjee. This was followed by an open panel discussion on 'Shock'. The participants were Dr. B.N. Kapur, Dr. Awasthy, Dr. S. Mitra, Dr. Bhattacharjee (Moderator), Dr. J. Prasad, CMO (Chairman).

The second session started in the afternoon and the speakers were Dr. (Sr) Jude, Dr. Awasthy and Dr. Bhattacharjee.

Later all the participants were asked to give their suggestions and opinions about the seminars held and most of them were of the view that they were well organised and they wanted such seminars to be held regularly.

Pushpa Mission Hospital, Ujjain : The Hospital Day was celebrated under the auspices of the Hospital in a village Panchenpura, near Ujjain. Rev. Fr. Albert Lucas was the Chief Guest who enlightened the audience by an inspiring speech on "Respect for Human Life". He clearly explained the three aspects of harm, i.e., spiritual, physical and mental that was

inflicted on a human person. After this there was a talk by a nurse on the importance of Natural Family Planning. The celebration ended with a slide-show that enlightened further the participants on the value of human life.

St. Farncis Dispensary, Gopalpura, M.P. Hospital Sunday was celebrated according to the following programmes : (1) Bhajan Singing by Fr. Christy and Team. (ii) Reading from Word of God on healing. (iii) Bhajan. (iv) Talk on — Respect of Human Life by Fr. Mathew. (v) Blessing of the Sick. (vi) Bhajan. (vii) Talk on Gen. Hygiene — Sr. Ancilla. (viii) Small Items. (ix) Multi Vitamin by Sr. Lidia. (x) Free distribution of medicines.

Tape recorders and loud speakers were arranged for popular music and all those who were present greatly appreciated the programme.

St. Francis Hospital, Ajmer : The theme "Respect Life" was brought out very vividly. The celebration began with the Liturgical Services and Fr Aubert Carvalho gave a very inspiring Homily to show how in the medical profession one can and should respect life. There were special readings chosen for the occasion. Gifts were offered with appropriate prayers and hymns. In the evening each class put up items deplcting different ways of respecting life. Every student took active part in the celebrations.

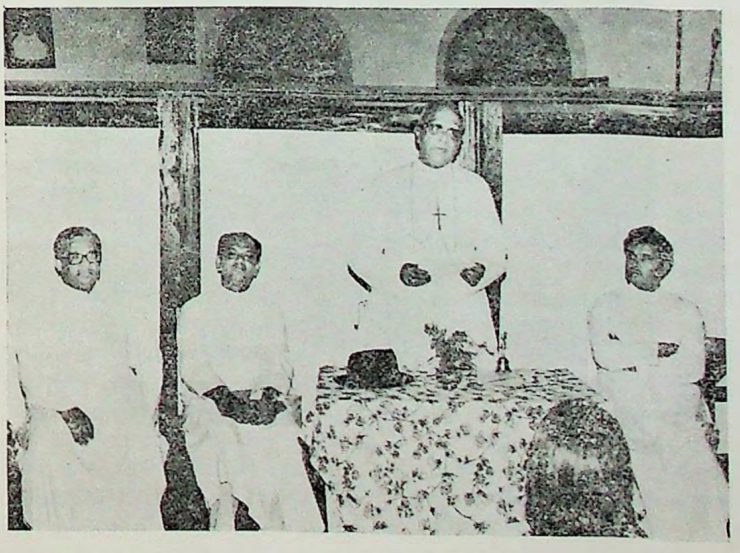
Report on Community Health Workers' Orientation Course in the Diocese of Vijayapuram

The following is a brief report of the Community Health Workers' Course held at Mount Carmel Convent, Kanjikuzhy, Kottayam, from 25 to 30th April, 1983.

The course was intended for the Aides of the Maternal and Child Health Programme of CRS and the Instructors of Natural Family Planning, who are already working in various parts of the Diocese of Vijayapuram. Thirty-nine persons working in the area of MCH and NFP participated in the course. The course which was sponsored by the Catholic Hospital Association of India, New Delhi, was conducted by Dr. K.J. Mathew and his team of doctors from the department of social and preventive medicine of Kottayam Medical College.

After the registration of participants, the Inaugural Meeting was held at 5.30 p.m. under the Presidentship of Rt. Rev. Dr. Cornelius Elanjikal, Bishop of Vijayapuram. He highlighted the importance of community health in the diocese and admonished the participants to take this programme to heart and work hard to implement it. Rev. Fr. John Vattamattom in his Inaugural Address pointed out that though there are many big hospitals in our country, the poor people in the village have no access to them. By this programme, he said, we are taking health to the people and teaching them preventive methods.

After the inaugural meeting, Fr. John Vattamattom took classes on the meaning of



Presidential Address by Rt. Rev. Fr. Cornelius Elanjikal, Bishop of Vijayapuram

Community Health and the scope of health work in rural areas. Regular classes were held from 26.4.83 to 30.4.83 on the following topics : (i) Environmental sanitation and personal hygiene; (ii) The role of women in the development of the nation; (iii) Define Community Health work and explain the terms; (iv) If you appoint a community health worker, what would be the criteria you would insist; (v) Need and methods of health education, family welfare; (vi) Communicable diseases and general measures of control; (vii) Basic anatomy, physiology and first aid; (viii) Basic concept of nutrition-practical aspects; (ix) How you would organise CHW programme in your area; (x) In the family of Thomas. your neighbour, all are permanently sick; What will you do? (xi) Child care and integration of health with other socio-economic activities; (xii) First aid.

Everyone participated very actively and the secretaries of the groups presented the reports in the evening.

The valedictory function was held at 4 p.m. on 30.4.83 presided over by His Excelency Rt. Rev. Dr. Cornelius Elanjikal. In his presidential address he thanked all the resource persons especially Rev. Fr. John Vattamattom, Executive Director of CHAI, the staff of Medical College, Kottayam, and the Community of Mount Carmel Convent, Kottayam. His Lordship distributed the course certificates to the participants. Rev. Fr. John Vattamatton assured all future assistance and requested Vijayapuram Social Service Society to have a good follow-up. The course was organised by VSSS under the dynamic leadership of Fr. Joseph John assisted by his team.

His Lordship distributes the course certificates