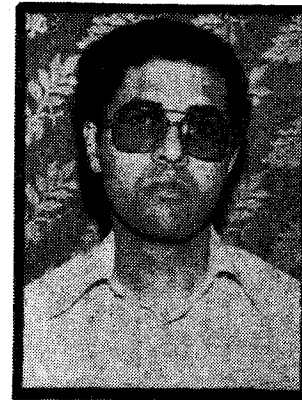
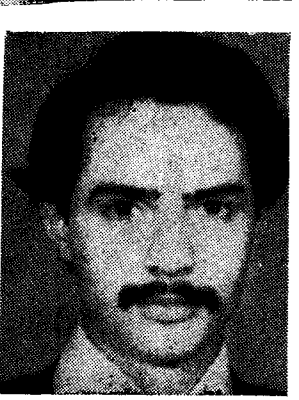
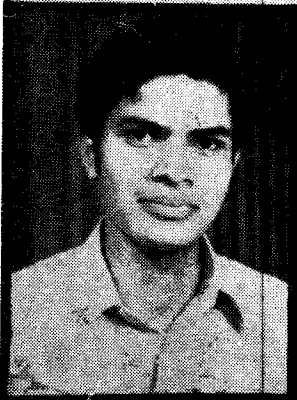


## ROLL OF HONOUR

Ist Professional

2nd Professional

3rd Professional

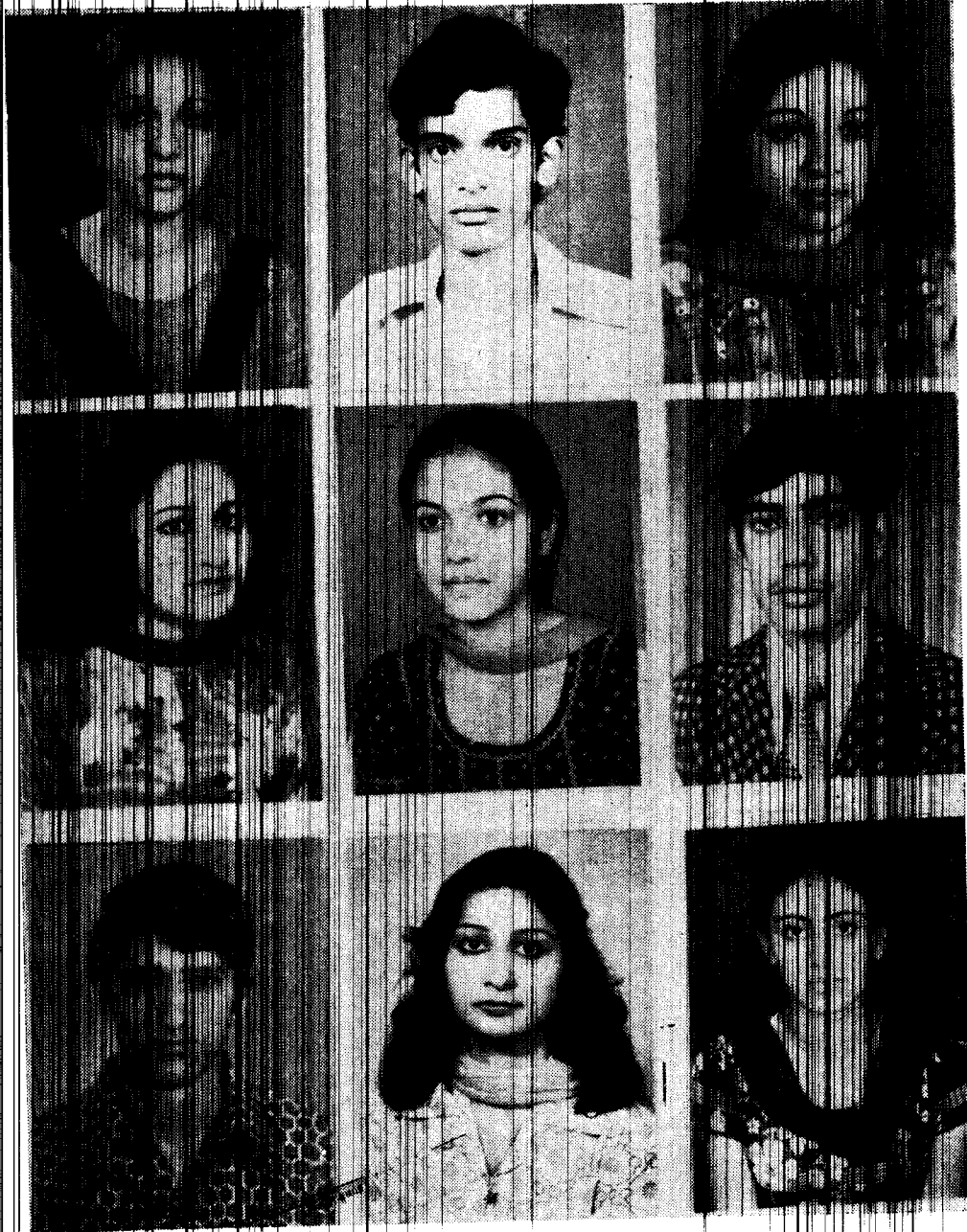


1st NATASHA  
2nd HILAIRE  
3rd AMINA

1st NAYYAR  
2nd SALMA  
3rd ZIA

1st TAHIR  
2nd NEELOFER  
3rd KHALID

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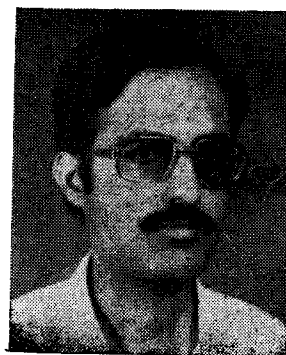
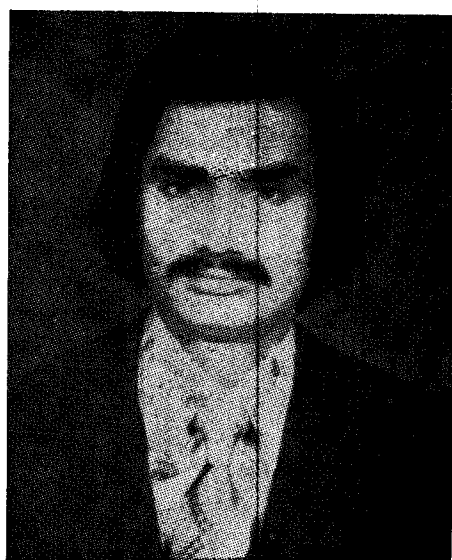
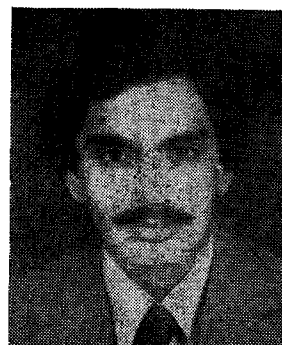
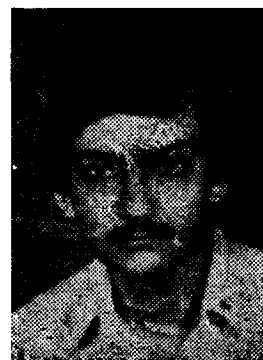
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**OBITUARY**

**Death Sees no Season, no reason no clime. Only yesterday they were among us:**

**TARIQ NAHEED ZAFAR**

**Now all are gone, the old familiar faces.  
We offer our heartfelt Condolences to the bereaved families.**

And finally a few words about the Magazine. Like my predecessors I will not endeavour to make you realize the problems associated with publishing a magazine. With God's Grace, and the good company I had, things seemed easier. I thank Mr. Sa'ad, Mr. Kamil, Mr. Sayyed and Mr. Hye for their cooperation which extended to the extent of sacrifice. While this magazine was under processing, of the six classes, three were either busy with or preparing for their examinations. As a result, the response regarding articles was not very encouraging, so we had to adopt certain articles from different sources to make the magazine interesting and presentable. I hope you like it.



**EDITOR-IN-CHIEF**

## EDITORIAL

And now when the tenure 1978-79 is faltering like a near-extinguishing flame, memories of the years' incidents flash across my mind. Events flow one by one, baring the facts long lost to oblivion.

I can see the year beginning with thundering emotions. The Solemn Oath-taking Ceremony is ruthlessly mauled. A few days later, an inequitable faracal frenzy is demonstrated in the General Body Meeting. Emotions cool gradually. Meanwhile, inconsequential gigantomachy continues.

In April when the college reopens after two and a half months' forced closure, the violent romps begin again. A surge of incidents not only washes the shores of D.M.C., but sweeps through other institutions as well, and commotion is still galore. Why all this violence? Destinies of Nations are guided by the logical visionary speculations of their founders. Destinies of Nations cannot be changed by infatuation stultiloquy, profanation, surcharged encounters or inconsequential furor loquendi, furor poeticus or furor scribendi. To change a Nations' funebre adversity, a persistent and painstakingly sincere policy based on the founding principles has to be adopted. So instead of dying for rival ideologies or acting as stultified ideopraxists obsessed with ignis-fatuus, let us remove the prepostrous parallex and together strive for the glory of Islamic Republic of Pakistan.

A gentleman once said that, "A man's nature either runs to herbs or weeds; let him seasonably water the one and destroy the other" Thirty-two years have elapsed since independence and all this while instead of herbs, we have been watering the weeds. Only ten years back, we suffered a terrible catastrophe and we came out limping in a hemiplegic state. We have barely made it though, but the situation today is not very different. As Jawad speculates, "the body politic of the nation is stagnant on its surface and it is seething underneath due to apparent limitation". Let us honestly ask ourselves, "Can we afford to follow this unwarranted course for long? No my friends, we cannot. It is still not too late. Now is the time let's rout the weeds out, let us relume the fervour, the zeal, the enthusiasm, the vigour, the determination and the sprit of freedom and democracy in our people; Let us unite and "withmight, smite the furrows" of discrepancies in our ranks, lest we mournfully say tomorrow :

"When the end came or how, we do not know,  
Others are wearing the scarlet, that was ours,  
And in our castles others come and go  
Dreaming our dreams and watching from our towers"

(Preston Clarke)

And now a word about our atomic plant : Splitting of atom has provided many new horizons for progressing Nations. If our atomic programme means peaceful new openings for us, then there is no reason why we shouldn't continue. We are a poor country with a very few resources. In this era of ever advancing technology we need new avenues to cope with ever burdening demands of power and progress. Let the super warlords say what they will, we simply cannot afford to retrieve or accept absurd limitations.

And now I think is the time to reflect upon the recent changes in the globe. Opression of nefarious forces in certain areas and endeavours to restore the pristine glory of Islam all indicate the unsurmountable surge with which the Era of Revival, the Era of Renaissance will manifest itself in the near future. I feel like quoting G.B. Shaw, who very rightly said that, "If any religion has the chance of ruling over England, nay Europe, within the next hundred years, it can only be Islam. I have always held the Religion of Muhammad (may peace be upon him) in high estimation because of its wonderful vitality. It is the only religion which appears to me to possess the assimilating capability to change the phase of existance which can make its appeal to every nation".

# FAREWELL

PROF. ZUBAIDA AZIZ





## UPON THE GROUND BENEATH, IT IS TWICE BLES

S. AKHTER

I observed a maiden sitting quietly in the Garden of the World. She was young and looked poor. Her small sensitive face was pale and seemed to be searching out the answer to some puzzling question. I turned to my companion and asked him the cause of her worry. He bade me to remain silent and to watch the tableau that was to take place down below.

The dainty nymph of a girl, not particularly pretty, looked around her and, seeing no answer to the problem that was occupying her mind, gave a despairing sigh. She wandered aimlessly here and there plucking flowers at random to make a posy, as if to give herself something to do.

And then with a start she looked up to see that she was not alone. A regal aloof figure was watching her antics with a supercilious smile on her lips. She was dressed in queenly garments and had a beauty that was but skin deep. There were lines of suffering on her face but a hardness in her eye, as if she had learnt how to combat pain. The girl turned and asked her who she was. "I am Love", answered the creation of loveliness with an arrogance of her own.

"Love", gasped the maiden, blushing with joy, "Can you help me? I want love, so that I can find a reason for my life, so that the bareness of my soul is enriched and so that the loneliness of my spirit is washed away, like a painful ache is removed from my being. Can you give me Oove?"

And at the innocence and simplicity of the girl, Love's eyes softened and her cloak of superiority and hauteur slipped down. She turned towards the girl and said, "Child, I can give you no joy. I can give you just the pain and torture that will cause you to cry out in anguish, an agony and despair that will cause you to shed a million teardrops of sorrow into the night of loneliness. I can only give you a brief ecstasy that ends in betrayal, that leaves the soul sobbing in anguish and the heart broken beyond repair."

"Why", trembled the girl at the dire fate of Love.

"Because, child, I have lost the powers to give happiness to all. Very soon my name shall be linked with Sorrow only. My two rivals, Wealth and Beauty are very popular today. Everyone turns to them. People no longer need me, for I am inconvenient to them. So I cannot help you my dear. Ask not of me what I cannot give", and the girl was left alone.

"That is not true" I argued with my companion. "Love is not Sorrow or Pain. Love is not being crushed by Wealth and Beauty. Love is happiness, joy and eternal. And my companion looked at me pityingly and asked for silence. I turned to look into the garden once more.

The maiden was somewhat disheartened and looked upset. She stood undecidingly in the middle of the garden and was thinking deeply when something attracted her attention. A smart and fashionable figure was strolling down the path. She turned towards it but before she could speak the elegant and well-dressed person spoke "I am Friendship", she said "You may not know me for I have just taken over from my father. He was an oldfashioned man and believed in Sacrifice and Eternal Friendship. Now I am much more modern and people like me more."

"Oh" said the girl, a bit timidly "And can you help me? Can you get me a friend, someone to share all my worries with, someone to talk about my difficulties".

"I'm afraid not", said the brisk woman decisively. "Not that I don't want to help you, but you see — you're too sensitive, too possessive. You'd make too many demands on me. You'd expect friendship to be forever and sacrifice and all that stuff. You'd want a person to repeatedly reassure you of his regard and to be ready to do anything for you."

"But is that so very bad", asked the girl unhappily. "Don't know about that, but it won't do in this modern world with the modern concept of friendship. You'd be a burden — I really must go . . . ." and the efficient woman walked away.

"But, I said angrily to my friend "this is all wrong. Friendship is not as it is portrayed down there. It is Sympathy, Kindness and Joy all rolled into one. It is an answer to loneliness. It is . . . ."

"It was", said my companion sadly. "Once upon a time, it was".

And the maiden looked around her helplessly and tried to control the tears which would but gather in her eyes. She walked towards a poor, sad figure lost in thoughts.

And it was near the pool that she saw an old man sitting with his head bowed down in sorrow. His body was weak with suffering and his face was lined with pain. She turned towards him, for being a sensitive creature, she could not see anyone in trouble. "Who are you and what is your sorrow?" She asked softly.

"Child" trembled the aged man, "I am Truth and my pain is such that it is causing my soul to die of an incurable disease. All my life people have tried to crush me, but due to my kind friends Courage, Honesty and Justice I always managed to shine as a light in the darkness. No one could harm, "the old man gave a despairing moan, "Alas, they are all dead and my enemies, ah so many — Greed, Corruption, Evil Avarice . . . . are increasing in strength day by day".

"Can I help you?" asked the tender hearted maiden, for the lonely story of the old man seemed similar to her own.

"No, child — you cannot help me, and besides", the old man smiled painfully "Association with me will give you more Pain than Joy for you are a sensitive creature. By my side you will taste such bitterness, that you will wonder at the reason of your existence. Go child and live in your dream world. It may give you happiness. I cannot".

"Look" I began hotly.

"Patience, my friend", said my companion. "Think before you speak, when is the last time you saw real truth?"

The young girl was crying now and the unhappiness in her tears smote a cry from my heart too. "Do you mean to say that there is no place for this child, young, sensitive and poor in this world of joy and happiness?" I asked. My companion pointed downwards.

A sturdy being with a wise twinkle and a compassionate smile was bent over the object of our observation. "Come, child, it cannot be as bad as that", said a cheerful voice.

"It is bad", sobbed the girl. "It is very bad. I cannot have Love as I am plain and poor. Friendship wants nothing to do with me as I am too oldfashioned and clinging and

Truth will not help me because he fears I am too sensitive to be with him. Where am I to go?"

"Well child, you could come with me but it won't be a very enjoyable experience. I do have companions but they might bore you". said the kind person. "Who are you?", asked the girl trembling between her tears with uncertainty.

"Why, Knowledge, of course", said the sturdy man smiling down at her. "You're welcome to come with me for my doors are open to all but I now live in the Valley of Loneliness. Want to come?" And the girl smiled and clasped the outstretched hand and walked away happily.

"She was a sensible one", said my companion. "I have seen others who preferred the brief ecstasy of Love or to become a burden on Friendship".

"Do you see this sort of thing, often?" I was forced to ask.

"Oh! Yes" said my companion. "Practically every day".

"Who are you?" I questioned curiously.

"Life", answered my companion and I was alone.

---

WITH THE BEST COMPLIMENTS

OF

M. M. Isphani Limited

WEST WHARF KARACHI.

# PROCEEDINGS OF ANNUAL SPORTS



# PROCEEDINGS OF ANNUAL SPORTS



**WINNERS OF ANNUAL  
ROAD RACE**



**WINNERS OF ANNUAL  
SPORTS**



## MEET D.M.C.

Chow, Outsider, how do you do ?  
Shall I introduce D.M.C. to you ?

I accept it gives the impression  
Of a fun and laughter exhibition

But these are the new times you see  
And we like doctors full of glee.

The canteen crowd makes you sour ?  
But it is the lecture hour.

So it comes as no surprise,  
Lecture halls are three but canteens five.

For two of them are playing ball  
And the rest jumping rope around the hall

Dear outsider don't run from this mess  
I assure you all the maniacs are harmless.

The audience shouting laughing and gay  
Are they showing a comedy, you say ?

But one thing you wouldn't understand  
In here where knowledge should expand

Unless one is happy and gay  
Knowledge would just slip away

And just throw a rocket or two  
Its to keep our friends awake, we do !

That if in the exams you founder  
Atleast you'll be fit as a compounder.

That's the way to identify,  
And remember red or blue dye

Do you say, You'd rather not ?  
Come on, don't talk such rot.

Of cheerful groups happy and gay  
Chattering, laughing and talking away.

O.K. then lets start our trip,  
But first of all a coke we'll sip.

Traditionally here time you pass  
When you are bored in the class.

In the dissection hall we see  
A group ever so loud and merry

But on closer inspection is seen  
The rope is a cadaver's small intestine.

Did you ask about a movie hall  
Complete with stage mikes and all

Dear Outsider, our lecture hall  
To take all students can't be small

So if we pass comments and shout  
Of what the lecture is about

Now pack and tie label and seal,  
Because the pharma people feel

Cobweb or fishing net  
You must make a bet

Patho slides make one so sore  
'Cause trouble sought at the core.

Now from this world of woes  
We go to a world of arrows and bows

Murdered bodies and suicide cases,  
Cadavers with staring faces.

Who killed him, why and how,  
What is his condition now

Medicine ENT, surgery  
Interesting subjects to study.

Is so much of proportion  
It fills you with strange emotion.

Social evenings, movies and picnic  
Where you can have your pick.

With world of debates, acting and song,  
Our extra curricular list is long.

Every sport under the sun  
Is played in DMC for fun.

Gone are the days of the modest healer  
Today's doctor is a friendly feller.

Of cure and healing he doesn't rave  
What a cheerful fellow to send you to your grave !

Hanging, throttling and cut-throat,  
Lovely topics on which you'll dote.

Bodies bleeding, bodies stinking  
In their midst you'll so the shinking

Forsenic medicine, what a topic !  
So outsider, let us drop it.

Dear outsider you do realize  
The ratio between brain and book size

Overburdening of a little mind,  
Means outlets for fun it has to find.

Dear Outsider you must not think  
That due to studies we have no link

Dear Outsider, we are not such snobs  
As to forget sport in being the nob's.

So dear Outsider, I say "Hurray !"  
For our doctors of today

So what if his knowledge is a null  
At least he's gay and not a dull

IMRANA AFRIDI  
4th Year



*The other day I was going through the Cricket digest, when I suddenly remembered . . . .*

## **THE MATCHLESS MATCH**

KHALID ISMAIL  
IVth Year

It was one of those beautiful mornings when one wishes to do something that the girls of DMC decided to do something and a cricket match was arranged with the Home Economics Girls College.

Every minute a new coach was born and during those eventful days of rehearsals those blabbering stooges would stage a lot of action and with wrinkles of idiocy on their foreheads you could find them ever fighting amongst themselves and rolicking the mini-stadium with their worthless convictions :

'Not like this' and 'Not like that'  
And 'But like this' and 'Yes like that'.

Eventually under the vigilant coaching of uncoached coaches, an uncomposed sort of team was composed. The pending issue of the unsettling date was finally settled and the girls set out one fine morning, with high hopes to make history at the Home Economics ground.

The players were, as I presume, greeted with screams and shrieks and all sorts of such noises, which can very easily be produced, provided you are estrogenic in nature and endowed with supersonic resonators instead of vocal cords. After the preliminaries, the coin was tossed high up in the air and as it touched the ground, the fate had been decided. The home team was to bat.

The batswomen came amidst a thunder of clappings, bountiful shrieks and squeaks, hilarious slogans and sincere advices. Zohra stood at one end, examining the seam and perhaps planning the strategy of her attack. In she came running, the ball left her hand and zoomed past the batswoman who flashed out her bat but missed. It was a humid morning and much to the batters discomfort, the ball moved considerably and in the first over they could hardly score a couple. There was too much of noise. The crowd in high spirits was appreciating every move of the bat, whether it touched the ball or not, when all of a sudden, the lively crowd was lulled, as if fifteen hundred tongues had been cut clear and square. The fielders roared the triumphant cry of the victors. The new manoeuvre had routed the first wicket. Zohra was in a destructive mood, her attacks were agile spontaneous and devastating with a few misgivings and she credited six wickets.

Yet the score was at a tremendous acceleration. A few other bowlers were tried and were successful to some extent. But the powerful batting side rapidly put an end to any lingering DMC hopes and our limited bowling attack was completely invalidated. Nazish, who bowled the Wellesly-Hall style, perhaps had forgotten the purpose of her bowling and every limpy ball she bowled was escorted towards the VIP corner. The vice captain thought to intervene. Nazish infuriated now bowled with the inertia built up by twenty-two steps run and in the following few seconds everyone was patting her 'Well done!' In her long spell of ten overs, she credited four wickets for sixty-two runs.

Finally the home team quit with a grand total of 106 in 25 overs.

It was a weary afternoon and the girls were very tired, but with half a dozen male supporters predicting an unseen victory, the girls were filled with determination to score at least five-score-and-ten in the field. "She alone will be enough", said Romana, daring a pat on the powerful arms of Durray-Samine, who nodded stretching her countenance to a smile — the smile of a century-maker. "Nazish is there", someone said. "And don't

forget Yasmeen", added another. "I will make fifty", declared Nargis and Rohilla was confident to support till the end. Farzana, quite unaware of her smiling stars, awefully tired, drank gallons of water like a camel who stores enough water on any hot day before a long journey.

With the fielders inside the field, the DMC openers entered the ground followed by a lot of cat-callings and other fanciful noises and for a moment it seemed as if we were in some zoological garden with a lot of illogical animals, illogically trying to impress their absurd logic on logical visitors.

The DMC openers began solidly, driving with tremendous power and played many crashing drives, cover strokes and sneaky cuts, but the fielding was very tight and it was indeed very difficult to drive the ball through the gaps. Yet it was a fine start for DMC and in a couple of overs the score stood at 9 for no loss, when all of a sudden the morale of the team was shaken; fate had taken its toll; the first wicket had been lost.

After this break the home team gained a firm grip on the match. Yasmin was dismissed, brilliantly caught by the keeper after having added a couple to the total. Perveen was unfortunate. She started off fairly well but lost her confidence after she had been hit and in the last ball of the same shaky over, while attempting a straight drive, she was comfortably caught and bowled. Then Nazish came in to bat. She did play a few good strokes on both sides of the pitch but she could not battle the clouding fielders and a rare "three-tipper" sent her back to the pavilion. Rohilla, though less spectacular, kept her word and played her part bravely till the end, despite the intriguing pace onslaught.

The wickets were falling like autumn leaves. The umpire was busy raising his index finger at every HOW'S THAT! and thus heralding the approaching defeat. At such an hour came Farzana. The score card showed meagre score at the expense of a large number of wickets. Suddenly, after a profound, lingering silence, a cracking sound arose; the ball had been hit for four. The Umpire perplexed for a moment was about to raise his index finger but then realizing the situation, waved his hand parallel to the ground with a broad smile — the smile one smiles after multiple humiliations. Slow early in her innings, Farzana increased her scoring rate as the limited overs came to an end and when her total was 23, she hooked a rare bouncer and was effortlessly caught at the long leg.

With Farzana gone, the chances of success dwindled again. Now time had taken a turn. One by one the girls tried to ease off the tension and steady the rate of score, but the irritating bowlers and the brisk fielders had full control on the game. Every knight who dared was shot or speared. Though Nargis and Yasmeen Jamshed played surprisingly well and stayed in for a pretty good time but the score remained where it was and the much desired recovery did not come.

When Durray entered the ground to bat, smiles alightened the "off" faces of DMC supporters. She started aggressively and for a moment it seemed as if the faltering run rate would march majestically towards success. The few dazzling strokes she played in the first over were well fielded and consequently the score remained the same. Unfortunately, her aggression did not last long. While aiming a full blooded drive, she was caught in the covers and thus the predicted heroine of the match left the pitch sooner than expected of her, bearing the countenance of a defeated general. Neelofer, who had done well during the practice sessions, lasted only a short while, before she was caught off bat and pad for one. And thus ended the legacy of a formidable side which was completely routed in a matter of 18 overs for just 48 runs in reply to a grand Home Economics total of 106 for 8 in 25 overs.

Cheer up girls, I don't blame you. Forty-eight isn't a bad score when you look at it from another angle. After all everything has to start from the scrap. So I say :

Let bygones be bygones, I say,  
Heed to such defeats you should not pay,  
Have your time and play it out,  
In spirited mood, in sportsmens' way.

# AVP ANATOMY QUIZ



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## QUIZES

---

### CAN YOU GET YOUR TONGUE ROUND THESE?

People are often caught out by not knowing the meanings of words, but what about saying words? Can you manage these tongue-twisters? Repeat each one three times rapidly. You can make up your own method of scoring for this page.

The seething sea ceaseth and thus sufficeth us.

Preshrunk shirts.

Fanny Finch fried five floundering fish for Francis's father.

Six slim slick slender saplings.

A bloke's back brake block broke.

The sixth sheikh's sixth sheep's sick.

Are you copperbottoming 'em, my man?  
No'm, I'm aluminiuming 'em, mum.

Amidst the mists and coldest frosts,  
With barest wrists and stoutest boasts,  
He thrusts his firsts the posts  
And still insists he sees the ghosts.

The twine to three tree twigs.

Double bubble gum bubbles double.

Truly rural.

Strange strategic statistics.

Lemon liniment.

She stood at the door of Burgess's  
fish-sauce shop welcoming him in.

---

### BRAIN TWISTERS

1. Rearrange these letters—OOSWTDNERJ—to spell just one word. Not a proper name, nor anything foreign or unusual.
2. The six letters in the word 'chesty' can be arranged into only one other word in the English language. Can you find the word?
3. Are you observant enough to detect the common characteristics of these six words: deft, sighing, calmness, canopy, first and stun?
4. From these letters a single English word can be made. What is it?  
PNLLEEESSSS.

## QUIZES

---

### HOUGH NOUGH;

The spelling of English is a pitfall for most of us at some time or another. Here are some oddities for your amusement.

#### SOB STORY

Today, away from me you fly,  
Though, yesterday, to me you flew,  
So now I am disposed to cry.  
Though heretofore I never crew.

#### NOT HARD TO SWALLOW

I wonder what would help my cough;  
A cup of coughey should.  
At least it wouldn't bump me ough.  
And it *might* do me gould.

#### COMPANION PEACE

A jug of wine beneath the bough  
And milk from you contented cough  
And you beside me makes me glow  
Deliciously, from head to tow.

#### THE POINT IS MOOT

If you say, 'Boot,'  
Then why not foot?  
And on your feet,  
You should wear beet.

The wind was rough  
And cold and blough;  
She kept her hands inside her mough.

It chilled her trough,  
Her nose turned blough.  
And still the squall the faster fough.

And yet although,  
There was no snough,  
The weather was a cruel fough.

It made her cough,  
(Please do not scough);  
She coughed until her last blew ough.

---

### HOW GOOD A DETECTIVE WOULD YOU BE ? ANSWERS

1. *No.* Fingerprints of identical twins may be more dissimilar than those of total strangers.
2. *No.* Laboratories can find no sex differences, *per se*, in blood.
3. *Yes.* Arsenic is readily recovered years after death.
4. *Yes.* Grooves on a bullet fired by a Smith and Wesson twist to the right; by a Colt, to the left.
5. *No.* The would-be suicide's stranglehold would relax when he became unconscious.
6. *No.* Death by drowning is caused by asphyxia when the windpipe is clogged with water and mucus, rather than by water in the lungs.
7. *Yes.* Footprints in fresh snow can be cast in plaster after preliminary dusting with talc and spraying with shellac.
8. *No.* Although hair may be important corroborative evidence, it alone is insufficient proof.
9. *Yes.* The serial number is punched so deeply into the molecular structure of the steel that an application of metallurgical etching fluid will make it reappear.

---

## QUIZES

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### THE NATURE OF THE BEAST

1. Why do animals' eyes shine in the dark ?
2. Are bats 'as blind as bats' ?
3. Why are bulls particularly excited by the colour red ?
4. Are baby hedgehogs born head first so that the mother isn't injured by the quills ?
5. Can mice sing ?
6. Is it true that an elephant never forgets ?
7. Can a toad give you warts ?
8. Why do we so rarely find dead animals ?
9. Why don't sleeping birds fall off their perches ?
10. Are snakes slimy ?
11. How can fish jump up big waterfalls ?
12. Do fish sleep ?
13. Do crocodiles weep crocodile tears ?
14. Why don't spiders get snared in their own webs ?
15. Can horses sleep standing up ?

*Answers on page*

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### NATURE—FACT OR NATURE—FICTION ?

If you can answer correctly seven questions in the following quiz, your ability to distinguish nature facts from superstitious beliefs is better than that of most people; if 10 or more, your nature lore is exceptional.

1. A wild animal is more likely to attack you if you are afraid of it. *True or False ?*
2. Only the female mosquito ever bites you. *True or False ?*
3. Moss grows thickest on the north side of trees. *True or False ?*
4. A chameleon takes on the colour of the object on which it rests. *True or False ?*
5. A person who cannot hear at all is as deaf as an adder. *True or False ?*
6. Summer is warmer than winter because the earth is then nearer the sun. *True or False ?*
7. Beavers use their tails as trowels when building their dams. *True or False ?*
8. Venomous snakes are immune to their own poison. *True or False ?*
9. Horned toads squirt blood out of their eyes. *True or False ?*
10. If you cut an earthworm in two, each half will become a new worm. *True or False ?*
11. A shark must turn belly-up in order to bite. *True or False ?*
12. Elephants live to be several hundred years old. *True or False ?*
13. Squirrels have an accurate memory for the places where they have buried nuts. *True or False ?*

*Answers on page*

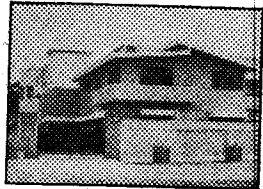
## TEASERS

1. If on February 28th you go to sleep at seven o'clock at night and you have set your alarm clock to awaken you at eight the next morning, assuming that you sleep soundly all the time, how many hours sleep will you get ?
2. Here is the beginning and ending of an everyday word. Can you fill in the middle five letters :  

Und . . . . . und ?
3. How many times can you subtract the numeral One from the numeral Twenty-five ?
4. What is the closest relation that your mother's brother's brother-in-law could be to you ?
5. How is it possible for Jim to stand behind George and George to stand behind Jim—at the same time ?
6. If you went into your kitchen and found that you had left the water running in the sink and it was rapidly covering the floor, and a mop, a bucket, a dustpan and a covered floor drain were all convenient for you to reach—what would you do *first* to prevent as much further damage as possible ?

*Answers on page*

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**(MAGAZINE SECTION)**





## CONTRADICTORY PROVERBS

Great minds run in the same channel.  
Fools think alike.

One man's meat is another man's poison.  
Sauce for the goose is sauce for the gander.

A rolling stone gathers no moss.  
A setting hen never lays.

With age comes wisdom.  
Out of the mouth of babes and sucklings come all wise sayings.

Too many cooks spoil the broth.  
Many hands make light work.

God helps him who helps himself.  
Thou shalt not steal.

Bear ye one another's burdens.  
For every man shall bear his own burden.

Seek, and ye shall find.  
Curiosity killed a cat.

Nothing venture, nothing gain.  
Fools rush in where angels fear to tread.

Save for a rainy day.  
Tomorrow will take care of itself.

Life is what we make it.  
What is to be will be.

---

## TEASERS (ANSWERS)

1. One hour. The alarm would have gone off at eight that night.
2. *Underground.*
3. Only once. After the first time, you're subtracting from twenty-four, then twenty-three, etc.
4. Father.
5. Stand back to back.
6. Turn off the water.

# QUIZES

## THE WIDE RANGE OF HUMAN STATISTICS

MEASUREMENT	NORMAL	MAXIMUM	MINIMUM
Height	Men: 4'3"-6'7" Women: 3'11"-6'1"	The tallest man on record was Robert Wadlow of Illinois, who stood 8'-11". He was a victim of pituitary gigantism.	The shortest person on record was a 16-inch dwarf reported by George Buffon, a French naturalist, in the late 18th century.
Weight	Men: 8-14 stone Women: 6-12 stone	Robert Hughes of Illinois weighed 76 stone shortly before his death in 1958.	Hopkin Hopkins, a Welsh boy who died at the age of 17, never weighed more than 17 lb.
Number of Hairs on Head	120,000 (average)	Natural blondes can have as many as 140,000.	The minimum (excluding baldness) usually occurs among natural red-heads, who can have as few as 90,000.
Body Temperature	36-70°C. (97-99°F.)	At 43°C. (110°F.), fatal haemorrhages occur, and cells degenerate and die. Recovery from temperatures higher than 43°C. is extremely rare.	At 26.4°C. (79.5°F.), the heart fails. One rare exception was a girl who recovered from 16°C. (60.8°F.).
Heart beats per minute	70	In young people, during strenuous exercise, the heart may beat as often as 270 times a minute.	55 - 60 (during sleep).
Blood Pressure	120/80 mm (at age 20)	A person with severe hypertension may develop pressure as high as 300/150—i.e., 300 mm of pressure when the heart is contracted, 150 when relaxed.	Just after birth, pressure may be as low as 74/38.
Sleep Needed per day	7-9 hr (adults)	New-born babies require 18 to 20 hr. a day.	Older people may get along on as little as 5 hr. a day.

Size of Babies at birth	7.3 lb (median)	The largest baby on record was a 23 -lb son born to a 7 -foot. Nova Scotian giantess, Mrs. Anna Bates, in 1879. Mr. Bates was 7'8" tall, weighed 33 stone.	The smallest baby known to have survived was a 12-oz girl born in the U.S. in 1936.
Births per Mother		A Russian peasant woman gave birth to 69 children—16 sets of twins, 7 sets of triplets and 4 sets of quadruplets. Few survived infancy.	
Child-Bearing Age	25.4 (median, 1961)	In 1863 a child was born to a 69-year-old Cincinnati woman.	In 1939 a child was born to a 5-year-old Peruvian Indian girl.

---

**THE ENERGY SPENT BY WOMEN AND MEN (PER MINUTE)**

WOMEN	CALORIES	MEN	CALORIES
Lying at Rest	.98	Lying at Rest	1.19
Standing	1.11	Standing	1.25
Office Work	1.31-1.72	Office Work	1.6
Peeling Potatoes	1.29	Peeling Potatoes	2.7
Washing Dishes	1.53	Washing Dishes	3.3
Washing and Dressing	3.3	Washing and Dressing	3.56
Walking	2.9	Walking	5.1
Making Beds	5.4	Making Beds	7

**NAHEED QAZI MEMORIAL ARTS AND  
CRAFTS EXHIBITION  
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### NATURE-FACT OR NATURE-FICTION ? (Answers)

1. *True.* Most savage animals are peculiarly infuriated by human terror — possibly, as some naturalists believe, because a frightened person gives off a 'scent' of fear.
2. *True.* Only the female mosquito sucks blood ; the male is content with nectar and other plant juices.
3. *False.* Moss growth depends chiefly on the exposure of the land and the direction of the prevailing winds.
4. *False.* The chameleon's colour-changes depend on temperature, emotion, health, and other factors unrelated to the chameleon's background.
5. *True.* An adder, like all other snakes, is deaf.
6. *False.* We're nearest the sun on 2nd January. We fail to get full benefit of its heat, however, because winter days are shorter, and the sun's rays are slanting.
7. *False.* The beaver employs its tail as a rudder in swimming or as a prop when standing on its hind feet.
8. *True.* Snakes are also immune to the venom of other snakes of their own species. The venom of a different species, however, can poison them.
9. *True.* The horned toad's ejection of blood, which is intended to terrify enemies, is accompanied by a popping or clicking noise.
10. *False.* The earthworm's 'head' end will grow a new tail and survive, but the 'tail' end will perish.
11. *False.* Sharks often turn over in order to attack or grip their prey more advantageously in their undershot jaws, but can bite effectively while in normal position.
12. *False.* An elephant usually shows signs of senility at 50, and a centenarian is rare.
13. *False.* Squirrels frequently forget where they hide part of their trove ; their poor memory is an important factor in the propagation of forests.

### THE NATURE OF THE BEAST (Answers)

1. Animals' eyes don't shine ; that is, they don't give off light on their own. Nocturnal animals' eyes shine for the same reason as roadside reflectors. Behind their retinas is what amounts to a cluster of mirrors. The faint moonlight or starlight in which they have to do their seeing is reflected by these mirrors and thereby multiplied.
2. By no means. Bats have complex eyes, and fly with no indication of being dazzled even in the brightest sunshine.
3. They aren't. Bulls are colour-blind.
4. All placental mammals are covered at birth by membrane ; the slippery membrane round little hedgehogs makes them non-scratchy.
5. Yes. The mouse's song is a high, wiry, warbling little trill, something like a canary's. Why don't we hear it more often ? Probably, though not certainly, because mouse music is mostly of too high frequency for us to hear it. Only occasionally does part of the song fall within our auditory range.
6. Not really, of course. What is true is that elephants have longer memories than most animals, and retain the recollection of injuries. If an elephant has been done harm to by a man, and then sees him again years later, the beast may blaze up in renewal of hatred.
7. Toads give off a slightly irritating exudation which discourages predatory animals from eating them, but the substance cannot cause a wart.
8. Most killed animals are eaten at once by others. Animals that die of disease or accident may be taken, depending on the part of the world, by vultures, jackals and so on. But an important part of the answer lies in the activities of sexton beetles, which can bury the body of a dead rabbit in a night, so that no trace remains.
9. A bird does not have to make a conscious effort to keep its toes curled firmly round a twig. The tendons that cause toe-curling pass round the back of a bird's ankle joint.

As soon as the weight of a bird's body bends this joint, as the bird takes its perching position, the tendons pull the toes into a tight curve, clamping the perch firmly.

10. *No.* Snakes are among the most fastidiously clean of all animals, and are as dry and inoffensive to the touch as a smooth-barked tree.
11. The biggest vertical leap any fish can make is not much more than six feet. The 'waterfalls' that fish ascend are mostly gradually slanted cascades and rapids, with more plenty of whirlpools and back eddies. Salmon, reputed to jump up vertical waterfalls 20 feet high, really indulge in a vigorous jumping take-off followed by swimming.
12. Having no eyelids, fishes' eyes are perpetually open. But you and I, even with our eyes open, can turn off our consciousness of the seen, choosing to be blind. A tired fish similarly relaxes into unconsciousness. The lidless eyes are still open, but the fish is asleep.
13. In fact, yes. In spirit, no. A crocodile hasn't mind enough to enable it to indulge in hypocrisy. It sheds tears whenever it opens its mouth to engulf a big victim and its jaws are forced far apart, just as our own eyes water when we yawn.
14. A spider's web is spun of a dry and not-very-elastic sort of thread. As its final touch, the spider goes over it again, spinning a new kind of thread, gummy and sticky. It breaks its original spirals and replaces them with this. This is the spider's web that catches prey, the viscid web-stuff that the spider carefully avoids after spinning. And the spider always leaves a 'free zone' in the gummy network—a safe area, where it can go scuttling with no danger of being entangled.
15. Yes, and so can many other big beasts, including elephants. When a horse stands stock-still and relaxes, its leg joints automatically lock to support it. A recumbent horse sleeps only lightly and fitfully, and rarely stays lying down long. Its heavy weight, pressed against the ground, makes the horse sore and cramped, and makes its breathing laborious.

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## A DREAM

Forget me,  
I was a dream

I saw you,  
I liked you,  
and then soon realised,  
it will be  
a short story,  
bound to end,  
any sad tomorrow

Nobody saw,  
the tears in my eyes,  
my heavy heart,  
my sleepless nights

Your ring on my finger,  
shall remind me of you forever,

But, forget me,  
I was a dream.

QAISER JAMIL  
Year 4th

---

## COMPETITION

If you really have competitive spirit, it is not the men and women with who you work that you compete with. Your real competitor is you. Instead of wasting energy wondering what he or she will do or what someone else's reactions will be, you continually try to do yourself one better. You look for challenges that give you more than financial reward. You try to do things that are socially worthwhile and make life better for someone else. And, if your chief competitor is yourself, you get along a lot better with everyone else.

---

## I & THE OTHER FELLOW

Isn't funny, when the other fellow takes a long time to do something, he's slow.  
When I take a long time to do something, I'm thorough.  
When the other fellow doesn't do it, he's lazy.  
When I don't do it, I'm busy.  
When the other fellow does it without being told, he's overstepping his bounds.  
When I go ahead and do it without being told, that's initiative.  
When the other fellow states his opinion strongly he's bullheaded.  
When I state my opinion strongly, I'm firm.  
When the other fellow overlooks a few rules of etiquette, he's rude.  
When I skip a few rules of etiquette, I'm doing my own thing.



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## HOW GOOD A DETECTIVE WOULD YOU BE ?

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1. Would you expect to find that the fingerprints of identical twins match ? *Yes or No ?*
2. The slayer, slightly wounded, left his or her blood spattered at the scene of the crime. Can science ascertain the slayer's sex from the blood spots ? *Yes or No ?*
3. The widow is suspected of having poisoned her husband, who died three years ago, with arsenic. Can this be determined if the body is exhumed ? *Yes or No ?*
4. The bullet is removed from the victim's body, but the revolver cannot be found. Is it possible to tell from the bullet alone whether the weapon was a Colt or Smith and Wesson revolver ? *Yes or No ?*
5. From all indications, the circus strong man committed suicide by choking himself to death. Is this possible ? *Yes or No ?*
6. When the body was brought to the lake surface, there was virtually no water in the lungs. Does this prove that death took place before the body was flung into the water ? *Yes or No ?*
7. You have just come across suspicious footprints in fresh snow, but they will soon melt. Can plaster casts be made of them ? *Yes or No ?*
8. In the victim's clenched fist is a strand of hair from the killer's head. Can the killer be positively identified from that alone ? *Yes or No ?*
9. The manufacturer's serial number had been filed completely off the pistol found at the scene of the murder. Can this identification be restored ? *Yes or No ?*

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## **THE MYSTERIOUS PLACEBO**

HOW THE MIND HELPS MEDICINE WORK

NORMAN COUSINS

Over long centuries, doctors have been educated by their patients to observe the prescription ritual. Most people seem to feel their complaints are not taken seriously unless they are in possession of a little slip of paper. To the patient, a prescription is a certificate of assured recovery. It is the doctor's IOU that promises good health. It is the psychological umbilical cord that provides a nourishing and continuing connection between physician and patient.

The doctor knows that it is the prescription slip itself, even more than what is written on it, that is often the vital ingredient for enabling a patient to get rid of whatever is ailing him. Drugs are not always necessary. Belief in recovery always is. And so the doctor may prescribe a placebo in cases where reassurance for the patient is far more useful than a famous-name pill three times a day.

This strange-sounding word *placebo* is pointing medical science straight in the direction of something akin to a revolution in the theory and practice of medicine. The study of the placebo is opening up vast areas of knowledge about the way the human body heals itself and about the mysterious ability of the brain to order biochemical changes that are essential for combating disease.

The word *placebo* comes from the Latin verb meaning "to please." A placebo in the classical sense, then, is an imitation medicine — generally an innocuous milk-sugar tablet dressed up like an authentic pill — given more for the purpose of placating a patient than for meeting a clearly diagnosed organic need. The placebo's most frequent use in recent years, however, has been in the testing of new drugs. Effects achieved by the preparation being tested are measured against those that follow the administration of a "dummy drug" or placebo.

For a long time, placebos were in general disrepute with a large part of the medical profession. The term, for many doctors, had connotations of quack remedies. There was also a feeling that placebos were largely a shortcut for some practitioners who were unable to take the time and trouble to get at the real source of a patient's malaise.

Today, however, the once lowly placebo is receiving serious attention from medical scholars. Medical investigators have found substantial evidence showing that the placebo not only can be made to look like a powerful medication but can actually act like a medication. They regard it not just as a physician's psychological prop in the treatment of certain patients but as an authentic therapeutic agent for altering body chemistry and for helping to mobilize the body's defenses in combating disorder or disease.

While the way the placebo works inside the body is still not completely understood, some placebo researchers theorize that it activates the cerebral cortex, which in turn switches on the endocrine system in general and the adrenal glands in particular. Whatever the precise pathways through the mind and body, enough evidence already exists to indicate that placebos can be as potent as — and sometimes more potent than — the active drugs they replace.

It is obviously absurd to say that doctors should never prescribe pharmacologically active drugs. There are times when medication is absolutely essential. But the good doctor is

always mindful of its power. No greater popular fallacy exists about medicine than that a drug is like an arrow that can be shot at a particularized target. Its actual effect is more like a shower of porcupine quills. Any drug — or food, for that matter — goes through a process in which the human system breaks it down for use by the whole.

There is almost no drug, therefore, that does not have some side effects. And the more vaunted the prescription — antibiotics, cortisone, tranquilizers, antihypertensive compounds, anti-inflammatory agents, muscle relaxers — the greater the problem of adverse side effects. Drugs can alter or rearrange the balances in the bloodstream. They can cause the blood to clot faster or slower. They can reduce the level of oxygen in the blood. They can prod the endocrine system, increase the flow of hydrochloric acid to the stomach, slow down or speed up the passage of blood through the heart, impair the bloodmaking function of the body by depressing the bone marrow, reduce or increase blood pressure, or affect the sodium-potassium exchange, which has a vital part in the body's chemical balance.

The problem posed by many drugs is that they do these things apart from the purpose intended by the physician. There is always the need, therefore, for the doctor to balance off the particularized therapy against the generalized dangers. The more powerful the drug, the more precarious his balancing act.

Complicating the doctor's dilemma about drugs is the fact that many people tend to regard drugs as though they were automobiles. Each year has to have its new models, and the more powerful the better. Too many patients feel the doctor is lacking unless a prescription calls for a new antibiotic or other miracle drug that the patient has heard about from a friend or read about in the press.

Because of the very real dangers associated with powerful new drugs, the prudent modern physician takes full advantage of his freedom of choice, specifying potent drugs when he feels they are absolutely necessary, but disregarding them, prescribing placebos or nothing at all, when they are not.

A hypothetical illustration of how a placebo works is the case of a young businessman who complains of severe headaches and abdominal pains. After listening carefully to the patient describe not only his pains but his problems, the physician decides that the businessman is suffering from a common disease of the 20th century: stress. The fact that stress doesn't come from germs or viruses doesn't make its effects any the less serious. Apart from severe illness, it can lead to alcoholism, drug addiction, suicide, family breakdown, joblessness. In extreme form, stress can cause symptoms of "conversion hysteria" — a malaise described by Jean Charcot, Freud's teacher. The patient's worry and fears are converted into genuine physical symptoms that can be terribly painful or even crippling.

In sympathetic questioning, the doctor learns that the businessman is worried about the ill health of his pregnant wife and about newly hired young people in his office who seem to him to be angling for his job. The doctor recognizes that his first need is to reassure the patient that nothing is fundamentally wrong with his health. But he is careful not to suggest in any way that the man's pains are unreal or not to be taken seriously. Patients tend to think they have been accused of having imagined their symptoms, of malingering, if their complaint is diagnosed as being psychogenic in origin.

The doctor knows that his patient would probably be uncomfortable without a prescription. But the doctor also knows the limitations of medication. He is reluctant to prescribe tranquilizers because of what he believes would be adverse effects in this particular case. He knows that aspirin would relieve the headaches but would also complicate the gastro-intestinal problem, since even a single aspirin tablet can cause internal bleeding.

He rules out digestive aids because he knows that the stomach pains are induced by emotional problems. So the doctor writes a prescription that, first of all, cannot possibly harm the patient and, secondly, might clear up his symptoms. The doctor tells the businessman that the particular prescription will do a great deal of good and that he will recover completely. Then he takes time to discuss with his patient possible ways of meeting the problems at home and at the office.

A week later the businessman telephones the doctor to report that the prescription has worked wonders. The headaches have disappeared and the abdominal pains have lessened. He is less apprehensive about his wife's condition following her visit to the obstetrician, and he seems to be getting along better at the office. How much longer should he take the medicine?

The doctor says that the prescription will probably not have to be refilled but to be sure to telephone if the symptoms recur.

The "wonder" pills, of course, were nothing more than placebos. They had no pharmacological properties. But they worked as well as they did for the businessman because they triggered his body's own ability to right itself, given reasonable conditions of freedom from stress and his complete confidence that the doctor knew what he was doing.

Studies show that up to 90 percent of patients who reach out for medical help are suffering from self-limiting disorders well within the range of the body's own healing powers. The most valuable physician — to a patient and to society — knows how to distinguish effectively between the large number of patients who can get well without heroic intervention and the much smaller number who can't. Such a physician loses no time in mobilizing all the scientific resources and facilities available when they are necessary, but he is careful not to slow up the natural recovery process of those who need his expert reassurance even more than they need his drugs. He may, for such people, prescribe a placebo — both because the patient feels more comfortable with a prescription in his hand and because the doctor knows that the placebo can actually serve a therapeutic purpose.

The placebo, then, is not so much a pill as a process. The process begins with the patient's confidence in the doctor and extends through to the full functioning of his own immunological and healing system. The process works not because of any magic in the tablet but because the human body is its own best apothecary and because the most successful prescriptions are those filled by the body itself.

Berton Roueche, a medical reporter, wrote an article in 1960 in which he said that the placebo derives its power from the "infinite capacity of the human mind for self-deception." This interpretation is not held by placebo scholars. They believe that the placebo is powerful not because it "fools" the body but because it translates the will to live into a physical reality. And they have been able to document the fact that the placebo triggers specific biochemical changes in the body. The fact that a placebo will have no physiological effect if the patient knows it is a placebo only confirms something about the capacity of the human body to transform hope into tangible and essential biochemical change.

The placebo is proof that there is no real separation between mind and body. Illness can begin in the mind and affect the body, or it can begin in the body and affect the mind, both of which are served by the same blood-stream. Attempts to treat most mental diseases as though they were completely free of physical causes and attempts to treat most bodily diseases as though the mind were in no way involved must be considered archaic in the light of new evidence about the way the human body functions.

Placebos will not work under all circumstances. The chances of successful use are believed to be directly proportionate to the quality of a patient's relationship with a doctor. The doctor's attitude toward the patient; his ability to convince the patient that he is not being taken lightly; his success in gaining the full confidence of the patient — all these are vital factors not just in maximizing the usefulness of a placebo but in the treatment of illness in general. In the absence of a strong relationship between doctor and patient, the use of placebos may have little point or prospect. In this sense, the doctor himself is the most powerful placebo of all.

A striking example of the doctor's role in making a placebo work can be seen in an experiment in which patients with bleeding ulcers were divided into two groups. Members of the first group were informed by the doctor that a new drug had just been developed that would undoubtedly produce relief. The second group was told by nurses that a new experimental drug would be administered, but that very little was known about its effects. Seventy percent of the people in the first group received significant relief from their ulcers. Only 25 percent of the patients in the second group experienced similar benefit. Both groups had been given the identical "drug" — a placebo.

How much scientific data has been accumulated on placebo efficacy? The medical literature in the past quarter century contains an impressive number of cases:

\* The late Dr. Henry K. Beecher, noted anaesthesiologist at Harvard University, considered the results of 15 studies involving 1,082 patients. He discovered that across the broad spectrum of these tests, 35 percent of the patients consistently experienced "satisfactory relief" when placebos were used instead of regular medication for a wide range of medical problems, including severe postoperative wound pain, seasickness, headaches, coughs and anxiety.

\* Dr. Stewart Wolf wrote that placebo effects are "neither imaginary nor necessarily suggestive in the usual sense of the word." His comments were connected to the results of a test in which a placebo induced eosinophilia — a blood condition in which specialized blood cells called eosinophils accumulate beyond their normal numbers and circulate throughout the system. Wolf also reported a test by a colleague in which a placebo reduced the amount of fat and protein in the blood.

\* When a patient suffering from Parkinson's disease was given a placebo but was told he was receiving a drug, his tremors decreased markedly. After the effects of the placebo wore off, the same substance was put into his milk without his knowledge. The tremors reappeared.

\* During a large study of mild mental depression, patients who had been treated with sophisticated stimulants were taken off the drugs and put on placebos. The patients showed exactly the same improvement as they had gained from the drugs.

\* When a group of patients were given a placebo in place of an antihistamine, 77.4 percent reported drowsiness, which is characteristic of antihistamine drugs.

\* In a study of postoperative wound pain by Beecher and Dr. Louis Lasagna, a group of patients who had just undergone surgery were alternately given morphine and placebos. Those who took morphine immediately after surgery registered a 52 percent relief factor; those who took the placebo first, 40 percent. The placebo was 77 percent as effective as morphine.



\* Eighty-eight arthritic patients were given placebos instead of aspirin or cortisone. The number of patients who benefited from the placebos was approximately the same as the number benefiting from the conventional arthritic drugs.

\* A group of medical students were invited to participate in an experiment they were told was for the purpose of testing the efficacy of a depressant and a stimulant. They were informed in detail of the effects, beneficial and adverse, that could be expected from these drugs. They were not told that both "stimulants" and "depressants" were actually placebos. More than half the students exhibited specific physiological reactions to the placebos. The pulse rate fell in 66 percent of the subjects. A decrease in arterial pressure was observed in 71 percent of the students. Adverse side effects included dizziness, abdominal distress and watery eyes.

If the placebo can do a great deal of good, it can also do a great deal of harm. The cerebral cortex stimulates negative biochemical changes just as it does positive changes. Beecher stressed as long ago as 1955 in the *Journal of the American Medical Association* that placebos can have serious toxic effects and produce physiological damage. A case in point is a study of the drug mephenesin's effect on anxiety. In some patients, it produces such adverse reactions as nausea, dizziness and palpitation. When a placebo was substituted for mephenesin, it produced identical reactions in an identical percentage of doses. One of the patients, after taking the placebo, developed a skin rash that disappeared immediately after placebo administration was stopped. Another collapsed in allergic shock when she took the drug. A third experienced abdominal pain and a build-up of fluid in her lips within 10 minutes after taking the placebo — before she had even taken the drug.

Some people are more susceptible to placebo therapy than others. Why? It used to be assumed that there was some correlation between high suggestibility and low intelligence, and that people with low IQs were therefore apt to be better placebo subjects. This theory was exploded by Dr. H. Gold at the Cornell Conference on Therapy in 1946. The higher the intelligence, said Dr. Gold on the basis of his extended studies, the greater the potential benefit from the use of placebos.

Inevitably, the use of the placebo involves contradictions. A good patient-doctor relationship is essential to the process, but what happens to that relationship when one of the partners conceals important information from the other? If the doctor tells the truth, he destroys the base on which the placebo rests. If he doesn't tell the truth, he jeopardizes a relationship built on trust.

This dilemma poses a question involving medical ethics: When is a physician justified in not being completely candid with the patient? In terminal cases, the doctor may think it unwise and even irresponsible to add desolation to pain; and so he skirts around the truth. What about drug addiction? Placebos are now being used by some doctors as a substitute for hard drugs in a systematic attempt to wean their patients away from addiction. In these cases, the patient exhibits the same response to an innocent injection of saline solution as he does to heroin or cocaine. The body's raging desire for the drug is appeased — but it doesn't pay the physiological price of the addictive poisons. Should doctors withhold such treatment because they feel it is a breach of medical ethics not to inform the patient about the true nature of the treatment?

In an even more fundamental sense, it may be asked whether it is ethical — or, what is more important, wise — for the doctor to nourish the patient's mystical belief in medication. An increasing number of doctors believe they should not encourage their patients to expect prescriptions, for they know how easy it is to deepen the patient's psychological and physiological dependence on drugs — or even on placebos, for that matter. Such an approach

carries with it the risk that the patient will go across the street to another doctor; but enough doctors break with ritual in this respect, there is hope that the patient himself will regard the prescription slip in a new light. Dr. Richard C. Cabot once wrote that "the patient has learned to expect a medicine for every symptom. He was not born with that expectation. . . . It is we physicians who are responsible for perpetuating false ideas about disease and its cure."

Another problem arises because many doctors believe not enough is known about the effects of the placebo on the structure and functions of the body's nervous system. Should the benefits of the placebo be deferred until such time as more answers are obtained?

Certainly the medical profession is not without precedent on the use of modalities or drugs about which full knowledge is still absent. Electric shock is being used in the treatment of mental disease even though doctors don't know exactly what happens inside the brain when it is jolted by high voltage. The most widely used drug in the world is aspirin, yet how it reduces inflammation is a mystery.

True, not everything is known about the placebo. But enough is known to put its continued study high on the medical and human agenda. Knowing more about the gift of life is not merely a way of satisfying random curiosity. In the end, it is what education is all about.

It is doubtful whether the placebo — or any drug for that matter — would get very far without a patient's robust will to live. For the will to live is a window on the future. It opens the individual to such help as the outside world has to offer, and it connects that help to the body's own capability for fighting disease. It enables the human body to make the most of itself. The placebo has a role to play in transforming the will to live from a poetical conception to a physical reality and a governing force.

In the end, the greatest value of the placebo is what it can tell us about life. Like a celestial chaperon, the placebo leads us through the uncharted passageways of mind and gives us a greater sense of infinity than if we were to spend all our days with our eyes hypnotically glued to the giant telescope at Mount Palomar. What we see ultimately is that the placebo isn't really necessary and that the mind can carry out its difficult and wondrous missions unprompted by little pills. The placebo is only a tangible object made essential in an age that feels uncomfortable with intangibles, an age that prefers to think that every inner effect must have an outer cause. Since it has size and shape and can be handheld, the placebo satisfies the contemporary craving for visible mechanisms and visible answers. But the placebo dissolves on scrutiny, telling us that it cannot relieve us of the need to think deeply about ourselves.

The placebo, then, is an emissary between the will to live and the body. But the emissary is expendable. If we can liberate ourselves from tangibles, we can connect hope and the will to live directly to the ability of the body to meet great threats and challenges. The mind can carry out its functions and powers over the body without the illusion of material intervention. "The mind," said John Milton, "in its own place, and in itself can make a heaven of hell, and a hell of heaven."

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# Fahimul Hasan, on behalf of the Union Welcoming Envoys of Ayat-ullah Khomini



**INFERTILITY**

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**Definition.** Failure to conceive after two years of regular married life.

**Incidence.** 7-12% of all marriages.

Cause in Female	50%
Cause in Male	25%
Cause in Both	25%

Failure to conceive during two years of adequate opportunity is justified for full investigation. If the man is over 40 years or woman over 30 years, then the investigation should be done after one year as on an average normal couple practising coitus regularly take an average of 6-7 months to achieve pregnancy. If a woman is suffering from a disability such as heart disease, hypertension, nephritis or from a communicable disease which may contraindicate pregnancy then the woman should not be encouraged for having conception, till such diseases are under control.

**CAUSES.** The causes may be : (a) Physiological (b) General (Psychological)  
(c) Pathological

*Physiological Causes :*

In males the infertility (physiological) period is during childhood before puberty and in old age.

In females it is before puberty, soon after puberty, during pregnancy, during lactation and after menopause.

*General Causes :*

General causes are mainly coital errors. Ovulation time is far from being predictable and conception is more likely if female genital tract is regularly replenished with an ample supply of active sperms. Therefore sometimes ignorance of coital approach leads to infertility.

Other psychological causes are: (a) Aparentia; (b) Dyspareunia; (c) Patient's attitude towards sex (d) Something unpleasant or unhealthy in past; and (e) Anxiety and apprehension.

*Pathological Causes :*

**Male :** The causes may be due to: (1) Production failure of sperm; (2) Sperm supply line failure. (3) Failure to deposit sperms in the posterior fornix. (4) Secretions inhibiting sperms.

1. **PRODUCTION FAILURE.** Failure to produce spermatozoa in sufficient number and with the capacity to fertilize. Reasons can be :

- (i) Incomplete development of testes.
- (ii) Late descent or non-descent of testes.
- (iii) Orchitis due to mumps.
- (iv) Damage to testes from operation or accident.
- (v) Exposure of testes to heat reduces spermatogenesis.
- (vi) Varicoele, as it raises scrotal temperature.
- (vii) Diseases of testes *e.g.*, tumours, syphilis, T.B.

2. SUPPLY LINE OBSTRUCTION. Obstruction may be due to :

- (a) Accidents or operation *e.g.*, herniorrhaphy.
- (b) Infections *e.g.*, gonorrhoea (epididymitis).
- (c) Congenital absence of vas.

3. FAILURE TO DEPOSIT SPERMATOZOA. This failure may be due to

- (a) Impotence.
- (b) Premature ejaculation.
- (c) Abnormalities of penis *e.g.*, hypospadias.
- (d) Retrograde ejaculation into the bladder, it is usually after prostatectomy.

4. SECRETION, INIMICAL TO SPERM : following Prostatitis or Seminal vesiculitis.

## INVESTIGATIONS FOR MALE

*History.* Very carefully history should be taken, following questions should particularly be asked :

Age, occupation, previous marriages; duration of marriage and use of contraceptives. If partners remained separated for significant time, previous illness; any operative procedure near genital tract, orchitis, gonorrhoea in the past; responsible for pregnancy in another woman, about coitus, frequency, whether normal and painless; onset of puberty; growth of hair and frequency of shaving.

*Examination.* (a) General (b) Local

Particularly look for : (i) abnormalities of penis; (ii) size and consistency of penis; (iii) presence of the vas; (iv) varicocele, hydrocele, hernia (v) any prostatic abnormality and (vi) scar of previous operations.

### Special Investigations :

*Semen Analysis.* The specimen is collected in dry glass container usually by masturbation and is looked for : (a) volume of fluid (b) number of spermatozoa (c) motility of spermatozoa and (d) morphology of spermatozoa.

*Chemical Analysis.* If chemical analysis of seminal fluid reveals absence of fructose, it indicates that block is at or below the level of ejaculatory duct. If retrograde ejaculation is suspected then urine is collected immediately after orgasm and examined for spermatozoa.

*Testicular biopsy.* This is particularly useful when it is not clear whether azospermia is the result of failure of spermatogenesis or of an obstruction between testes and penis.

## Treatment

Treatment is of the cause. \*Impotence and premature ejaculation may be treated by Psychotherapy \*If faulty spermatogenesis, then correction of general health, obesity etc. \*warm underclothes to be avoided while cold baths are encouraged. \*While surgically treating varicocele care should be taken not to injure arterial supply to testes. \*Administration of Vit. E, Vit. B12, small doses of thyroid and folic acid may improve spermatogenesis. \*Administration of FSH for inactive seminiferous tubules. \*Obstruction of epididymis or vas causing azospermia is treated surgically by short circuit operation. \*Artificial insemination is strongly recommended if all other methods fail to treat infertility of male.

*Pathological Causes. FEMALE.* There are four main causes:

1. *NO OVULATION.* This may be due to :

(a) Ovarian atrophy or hypoplasia (b) metropathia hemorrhagica (c) congenital absence of oophrons (d) Turner's syndrome (aplasia); (e) Hormone deficiency (f) radiations (g) surgical removals (h) inflammatory damages and (i) Stein Leventhal syndrome.

2. *PASSAGE CAUSES.* They may be : (a) Congenital (b) Acquired.

Congenital..... (i) stenosed cervix; (ii) abnormality of uterus; (iii) hypoplastic tubes.

Acquired..... (i) blockage of fallopian tube; (ii) tuberculous salpingitis; (iii) spasm at utero-tubal junctions.

3. *SECRETIONS INHIBITORY TO SPERMS.* \*chronic cervicitis \*vaginitis \*cervical mucus hostility.

4. *ENDOMETRIUM NOT RECEPTIVE TO FERTILIZED OVUM.*

(i) Tuberculous endometritis; (ii) Fibroids (iii) Asherman's syndrome (I/U adhesions).

## INVESTIGATIONS

*History :* History should be taken very carefully with particular reference to : age, puberty onset age; frequency of coitus; menstrual history; general diseases which are chronic in origin e.g., tuberculosis, diabetes; any operative procedure on pelvis or lower abdomen; family history.

*Examination* This is : (a) General (b) Local

*General examination :* One must look for general appearance, look, height and build. Secondary sex characters which include distribution of pubic and axillary hair and development of breasts.

*Local examination :* Examination of external genitalia i.e. vulva and vagina; examination of neck glands.

*Special Investigations.* 1. For Ovulation

(i) Regular menstrual period. If regular menses then 99% chances are that patient is ovulating; (ii) painful menses (dysmenorrhea) more chances of ovulatory periods (iii) ovula-

tory pain which patient feels on the sides of abdomen at the time of ovulation; (iv) vaginal discharge, during 14th, 15th and 16th day of menstrual cycle is due to ovulatory discharge (v) Mastalgia : Breast pain associated with vascular congestion confirms ovulation (vi) Test for cervical mucus : (a) Ferning's test. It is done every 3rd day after menses and it is negative during secretory phase.

(b) Spin Berkitt test : Positive during estrogenic phase—negative during secretory phase.

(vii) Basal Body Temperature. This should be measured for at least three cycles at optimum rest early in the morning under identical conditions.

(viii) Vaginal cytology. Vaginal cells are flat during estrogenic phase while in progesterone phase margins of the cells are turned up like envelopes.

(ix) Endometrial biopsy. This can be performed in outpatient with the help of Sherman's biopsy curette.

(x) Hormone assay. \*Urine \*Blood

Daily estimation of estrogen, progesterone is done. Estrogen rises at peak with ovulation. Pregnenolone rate is increased in second half of cycle.

(xi) Laparoscopy. Direct examination of ovaries for corpus luteum.

2. FOR TUBAL PATENCY TEST. These tests are done 3-10 days after menstrual period so as to take no risk of disturbing fertilized ovum. These tests are :

(a) Insufflation of tubes with CO<sub>2</sub>, Air. CO<sub>2</sub> or air is injected with cone shaped cannula through cervix and uterus to see that the gas passes to abdominal cavity and reading is noted by a needle on kymograph. To ensure that the gas has passed the tubes, following methods are adopted : (i) auscultation of the iliac fossa to hear the hissing sound of gas; (ii) patient feels pain when gas irritates diaphragm (shoulder pain); (iii) radiography helps to see gas beneath diaphragm.

**DANGERS** : (i) immediate pain with collapse and vomiting; (ii) embolism, therefore air is not used nowadays and only CO<sub>2</sub> is used which dissolves in blood and lessens danger of embolism; (iii) peritoneal reaction and infection; (iv) abortion; and (v) generalized sensitivity reactions to chemicals.

**Contraindications**. \*During menses \*immediately before and after menses \*after curettage \*when tuberculosis of genital tract is suspected \*during pregnancy \*infection of lower genital tract.

(b) **Hysterosalpingography**. This method includes injecting of non-irritant radio opaque material usually iodine through cervix into uterus and tubes. Procedure is usually conducted on x-ray table in radiology department.

(c) **Visual Patency Test**. This test may be:

Direct — e.g. Laparotomy. Indirect — e.g. according to route, peritoneoscopy, leproscopy, culdoscopy. There are certain other tests to be carried out if there seems no apparent abnormality with ovulation and tubes.



3. SPERM INVASION TEST ON CERVICAL MUCUS. At ovulation time cervical mucus is taken from the patient on a glass slide alongside a specimen of semen to study its invasion by spermatozoa microscopically.

4. POST COITAL TEST. Microscopic examination of mucus removed from cervix 6-12 hours after coitus to see preserved number of spermatozoa and their motility and activity.

*Treatment.* Treatment is according to cause. However it may be classified as :

1. GENERAL. Reassurance \*correction of coital difficulties \*correction of general ill health.

2. MEDICAL. (a) Hormone therapy. It is given when proved that there is no ovulation (b) antispasmodic for uterotubal spasm; and (c) treatment of vaginitis, cervicitis etc.

3. SURGICAL. Surgery should be performed on women less than 35 years.

(a) Dilatation of cervix, tubal insufflation and hysterosalpingography besides being diagnostic aids, are also of therapeutic value sometimes.

(b) Reconstruction operation of tubes. When blockage is caused by :

(i) Surgical injury; (ii) previous pelvic peritonitis (iii) peritubal adhesion; and (iv) mild gonococcal infection.

#### *Tubal Plastic Operation*

(a) Salpingolysis. Separation of peritubal and periovarian adhesion. Pregnancy rate after operation 30-40%.

(b) Reimplantation of tube. Excision of damaged isthmus with implantation of remaining healthy part, it is followed by pregnancy in 10-20% cases.

(c) Salpingostomy. Creation of new stoma in outer end of completely closed tube.

(d) Implantation of ovary into uterus. (Este's Operation). When it is impossible to restore tubal patency then ovary is stitched in uterine wall with its surface exposed to uterine cavity.

(e) Sometimes correction of uterine position is worthwhile for curing infertility in cases where no other abnormality is detected except retroverted uterus.

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