

## MESSAGE

”موت ہے عیش جاوداں، ذوق طلب اگر نہ ہو  
گردش آدمی ہے اور، گردش جام اور ہے“

It is with these sentiments that I write these lines for the College Magazine.

The College Journal reflects the on-going activities of the Campus. It embodies both the actions as well as the thoughts. Unless what happens is recorded and printed, it can not go in the history which is the institution by which we know an institution. To be able to write and record the affairs is, therefore, a sacred duty. This year, however, we had to toil a lot in the performance of this task. The Government had banned all drug advertisements in the Journals. This included even the Scientific Journals like ours. As a result, we did not have any money and so could not take up the work till quite late. Then too, in view of the paucity of funds, we had to radically reduce the size, leaving out a good many good papers.

Another problem which I feel plagues the extra curricular activities such as this was the irregularity in curricular work. The too often examination postponements, the extra long gaps between the various

papers and the delay in admissions all affect the recreational effort so important to keep the students ready and relaxed for the more demanding curricular work.

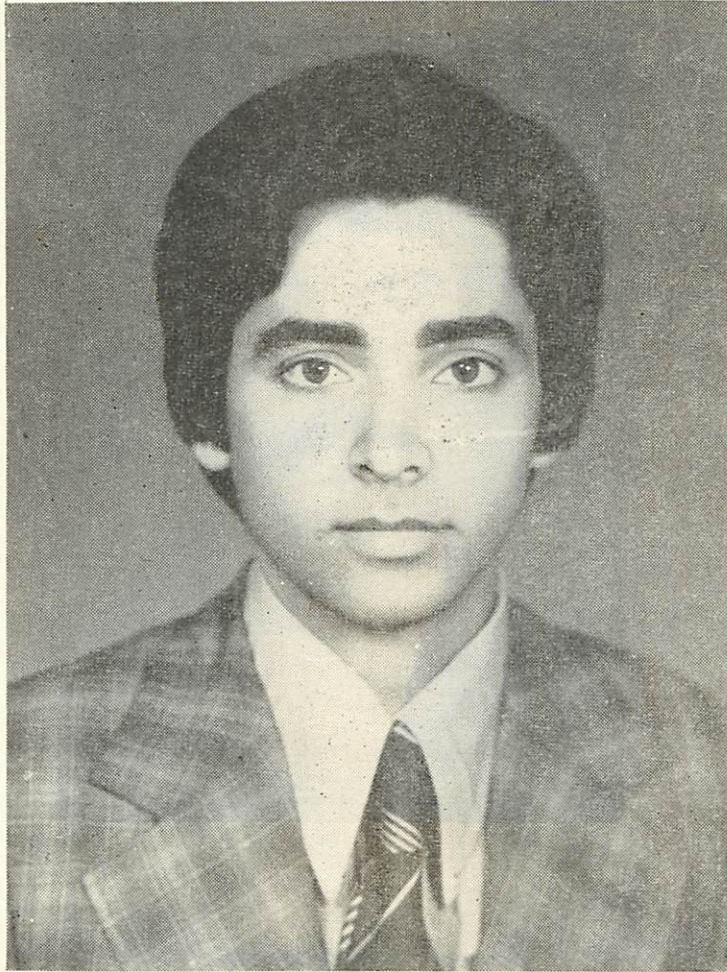
For what I could gather from the articles, etc., etc., submitted to me for approval, I can confidently foretell the future. If the Magazine maintains the same standard, there is no doubt that our student, are destined for big research jobs involving a lot more reading and writing.

During the course of our work, I was delighted with the way our students worked. Indeed, they did a splendid job. In spite of all odds, their performance was superb. I congratulate the Magazine Secretary, the Editor and other members of the Editorial Board for their devotion.



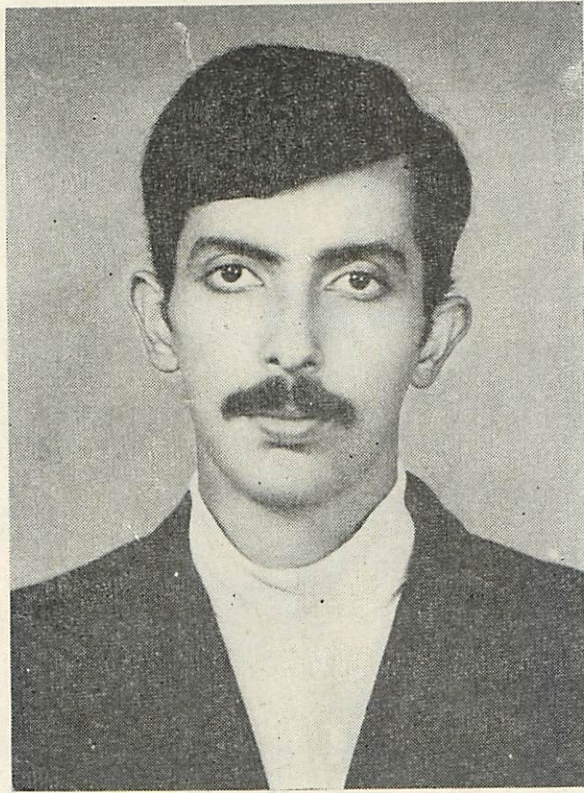
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MBBS., DLO (Lon)., FRCS., FICS.,  
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*INCHARGE*



AZIZ-UR-REHMAN

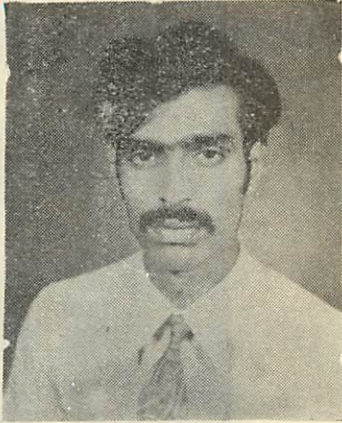
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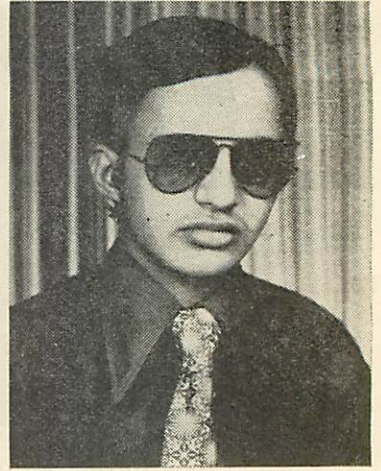


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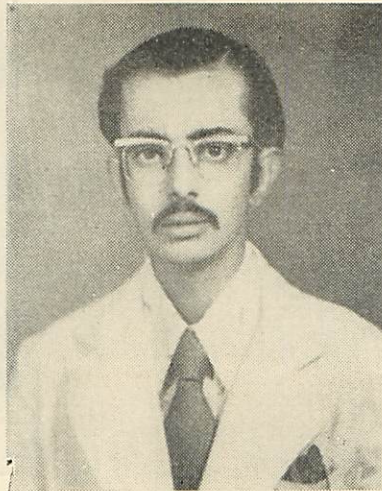
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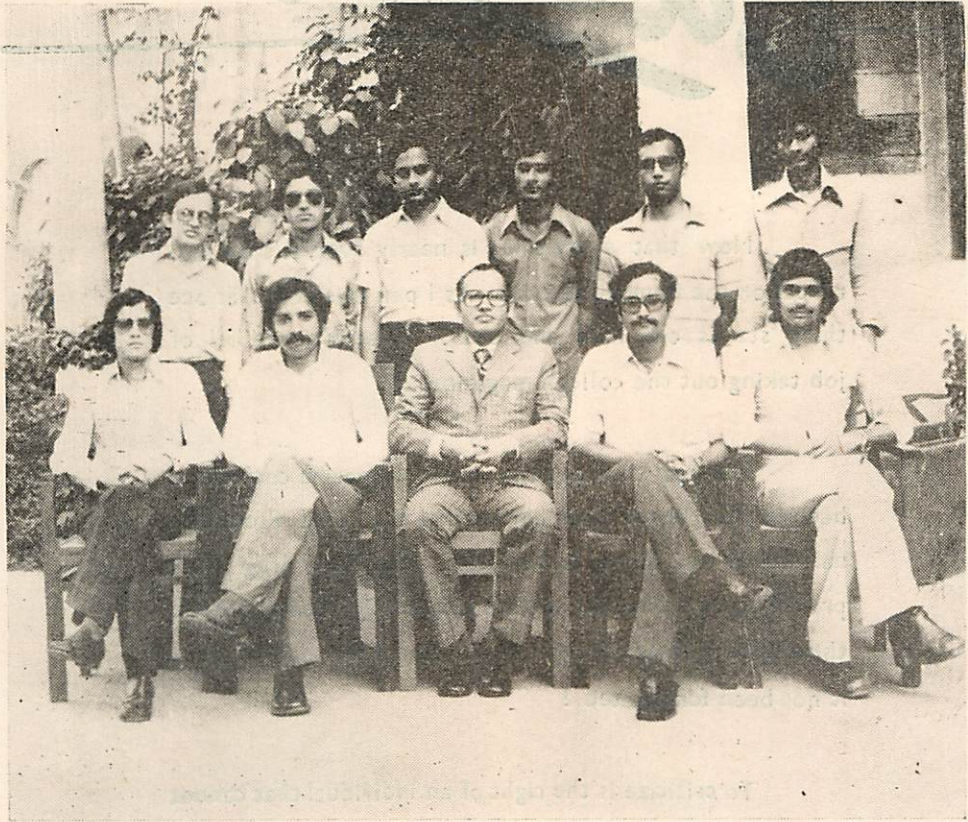


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# Editorial

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Now that every thing is nearly over, it's time to reflect on the immediate past. As I pen this editorial one thing stands out loud and clear. That it's one hell of a job taking out the college magazine.

Peahaps this and the other magazine could have been in your hands much earlier had the Third Professional exams not fallen in between. The new drug policy proved to be a financial setback too, and it's temptating to think that perhaps things would have been different had it not been formulated !

To criticize is the right of an individual that cannot be taken away or tampered with. However criticism has to be constructive in order to be usefull and in that phase is always wellcome. To criticize in order to satisfy the lust for criticism is hardly good or constructive in any way. It is not only destructive but breeds in the critic a defeatist mentality. What else can be said to such people except that you go your way and we shall go our way.



we have an aim, a motive, and a promise. We shall fulfill them, Inshallah.

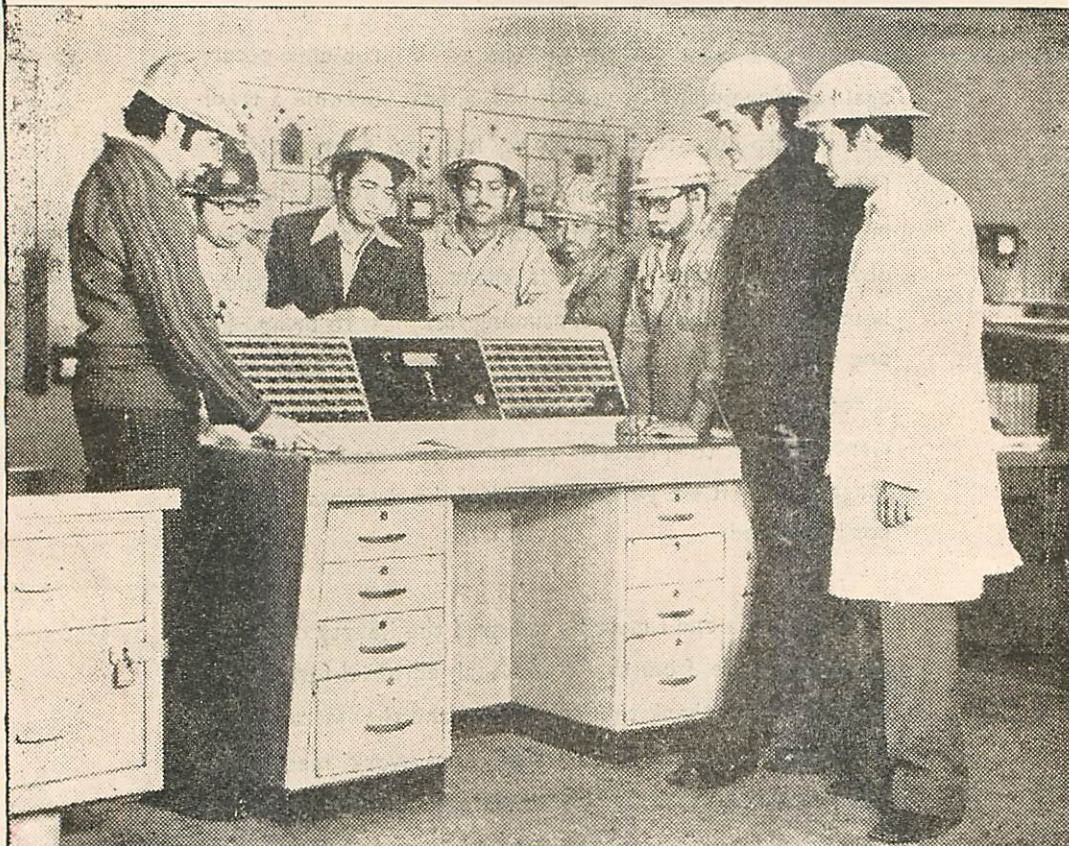
Each year inevitably the same problems occur again and again and by now it has almost become a tradition to harp upon them, Like my last year's predecessor I shall refrain from mentioning them. However, here, I must take the liberty of pointing out what is quite obvious. So much effort is spent and so many study hours lost (for it's an all consuming task) just to bring out one issue of these magazines. And yet this labour goes unrecorded. At least the Alma mater should show sufficient interest to preserve one or more copies of these magazines, It's a genuine effort of the students. Let it not be wasted.

In the end I must be allowed the liberty of transgressing a little from the traditional editorial format. I would like to thank the co-editors and the members of the magazine committee whose hard work made this result possible. At the same time we would also like to thank Prof. M. Jalisi whose help and encouragement gave us strength to complete our task.

It was God Almighty's will that it should be so and his will was done.

S. KHALID SULAIMAN  
Editor in-Chief

# management is a collective effort



It is the men who manage: from the junior most to the most senior, it is the men who manage to make an organisation work. From the men who stand outside the gates guarding the premises to the men who sit behind the desk; those who work on the field and those who work in the laboratories, the ones who work with their tools and those who work with their pens—it is the

collective effort of every soul associated with an organisation which makes it work to the utmost efficiency.

NRL has succeeded in being the best because it has the best of cooperation and coordination of the best of people —i.e. each and every member of the staff that manage NRL

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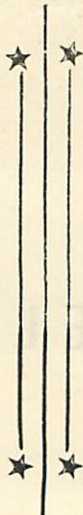
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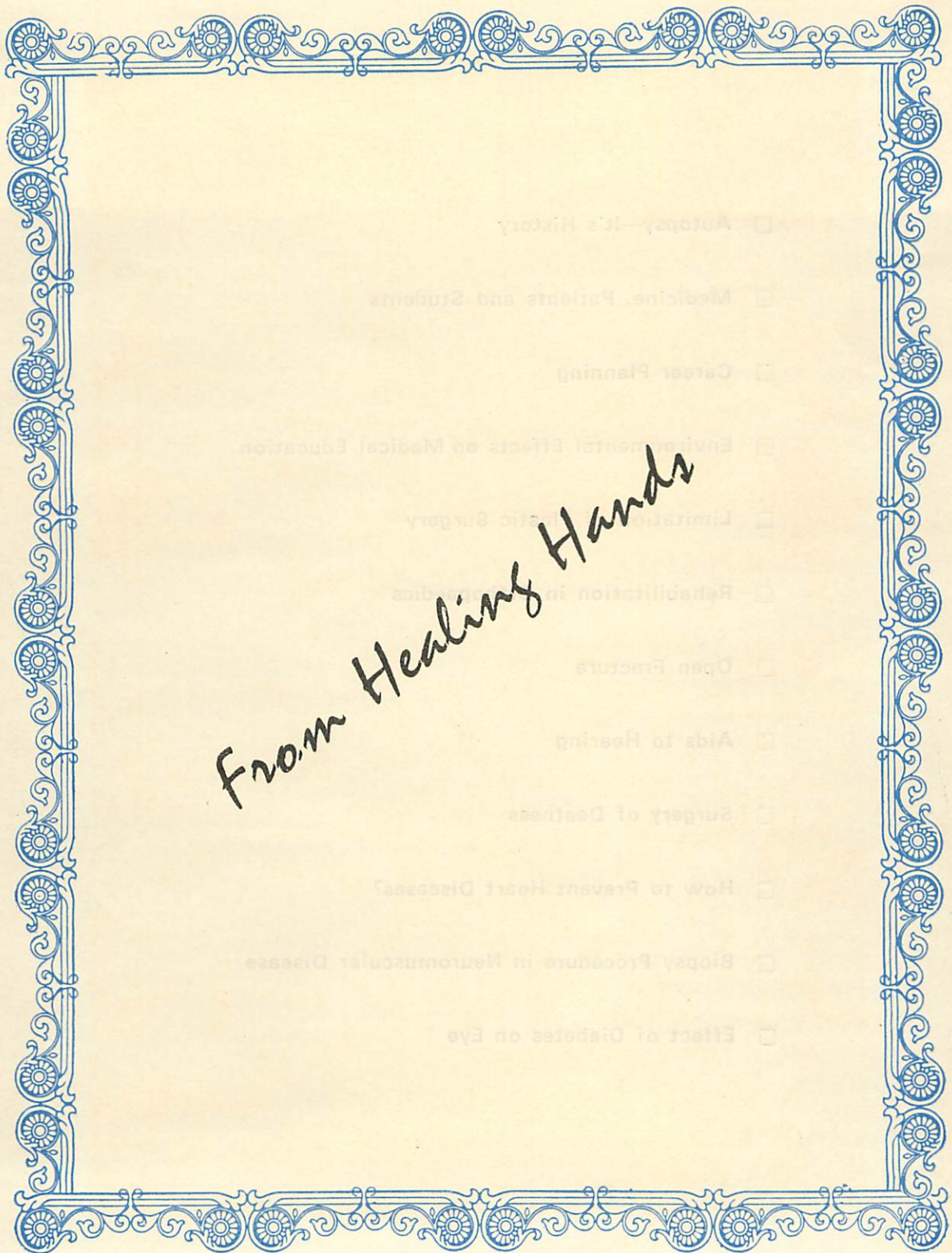
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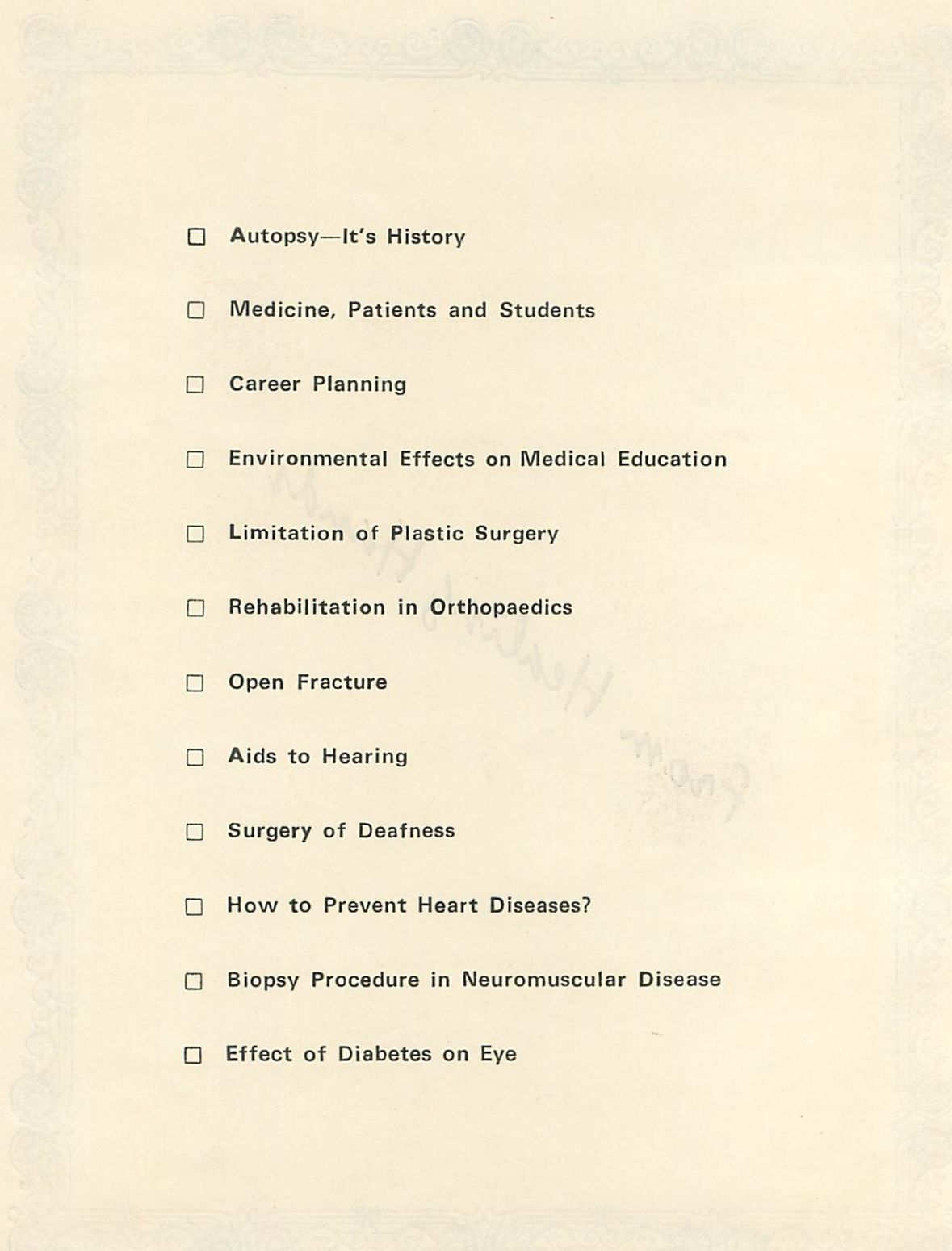
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*From Healing Hands*

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  - Medicine, Patients and Students**
  - Career Planning**
  - Environmental Effects on Medical Education**
  - Limitation of Plastic Surgery**
  - Rehabilitation in Orthopaedics**
  - Open Fracture**
  - Aids to Hearing**
  - Surgery of Deafness**
  - How to Prevent Heart Diseases?**
  - Biopsy Procedure in Neuromuscular Disease**
  - Effect of Diabetes on Eye**

# Autopsy-It's History

DR. MOHD. UMAR KHAN  
M.B.B.S., D.T.&H, F.R.S.H, SMSI  
Professor of Forensic  
Medicine and Toxicology  
Dcw Medical College and  
Civil Hospital Karachi.

From the HAMMURABI CODE (2250 B.C.) and early brick inscriptions, we learn that the medical profession was far advanced in Sumerian and Egyptian times. Babylonians were superiors in surgical than in medical practice. Their appreciation of the transmissibility of Leprosy is evident by their practice of expelling lepers from the community.

I-En-Hetop, generally regarded as the first known Physician of Egypt, lived in the third dynasty, before 2900 B.C. He was later elevated to the divine rank as the Chief God of medicine, but of his human contribution to medicine we know nothing. The ancient Egyptian practice of embalming must have exposed countless lesions of internal organs to the view of the taxicutes who eviscerated the dead body, and thus must have influenced their knowledge of Pathologic anatomy.

Post-mortem examinations have been made through centuries, often in cases of suspected poisoning. Morgagni speaks of necropsies performed in Bazantium in 6th Century to investigate the cause of plague. William of Saliceto (1201-1280) performed one medico-legal necropsy, that on the nephew of the Marchese Pallavicinie. And as Long points out the first book of Sabiceto's "Summa conservation is" (1275) is a book of special pathology containing a reference to sclerotic kidneys, correlating. Kidney disease with the onset of dropsy.

Bartoioemeo-de-varigama pupil of the celebrated Bolognese anatomist Teddeo Alderotti investigated in 1302 at the court's order,

the suspicious death of a noble man named **Azzolino**, the report of which autopsy is still existant. Doubtless such procedures were not infrequent, even the most exalted were examined. In 1401 Pope Alexander V died suddenly and therefore under suspicious circumstances his body was "Posted" by Pietro D'Argelata, a surgeon who was Guyde Claulice's most distinguished pupil.

Public dissections were soon after authorised in all the leading medical centers; the anatomic theatre of Padua was built in 1490; and necropsies (Post-mortem) are known to have been authorised and performed in Venice, Florence, Siena and Montpellier in the fourteenth century and in Vienna, Bologna, Padua, Prague, Paris and Tubingen in fifteenth century. It is only after dissections, the correct human anatomy had been laid for from the basis of sound observations.

Antonii Benivieni (1440-1502) an able Florentine surgeon, described twenty post-mortems to determine the cause of death and explain symptoms. He has emphasized the hidden or internal causes of disease. Hecker called Benivieni the father of pathologic anatomy and Garrison regarded him as the founder of pathology before Morgani.

In 16th Century FELIX PLATER (1536-1614) a swiss anatomist dissected more than 300 bodies in 50 years. He studied as a student of medicine in Italy. He made numerous pathologic observations eg. stone beneath the tongue, gigantism enlarged thymus, intestinal parasites, cystic liver and

kidney.

**THOMAS BARTHOLIN** (1616-80) son of a distinguished scholar, **CASPER**, was found teaching such diverse subjects as philosophy, ethics, theology, mathematics and medicine. His *Historiarum anatomicarum et medicarum rariorum centuriarum V et VI* and his "Epistolae" contain many pathologic observations both from clinical and post-mortem cases.

**JOHN JAKOB WEPER** (1620-95) a clinico-pathologist of 17th Century whose post-mortem studies clearly revealed the causative relation of haemorrhage beneath the dura and into the ventricles and substance of the brain in cases of apoplexy. Before his time the condition was confused although Hippocrates, Lucretius, Galen, Celsus, Paul of Aegino and others have observed the phenomenon and estimated the prognosis, but the condition was confused with syncope, with other paralysis, aphonia and sudden deaths and the explanation of the cause was quite fanciful (Obstruction of the Pneumotic humor).

**WEPER** was a famous physician who recognised the great value of necropsies and went to great trouble in procuring them. His achievement stands out as a bright beacon on the tortuous pathway of pre-Morgagnian pathology. When he died from asthma his own body was examined "as customary" and extensive sclerosis and calcification of the aorta were found.

**MORGAGNI** a greatest pathologist of his time (18th Century), was born at Florence. At the age of 14 years he showed a precocious ability to write prose and poetry and to discuss philosophic texts in public. At 15 he entered the University of Bologna where he became a pupil of Malpighi, Valsalva to whom he owed and acknowledged much. At 24 he published his first book "Adversaria Anatomica", containing notes worthy anatomical studies, which was followed by a second series of "Adversaria" and numerous "Epistolae Anatomicae". At 29 he was called to the chair of theoretic medicine at Padua, and to that of Anatomy 4 years later a chair which during 200 years was held by the matchless succession of Vasalius, Realduus, Columbus, Fabricius, Spigellus, Mar-

chetti, Valsalva and Morgani. As they all contributed to morbid as well as normal Anatomy. We can properly include them in a pathological list of honour. At Padua Morgagni taught and studied for 56 years, the last of the great Italians to be a medical focus for the civilised world. At the age of 79 years he published his last and greatest work "DE SEDIBUS ET CAUSIS MORBORUM PER ANATOMEN INDIGATIS" (1761) as a series of letters to a friend, in which 700 cases of autopsy reports, performed by himself or his associates, covered practically every phase of pathological anatomy approachable with the naked eye.

### **RENE LAENNEC**

(1781-1826) was a man of far greater importance to Pathology as well as the greatest clinician of all times. His mastery of percussion and his own discovery of auscultation, in founding the art of physical diagnosis and in unravelling the many mysteries of pulmonary therapy is worthy to be praised. He constantly practiced his belief that diseases cannot be more certainly distinguished than by their anatomical characters.

With the spread of Laennec's doctrine in the second quarter of 19th Century the English were quick to follow the new developments in France, especially were the great man of Guy's hospital successful in applying English common sense and originality to the newly opened and follow fields of correlated bedside and post-mortem room observations. Most illustrious of the group was **RICHARD BRIGHT** (1789-1858) immortalised by his description of chronic non suppurative nephritis, still known as "Bright's disease".

Associated, with Bright for many years a physician to Guy's Hospital was **THOMAS ADDISON** (1793-1860) an eminent practical clinician and diagnostician. In his monograph "On the constitutional and local effects of disease of the suprarenal gland" 1855 an expansion of an article written 6 years earlier, he not only gave the clinical and pathological picture of the "Addison's disease" but also described a very remarkable form of general anaemia, the disease pernicious Anaemia to which **TROUSSEAU** later gave the name Addisonian Anaemia.

The pathologist to Guy's Hospital, Thomas Hodgkins (1798-1866) also contributed his share to English pathologic discoveries. He correctly described aortic valvular insufficiency three years before Coerigan, with whose name the condition is usually connected. He described the clinical and pathological changes of the disease, now called Hodgkin's disease.

CARL ROKITANSKY (1804-78) correctly regarded with MORGAGNI as the greatest of all descriptive pathologists, presents the

curious combinations of great importance.

ROKITANSKY who in his fifty years is said to have performed over 30,000 autopsies himself and had material from 60,000 (Sixty thousand) available.

It is therefore clear from the observations and the Post-mortem findings of the eminent clinicians and pathologists of all the times that they discovered new diseases during autopsy and have laid stress in doing so.

---

Common sense is in medicine the master workman. With it a few good solid materials become the ways and means to practical results infinitely various and important; without it, materials ever so many and ever so good come to nothing or come to mischief.

Dr. PETER MERE LATHAM  
Lectures on Clinical Medicine, 1836

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# Medicine, Patients and Students

DR. C.W. VELLANI  
M.B.B.S. M.R.C.P.

Asstt. Professor of Medicine  
Dcw Medical College and  
Civil Hospital Karachi.

"With a glow of relief, I finally discovered the lump. It was about the size of an orange tucked under the edge of the ribs. We lined up and felt it one after the other, while Sir Lancelot locked on closely and corrected anyone going about it the wrong way. Then he pulled a red greasepencil from the top pocket of his coat and handed it to me.

"Where are you going to make the incision?" he asked. By now the patient was forgotten; it was the lump we were after. Sir Lancelot had an upsetting habit of treating the owners of lumps as if they were already rendered unconscious by the anaesthetic.

I drew a modest line over the lesion.

"Keyhole surgery!" said Sir Lancelot with contempt. "Damnable! Give me the pencil!"

He drew a broad, decisive, red sweep from the patient's ribs to below his umbilicus.

"We will open the patient like that. Then we can have a good look inside. Do you think it's going to be easy to remove?" he asked me gripping my arm.

"No sir"

"Correct—it's going to be most difficult. And dangerous. There are at least a dozen ways in which we can make a slight error and kill the patient like that!" He snapped his fingers frighteningly.

"Now—" He tapped the abdomen with his pencil as if knocking for admission. "When we have cut through the skin what is the next structure we shall meet? . . . Yes, subcutaneous fat. Then, gentlemen, we first encounter the surgeon's worst enemy." He glared at us all in turn. "What?" he demanded in general. There was no reply. "Blood!" he thundered.

At that point the patient restored his per-

sonality to the notice of his doctors by vomiting.

Richard Gordon, In,  
'Doctor in the House'

For most medics the world over, the years spent in medical school provide personal memories to last a lifetime; memories of experiences strange and comical and of youthful ardour unfettered by reality.

Memories aside the aims of students in medical school are many and varied. Apart from those who hope to better their marriage prospects or seek a prestigious position in society by reason of being a doctor, for most of us the practice of medicine is a means of earning a living; indeed, a very good living some may wish to say and as it acquisition of wealth was an automatic guarantee. Perhaps the greatest advantage of the profession is that the practitioner learns to apply his knowledge of sciences to a practical and worthwhile end; thus he is enabled to observe with interest the presentation diagnosis and natural history of disease and to examine the effects of therapeutic intervention. In this way the profession bestows upon the practitioner considerable job satisfaction, a necessary ingredient of a happy working life which is so often absent in many other occupations.

A patient is generally an unwilling customer who is driven to a doctor by the recognition of an abnormal function of his body which he cannot understand. In order to choose his doctor, a patient must rely upon hearsay evidence of the doctor's experiments with fellow humans; often he is

persuaded by a pleasant bedside manner or a Harley Street address or he may not be allowed a choice if he requires urgent attention. In any event, the patient accepts in good faith that the doctor whom he consults is competent and, at the very least, he will do him no harm. This faith imposes a considerable burden of responsibility upon the doctor which encourages him to be diligent in his work, to up-date his knowledge and to think critically about his experiences in order to provide the most appropriate care for his patients.

It is important for a doctor to recognise his limitations. A human is neither omniscient and knowledgeable of all aspects of human disease nor is he free from error. It is no disgrace to seek the advice of colleagues both senior and junior when confronted with a clinical problem. Such collaboration benefits not only the patient and doctor but serves to knit the profession and enables the dissipation of knowledge. One's colleagues are not only other medical practitioners; the contribution to patient care by nurses, technicians, physiotherapists and social workers should not be under-estimated

The concepts and management of disease are being moulded continuously which means that the process of data acquisition should continue for as long as the doctor is engaged in the treatment of patients. The growth of knowledge requires, above all, clear thinking to define a clinical problem. The answers came slowly after much enquiry when theoretical considerations are supported by evidence. The scientific method is hard, tedious and yet enticing but only in this way is it possible to assess the validity of one's thoughts. There is no place nowadays for the loosely drawn conclusions of an occasional exercise in armchair thinking unsupported by fact.

What then, should a medical student aim to do? Clearly he must digest the knowledge of disease and learn the art of its application to the patient. Study requires critical thought in order to produce in the mind a distillate of well reasoned facts; these are the principles of medicine which the student will apply to the patient. Examinations are simply methods of assessment of knowledge, mere incidents to be recalled forever usually in good humour. Thus, passing an exami-

nation by unfair assistance does not equip one to practice medicine if knowledge of the principles is lacking. In fact, the use of unfair assistance in the examinations is an exercise in self deception.

The student graduated in medicines ought to continue to increase his knowledge and to acquire new skills until he settles into a speciality of his choosing. The acquisition of knowledge begun in medical school should be re-inforced, if possible, by working in other medical centres at home and abroad. In this way one sheds one's insularity and broadens one's concepts not only of medicine but also of human behaviour. Each human is endowed with talents. Not everyone can rise to eminence; some will become good general practitioners, others will excel in public health or in some aspect of hospital medicine. To each individual, however, the stimulus to acquire the knowledge of his chosen speciality is the care of the patient.

Central to the art and science of medicine is the humble patient from whom we learn about disease and for whose benefit we seek to advance and review our knowledge. Sadly, there are many Sir Lancelots among us; we tend to handle our patients with little respect for their physical disabilities and, often, without consideration of the patient's bewilderment generated by a bedside medical conversation. The task of acquiring information and growing in experience consumes much time and requires considerable effort, however, the major demands on one's time are made finally by the patients themselves. That realization is vivid early in the course of the first house-officer appointment as Richard Gordon recalls in his excellent tale of the doctor in embryo:

"This qualification business is all very well, but it soon wears off. For about three days the world is at your feet, then you realise it's the beginning, not the end. You've got to fight a damn sight harder than you did in your exams to do your job decently and make a living."

"That's right, sir. They all say the same. You've got to face it, them carefree student days is over for good. Life is hard, sir. It's bad enough for a publican, but a damn sight worse for a doctor."

'Well, let's not get miserable about it,' I said. 'Still, these last few days I've begun to wish I'd got a bit more out of my education.'

"Come off it, sir," said the Padre genially. "You've made a lot of friends, which mark my words you'll hang on to till your dying day. And that's valuable, sir."

'You know, Padre,' I said, 'that's exactly what I think myself. I was just too frightened like this.'

The door opened. A porter stood there.

"Dr. Gordon," he said. "I've been looking

for you all over. Wanted at once in the ward. sir. Emergency just came in."

I looked at the half-full glass of beer. I picked it up, hesitated, and left it.

'All right,' I said, pulling my stethoscope out of my pocket. 'I'm coming.'

Times have changed, I thought as I walked over to the hospital. I suddenly realized that from now on it was always going to be like this.'

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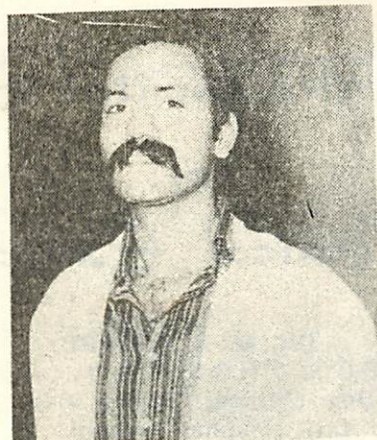
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# Career Planning

**DR. MUSHTAQ AHMED**  
**M.B.B.S., F.R.C.S.**  
**Asstt. Professor of Surg.**  
**Dcw Medical College and**  
**Civil Hospital Karachi.**



Although the medical student is primarily thinking in terms of getting his MBBS degree, he may at times wonder what he is going to do once he has the document in hand. Very often the decision is not his and he falls a victim to prevailing circumstances. In this respect it may be said that domestic obligations play a significant role in shaping the young doctors career. In a culture where there are strong filial bonds, an ailing parent or dependent sibling is bound to have priority consideration. In case of a woman her husbands' whims and her children's needs will ultimately decide her medical future. More recently the nation itself has started to make demands on the young doctors. Yearly the Army call up takes it's toll of fresh graduates. Soon rural health services will be crying out for their share. And in order to satisfy a growing national need, the Government has had to impose a ban on the emigration of doctors.

This means that at the end of five years plus, the young graduate has to contend with a host of problems and will often have to curb his ambitions and aspirations. It is granted that in the majority of cases the problems are of a transient nature but the damage will have been done, because the doctor will have developed a state of inertia which he will find difficult to overcome. Thus the general practice established to surmount the financial difficulties of the time will have become a vicious circle. A protracted period of Army Service will have sapped the initiative from a good many Government medical officers who have been government medical officers a mite too long will have become thoroughly disillusioned.

The point is that too many doctors will become involved with work they are not really interested in. Performance will be meagre and relative loss of medical manpower will be appreciable.

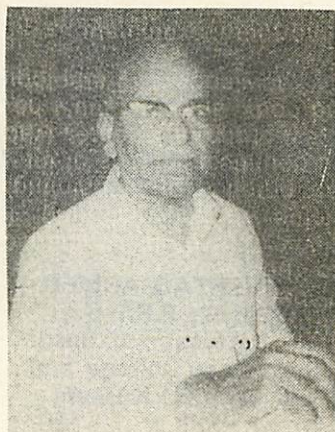
In a bid to overcome frustration locally, a number of young doctors have fled the country with a view to amass petrodollars and to obtain glamorous British and American diplomas. Naturally these excursions are ill planned and often the climate for the jobs outside is not right. It is not surprising therefore that in a great many cases objections are not achieved. Beating the ban is not the ideal solution.

Perhaps one of the ways of solving the problems is to establish career planning cells for doctors. Cells which will take into consideration national requirements, the scope of various medical fields in the country, training facilities available and above all the aptitude of individual doctors. To make the various fields of medicines attractive incentive should be offered. Incentives which are not necessarily monetary. Raising the calibre of a particular discipline will go a long way in attracting doctors to that discipline. The doctor should in no way be made to feel embarrassed to take up a particular discipline. Thus rural practice, army medical services, preventive medicine can each be given a booster. Likewise local postgraduation can be made as prestigious as that outside by raising it's standard.

A final word—a young doctor has a part to play and play he must in a spirit of dedication to humanity. It may be that he is poorly compensated for his services but it is good to remember that man does not live by bread alone.

# Environmental Effect of Medical Education

DR. M. A. ANSARI  
M.B.B.S., F.R.C.S., D.L.O  
Dow Medical College and  
Civil Hospital Karachi.



Medical education has come under bitter criticism, during the recent years because of the deteriorating quality of doctors, who are being educated in the various medical institutions of Pakistan. The quality of medicos has created apprehensions about their ability in the minds of some authorities of friendly countries and has been commented upon by the Prime Minister of Pakistan. This burning topic needs urgent consideration of the members of Medical Professions so as to devise ways and means for improving the existing conditions.

From the point of view of Public Health, "Environment" plays a very important role in medical education. Environment encompasses a very vast sphere; it is the ecology in which a man preserves a precarious existence by eternal vigilance against myriads of harmful agents. Thus a medical trainee is to be seen in his physical, biological and socio-economic environment. Only a minimum outline of these components of the environment which have a bearing on the quality of medical education will be considered.

## A: THE PHYSICAL ENVIRONMENT

The first more obvious, and hence apt to receive better attention is the physical component which includes:

- i. the premises.
- ii. the plant.
- iii. the personnel.
- iv. and last but not the least the process.

Lecture theatres, demonstration rooms for coaching classes have to be proportionate to the number of students with basic mini-

mum amenities such as seating arrangements, fans, and satisfactory number of doors and windows.

The equipments in the laboratories such as microscope, reagents, audio-visual aids, dead bodies for dissection, potmortem room and hall for demonstrations and other paraphernalias in proportion to the number of students must be made available.

The number of teaching staff including the Professors, Assistant Professors, demonstrators and registrars have to be proportional to the number of trainees overburdening a teacher with 60-80 students, clinics around a single patient or taking them out on a field visit is tantamount to groping in the dark.

Administration, organisation, implementation and execution of teaching schedules as laid down in the time table according to the rules and regulations of Pakistan Medical Council or of the University or at least according to the college Prospectus—starting from the time of admission, method of admission, to the conduct and method of examination upto final MBBS stage is included in the process.

This physical component being more obvious receives better attention of the visiting authorities either in the office of the Principal or through the conducted tours. Consequently funds are appropriated for modifying and improving this environment.

## B: EMOTIONAL ENVIRONMENT

Although a good physical environment

plays its definite role on the quality of medicos but a really sound emotional environment offers a far more lasting benefit to the trainees than does the privilege of attending a medical institution which incorporates the latest advances in architectural design, interior decorating and equipments.

Healthy emotional environment is dependent upon the physical, mental and social well being of the personnel including everybody from the Principal down to the janitor; their attitudes determine this emotional environment affecting the trainees. First and foremost is the consideration of raising the prestige and the salary scale of personnel working in medical institutions which will discourage the present tendency among the teachers to get employed in the teaching institutions and use them as spring boards to get better paid jobs elsewhere.

There should be no rules forbidding employment in teaching positions, but instead, there should be rules for removal of teachers who show themselves to be emotionally immature and are thus obviously unable to guide young medicos towards attainment of mental and social well being. Medical teachers must be well adjusted in their lines and must believe that there is an inborn desire in young medicos to love and be loved, to appreciate and to co-operate with their seniors. The prevalent belief these days that the trainee medicos are by nature un-cooperative, spiteful, subversive and sinful, leads to an approach based on rules, regulations, punishments, threats, shouts etc; all designed to crush the initiative. A teacher who believes in such an approach can hardly be entrusted to guide the pupils towards attainment of mental and social well being. For, a young medico trainee reaction to such treatment will almost always be one of anger, disgust, frustration, and a desire to get away with such activities as strikes, 100% result, grace marks, 100% choice, demands for a free hand to copy in the examinations, postponement of examination dates etc. etc.

This emotional aspect can result in one thing and one thing alone that is lowering the standard, reflecting on the quality of doctor. This emotional environment which remains dormant and which cannot be seen easily, if correctly assessed, and rectified will offer a far more lasting benefit to the

young medico as well as to the teachers.

One can imagine the conditions, that when the number of students is unwieldy and the teachers are not in proportion to the number of students, extra curricular activities during college hours are taking place, the students roaming about in the verandahs and quadrangles within the premises of the Medical college, lecture going on in one lecture theatre, and inter-class matches being placed outside at the same time. University exam being conducted in a department and a loud-speaker announcing the meeting of a certain group of students; All those do not show an academic atmosphere in a medical institution and will naturally affect the quality of doctors.

It has been observed that students are sent up in the exams without proper record of attendance in theory and practical. The attendance required to be sent up is 66% of the total time spent by the teacher with the students (not the time laid down by the rules and regulations of P.M.C. or the University prospectus). For example, training hours required are 100 hours and the teacher spends 70 hours with the students which is considered usual, normal and satisfactory, then 66% of 70 hours are considered enough for the candidate to be sent up for the examination. This means that only 46-48 hours of training is given to the student out of 100 hours laid down by P.M.C. the remaining 52 hours are condoned; presumably it is thought that the knowledge of 52 hours was acquired before admission to the medical college.

To cap it all further irony is the 15-20% students in the class who have not completed 66% of 70 lectures are permitted to complete the attendance by attending extra classes. What are these extra classes is anybody's guess. The teachers do not know which portion is to be taught in these extra classes. One candidate may not have covered respiring system, the other nervous system and the 3rd digestive system and so on.

The various practical exams are held at difference times and dates which results in the exam atmosphere for one or the other class throughout the year and the teachers who are involved in examining cannot do the teaching for the regular students. Over and above this regular annual examination. The present system has to be revised, and changed: Let us hope for a better future.

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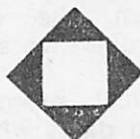
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# The Limitations of Plastic Surgery

## RANDOM RAMBLES ON WHAT WE CANNOT (YET) ACCOMPLISH

**DR. KHALID DURRANI**  
M.B.B.S., F.R.C.S.  
Assit. Prof. of Dept. of  
Burns and Plastic Surgery.



The the past many years I have been assiduously suppressing the temptation to put my pen to the subject whose title appears above. The reasons for this reluctance have been many. Not the least one of these has been the fact that our department was the first one to be established in the country, about eleven years ago, and awareness about the scope of plastic surgery both within and outside of the profession was appallingly low.

We felt that it was our foremost duty to educate the profession, and through it the public at large, as to what plastic surgery is and what it can accomplish before publicizing what it is unable to do. Plastic surgery has made great strides since the days when, to take only one example, gluteal "spanking" with a leather belt (or an old shoe for want of one!) was routine before taking grafts from these areas. You see, that beating (the hell out of tissues!) was given out to improve the blood supply of the donor site but one strongly suspects that the technique was also intended to sort out the brave patients from the "chickens", the ones that could stand the ordeal of complicated surgery and painful dressings that would be their lot for weeks and months ahead, in case they stuck through the daily torture.

Times have changed and so have the conditions in our own society. About three dozen publications from this department in national and international journals and numerous conference appearances over these years, we feel, have played a not insignificant role in developing this general aware-

ness about the possibilities of plastic surgery so that we now have waiting list of patient applying for plastic surgery that extend to three or four years hence.

A previous contribution to **Dowlite** from our department was entitled "Recent advances in the field of plastic surgery" and was published in 1971. I would urge the readers to glance through that article before reading what follows, in order to appreciate the true picture of plastic surgery in its proper perspective.

In any event, it was in the context of the foregoing that I let myself be prevailed upon by the co-editor of **Dowlite** to write now on what plastic surgery is not, or what it cannot (yet) do.

Every human art, craft and scientific venture has its limitations and plastic surgery is no exception to this rule. I shall describe here just a few of these.

## PLASTIC SURGERY IS NOT USE OF PLASTICS

Let us clear one misconception right at the outset. The word **plastic** in reference to this branch of surgery does not imply use of plastics. The word merely connotes molding of tissues for the purpose of reconstruction. Plastics as we know them today developed much later than the times that the word **plastic** came into use in the description of this surgical specialty.

## ANOTHER PERSON'S GRAFTED TISSUES ARE SHORTLIVED

A lot of patients want to know if someone else's skin can be substituted for their own. IT CANNOT. Tissues of every individual are unique. No two individuals (except uniovular twins) are alike and this fact is determined by the individual genetic constitution. Individuals may have several genes in common but never all the genes. So, one person's skin (or other tissues) may survive on another for a while (say, a couple of weeks to several months) but never for good. Tissues of another species are even more distinct and survive for even lesser duration.

Of course, there are methods now by which the graft and host reactions may be minimized and tissue survival may then seem to cross the genetic hurdle but the sword of Damocles hangs for ever on the heads of recipients of foreign tissues.

Cornea is one tissue that is freely accepted when implanted in an orthotopic location (i.e., in its normal location in front of the anterior chamber). The reason for its acceptance is the absence of blood circulation in its bed, aqueous humor being avascular. If a foreign cornea was implanted in any other location, it would be rejected like any other tissue of the same donor in the same recipient.

## NEW ORGANS CANNOT BE GROWN

Of congenital deformities, a question often posed is, "Can this (missing or deformed) part be made?". Plastic surgery can be only partly successful in this. First of all, a completely absent part cannot be reconstructed to such an extent that it will function normally. But, tissues (of the patient) can be assembled from other parts of his body to restore the missing part so it could perform some of the functions most vital to the needs of the patient and it could also be made to look like the aplastic (or undeveloped) part.

A finger may not be reconstructed except partly and only by assembling the bones, joints, tendons, nerves and skin cover individually and in stages. Unless another digit is used to make the missing thumb, or toes used to replace fingers, even the appearance of the reconstructed digit will not be

normal.

## SCARS WILL NOT VANISH, NOR PIGMENT DISSOLVE

Scars cannot be made to disappear completely. It is a pathological dictum, "once a scar, always a scar". Plastic surgery can only minimize scars or make them less conspicuous but it will never eliminate them.

Pigmentary flaws of skin are only rarely corrected by surgery. If the pigmentation is very superficial, perhaps it can be rubbed off by dermabrasion or "sandpaper" surgery but deeper pigmentations have either to be excised *in toto* or camouflaged by injecting pigments of a different color into the dermis, by special tattoo needles.

## NO BRAND NEW FACES

Plastic surgery will not give a completely new face. Believe it or not, every once in a while an agitated person will show up in a plastic surgeon's office wanting a completely new face! He is fed up with looking at the same face in the mirror every morning, noon and bedtime, he would say. He would like to look different from now on. He does not even have a clear idea of what he would like to look like, but change he must.

Individual features of the face can be altered to a considerable extent but they cannot be completely replaced. Such patients have deep psychological problems and are rarely good subjects for surgery.

## MADE-TO-ORDER PROSTHESES DON'T SMELL, FEEL OR SEE

Features like the nose, ears, eyes, lips can nowadays be fabricated out of various materials and are fitted by trial on the patient, just like fitting of denture or a pair of shoes. They can be given the color of the patient's complexion and worn by patients who have loss of these organs from trauma, surgery or congenital absence. They are held in place by various devices, the simplest of which is a skin glue. These prostheses, as they are called, are obviously inert and inanimate. They are only camouflage devices and do not function in the true sense of the word. A nasal prosthesis

will breathe but it cannot smell. A manual prosthesis will grip but it cannot feel. An eye prosthesis might move with the movements of the normal eye but it will not see, and so on and so forth.

This must be made absolutely clear to patients before undertaking any surgery that might be needed to allow fitting of such prostheses. Not a few patients undergoing orbit surgery that would allow fitting of an artificial eye somehow begin to harbor hope that their new eye will let them see. Such a misconception, unless corrected very early, may have a very demoralizing effect on the patient when the prosthesis is finally fitted for him and fails to fulfil his false hopes.

## EPILOGUE

This account of the negative scope of plastic surgery, like that of any other branch of medicine and for that matter of any other field of human endeavor, can be endless but let us not dwell on what we cannot do. I shall refer the readers to our and others' publications on what this exciting field of surgery can do and I assure them that they will find reading those much, much more

satisfying than this little piece of pessimistic writing.

Before concluding, I would like to put in a note of caution for those who might be considering choosing plastic surgery as a career. It is different from all other fields of medicine and surgery in the sense that all a plastic surgeon does is, so to say, on display for everyone to look at and comment upon. It is not like, for instance, general surgery where your works are hidden behind the thick curtain of the abdominal wall, or like neurosurgery where the bony cage covers all your sins, or like orthopedic surgery where only function matters and looks are of no consequence.

Plastic surgery is all these specialities plus a little more. But once you have attained that extra plus, there is no going back to the cruder ways. You can't be a race horse on one day and pull loads in the streets the next. So beware of the temptation to write after your names, "plastic surgery and such such surgery". You can either be a plastic surgeon or some other type of a surgeon but not both at the same time.



From the time of Hippocrates surgery has been the salvation of inner medicine. In inner medicine physicians have dwelt too much in dogmas, opinions and speculations; and too often their errors passed undiscovered to the grave. The surgeon, for his good, has had a sharper training on facts; his errors hit him promptly in the face.

Sir CLIFFORD ALLBUTT  
Lancet, 1922.

# Rehabilitation in Orthopaedics

**DR. I. A. JOKHIO**  
M.B.B.S., F.R.C.S. (Eng).  
Professor of Orthopaedics  
Dow Medical College and  
Civil Hospital Karachi.



A Handicapped can be defined as an individual who is unable to earn his living or who has been left with no physical or mental capacity to work for the rest of his life.

According to the Survey undertaken in U.K. in 1970 (TOMLINSON'S REPORT), it is stated that at least 10% of the population is disabled in one form or the other. This is likely to rise even to 15% in the next five years.

In our country, where we have as yet no statistics available, I feel that this % shall further enhance if we were to add to this list, one endemic diseases causing disabilities, like Polio, Cerebral Palsy, Myopathies, Myelopathies, Tuberculosis, Rickets, Osteomalacia, and Malnutrition Syndromes etc., etc. This could be or may be really an alarming thought.

The Rehabilitation of such a % of population is the task, mammoth in itself. This task cannot be undertaken by the government alone. The Philanthropists and the various welfare agencies in the country, must come forward to assist the Government in this noble endeavour. This is infact the practice in the countries with basic in affluence and the lands which have plenty.

The Orthopaedic Surgeons with their skill and the experience at their command have a minor, but a definately important role to play in this field of Rehabilitation.

In our experience, we have following factors which contribute towards producing handicapped in this country.

## 1) ACCIDENTS

This has by and large come to be the major factor which has increased the number of handicapped beyond all proportions. They have caused many a patient permanently crippled, and yet a larger number are left with semi-dissabling deformities. The accidents occur on the roads, in the air, in the trains, off the trams, in the huge industrial complexes, with semi-skilled workers, and even in the homes.

The recent survey conducted by a private welfare agency (HERALD. August 1975) has shown that at least 2 deaths occur everyday in the city of Karachi. There have been 5000 deaths in last 5 years, and at least 10,000 injured in the same period. There is also one accident, either major or minor in nature, occurring every hour, round the clock.

I am inclined to think that this number of deaths and injured is modest, and rather undertoned. It will indeed be much more if one were to include the accidents in the whole province of Sind, rather than the City of Karachi alone.

The accidents are becoming each day more and more serious in nature. The head on collision at top speeds are hidden to no one, and the calamities that they bring are awesome and breath taking.

## 2) DISEASES

Like Polio, Cerebral Palsy, Sarcomas, Myopathies, Myelopathies, Rickets, Osteomalacia,



cia, Tuberculosis, Malnutritional disorders, and avitaminosis.

### 3) CONGENITAL MALFORMATIONS

Like untreated Club feet, bilateral CDH which have been left undiagnosed, Bony dysplasia, Arthrogryposis, multiplexia Congenita, Osteogenesis imperfecta, Procomelias, and the other disorders.

The Thalidomide tragedy will be quite relevant to describe in this group.

### 4) NEGLECTED ORTHOPAEDIC CASES

We shall not forget these unfortunate individual, who due to either lack of proper orthopaedic care or sheer ignorance on the part of the patients, seek help from Potters and Pehlewan<sup>s</sup>, whose treatment many a time has resulted into a definite unscientific mess. I have seen large number of our patients becoming handicapped and permanently deformed after such treatment, and in many cases, even the most experienced Orthopaedic surgeons cannot guarantee a cure, or even a better result.

Our statistics of Disabled, exclusively due to accidents, are as follows:

In the year 1974—1975 (June to June), the number of patients admitted and declared disabled were 142, i.e. 12 patients per month or 3 patient in one week.

Above Knee Amputations	62
Below Knee Amputations	44
Hands Amputations	22
Fore Arms Amputations	2
Upper Arms Amputations	2
Symes Amputations	2
	—
	142

Out of this number, 114 were Males and 28 were Females.

98 of such cases were under the age of 40 years and 44 were above the age of 40 years.

The cases from the interior were 40% due to gunshot injuries and 60% due to road accidents.

This record is important in my mind, to consider the mode of Rehabilitation of these patients who return to their respective districts with some prospects of earning their livelihood there.

We now discuss the management of Rehabilitation of the handicapped. We have divided this under 4 different headings:

- 1) Medical treatment involving Orthopaedic Surgeon.
- 2) Role of Rehabilitation Officer.
- 3) Role of Medical Social Officer
- 4) Role of Govt. in Rehabilitation with some suggestion for serious consideration.

1) The Medical treatment of these nation's starts soon after the patient has been admitted and examined by the Orthopaedic Surgeon. The main aim of Orthopaedic Surgeon is to provide to the patient the excellent and the prompt medical care. This should achieve to save the limbs, prevent the deformities, or the Contractures, and to set the maximum functional mobilization of the patient within the short possible time. This helps greatly towards the moral elevation of such a naturally demoralised patient.

2) We then refer this case to the Rehabilitation Officer who with the help of Orthopaedic Surgeon assesses the patients and then places him in the following categories of disabled persons.

- a) Permanently Crippled i.e. in other words he shall not be able to earn his living for his whole life to come.
- b) Semi-Crippled — but yet able enough to earn his living by performing the part of duties which he was able to perform before the accident.
- c) So disabled that he will not be able to return to his original job; yet he can be trained into different field of vocational therapy.

We then embark on a definite programme of mobilizing the patient as early as pos-

sible by providing him the best degree of physiotherapy, Hydrotherapy, and the relevant exercises.

We also start him into similar or different field of occupation for which he acquires his training in the department of Rehabilitation.

Here, in the Occupational therapy of C.H.K. we provide opportunity for acquiring following vocations;

- 1) Tailoring
- 2) Carpentry
- 3) Chair caning
- 4) Weaving on hand looms
- 5) Sewing
- 6) Embroidery
- 7) Basket making
- 8) Pottery
- 9) Painting
- 10) Cooking—mainly for female patients.

### 11) Schooling for small children.

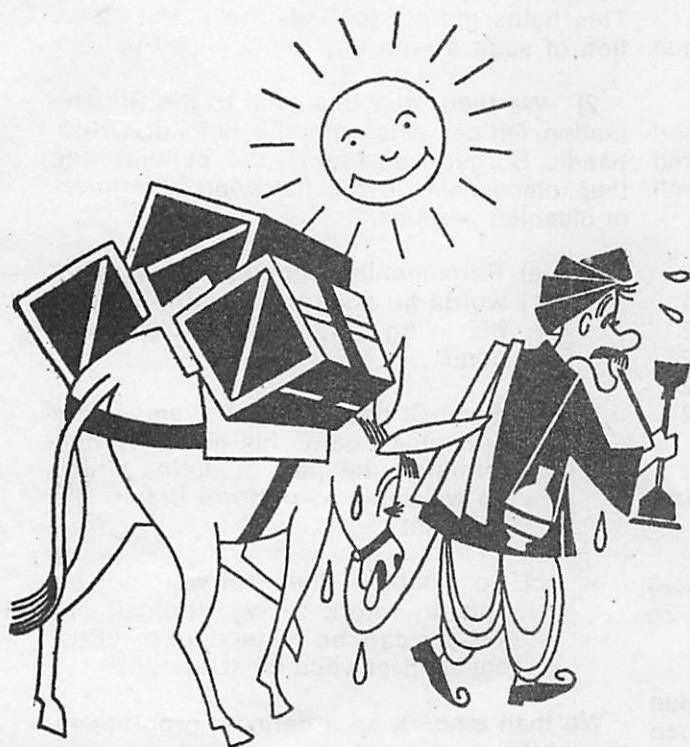
During the course, we provide these patients from our Rehabilitation workshop, the splints, braces, shoes, calipers, artificial limbs, collars, and the supports.

These aids are made to measure, and help the patient enormously in his pursuit for the fresh career.

### 3) Role of Medical Social Officer.

This gentleman or a lady looks into Psychological, Economical, the family and the transportation problems as efficiently and quickly as possible.

This is all that we can go far in the Orthopaedic Unit of C.H.K.



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# OPEN FRACTURES

DR. M. IDRIS  
M.B.B.S., D.A.B.S.  
Asstt. Professor of Orthopaedics,  
Dow Medical College and  
Civil Hospital Karachi.



In civilian practice a surgeon often has to deal with cases of open fracture. Mostly the tibia, because of its medical subcutaneous surface fractures and at the same time the skin over it gets lacerated making it an open fracture. The bumper of a speeding car usually causes an open fracture of tibia when it hits a pedestrian on his leg. Camel bites and gun shot wound cause open comminuted fracture of a very serious nature. If an open fracture involves the tibia at its proximal  $\frac{1}{3}$ rd it bleeds profusely.

An open fracture of a bone is one of the most serious emergencies. The need for urgent and adequate surgical care cannot be overemphasised. As the surgical treatment for ruptured spleen or acute appendicitis cannot be postponed so is an open fracture which needs to be taken care of promptly. Because the bone is exposed so it is considered to be potentially infected. A belated treatment of an open fracture may lead to infection with osteomyelitis and septicemia, nonunion, prolonged invalidism, loss of limb and even death.

The management of open fracture must achieve two objects. Prevention and treatment of shock is the first object and the second is the prevention of wound infection. When seen at first in the emergency room, a patient with open fracture should be given  $\frac{1}{4}$ th gr. of morphine sulphate I.M. for pain after ruling out head injury. Bleeding is controlled by compression dressing. A few superficial bleeding arteries might be clamped before the application of dressing. Application

of tourniquets is dangerous. Adequate amounts of I.V. fluids eg. 6% Dextran in normal saline solution or plasma or 5% Dextrose in saline or whole blood should be started at once in order to combat shock. Patient should be kept warm and be given oxygen by nasal catheter if needed. Adequate splint should be applied before transferring the patient to the operating theatre or to the ward. During application of the splint one should make sure that the protruding ends of fractured bone are not drawn inside the wound. A complete and thorough physical examination must be done in order to find out other life threatening injuries eg. Open pneumothorax, crainal cerebral trauma, ruptured veins or internal hemorrhage. Suitable antibiotics eg. Crystalline penicillin 1 million i.u. I.M. q 6 hrs, provided the patient is not allergic to the drug and streptomycin 1 gm. I.M. daily should be given. 3000 i.u. A.T.S. must be administered after negative skin test.

As soon as the patient's condition permits he is transferred to the operating theatre. While the surgeon is scrubbing his hands and putting on his gown and gloves, roentgenograms of the involved extremity are taken. Under general or regional anaesthesia the skin of the involved extremity is thoroughly scrubbed with cetavlon or phisohex and water at the same time the wound, is protected with sterile dressings.

The extremity is draped with sterile towels as the surgeon changes his gloves. The wound is now washed and irrigated with copious amount of saline and cetavlon or

pHischex. The surgeon changes his gloves again and the patient is finally draped for debridement of the wound. Excise the edges of the devitalised, macerated and contaminated skin. Muscle and fascia which look crushed and dead should be excised. A dead portion of muscle has off colour (Pale), does not bleed and does not contract on pinching. Spare the nerve and sizeable artery. The contaminated edges of the bone are chipped off. Only tiny fragments of contaminated pieces of bone should be discarded. The sizeable contaminated pieces of bone must be preserved and put in place after cleaning them. No suture should be put in the muscle and fascia. A close drainage with the help of hemostat should be instituted if needed. The bone or tendon must not be left exposed. Skin sutures should be put loosely. If the skin edges cannot be brought without tension over the exposed part of bone, a relaxing incision should be made on one side or either side of the wound in order to secure the closure of the wound. The secondary wound thus made should be taken care with partial thickness skin graft. A cross leg flap graft may be done if needed for exposed portion of tibia.

An attempt should be made to reduce the fracture and P.O.P. cast is applied to immobilise the fragments. A window is made in the cast after a few days to respect and dress the wound. Provided the wound is not heavily contaminated and the case is brought to operating theatre within 8 hours, an internal fixation may be done. In case of doubt it is better to disregard the fracture till the wound has healed before going for internal fixation. Repair of ruptured tendon or lacerated nerve should be done at the time of debridement. When the wound is grossly contaminated and the patient is brought late, say after 10-12 hours the wound should be left unsutured after debridement and should be closed after a few days when the wound looks reasonably clean.

Thorough debridement should be done in all cases of open fracture. This is the key to good care of an open fracture. Any amount or combination of antibiotics and anti gas gangrene serum are no substitute to timely and adequate surgical debridement of an open fracture.

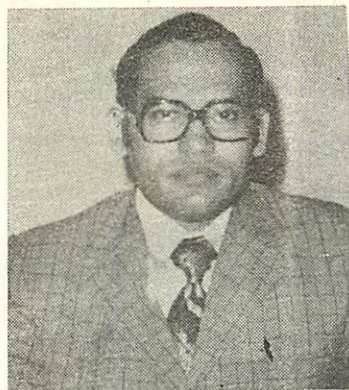


The most important difference between a good and indifferent clinician lies in the amount of attention paid to the story of a patient.

Sir FARQUHAR BUZZARD  
Lancet, 1933.

# Aids to Hearing

**DR. M. JALEESI**  
Professor of Hygiene and  
Preventive Medicine  
Dow Medical College and  
Civil Hospital Karachi.



It is when the deaf has the handicap which cannot be otherwise cured that he needs aids to his hearing. These aids fall in five categories, namely :-

- 1) Auditory training, with the help of amplification.
- 2) Lip-reading.
- 3) Finger-Spelling.
- 4) Formal sign language.
- 5) Speech training, to eradicate any speech defects which he might have.

While the lip reading, finger Spelling, Sign Language, and Speech training fall in the jurisdiction of special schools for the deaf, it is only the amplification which we will amplify any further.

Amplification is provided with the hearing-aids.

In old days, this was achieved through non-electrical aids such as speaking-tubes and trumpets. On an average, these aids amplified sound at 3 feet by about 30 db. Even today, in people with nerve deafness with recruitment such as those with old age deafness who cannot stand the modern electrical aids, these aids are a good help.

The modern electrical hearing-aid is best suited to patients with bilateral conductive deafness specially when the hearing loss in the better ear is, about 30 db and that in the worst ear is not more than 60-70 db. In nerve deafness, specially with recruitment, clarity is a problem.

The component parts of an electrical hearing—aid are as follows :-

- 1) Microphone: Low impedance electromagnetic type.
- 2) Amplifier: usually with three or more transistors.
- 3) Receiver: of two types, namely :-
  - (a) Air conduction type 98%. It is either button with insert, or flat disc with head-band, or built in to amplifier.
  - (b) Bone conduction type: 2% not so popular because of its smaller range. It is reserved for cases with otorrhoea, meatal Stenosis, and those with preference for bone conduction.

A good hearing-aid has the following characteristics.

- 1) Amplification: acoustic gain of 50 db.
- 2) Out put: maximum intensity of 120 db.
- 3) Frequency range: 500-4000 CPS.
- 4) Frequency response: Curve rising from 500 CPS. by 6 db octave.

The innumerable hearing-aids available in the market fall in two groups, namely:-

- 1) Body worn.

Merits:

- 1) Powerful.
- 2) Sensitive.
- 3) Maximum amplification without feed-back.
- 4) Can incorporate an induction coil.

Demerits:

- 1) Ugly.
  - 2) No stereophonic effect.
- 2) Head worn.

Their merits are as under:

- 1) Small size.
- 2) Stereophonic effect, as provided by spectacle aids.

So far we have mentioned amplification which is of help to the partially deaf people. For cases who have total deafness, we are now working on a new what could be a break-through device. Just like the on-coming visual cortical implant, we will soon have the cochlear implant. This new development envisages electrical stimulation of the otherwise dead Cochlea on the basis of place and volley theories. The job is done in two stages, namely :-

- (1) First stage: Modified radical mastoidectomy.
- (2) Second stage: electrodes are implanted in the Cochlea through the round window and connected to a radio receiver placed in the mastoid cavity.



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# Surgery of Deafness

Dr. I. BALUCH  
M.B.B.S., F.R.C.S.  
Assit. Prof. of E.N.T.  
Dow Medical College and  
Civil Hospital Karachi.



Better understanding of the physiological principles underlying the mechanics of transmission of acoustic energy from atmosphere to the Organ of Corti has widened the scope of Otological Surgery which in past, remained concerned with the treatment of mostly inflammatory conditions of the mastoid bone.

Now-a-days most of the cases of conductive deafness can be helped by either plastic surgery of the tympanic membrane or reconstruction of the damaged ossicles or combination of both plastic and reconstructive surgery.

Those cases which are beyond help appear to have gross Otopathological changes which are seldom expected to be reversed or eliminated by surgical measures.

There are, of course, some contraindications and limitations to the extent of applications of surgery for treatment of deafness. Cases of Adhesive otitis media, where there is extensive fibrous reaction with in the tympanic cavity, those suffering from chronic otitis media where the tympanic member has completely disappeared along with all the ossicles leaving only the foot-plate of Stapes covering the oval window and cases of extensive Otosclerosis involving the vestibule cochlea producing mixed type of deafness are some examples where surgery often fails to produce satisfactory results.

Treatment of afore mentioned diseases of the ear require elaborate arrangements from diagnostic and equipment view-points, and

staged surgery is often necessary requiring more than one operation on the same patient.

In our country this is not possible for the reasons of economy and volatile temperament of the patients who expect quick and dramatic results.

Briefly, I shall now describe the outline of some of the Operations.

## 1. Repair or replacement of tympanic membrane. (Myringoplasty.)

Large perforations in the pars tensa of the tympanic membrane causing reduction of vibratory area result in loss in the quantum of acoustic energy transfer from atmosphere towards perilymph within the cochlea. Such loss of energy is manifested in the patient as conductive type of deafness.

Further, in the back ground of prevailing hygienic and social conditions, presence of perforation, large or small, is a constant threat to the well being of the patient since infected organic material, polluted water and bacteria from outside can readily pass into middle ear cavity to produce infection in the mucous lining of tympanum, antrum and mastoid cellular systems resulting in frequent bouts of discharge from ear and, often mastoiditis with its consequent complications which enhance morbidity and mortality, occurs.

The surgical procedure is aimed at closure of perforations or in some cases construction of a entire new tympanic membrane.

The material used for closure or reconstruction of tympanic membrane is mostly autograft obtained from temporials fascia

investing the temporalis muscle. This is a standard practise all over the world though skin from auricle, meatus and vein grafts have been used.

A circular patch of temporalis fascia is laid on the, "Prepared bed", around tympanic ring and covered with stratified epithelium saved from the original tympanic membrane. The graft provides support for the growth of this stratified epithelium over it and eventually whole graft is incorporated in the reparative process.

In total replacement of tympanic membrane, the cells from medial margin of skin of external auditory meatus grow centripetally and cover the surface of fascial graft resulting in formation of a well resilient partition between the external auditory meatus and the middle ear cavity.

## 2. Ossicular surgery.

Continuity of ossicles with each other and their freedom of movements in response to external vibratory stimuli depends upon integrity of synovial joints between Incus, malleus and stapes, presence of a well ventilated middle ear cavity and healthy intratympanic ligaments and muscles.

In addition to this, firm attachment of malleus to pars tensa of tympanic membrane and free movement within the annular ligament of the stapes-foot plate in the oval window ensure, "Step up transformer" gain of signal during transmission of vibratory energy from tympanic membrane to the perilymph in the vestibule of cochlea.

Damage to ossicles can occur in number of ways. Trauma to skull during accidents, sudden loud noises, blows on ear are some etiological factors producing an abrupt disruption or dislocation of the ossicular chain and hence sudden deafness.

One point to note here is that the damage may extend beyond middle ear to cochlea and petrous tympanic bone producing mixed or complete neural deafness.

These cases are unsuitable for surgical treatment.

Chronic inflammation like chronic suppurative Otitis media, "Growth disorders" of integuments like cholesteatoma are some of the causes where ischaemic necrosis of the joints between ossicles or pressure atrophy especially of the long process of incus or crura of the stapes or both may occur. The resulting ossicular discontinuity causes dis-

ruption in the flow of acoustic vibrations from atmosphere to cochlea. This is another cause of conductive type of deafness.

The surgical techniques employed aim at restitution of the continuity of the ossicles so that the movements of tympanic membrane can be, once again, transmitted to cochlea, with the help of newly designed ossicular chain.

To achieve this object graft material from mastoid cortex or nasal septum is used for construction of new ossicles or to fill in the gaps between the ossicles. Further, placing the original and damaged ossicles in the position of maximum mechanical advantage may restore continuity of the chain.

Needless to say that this is delicate surgery demanding strict adherence to aseptic measures during and after operation till patient is able to leave the Hospital. This is mentioned to emphasise the dependence of this type of surgery, for its success on a number of factors.

3. It will be worth while to mention a few words about OTO SCLEROSIS, the formation of new spongy bone around or over the foot-plate of stapes which impedes the movement of foot-plate of stapes in the oval window. This is yet another cause of conductive deafness.

Oto-Sclerotic, is rare in Pakistan but wide spread in Europe and USA, Twice as common in young females, it has a strong family History and more often, than not present bilaterally. Paget's disease and Van-de-Hoeve's syndrome is also associated with otosclerotic changes and hence with conductive deafness.

The aim of surgical treatment here is to restore the mobility of stapes foot-plate by either mobilisation or if necessary replacing the entire stapes with a stainless steel or plastic prosthesis extending from long process of incus to the oval window thus enabling vibrations to reach the cochlea.

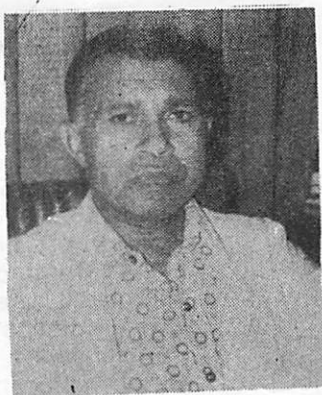
This operation of Stapedectomy has been very popular in Western countries which is quite understandable since majority of Otosclerotic patients inhabit these particular geographical zones.

To sum up, it is now possible to help selected patients suffering from conductive deafness by resorting to Ote-Surgical measures.



# How to prevent Heart Disease

**DR. SHARIF**  
**M.B.B.S., M.R.C.P.**  
Assit. Prof. of Cardiology  
Dow Medical College and  
Civil Hospital Karachi.



Heart disease in the lay press is synonymous with the Medical disease-ischaemic heart disease.

It would be interesting to highlight few important facts about heart as a pump, before one embarks upon advising preventive measures against ischaemic heart disease.

These interesting facts are enumerated below :

- a) Average weight of the heart is about 10 Ozs. (5 chatanks).
- b) During 8 hours sleep heart beats about 36,000 times (@ 75 Beats/minute).
- c) With each beat, it pumps out 2 Ozs (1 Chatank) of blood. In about a minute it moves about 5 quarts of blood through the whole body.
- d) In 24 hours (8 hours of sleep and 16 hours of work and play) it beats around 1 lac times and pumps around 12000-15000 quarts of blood.
- e) During a life span of 70 years it opens and closes more than 2½ billion times and moves 9 crore gallons (90,000,000 of blood through the equator.
- f) The smallest blood vessels called capillaries are so thin and delicate that 25,000 of these tubes arranged side by side over about ½ inch. These capillaries are innumerable in the body, so that no body cell is more than 1/5000 of an inch from one of them.
- g) Stretched end to end they cover a distance of about 70,000 miles which is equal to going 3 times around the equator.

- h) To move blood through vast net work of capillaries the heart uses 4 hollow chambers. A wall of muscle called septum divides the heart into right and left half with two chambers on each side. The septum prevents "used" blood in the right half from mixing with "fresh" in the left half and vice versa.
- i) Being mechanical pump the heart performs a certain amount of work while discharging its functions. It has been calculated that a human heart beating at the rate of 70 beats per minute would perform tremendous work load in 24 hours amounting to lifting 4 tons of weight vertically upward through one mile.

Guide lines to safeguard against Ischaemic Heart Disease :

Ischaemic Heart disease is preventible or at least its onset can be definitely postponed for a reasonably longer time. Ischaemic Heart Disease is regarded as killer No. 1, of atomic age. In developed countries, accurate record keeping of the causes of death in their population clearly indicates the evermounting incidence of I.H.D. being responsible for a huge majority.

While talking of preventive measures in order to reduce the incidence of this widely prevalent diseases one must be fully conscious of the factors contributing to the production of this disease and subsequently each one of them should be viewed as to how adversely it influences the coronary blood vessels. The basic principle of economics "supply and Demand" is extremely apt here as well. Either the Oxygen Demand of

**5. Exercise :** Lack of physical activities is a very important predisposing factor. Physical activity makes the body utilize excessive calorie intake. The muscles during exercise help the heart tremendously in discharging its commitments as a pump.

**6. Diet :** A rich, high calorie diet containing saturated fats is definitely causative. Unutilized extra fats keep on encouraging atherosclerosis resulting in progressive narrowing of the lumens of blood vessels—paving the way for clotting of blood. A blood loaded with animal saturated fats is hyper coagulable. Underneath are given some instructions regarding dietics :

**Reduce intake of :** Egg yolk, Butter, Cream, Desi Ghee, whole milk shell fish, organ meat e.g. Liver, Kidneys, Heart Etc. Fat on meat. Animal fats e.g. Lard, suet etc. Ordinary Margarine Vegetable|Vanaspati ghee.

**Substitute :** Poly-unsaturated fats e.g. Sunflower oil, Soyya bean oil, Mustard oil, Corn oil etc., Lean meat. Fish Lean Poultry.

#### "SUGGESTIONS FOR MEAL WHEN EATING OUT"

**Eat to live and not live to eat :**

**Meat :** Trim off fat, select fish, chicken, steak, grilled meat not fried.

**Vegetable :** Any prepared without fat or cheese.

**Salad Dressing :** Lemon or Vinegar.

**Avoid :** Cream Biscuits, Potato chips, cream, cheese, condensed milk, Pies, Cakes (unless made with Poly-unsaturated oils), chocolates and nuts.

**7. Obesity :** This is a curse: No overweight individual ever admits he/she overeats. No one can be obese without overeating. One should eat JUST TO LIVE and NOT LIVE TO EAT. An obese individual may not be overeating but he may be eating wrong combinations of diet, or whatever he is eating is definitely more for his requirements. The excess weight keeps on adding to the responsibilities of the heart to look after the oxygen requirement of the extra load on the body. Under the effect of constant extra work-load the mechanical efficiency of the heart gives way.

**8. Smoking :** The significance of tobacco smoking is being very seriously viewed as a very important contributory factor. The ratio smoker: Non smoker is around 20:1.

the heart is increased or the supply legs behind resulting in creating a deficit situation against the interest of normal functioning of myocardium as a pump. I.H.D. is a disease most educated over-conscientious type of people.

#### PREDISPOSING CONTRIBUTING FACTORS RISK FACTORS

**1. Age :** It used to be a disease of mature age group and in the days gone-by used to be thought as an ageing process. But, with the passage of time and ever-changing pattern of life, age has come to carry no significance. I.H.D., knows no age and knows no bounds and books regarding this factor have definitely got to be amended.

**2. Sex :** I.H.D., used to be primarily a disease of the male sex (Male : Female 10:1). This ratio holds true in the case of females during their child bearing period but after menopause, with loss of oestrogens, the ratio becomes 1:1. Unfortunately one has started coming across female sufferers during their child bearing period on account of changing pattern of life.

A well documented Edinburgh trial of administering dosage of oestrogens to males has definitely shown a very significant preventive measure. But all participants in the trial commented that impotence is too big a price to pay for the control of I.H.D.

**3. Stress :** I.H.D., mainly afflicts over-ambitious people who want to achieve heights in the shortest span of time. The anxiety and stress which are inseparable factors in modern living are by far the most important contributory factors. The stressful office executive and professional people head the list of sufferers, because of heavy work-load coupled with responsibilities imposed upon them by their profession.

Professor N.J. Morris of London studied the incidence of I.H.D., over a period of 5 years in bus drivers and conductors. The incidence of drivers: conductors equal 5 to 6 : 1, confirming clearly the parallelism of the disease with the responsibilities of drivers.

**4. Rest :** Lack of rest both mental and physical, predispose to I.H.D., For whom TIME becomes precious, heart disease chases like a shadow. Therefore, hurry worry and hurry should be avoided as far as possible.

uncontrolled B.P. over a period of time will ultimately present itself either as I.H.D., or as Cardiac decompensation. A meticulous control of a raised B.P. will safeguard the sufferers against I.H.D., and will also postpone/eliminate Cerebro|Vascular & Vascular complications.

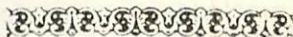
**11. Social evils** modern necessities T.V., automobiles which are the modern necessities of life are largely responsible directly or indirectly to lack of physical activity contributing towards I.H.D. Similarly, alcoholic beverages by adding extra calories to the diet pave the way for I.H.D.

**12. An over affectionate|Loving wife** who cares and overfeeds her husband is his potential enemy. The dictum "WIN YOUR MAN THROUGH HIS STOMACH" may sound quite all right but, in fact it acts as a slow poisoning and in its wake comes I.H.D.

Smoking is a social vice! The nicotine contained in the tobacco produces tachycardia, ectopic beats (indication of unnecessary cardiac irritability) raises the B.P. temporarily but unnecessarily, and narrows the coronary vessels resulting in myocardial anoxia.

**9. Diabetes Mellitus :** A deranged carbohydrate Metabolism leads to a deranged fat metabolism as well. The incidence of I.H.D. in diabetese is much higher as compared to non-diabetics There is also premature atherosclerosis in diabetics, presenting them as I.H.D., at a younger age group than the rest of the population. An effective control of diabetese is highly imperative to safeguard against I.H.D.

**10. Hypertension :** Raised B.P. by putting a constant load upon the heart not only increases the oxygen demand by the myocardium but also taxes its reserves. An



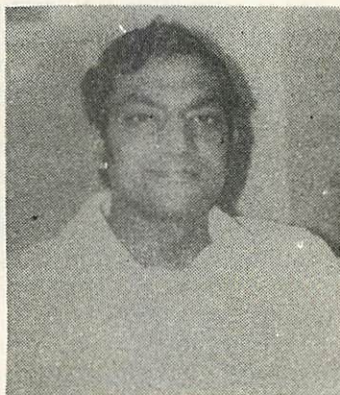
### Lectures on Clinical Medicine, 1836

Neglect of a proper study of healthy signs is the secret of the failure of many who undertake to master auscultation and percussion.

AUSTIN FLINT, 1881.

# Biopsy Procedures in Neuro Muscular Disease

**DR. IRSHAD WAHID**  
M.B.B.S., F.R.C.S., F.I.C.S., F.A.C.S.,  
Asstt. Prof. of Surgery  
Dow Medical College and  
Civil Hospital Karachi.



Biopsy study of the diseased human nervous system has lagged behind that of other viscera. The reasons for this can be enumerated as follows :-

1. In the case of the central Nervous system, the relative inaccessibility precludes brain biopsy as a common examination and it is of necessity a formal neurosurgical procedure.

2. Even in generalised lesions of the peripheral nervous System and Skeletal muscles, some experience is required in order to select the site from which biopsy is to be taken. A carelessly taken biopsy will only confuse the Physician and the pathologist instead of helping them.

3. Interpretation of biopsies is difficult unless the pathologist is specially trained in this particular field.

4. Special staining and tissue processing methods are usually required in order to make an acceptable preparation for examination.

The importance of the above factors is now being increasingly recognised with the result that biopsy in neuromuscular disease is playing a larger part in the diagnostic material available to the neurologist.

**(A) Biopsy from the Central Nervous System:** This is rarely justified on clinical grounds. There are usually two types of cases in which this may be considered :-

- (a) A child with evidence of diffuse nervous system disease exhibiting dementia, epilepsy, visual failure and progressive paralysis.
- (b) An older patient with diffuse organic cerebral disease to which the term presenile dementia is usually applied.
- (c) For the paediatrician who has excluded an intracranial tumour, the differential diagnosis will include the various forms of lipid storage disease, diffuse demyelinating disorders etc.

Most of these disorders are diagnosable by biopsy of other more accessible organs such as liver or spleen. Hence brain biopsy is an investigation which should be avoided.

**(B) Peripheral Nerve Biopsy:** Until recently, peripheral nerve biopsy was of use in cases like leprosy polyneuritis, neurofibromatosis. Improved preparation and staining techniques have extended its use in such diverse conditions such as diabetes Polyarteritis nodosa, systemic lupus erythematosus, alcoholism, non-specific neuropathies etc.

In practice, the spinal nerve, the terminal fibres of the radial nerve at the wrist and the anterior tibial nerve at the ankle are the ones easily available for biopsy.

**(C) Cutaneous nerve endings:** Assessment of fall out Meissner corpuscles from finger pad dermis consequent on lesions of

sensory nerve or dorsal root ganglia has been reported. Samples of dermis may be stained to show acetylcholine-reacting end-organs and the ratio of Meissner corpuscles to dermal ridges compared with the normal figure for the corresponding area of skin may be found.

An adequate sample of 3 m.m. may be obtained by using a biopsy punch.

**(D) Temporal Artery biopsy:** This procedure is discussed here because of its neurological manifestations. Giant cell arteritis may occur with several and varied manifestations. In this disease, the usual diagnostic criteria may be misleading and the range of investigations widened to include biopsy of the easily accessible and functionally unimportant superficial temporal artery. This certainly helps in the diagnosis of this condition which is now becoming more and more common as diagnostic methods improve. In addition to this histological picture, the condition of the scalp while performing the biopsy is also helpful in diagnosis.

**(E) Muscle biopsy:** The following are the indications for muscle biopsy :-

- 1) Neuromuscular disease, characterised systemic weakness and wasting—myopathy, inflammation and denervation.
- 2) Systemic disease—Polyarteritis

nodosa, sarcoidosis, trichiniasis.

Biopsy of muscle should always be accompanied by clinical assessment, electromyography and serum enzyme levels. When carried out in conjunction with these, biopsy is an extremely valuable diagnostic tool, especially after proper fixation and staining. While doing the biopsy, care must be taken to include a blood vessel if possible in the specimen and traumatization must be avoided at all costs.

In addition to muscle fibres, newer techniques are being described for the examination of vitally stained intramuscular nerve endings and motor end plates. The indications for this are still uncertain. Abnormalities in Myasthenia gravis and in dystrophia myotonica are well documented but do not constitute a basis for diagnosis in a doubtful case.

In the above articles, a very cursory glance at the usefulness of biopsy procedures in neuromuscular disease has been given. Given specific indications, and a surgeon well versed with the various techniques with a pathologist experienced in this field, these procedures have a lot to offer to the neurologist. In the limited space available, it has not been possible to discuss indications and techniques as well as I would have wished. However, if it serves to awaken in the mind of the reader the possibilities which a neurological biopsy has, it will have served its purpose -



# Effects of Diabetes on Eyes

DR. TAJ SOOMRO  
M.B.B.S.

Asstt. Professor of Ophthalmology,  
Dow Medical College and  
Civil Hospital Karachi.



Diabetes is a metabolic disorder where Carbohydrates are not utilized in the body due to a decrease in Insulin production, but are instead accumulated in the blood as sugar and also removed as such in the urine. Both sexes are affected though males slightly more. It's definitely hereditary but the disease and its consequences can be avoided by following certain strict principals.

In my own experience the eyes of diabetic are not affected unless the disease has remained uncontrolled for fifteen to twenty years. It's not the percentage of Sugar in the Urine, but the duration of the uncontrolled disease which causes complications. Another observation that I have made is that diabetes associated with another systemic condition like hypertension produces more complications. But here I will restrict my discourse to my experience with diabetic patients and the effect of his disease on their eyes.

I shall proceed to divide these complications under various headings, considering the important and common complications first.

## Effects on eye sight on refraction:

In Hyper glycaemia where there is an increase in blood Sugar level, the person so affected tends to become a myope (short-sighted) due to changes in the refractive index of the lens. On the other hand if the blood Sugar level falls and the person is Hypoglycaemia, there tends to be a change in the Osmotic pressure of the Aqueous Humour following loss of excessive salts in the Urine, the person so affected tends to

be a hypermetrope (Long-sighted). These processes are reversible if detected and treated early.

## Diabetic Cataract:

This type of cataract develops only in diabetics who are not under control and do not observe a rigid diet. The upper lens fibres lying under the outer covering of the lens, the lens capsule, are affected first and become opaque. These lesions are referred to as Post-Capsular lens opacities. This can occur at any age, the 15-25 years being the commonest and they can mature very rapidly within two to three weeks.

Another type of cataract, the "Milky cataract" can develop in the cortex beneath the capsule. Vacuoles and clefts develop which when seen with the unaided eye show a milky appearance. Under slit lamp they look like small Jewels.

## Retinal changes in diabetes:

Diabetic retinopathy resembles arteriosclerotic and albuminuric retinopathy. I will now proceed to enumerate four characteristic changes in Retina in Diabetes (a) Exudates. These are typically waxy, often, resemble soap, with sharply defined edges. They form a ring or a star at the macular area of the retina.

(a) **Haemorrhages:** There is usually an engorgement of retina veins and bleeding often occurs from these veins. At the posterior Pole of the eye ball there are microaneurysms and varicosities of veins. Neovascularisation of the retina is also present. Bleeding from these veins has been given

a special name "dot and blot" type. In the younger patients at the Macula there are macular punctate type of haemorrhages.

In Vitreous humour there also occurs Neo Vascularisation termed "Retinae micri-bele". In chronic diabetes Retinal arteries also (besides veins) tend to become sclerotic, resulting in Neo Vascularisation.

Microaneurysms, how ever, can also be found in a normal eye, in thrombolic glaucoma, and also in chorio-retinitis.

There is also a concurrent deposition of glycogen in the two muscles of Iris and hence the pupil does not react to light.

iii) There is a neovascularisation of Iris called "Rubeosis Iridis".

This may cause bleeding in the anterior chamber (Hyphema) or in the Vitreous Humour causing a secondary glaucoma terminating in blindness. This is because the blood in the Vitreous Humour clots, attaches itself to the retina, and pulls it down causing it's separation. The whole retinal picture is called "Retinitis Proliferans", the eye by that time becoming blind.

#### Effects of diabetes on Eye Lids:

It produces recurrent styes, abscesses, and blepharitis.

#### Effects on Eyes which are rarely seen:

(a) **Lipemia Retinalis:** When ever the percentage of fat in the blood increases to more than five per cent the colour of the whole retina changes from normal orange to a paler hue. The arteries look as if they are full of milk and the blood vessels are no more rounded but appear flat. This condition reverts to normal without leaving any bad effects if treated with Insulin Injections and Carbohydrates.

(b) **Optic Neuritis:** This is very rare but can affect any age group. There is an inflammation of the Optic Nerve, both eyes in both the sexes affected equally. It's onset is sudden without any pain. There is a central scotoma, that is the person so affected cannot when looking straight at any object see it directly, but only those around

it

#### Effects of diabetes on Iris:

It has two effects, namely:

(a) Inflammatory.

(b) Non-Inflammatory.

Characteristic signs of Diabetic Iritis are:-

i) There is a circum-corneal or ciliary injection.

ii) Chemosis of conjunctiva.

iii) Exudates rich in albumin are seen in the pupil which disappear with treatment.

iv) In pupillary area in Iris, there is a Neo Vascularisation called "Rubeosis Iridis". It can be seen in slit lamp examination.

#### Non-Inflammatory effects on the Iris:

In this type the following changes occur.

i) Oedema of pigmentary epithelium.

ii) Deposition of pigments in the corneal endothelium and in pupils.

(d) **Occulomotor** effect: In this the first symptom that occurs is Diplopia because there is a paresis in the branches of the Occulo-motor Nerve. The patient is healthy, usually 45 years of age. Often the VI cranial nerve is first to be effected causing the squint. The III cranial nerve of one eye then that of the other eye, followed lastly by the IV cranial nerve of both the eyes, becomes paralysed. On proper treatment of diabetes there is often a complete recovery.

In conclusion I must add that early diagnosis, complete and proper investigations and correct treatment can never result in any one of the diabetic complications of the eyes. Thus by appropriate management can so many eyes be saved from becoming blind.

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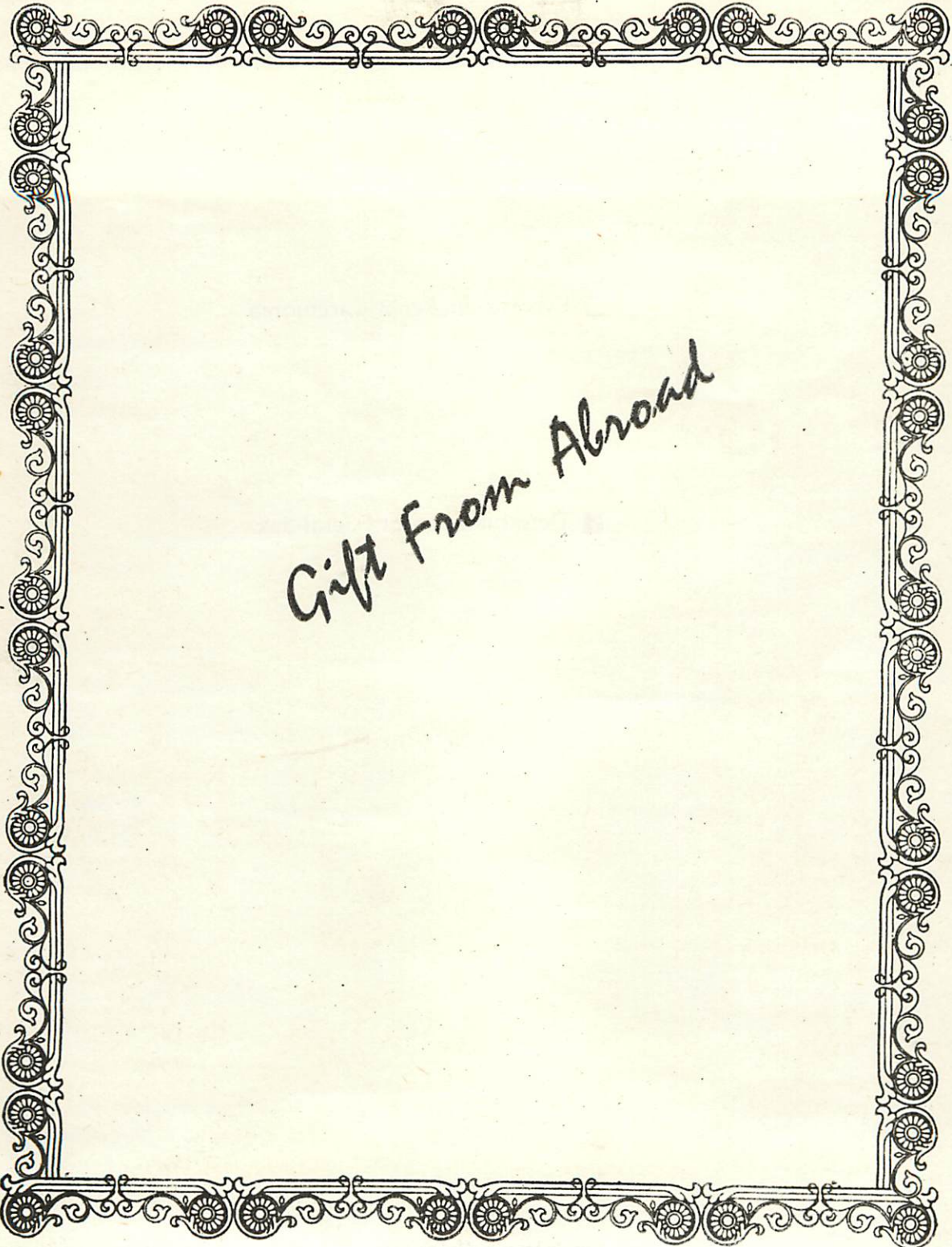
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*Gift From Abroad*

Pyrexia in Renal Carcinoma

Determination of Foetal-Sex

# Pyrexia in Renal Carcinoma

M. D. RAWLINS, M.R.C.P.,  
W. I. CRANSTON F.R.C.P.

(Through the courtesy of Department  
of medicine St. Thomas's Hospitals  
Medical Schools, England).

Endogenous pyrogen has been detected in tumour extracts from two patients with renal carcinoma and fever. No pyrogen has been detected in similar extracts of normal kidney, or of a partially necrotic tumour from an afebrile patient with a renal carcinoma. Leucocytes from the peripheral blood of febrile patients did not yield pyrogen on incubation in saline solution. It is suggested that endogenous pyrogen may be formed by renal-tumour cells.

Naturally occurring fever is widely believed to be mediated by an endogenous pyrogen, liberated by leucocytes and other cells, and, perhaps acting directly on the Hypothalamus. Although animal experiments support this hypothesis the search for circulating pyrogen in the blood of patients with naturally occurring fever has been largely unsuccessful. One possible explanation is that the circulating pyrogen is at such a low concentration that it cannot be demonstrated in the limited volumes of blood which can justifiably be taken from ill patients.

The site of production of endogenous pyrogen during naturally occurring fever is poorly understood, though an agent with some of the properties of endogenous pyrogen has been isolated from inflammatory exudates in man.

10-20% of patients with renal carcinoma have fever, and this pyrexia disappears once the primary lesion has been removed unless there are widespread metastases. We have investigated three patients with renal carcinoma—two of whom were febrile—in an at-

tempt to identify the source of endogenous pyrogen.

## Patients and Methods:

All three patients were male with histological evidence of renal carcinoma in tissues taken at operation. Patients A and B had fever for several weeks before operation; despite extensive investigations, no infective cause for this was found. Patient C was afebrile.

Before operation 200 ml. blood was withdrawn from each of the two febrile patients into heparinised, pyrogen free centrifuge bottles.

At the same time, blood was withdrawn from two healthy volunteers and treated in an identical manner as a control. After centrifugation at 2000 gm. for thirty minutes, the plasma was aspirated and the cells were washed three times with isotonic saline solution before being resuspended in saline containing 100 mg. glucose per 100 ml. and incubated for 18 hours at 37 deg. C. saline supernatant was aspirated and, after further centrifugation at 2000 gm. for 30 minutes, it was stored at 4 deg. C. At operation all the three patients had one kidney removed, the kidneys being transferred to the Laboratory in sterile containers. About 50 gm. of tumour was removed from each specimen under aseptic conditions, and a known weight of tumour was homogenised with 100 ml. saline containing 50 mg. streptomycin and 30 mg. penicillin in a stainless-steel pyrogen-free blender. The homogenate was centrifuged at 30,000 gm. at 4 deg. C.

For 2½ hrs. The supernatant was aspirated and stored at 4 deg. C. A similar weight of adjacent normal kidney was removed from each specimen and treated in an identical manner. All homogenates were examined bacteriologically.

The saline extracts from normal kidney and renal carcinoma, and the saline supernatant from the incubated white blood cells were assayed with endogenous pyrogen. The assay technique is based on the fact that the rabbit responds to intravenous human endogenous pyrogen by producing a monophasic fever of rapid onset and short duration which is unaffected by rendering the animal endotoxin refractory. The maximum temperature rise of the animals in 90 minutes period after the injection is linearly related to the logarithm of the dose of endogenous pyrogen. No more than two injections were given to an animal on any one day, and to eliminate the possibility of immunological sensitization the animals were used for five consecutive days only.

Assays of endogenous pyrogen from patients A and B were done on white blood cells incubate using a volume derived from  $1.6 \times 10^8$  leucocytes, and on the supernatant from tumour homogenate derived from 1.2 gm. tissue. A volume equivalent to 1.2 gm. tumour was assayed from patient C. The extracts of normal kidney from all three patients were assayed at a volume equivalent to 1.2 gm. An intravenous injection of 5 ml. Saline was used as a further control. Six animal assays were used at a time and the material from each patient given to all six on cross-four basis. Extracts producing significant febrile responses were incubated in an equal volume of normal rabbit plasma at 37 deg. C for 20 hours to inactivate endotoxin and were reassayed in animals rendered refractory to endotoxin by intravenous injection of 0.05 ml. typhoid Vaccine 20 hours earlier. An unimpaired febrile response after this procedure suggests the presence of endogenous pyrogen.

#### Results:

Neither of the two febrile patients Leucocyte incubates produced responses that were significantly different from healthy volunteers or from the saline control.

However, the extracts from 1.2 gm. tumour from both patients produced febrile responses as compared with both the saline controls and the extracts from 1.2 gm. normal kidney. Furthermore, this pyrogenicity persisted despite incubation with normal rabbit plasma and reassay in endotoxin refractory rabbits. Assays of 1.2 gm. tumour and normal kidney extracts from the afebrile patient revealed no significant difference between the febrile responses to saline or to either of the two tissue extracts.

Bacteriological examination showed no growth from any of the preparations.

#### Reviews:

Clearly, the saline extracts of renal carcinoma from our two febrile patients contained a pyrogenic agent. The rapid onset, short durations, monophasic fever that this pyrogen induced in rabbits, together with the altered febrile response in endotoxin refractory animals, suggests that the tumours contained endogenous pyrogen. Furthermore no endogenous pyrogen was detected in any of the extracts from normal kidney. Since our assay technique is relatively insensitive to endogenous pyrogen, our inability to demonstrate its presence in the leucocyte incubation medium of the two febrile patients is not conclusive evidence that circulating white blood-cells play no part in the pathogenesis of the fever associated with renal carcinoma. However it seems likely that the major source of endogenous pyrogen is the renal carcinoma itself.

There seem to be two possible mechanisms for the production of endogenous pyrogen in renal carcinomas. Necrosis of the carcinoma could stimulate an inflammatory reaction, endogenous pyrogen being liberated from leucocytes migrating into the necrotic area; or the malignant cells may be producing and secreting endogenous pyrogen. In our patients, the most necrotic carcinoma was in the patient who was afebrile and whose tumour contained no pyrogen. Circumstantial evidence suggests therefore that the malignant cells of some patients with renal carcinoma form endogenous pyrogen.

# Prenatal Determination of Foetal Sex

By HANS ZELLWEGER, M.D.

(Through the courtesy of Department of Pediatrics, University of Iowa).

Determination of nuclear sex in fetal cells obtained from amniotic fluid is indicated if the expectant mother carries the mutant gene of a severe X-linked condition. Prenatal chromosome analysis is indicated whenever a woman carries a high risk of having a child with a chromosomal aberration. A modified method of culturing fetal cells has been shown to yield excellent results for prenatal karyotype studies.

Prenatal genetics and prenatal cytogenetics are becoming increasingly important as data obtained by various methods applicable during prenatal life accumulate. In this personal study I briefly discuss prenatal determination of nuclear sex and karyotype and describe a modified method facilitating accurate chromosomal analysis in fetal cells. Sufficient amniotic fluid is obtainable by abdominal amniocentesis for this examination after the fourteenth to sixteenth week of gestation.

## PRENATAL DETERMINATION OF NUCLEAR SEX

The method is in essence that used for the determination of nuclear sex in the buccal mucosa. 5 ml. of amniotic fluid is centrifuged and the centrifugate is resuspended in 5 ml. of fixative (5 parts glacial acetic acid in 95 parts of 95% ethyl alcohol). The cells are fixed for 30 minutes, recentrifuged, and used for sex chromatin determination after having been stained with carboxyl fuchsin.

I have studied the nuclear sex in 115 samples of fetal cells obtained from amniotic

fluid 25 samples were sexchromatin negative, 38 samples obtained contained 0.1-1.5% sex-chromatin positive cells. 1000 cells were examined in each case. All 63 fetuses from which these samples were obtained either showed an XY Sex Chromosomal complement in the prenatal chromosomal analysis or were recorded as male after they were born. Upto 2.5% sex-chromatin-positive cells are therefore regarded as compatible with the presence of only one X-chromosome in the karyotype. 52 Samples of amniotic fluid contained 5% or more sex-chromatin-positive cells.

All samples came from females as evidenced either by an X sex chromosomal complement in the fetal cells or by recognising their female sex at birth. No sample was found with a Barr-body count intermediate between 2.5 and 5%. Presence of Barr-bodies in 5% or more of 1000 cells indicates, therefore, presence of two X chromosomes. For the identification of Heterochromatin as Barr bodies, I applied the most rigorous criteria as to its size and shape. These results indicate that nuclear sex can be accurately predicted as soon as amniotic fluid is technically obtainable. For genetic counselling, however, verification of the nuclear sex is required by the determination of Chromosomal sex.

Prenatal sex determination is indicated whenever the mother is a true or probable carrier of the mutant gene of such X-linked diseases as Duchenne and Becker type muscular dystrophy, X-linked variant of mucopolysaccharidosis, haemophilia A and

B. Reyhan hyperuriaemia, and Lowes' syndrome.

#### ANALYSIS OF PRENATAL CHROMOSOME

The method in our laboratory is as follows :-

10-15 ml. of amniotic fluid is centrifuged for 5 minutes at 700-800 rpm. The centrifugate is resuspended in 1.5 ml. of fetal calf serum. Falcon petri dishes are prepared by placing a 22x22 mm. Coverslip in the bottom of the dish. 0.2 ml. of the serum-cell suspension is placed on top of coverslip followed by the addition of 2 ml. of medium 'MEM' containing 30% fetal calf serum. The dishes are gently agitated to distribute the cells evenly. The dishes then are placed in a 5% CO<sub>2</sub> atmosphere at 37 deg C. After 3 days the dishes are agitated gently to remove as many nonvital-cells and as much debris as possible. The old medium is removed and replaced by fresh nutrient mixture. From then on the medium is changed every 3rd day. At about the 11th day the first three dishes are prepared for harvesting. Early in the morning the medium is replaced, and the next morning 0.2 ml. of 1x10<sup>-6</sup> Colchicine is added and left for 5-6 hours. The procedure of changing the medium a day before harvesting is repeated with each subsequent set of three dishes. The coverslips are put in a cover slip-staining rack and immersed in warm 0.7% sodium citrate.

A 150 ml. beaker has proved to be the most convenient and economical receptacle. After 45 minutes of hypotonic treatment, the coverslips are fixed gradually by increasing the concentration of fixative—that is, about 15 ml. fixative (3 parts methanol to 1 part glacial acetic acid) is added to the hypotonic solution. After 3 minutes, half of it is poured off. The volume is replaced by the addition of fresh fixative. This process is repeated two more times and the coverslips are finally put into fixative with full concentration and kept in fixative for 45 minutes. Then the coverslips are air dried and stained with Geimsa stain. After rinsing and drying the coverslips are dehydrated twice in acetone and twice in aceionexylol (50|50), and cleared in xylol for 10 minutes. The coverslips are then directly mounted on slides with 'Permount', ensuring that the right side is

mounted to the slide.

The results of this modification are so excellent that all cultures performed so far have been found to have good and accurate karyotyping.

The question then arises: which fetus should have a prenatal chromosome analysis. In a nutshell, every fetus which has a chance of 1% of being **aneuploid** should be analysed—that is every woman who carries a risk of 1% or more of having such a child should have a diagnostic aminocentesis as early as feasible. Risk figures for **aneuploidie** other than mongolism have not yet been accurately determined. Nevertheless it is presumed that expectant X-trisomic women and wives of XYY males should have the benefit of a chromosome analysis. There are other indications. The categories of high risk women listed here are based on experience gained with respect to mongolism. The following five categories can be distinguished.

- (1) Mongoloid (21-trisomic) women and women with a chromosomal mosaicism including a 21-trisomic cell population.
- (2) Women with a balanced D|G, G|G| or other translocation.
- (3) Women whose husbands carry a balanced translocation as mentioned above.
- (4) Women who have—or women whose husbands have an increased number of satellite association, which we are convinced predisposes to non disjunction.
- (5) Pregnant women aged 40 and over, since their risk of having an aneuploid offspring is higher than 1%. We realise, however, that the number of expectant women aged 40 and over is too large for chromosomal analysis to be undertaken in all instances by the present time—consuming methods.

## PYREXIA IN RENAL CARCINOMA

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## PRENATAL DETERMINATION OF FETAL SEX AND CHROMOSOMAL COMPLEMENT:

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# SPOT DIAGNOSIS



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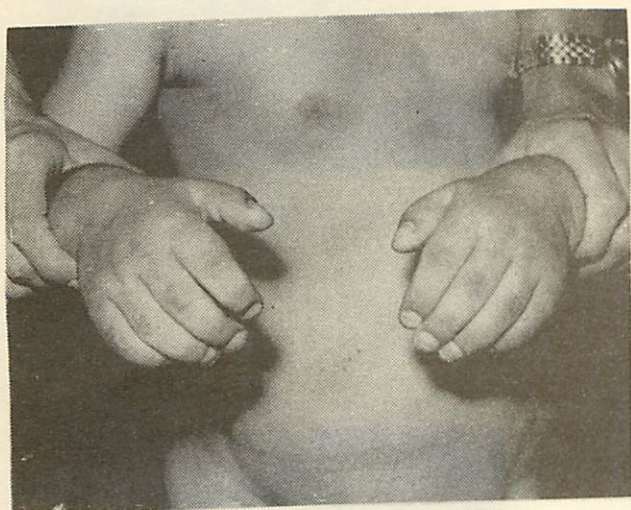
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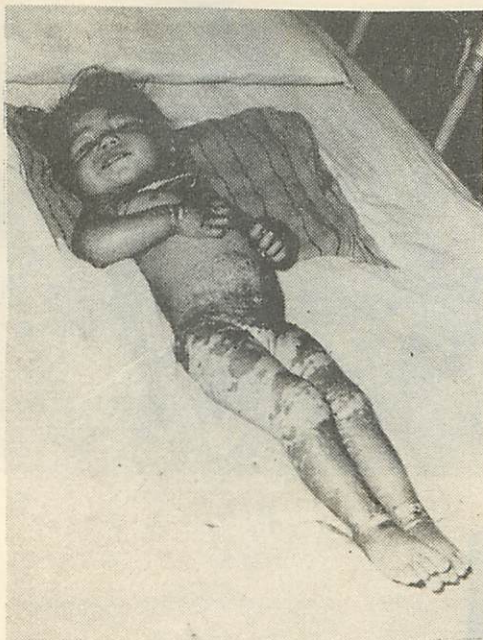
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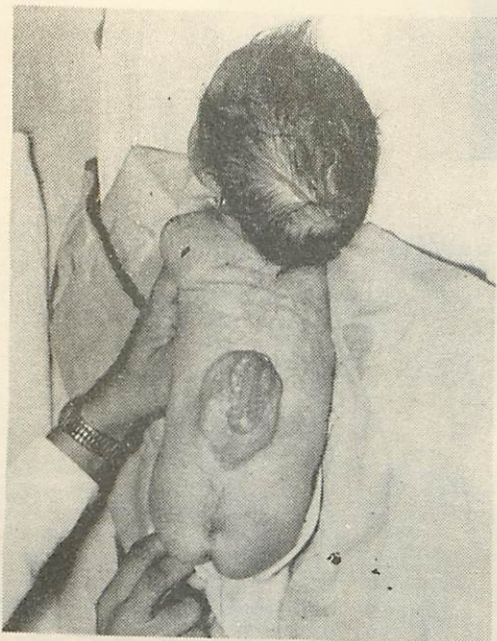
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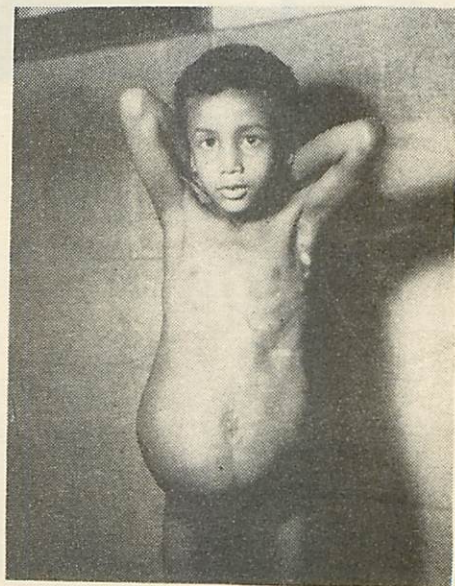
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# SPOT DIAGNOSIS

Answers:

1. *Marasmic Child*
2. *Cushing's Syndrome*
3. *Muco Poly Sacoridosis or Hurler's Syndrome*
4. *Congenital Bilateral Harelip*
5. *Hurler's Syndrome*
6. *Rickets*
7. *Kwashiorkor*
8. *Meningo Myelocoele*
9. *Congenital Absence of Abdominal Muscular Layer on one side*
10. *Apert's Syndrome ( Feet too are Similiarly affected)*
11. *Achondroplasia*
12. *Thalassmeia Major*
13. *Rickets Rosary*

# *PVA Fixation*

## *Technique in*

### *Intestinal Amoebiasis*

By **SABIHA M. HAQ**  
Final Year M.B.B.S.

Acute or chronic intestinal amoebiasis is the commonest disease in our Country and affects all ages with a maximum incidence in age group 20-40 years, according to a survey carried out 10 years ago.

The causable organism is a unicellular parasite *Entamoeba histolytica* which exists in two forms vegetative and cystic, the vegetative form being responsible for pathological lesions and the cystic form being the transmitter of disease from one person to another. The mode of transmission is through water, food, flies, fingers, and other fomites from rectum to mouth.

The evolution of the lesion is in 5 stages.

- 1) Penetration of intestinal mucosa by trophozoites.
- 2) Invasion of lymphoid aggregates and then breakdown.
- 3) Formation of crypt abscess.
- 4) Breakdown of crypt abscess with ulceration of mucosa.
- 5) Deep penetration of tissues by *E. histolytica* and its passage through muscularis mucosa into submucosa, portal radicals and lymphatics.

Pathologically and clinically amoebiasis is acute or chronic. Acute **INTESTINAL AMOEBIASIS** is divisible into dysenteric and deceptive types.

**Acute Dysenteric Type:** is characterized by sudden onset of pain in the abdomen with tenesimus and frequent passage of unformed stools containing blood and mucous. The bowel movement may be upto 25 times a day. There may be slight fever.

**Acute Deceptive Type:** Patient may come with tenderness over right iliac fossa, vomiting, fever and a coated tongue. In such a case it may be mistaken for acute appendicitis. The condition is called amoebic Typhlitis. This is due to acute inflammation of caecum. In some instances it may present with the symptoms of subacute obstruction of large bowel or it may appear as unexplained rectal bleeding. In some cases it may cause high grade fever, prostration, toxaemia and abdominal distension. In such a case a fulminating gangrenous type of dysentery should be suspected. There is continuous pouring of blood, mucous and unformed stools which are offensive. Perforation may occur and death is due to renal failure. In 50% cases it also shows hepatic involvement.

**Chronic Intestinal Amoebiasis:** This includes gastrointestinal and other systemic manifestations in the absence of hepatic or other metastatic lesions. These patients may or may not have suffered from dysenteric attacks previously. They show alternating diarrhoea and constipation with or without mucous, dyspepsia, vague abdominal discomfort, episodic bowel movement with

tenesmus and an early opening of bowels after feeds. A few constitutional symptoms like body aches, low grade fever and fatigue may be present and there may be steatorrhoea. It can go upto the extent of causing sweating, palpitation, arrhythmias, urticaria and menstrual disturbances.

Due to multiplicity of symptoms conditions is difficult to diagnose.

**Sigmoidoscopy:** Lesions will reveal the following.

- 1) Reddish or Yellowish nodules with opening in the centre.
- 2) Tiny red spots "the Flea bitten appearance".
- 3) Granular proctitis.
- 4) Catarrh proctitis with diffuse congestion and oedema.
- 5) Small superficial ulcerations with hyperaemic edges.
- 6) Punched out ulcers with raised undermined edges -|- necrotic centre.
- 7) Pustules of varying size.
- 8) Giant ulcers with rolled out edges.
- 9) Diffuse or patchy membranous proctitis.
- 10) Amoeboma (an inflammatory granuloma with fibrotic reaction).
- 11) Normal mucosa macroscopically (lesions are microscopic).
- 12) Depressed stellate scars of healed ulcers. Caecum ascending colon, rectum and sigmoid colon are most commonly affected but other parts of large bowel may be affected.

**Stool Examination by PVA-Fixative Technique:** Since vegetative forms can not survive outside the body for more than a few mins it is necessary to examine the faeces fresh and this is not possible in places where lab. facilities are not available. To overcome this difficulty a "PVA: fixative technique" has been developed. It consists of fixation of delicate trophozoite by preserving the faeces in Polyvinyl alcohol solution, and later on staining them permanently. The greatest advantage of the technique is that patients need not necessarily be present at the place of investigation.

**Technique:** Collection of stool specimen is done in a two vial kit. The capacity of each is 20-30 ml. one of these is half filled with PVA-fixative and the other with 5-10% formaline. 5 ml. of specimens are introduced into each and mixed thoroughly. Stained PVA films are prepared and searched for protozoan trophozoite. FE or formaline other preservation technique is applied to the portion preserved in formaline and searched for protozoan cysts and helminth eggs.

The stain used is Trichrome stain. With this stain the cytoplasm of *E. histolytica* stains blue green tinged with purple, and the karyosomes of nuclei are brilliant red or ruby red. Back ground is green. The films are transparent so that embedded amoebae can be found.

With the evolution of this new technique it has become possible to diagnose intestinal amoebiasis early and treat accordingly hence preventing its various complication and metastasis elsewhere in the body.

Following are the few uses of PVA-fixative technique.

- (1) Collection of specimen from patient's residence.
- (2) Submission of specimen to public health laboratories.
- (3) Collection of specimen at hospitals.
- (4) Preservation of specimen obtained
- (5) Staining of amoebae in cultures.
- (6) To increase the adhesiveness of watery faeces so that they can be fixed onto slide.
- (7) For the study of specimens during survey.
- (8) For the investigations during epidemics.

The Specimens so preserved can be stained and fixed few days or several months after the collection. The results obtained by this technique are very encouraging and in the absence of a faulty technique it gives positive results in 65-70% of cases suffering from either acute or chronic amoebiasis. But it is important the examination should be carried out only by persons competent in this field.



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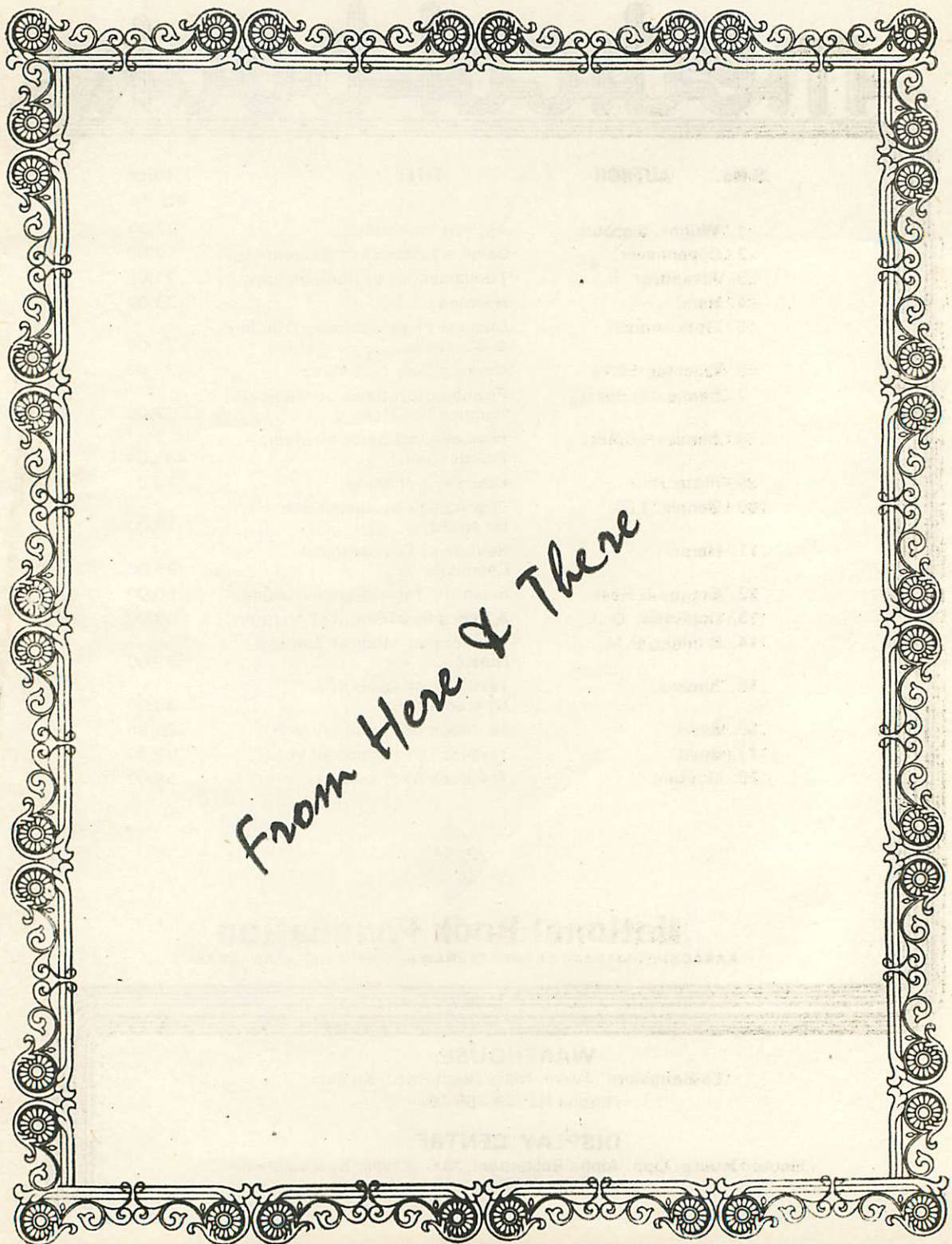
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*From Here & There*

# Ismail's Homecoming

Maryam Jamilah

When Ahmad Khalil saw his son's handwriting on the envelope, that the postman had just delivered, he ripped it open with trembling fingers. For a long moment he clasped the letter to his breast as if he feared to look at it. His adopted son, his cousin, his uncle and two closest friends surrounded him taut with suspense. Unable to endure it any longer, Rashid put a powerful black hand on his cousin's shoulder and shook him gently.

"Ahmad Khalil, what does your son write?"

Slowly Ahmad Khalil unfolded the letter and began to read it aloud in a halting voice . . . . . Father, not long ago, I was promoted to be an assistant to the chief Accountant in the **Aramco** Oil Company with top salary and I have been given special permission to reside in the American quarter of Dhahran. Now it is the month of Ramadan, and I am on vacation, I am coming home to tell you such wonderful news, it will change your entire life. I should be arriving almost as soon after this letter reaches you. . . . ."

Mansur gazed at his nephew stupefied. "But-but, I cannot believe it! Ismail has been away without one visit home for all these years. But perhaps this is for the best or he could have no home here now the city authorities have notified us that the demolition of our quarter will soon take place and have given us only three more days to move out. . . . ."

"You must not worry," Ahmad Khalil assured him, trying to conceal the awful

fears, anxieties and sadness that plagued him. "Inamullah and his son, Karim have promised us that we can stay with them until we can find another place to live. . . . ."

Just then he was overcome with a fit of coughing. He clung to Abd ar-Raziq for support and Abd ar-Raziq embraced him tightly. "Oh Father! No matter what happens, I am here. I will not leave you again. I am never returning to Cairo. It is full of evil and corruption and the reformers in their zeal have irreparably destroyed the Islamic character of **al-Azhar**. Gone is all its former international reputation and fame. . . . ."

"Yes, my son. I know. I carefully studied all your letters. After what has happened in Egypt, I am not surprised."

"But Father, do you know that my application to the new Islamic University of Medina has been accepted and I have already been admitted there on scholarship as a student? Courses will begin after this month of Ramadan. Karim takes me there everyday to meet the teachers and students from every country of the world from the West as well as the East—and we go to the library where my friends will read aloud to me. How much better than **al-Azhar**!"

Gently Abd ar-Raziq helped Ahmad Khalil as he lay down on his mat on the floor and groped for a quilt to cover him. As the sun began to set, they sat in silence, awaiting the blast of the cannon to announce the breaking of the fast.

Ahmad Khalil reached for Abd ar-Raziq's hand. "This will be the most sacred night of the whole year—the twenty seventh of Ramadan. Recite the Surah about the night when the Quran was first revealed."

"But," he objected. "you yourself know it by heart."

"It would make me happy to hear you recite because you do it so well."

And they sat in rapt attention while Abd ar-Raziq chanted in his deep resonant voice:

"Lo! We revealed it on the Night of Majesty.

Ah, who shall convey unto these (C. Muhammad) what the Night of Majesty is!

The Night of Majesty is better than a thousand months.

The angels and the Holy Spirit descent therein by permission of their Lord with all decrees.

That Night is peace until the rising of the dawn...."

At that moment they were all startled by a knock at the door. Rashid jumped up to open it and there stood Ismail wearing a new, smartly tailored gray flannel business suit with matching tie and carrying in his hand an expensive brown leather suitcase.

"Did you receive my letter?" he gasped breathlessly. "I am so late. My plane was delayed for hours and I had to wait still longer for a taxi...."

For several moments of painfully awkward silence, Rashid and Ismail stood staring open-mouthed at each other like strangers until Ismail finally asked. "Where is my father?"

"Please come in," urged Rashid stuffily and Ismail followed him. All the eyes in the room fell upon Ismail, shocked because he did not have the good manners to remove his shoes indoors. With the help of his friends, Ahmad Khalil painfully rose to his feet, steadying himself with the aid of a cane. Stunned by his father's appearance, and forgetting all else but the blood-tie,

Ismail rushed to him with tears in his eyes. "Father!" he gasped. Ahmad Khalil convulsed in a fit of coughing but as soon as managed to overcome it, reached out both arms to embrace his son. Ismail shrank away as if from a leper. Seeing the deeply hurt expression on his father's face, he pleaded anxiously; "Please understand, Father. It only because tuberculosis is contagious." Ismail, now realizing that his father had not the slightest comprehension of what he meant, broke the moment of excruciatingly painful silence. "Where is Mother? I must see her!"

Rashid only pointed in her direction and Ismail promptly ran behind the curtain that partitioned the room to find his mother squatting with Maymuna, cooking the evening meal. He was shocked to see how much she had aged in so short a time. Her face was deeply lined and her long black hair now streaked with grey. He embraced her and kissed her but to Asma he was like a stranger and his gesture of affection towards her lacked any real warmth.

At that moment, the cannon boomed and Asma announced: "It is time for the breaking of the fast. The journey from Dhahran to Medina must be long and hard and you must be very hungry...." Putting an arm affectionately around his shoulder, she spoke as she would speak as if he were still a small child: "Look Ismail! We have lamb and rice tonight as a special treat and I prepared it in melted butter just for you exactly as you like it best...."

Asma and Maymuna then lifted the steaming pot off their kerosene stove and placed it before the menfolk who were waiting expectantly. Acutely self-conscious, Ismail joined them but he sat so awkwardly and obviously uncomfortable on the floor that they could not help but stare at him because he was unable to squat as they did.

Mansur raised his gnarled wringled black hands to bless the food:

All praise is due to Allah Who gives us to eat and to drink and has made us Muslims!"

Ignoring Ismail, they all plunged their hands into the common dish, *devouring the* chunks of lamb, marrow and buttered rice

Ismail grew so frantic, he was no longer able to control himself. Instinctively turning to his mother for consolation, he burst out, "Oh Mother! I cannot bear to eat in this disgusting fashion!" The embarrassment was so painful, Ismail's first impulse was to jump up and run out. He had not imagined it would be like his. He wondered why he would ever want to return, even for the briefest, to a home where he no longer belonged. He looked wildly about the little room, bare save for scattered straw mats on the floor, a few folded quilts and several water jars against the wall."

Seeing that her menfolk were satisfied, Asmā picked up the pot and quietly disappeared behind the curtain with Maymuna to eat the left-overs.

Ahmad Khalil turned to his son. "You wrote to me that you have been going to school at night and working on your correspondence courses after work. By this time, you must have acquired much knowledge. You must have studied our literature, learned of all the great poets and be able to recite beautiful poetry. Do you know that it was the Holy Prophet who said, "Verily there is wisdom in poetry and the truest words ever uttered by a poet were those of Labid: "Behold: Everything but Allah is void!" Oh my son, do you not remember when Labid said:

"...Yea, the righteous shall keep the way of the righteous. And to Allah ye must return.

In His book of Knowledge all is reckoned and before Him revealed all that lies hidden.

And on the Day when avails the spotted only prayer for pardon and grace to lead him to mercy.

And the good deeds he wrought to witness before him.

And the pity of His Compassion.

Yes, a place in His shade to abide in and a heart steadfast, straight-walking and honest....

"I cannot recall the rest of the poem. You must have learned it in school. Recite it for me...."

In a strange way, Ismail stared at his father and in a cool, even voice which seemed absolutely expressionless, replied: "In my classes we do not study poetry."

"Then you must have learned more of the Quran and its commentaries."

"I did not attend night-school to learn the Quran either."

"Then, my son, what did you study?"

"Everything! I learned English, mechanics, chemistry, electronics, accounting, business administration...." Ismail took one look at his father's face. "Don't you understand what I am talking about?"

"Yes, Ismail. I understand very well. I understand that you do not say your **Salat** and that you are not fasting this **Ramadan!**"

Exasperated, Ismail clenched his fists.

"The past is dead! Father, when will you ever understand that past is dead? What use have we for the thoughts and books of men dead for thousands of year? You try to live according to the rigid taboos fit only for primitive people. We cannot look back to the past to guide us how to solve the problems that face us today. And are you still deluded that even King Faisal can solve them? The age of kings has passed. Socialism is the only solution. This country is ripe for a revolution! Ismail straightened and he spoke in a voice filled with pride. "You ask me of faith, Islam has been forced on us Saudis from the earliest age-memorization and yet more memorization until we learn only to hate the very word! The authorities try to impose religion on us by force when they don't observe it themselves and then is it any wonder why we rebel? Despite all the propaganda how fast modernization is taking place here, this is still a primitive land, in many ways beyond the belief of those who have never been here before. And a very sleepy country also where even the desire for improvement is lacking. It is time for us to wake up! Yes, Father, I do have faith! I believe that men by their own efforts can raise themselves to higher and higher standards of living. When our people are enslaved by despotic rulers, by obsolete traditions, by poverty, illiteracy and hunger; when little children are dying of disease and starvation, we do not need theologians, poets or philosophers. What we need are dams, factories, big industries and machines of every kind. "We need more and more

schools and hospitals...."

"When did I ever tell you, Ismail, that we should not have these? All knowledge is good but not when it is used in the wrong way. What a blessing these scientists, doctors; teachers and social-people would be if they worked to please Allah and really wanted to help us! But they are nothing but hypocrites. They are all our enemies or have been trained by our enemies. They work here among us not to do good but only that we may betray our faith and become like the foreigners. They have no love or compassion for the poor; they only feel ashamed of us. They are ashamed of all people who do not conform to the ways. If they cannot persuade them to do so quickly enough, then they try to attain what they want by force. Their medicines, machines and books are their weapons. If we stay ignorant and lazy, we cannot but grow weaker and weaker until they enslave us without any resistance and soon we disappear unless Allah save us! If only I had understood this when I was young! If only I had gone to school, acquired knowledge and tried to study the new sciences when my father gave me the chance! Then I might have achieved mastery over both civilizations. Then I might have known what we could learn even from our bitterest enemies without harm to ourselves and now we could resist their evils. Instead, I tried to flee when there is no refuge and no escape, no even here in the Holy City of Medina. I told myself that I was only a peasant and not a scholar. My love for the soil is as intense now than it was when I was a boy in the village but the village is no more and there is no place for the simple peasant in the life of today, not even at the bottom. And I never thought to prepare for that. Now it is too late. This was my great mistake. I was too immature to understand that in order to fight the enemy, to resist, one must know him. Oh Isma'ill! When we rule the world again as we have ruled it before, we would surely capture all their knowledge, wealth, power and much, much more because the provisions of Allah are infinite...."

"But that old world is dead, Father, defeated, conquered by superior ways and superior peoples. The new ways are the only road to a better life and a bright future!

"Islam is not dead! Allah lives forever! He lives forever in the hearts of the unbelievers. The foreign way of life cannot last. It must collapse soon because of its corruption, decay and wickedness. Those who believe must unite and fight the enemy until the evil is destroyed and the rule of Allah is supreme!"

"You don't understand," insisted Ismail, becoming impatient and annoyed.

"I understand much better than you think.

I see the rich men growing greedier and greedier so that the price of bread, flour, lentils, cooking oil and kerosene soars higher in the market every day. But enough of that. Tell me more about your wife. You mentioned in your letter that she is Christian. Why did you not choose woman of your own faith?" "It really doesn't matter Father, because she is Christian in name only. Our common belief in the absolute freedom of the individual from the bondage of taboo and dogma make us of one mind. She is as much of a rebel as I. Her father was an Orthodox priest. Were he alive now, he would never permit our union but her mother is old, weak and illiterate and although she does not approve, she could do nothing to stop us. I could not marry the old type of woman who is so submissive and ignorant of her rights. I would not imprison my wife in the house for a life-time, as you have done and make her veil herself in black whenever she goes out. I want my wife as my life-companion and not a domestic servant producing another baby each year. Today women are completely free and equal with men and participate in public life. My wife graduated from the American University of Beirut with honours. She has a Masters' Degree in Economics and I love her more than I have ever loved anyone. She is the most beautiful and wonderful woman in the world and I wish you could meet her. She is already expecting a child and I must make the arrangements for her to go to the hospital soon...."

Ahmad Khalil's eyes hardened. "You married her without my permission, even without my knowledge, so I do not want to see her. I know what those women are like. I will never permit her in my home. And why should send her to the hospital. She is not

sick?"

Ismail cast his father a defiant look. "My children shall not be born under the primitive and unsanitary conditions as I was born. I will give them every medical care. I shall carefully plan my family so that we will not have more than two or three children and I can provide for them the best food. They shall be reared in the modern ways. I will not lose seven out of eight of my children as you did!"

Ahmad Khalil's voice rose. "It is Allah Who will give them to you and Allah Who will take them away! How dare you accuse me of killing my own children?"

"Not deliberately, of course. I only say that you were too ignorant and stubborn to learn better. You simply don't understand. My children will belong to a different world. Oh Father, come with me to Dhahran! You will be forced to move out of here anyway. They have given you only three more days to leave. And it is good that the city is going to demolish this place—one of the worst slums I have ever seen! This will force you to face reality and accept the world today as it is, instead of as you would wish it to be. This is the real reason I came back all these hundreds of miles to see you again to persuade you and Mother to come where you can live for the remainder of your days in comfort and security. Never mind Rashid and his old father. They don't concern us. They can look after themselves. Oh Father! Come with me to Dhahran and share the vision of the great future that lies ahead!"

This was the last place where Ahmad Khalil would ever choose to go. He would feel too miserable to be able to live with Ismail for a single day, so miserable, in fact, that he would prefer to be thrown out on the street than go with him. But how could he tell that to Ismail? Before he could think of a fitting reply, another thought flashed through his mind. "Ismail, why did not Rafiq come home with you?"

Ismail shouldered and cast his eyes down on the floor. "He is too busy at his work," he lied. "He never has time to watch me the English films on television."

"Ismail! You are not telling me the truth! I have received no word from Rafiq for more than three months and he always wrote

to me every week. He never had a father or a mother and I have worried about him ever since he was an infant. As a child, he was always so timid and frightened. His last letter told me how unhappy he was. I begged him to come home and tell me everything and I promised as his uncle that I would try to help him."

Once more Ismail stared down at the floor but this time made no effort to control himself. His whole body was trembling. "Didn't you know? He is dead."

Ahmad Khalil's face grew even more pallid than usual and he collapsed against the wall in a fit of coughing. "Dead," he gasped. "Why did you not write and tell me before?"

He slashed his wrists with a razor. I found him lying in a pool of blood. I called the doctor at once but before he reached the hospital, he died. Father! Why do you look at me that way? You know it was not my fault!"

"Ismail! Look at me and tell me the whole truth."

"Believe me, Father, I had nothing to do with it! The Company offered us both the most marvellous job—assistant to the chief accountant in a brand-new air-conditioned office plus special permission to reside in the American quarter of Dhahran. But there was only one position. It was either Rafiq or me. I knew he couldn't hold that job. He would never be capable enough for that. After all his father was hopelessly insane. How can I ever forget the disgusting sight of him lying all day on the floor, naked in his filth, not even able to feed himself. He was the most loathsome creature I ever knew. Whenever I remember him, I feel nauseated...."

"Ismail! Don't talk like that about my brother."

Rafiq was beginning to act the same way. He was so depressed, nothing could cheer him. For many hours at a time he would weep for no reason so I told the employer about him, about his father, that he could not be capable of holding that job. That's the truth, isn't it?"

Ahmad Khalil gripped Ismail by the shoulders and shook him back and forth crying:

"You would betray your first-cousin, your own flesh and blood! How could you be so cruel?"

"Please understand, Fa'her, I did only what I had to do!"

You could have chosen a different kind of work. Ismail, listen to me. You must confess everything you have done. You must make all the amends you can. You must pray day and night and beg the forgiveness of Allah. May He have mercy upon you."

"Father, I can't do that. I can't allow people to know about this! I can't afford to risk the loss of my job, my reputation, my new home, my wife, my child-to-be, and wreck all the hopes and dreams for the future. Do you expect me to do as you have done—dig the dirt and weed the garden of a mosque for a pittance? You never knew what it means to earn a decent living. You could not even feed your own children. You just let them starve. I will never forget how night after night I cried with hunger. I could not have been more than four or five years old but I still remember. You could not feed me. You had nothing. I am finished forever with this starvation...."

"Ismail, have you no patience to endure what cannot be changed? I gave you everything I had. As your father, what more could I have done? Do you think you are independent—independent from Allah and His law, that you are free to do anything you please and will not be held responsible? Do you think this life is the only life and that you can live without Allah? Allah is the very breath you breathe. At any moment, He can snatch away the life from your body. To Him you must return and before Him on Judgment Day you must account for all your work."

Ismail laughed nervously. "I am not worried about that. I am young. I have a long life ahead of me." Ismail looked deep into his father's dark emaciated face framed by long heavy black hair and dominated by those piercing eyes glittering with fever. "Oh Father," he cried out in desperation. "Are you not terrified of death?"

Ahmad Khalil's voice was calm but firm. "I am a Muslim. A Muslim fears only evil. Oh Ismail! Repent and beg the forgiveness of Allah or else far worse things than death

will happen to you!"

Ismail nervously fingered his neck-tie. "Fa'her, really I must be going. If I do not leave now, I will miss the next bus. They run from Medina to Jeddah only every two hours...."

Ahmad Khalil gripped him by the shoulders with surprising strength.

"Let me go, Father! I have to hurry! He tried to twist away but his father held him firm.

"Ismail! Look at me! Look straight into my eyes!"

Ismail turned his head away.

"Listen, Ismail, these are not my words. They are the eternal Truth revealed direct from Allah through our Holy Prophet."

Ismail shuddered as his father's intense black eyes pierced his very soul. Listen, Ismail!"

Rivalry in worldly increase distracteth you  
Until ye come to your graves!

Nay but ye shall come to know!

Nay but ye shall come to know!

Nay but ye shall know now with sure knowledge.

For ye shall behold **Hell-fire!!**

Aye, ye shall behold it with sure vision...."

"Let me go, Fa'her. I must hurry!"

Ismail wrenched himself free, picked up his suit-case and walked out the door without another word. Ahmad Khalil followed him to the entrance and watched him hurry down the street until he disappeared. Never once did he look back.

Ahmad Khalil was wracked by another long spell of coughing and he had to lean against the wall for support. Asma went to him and said: "Come, you must lie down. You are exhausted and you must rest."

Rashid went to him and leaning heavily upon his wife and his cousin, he walked painfully to his mat and lay down. He shivered with the chills of high fever and with great gentleness, they covered him with a quilt. Rashid sat beside him and felt his forehead burning hot while his mouth was parched and his hand and feet were cold. Rashid gave him some water to drink and then he lay back on the floor, too weak to move or speak without much effort.



Then suddenly his expression startled everyone present and he cried out: "Oh my sight has gone! Abd ar-Raziq, where are you? I cannot see anything. It is so dark...."

"I am here, Father, right beside you. Is there anything I can do?"

"Recite for me the last two Surahs of the Quran, the cries for refuge and protection. Have you your **braille** Quran with you?"

"No Fa her. I left it behind at al-Azhar because it was borrowed and did not belong to me. But I know it all by heart. Listen!"

"....Say: I seek refuge in the Lord of Daybreak From the evil of that which He created:

From the evil of the darkness when it is intense And from the evil of malignant witchcraft.

"Go on, my son and recite for me the very last Surah because I am terrified and I seek in Allah refuge and protection against the fears of the unknown, the awful evil in a man's own heart and in the hearts of other men...."

'Say: I seek refuge in the Lord of mankind:

The King of mankind.

The God of mankind.

From the evil of the sneaking whisperer who whispereth in the hearts of mankind Of the Djinn and mankind....."

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# The Mason of Fate

When the earth's clay was yet unlaid  
And the springs and flowers yet unmade.  
All there existed was God alone,  
and none to see Him  
cause none He had made.

A smile then enated and made its room,  
And on His lips it rose to bloom.  
And quivering deep within the smile  
was born a love.  
And do you know a love for whom?  
Love for him who is the light,  
Who brought to us the just and right,  
Yes for him, He stretched the sky,  
Laid down the river and mount so high.  
and held the sun  
till day departed,  
and then the moon till dawn to lie.

Yes he was the soul created first  
and then the nations emerged from dust,  
But the nations then sank in song wine,  
forgot the God, the power Divine.  
Indulged in fire, sword and fight,  
and to the darkness they all resigned.

But soon with mercy of God agape,  
H.s blessings were moulded and took a shape.  
To the earth, Heaven opened its door  
came to us Mohammed (PBUH)  
And there darkness no more.

He was a martel to evil,  
A mason of fate  
Who defuncted disorder  
and opened a gate,  
A gate to truth and will to strive.  
Giving best for living  
And zenith to life.

By SYED BADSHAH HUSSAIN ZAIDI  
2nd Year

# IJMA

By S. M. VAQAS  
1st Year

A christian missionary working in muslim lands begin to understand Islam instinctively. He usually defines it as "obediance to the will of Allah". Confronted with it, he's amazed at the silent and powerful hold of Islam over those who practice it. For Islam's guidance is perfect. In matters not related to in the Quran or Sunnah the Muslims are at perfect liberty to settling the matter among themselves or in short resorting to "IJMA".

Ijma is defined as an agreement among jurists of followers of Islam in a particular age on a question of Law. Ijma is derived from the word 'Jama', which means to add, hence it means the addition of opinion. It is a procedure through which any principle of Law is formulated by the unanimous opinion of all muslims. Following Quran and Sunnah, Ijma has developed as the third source of Islamic Law.

After the transition of the Prophet Mohammad (May peace be open him), when the period of Calphate began, since neither the Quran nor the Sunnah existed as widespread written texts, the people whenever confronted with the problems had to rely upon those who knew the Quran and Sunnah well. If in any particular matter the learned people failed to get an explicit answer from the Quran and Sunnah, they then following the authorisation given in the Quran, had to decide the question (in the light of Quran and Sunnah) on their own. Such decisions being unanimous had the sanctity and the force of Law.

The authority of Ijma as a source of Law

is well established for it is founded on certain Quranic texts. Some of the verses of Quran have given a very clear indication on the subject. The jist of 'Surah Nisa' is that those who go astray are not commendable but those who follow the path shown by the Prophet and 'are of unanimous opinion in this conduct, with them are really the people. A verse from the Quran establishes the authenticity of the Ijma in this manner, "Obey Allah, Obey Prophet and those among you who are in authority and if you have a dispute regarding any matter refer back to Allah and his messenger". There are certain sayings of the Prophet which add further to the authority of Ijma. The most of quoted is; "It is incumbent upon the muslims to follow the most numerous body among them".

Ijma has been recognised as a valid mode of reaching a conclusion and is an essential principle of muslim jurisprudence. The four Sunni Schools of thought consider it as an authentication source of legislature. The Shafis and Malikis recognise it's authority not only in matters of Law and religion, but also in other such matters as organization of the army, preparation of war and in question of executive administration. In fact whenever an Islamic Community underwent a crisis, it was always called upon to solve important constitutional problems.

The very first election in which Hazrat Abu Bakr became the first Khalifa was based upon the principles of Ijma. Subsequent elections of Khailafate-a-rashida followed the same rule.

In Quran broad outlines of rules of law have been enunciated and are by no mean meant to cover the numerous day to day problems. Thus as we no longer have the presence of the Prophet among us, it then follows that any rule of law not found to be explicit in Quran or Sunnah, must be presented in the assembly of learned people of the time who can then deduce the law from the Quran and the Sunnah. The persons who are eligible for participation in the proceedings of Ijma must be Muslims and Jurists of sound knowledge besides possessing good judgment.

According to the accepted doctrine of the four Sunni schools, there must be a

formal assembly of learned men and an issue be placed before that body. The meeting then gives sufficient thought to the problem and examines it in the light of the Quran and Sunnah. It then gives an unanimous decision on that problem.

Ijma is of several grades in point of authority. It varies from absolute Ijma, in which doubt on the validity of the rule can lead to the charge of 'Unbeliever', to other forms when the validity of the rule can be questioned again and again.

The right of Ijma when exercised continuous to prove the existence of the dynamic spirit of Islam.

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# The Glad Tiding

For every people  
For the mankind, for nations  
God with His mercy and grace  
Then the apostles on God's behest

strong or feeble  
for every race  
sent an apostle.

executed the truth to their very best.

And then the Beneficient,  
The first of the foremost  
Whose name is a panacea

The light of lights  
the last of the lattermost,

whose remembrance a remedy.

sent a glad tiding, a warner,  
of the darkened world, Arabia;  
of justice and right

and that corner  
glowed with the light

For the mankind Mohammed had come.

Come unto us, with truth from the Lord.

Yes as a mercy unto all the worlds

An illuminating torch, an invitor to the God.

The one on whom  
The comforter,  
The Saviour.

the Liegi completed his favour  
the sprit of truth

He changed their feelings, their old ways of life,

A will to striye.

On them he folded the grace of the Lord,

The mercy, the blessings, the favour  
of God.

By **SYAD BADSHAH HUSSAIN ZAIDI**

2nd Year

# AL-ASIFA

AFIF A. RAHMAN BUDAIR

Final Year M.B.B.S.

Social Secretary

The night was calm and all was quiet in the small village. Even the nightbirds had stopped chirping and the leaves listless and dropping in an eerie Silence. The moon was high in its Firmament, and was bathing the dark hills Surrounding the Village in its Silvery Light. Silence prevailed every where; the small village by sleeping smugly in peace and Serenity, watched only by the full moon as it rides across the starry skies.

Everyone in the village was fast asleep, tucked in bed warm and cosy, drifting away gently into the realms of the unknown. Everyone was sleeping, except for "YOUSUF" the young adolescent who was working hard, studying for his approaching exams by the Flickering light of an old gasoline oil lamp. His chin resting on his hands, his elbows on the table, he tried to study hard and his dark eyes never left the pages of the book in front of him. On the table there was also an old Faded Photograph of his Father who had died years ago, standing proudly between his mother and his sister "Fatima".

Suddenly the silvery light of the moon disappeared and an uncanny darkness spread over the small village. The stars disappear one after the other as thick black clouds Swiftly gathered, and all of a Sudden there was a thunder and lightning which enfolded the neighbouring hills in its dazzling white light. The leaves rustled noisily as a harsh wind Started blowing and Suddenly the rain started pouring in torrents. Caught in the strong gusts, the Shutters of Yousuf's room started banging

noisily and the flames of the gasoline oil lamp began dancing Violently, casting frightening giant Shadows on the walls. Yousuf swiftly got up from his table and closed the window and the mysterious shadows disappeared as the flame settled down again as if reluctantly. Coming back to his place, Yousuf found all his books and papers scattered all over the room. Bending down to pick them up, Yousuf Suddenly was taken back with a splitting headache and felt the room going round and round him and swiftly he had to take hold of his chair to prevent himself from falling down. What had happened? Yousuf was at a loss to say, slowly he sat down on his chair and tried to collect his ideas again. It seemed to him that suddenly there had been a violent storm blowing across his mind, stronger than the gusts of wind outside, but he could not understand what was happening. It was as if a very loud bell had started ringing suddenly, trying to awake his consciousness from the mysterious depths of his soul. He felt that a heavy load was crashing down mercilessly deep inside, leaving him all bruised and trembling. All the realities of life suddenly had been lost. All was forgotten, his mother, his sister, his studies, everything; this was gone. No, No, this could not be. There must be something. Desperately Yousuf tried to struggle against his feelings to put an end to this merciless conflict raging in his inner self but found that it was all in vain.

Finally he went to bed hoping that sleep would calm down his fright and Soothe the fire in his mind but found that it was im-

possible for him to sleep and lay tossing endlessly in his bed. While he was in this terrible state of mind he Suddenly heard the call for the morning prayer coming from the distant minaret, crossing across the hills to the sky. By the time he heard—"Hayya Ala Alfiah" (Come to Success), he had started to shiver violently. Yes, Yousuf, come to success, success of the First life and Second life, success of over coming all the bitter struggles raging like fire in your mind. As Yousuf listened again, he heard the call "As slatah Khaire Minul Noome" "Prayer is better than sleep". Yes, he got up from his bed, Suddenly aware that the time For prayer had come. Gone now were the times of Joyful rest and calm life, for the time of Sleepless nights and hard work had began. Slowly he went to perform his religious abultions and turning towards Mecca, he prayed Al-Fajr and bowed down to Allah with a heavy heart. After he had performed his prayers, he got up and took off his sleeping suit and dressed himself, preparing to go out. After getting dressed, he went into the room where his mother and his sister were sleeping and stayed there for a long time looking at them with infinite worry and with tears Falling from his eyes. Then he bent down and quickly kissed them in their sleep and hurriedly left the house without caring for any thing else. Outside, the storm had abated and every thing was calm and quiet again, as if peace and Serenity had again returned to the village.

Some times after Yousuf had left, his mother suddenly woke-up and on seeing the time on the clock on the small table beside the bed, She quickly got up and woke up Fatima. Then she went to Yousuf's room to wake him up for morning prayers as usual, but was astonished to see that on Yousuf's pillow, there was a letter written in blood. The mother suddenly felt a cold hand clutching at her heart and cried "Fatima, Fatima, come quickly, Yousuf is not here but there is letter written in blood on his bed". Fatima came rushing into the room, and taking the letter from her Mother's hands, started reading in a Shivering voice "Dearest mother and sister, I kissed you both in your sleep and I believe that this is the last time to say good-bye to you, for I don't think I will meet you again I have taken a decision and I don't think I will

hesitate any further to carry it out. O Mother, be patient; look upon me as a great Mujahid in the path of Allah, and O sister, be patient too, for I have decided to joint the revolutionaries who are fighting For the liberation of our occupied land of Pa'estine and of our Holy city of Jerusalem so that peace and tranquillity should come back again to this land of our Fathers. Fare wel"—Fare well". sister were embracing each other and great tear were falling from their eyes. In their profound grief and Sorrow, they were both Suddenly Started to hear a deep and calm voice coming from the Mosque and Saying "Fight in the Path of Al'ah those who are fighting you" On hearing this, a quiet peace and serenity suddenly descended in their Soul and they felt their hear sat rest. They performed their religious abultions and recited the Al-Fajr prayers and the mother prayed "O God, All praise be to your, for the moment for which I have waited so long and for which I wanted Yousuf to grow up has come at last. O God, bring him back to me victorious with the liberation of our Holy Palestine or give him Shahadat as a great Fighter and Mujahid for the Freedom of our land." And she continued praying all morning with tears misting her eyes.

The days passed by slowly and the Mujahids and the revolutionaries were fighting from Victory to victory. Patiently Yousuf's mother was watching the events and was constantly trying to get news about her son who had become a revolutionary giving an ideal example of heriosm on the battle fields of honour and liberation. At last one day a fighter who had participated with Yousuf in his struggle and Jihad, came from the battle field to convey to Yousuf's Mother the last words utered by her son when he was very close to Shahadat and before his soul was raised to God". O my mother, I have achieved your wish, so rest content now with peace of mind. And you brother, I ask you and the other Mujahids to continue this glorious March, the march of Struggle and Jihad, the march for total liberation of our Holy land Palestine. Our meeting now is in heaven. . . . and I beleve that God is one and Prophet Muhammad is his last messenger". On hearing this, Yousuf's mother Suddenly fell down on her knees in prostration and said. "And cal not those who are slain in the way of Allah "dead". Nay, they are living, only ye percieve not".



# PALESTINE

Palestine O Palestine, my tortured land!

With my tears have I written

Thy beloved name in the desert sand

Under the fiery flame of the Sinai sun

In the shadows of the luxuriant fig trees

Falling on the clear waters of the cool oases

With a trembling hand have I traced

Thy beloved name on the leaves

of the olive trees of my childhood

Where I used to play gay and carefree,

With the petals of the flowers that bloom

Over the graves of my comrades

have I formed thy name

In the cool waters of Salfit's springs

That soothed my feverish brow

In the holy stones of ancient Jerusalem

Burning under the feet of the infidels!

Palestine O Palestine my beloved land!

Soon thou will be free again

And thy children again shall smile.

**By BASSAM SAEED ABOU MADI**  
**Final Year M.B.,B.S.**

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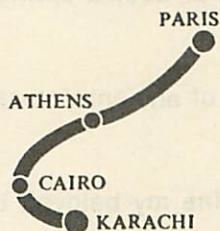


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Wherever we went we found goodwill and a homely atmosphere. The principal of K.E. Medical College took me and my wife to his home to meet his family and his distinguished father, an old gentleman now, but has remained an eminent Ophthalmologist in Punjab.

Now I shall speak about the farewell we received on our departure from Lahore towards Rawalpindi. There was a huge crowd on the platform. The students from Faima Jinnah and King Edward Medical College had assembled there to bid us farewell. Three days of stay at Lahore had brought the students of far apart places like Karachi and Lahore very much closer, and the farewell was marked by very melodious songs rendered by the F.J. students. Our crowd attracted a crowd of spectators and it was a marvellous scene to watch—since three of our students were late in arriving at the station and as they were supposed to be travelling with us, our boys requested the guard and engine driver to consider the case. They were only too pleased to oblige us, and the train left about 12 minutes late but with all the students abroad, still in a singing mood which lasted far into the night.

The following morning found us at Pindi. It was really cold. Here we had the first trial of our patience. The health department was not properly informed about the dates, consequently the delay in provision of transport proved a bit frustrating. The boys were depending upon the presence of "Our man" Professor Naseer Sheikh the Ex-Professor of Surgery at D.M.C., now Director General of Health at Islamabad. It turned out that he was extremely busy with the generic and drug Ordinance matters. No surprise! these are demanding jobs. Anyway we succeeded in visiting the capital and met General Anstri the Federal Health Secretary and Professor Naseer the Director General. From there after alerting the guards when one of the boys sounded an air raid siren we proceeded to the National Health laboratories. It was a very informative trip, we saw and learnt quite a bit about hygiene too. Colonel the Chief of Laboratories gave us an introductory talk which was quite useful.

The next day we proceeded to Murree. The show was the main attraction and we were not at all disappointed.

There followed a visit to Rawal Dam and an evening tea at "Silver Grill" Pindi given by one of the students Mr. Rafique Awan. We are highly obliged to him because that day most of the students were feeling very much let down on various issues. He made up the mood for our further journey to Peshawar. I must say that the students stood together in this brief period of relative discomfort and kept the spirits high.

Towards Peshawar we went the last leg of our journey. The thought was a bit disturbing. Almost everyone had by this time settled properly on Takhtas and irregular meals, which were now most palatable and the bogies had become a second home for us.

At Peshawar station we were received by the members of the Khyber Medical College students' Union. The day being a Sunday we proceeded to Kund Picnic Spot, where the river Kabul joins the Indus. It was a very beautiful picnic spot full of sceneries. After partaking a sumptuous lunch we crossed the Kabul river by a ferry over to the other side. Over here a beautiful rest house and orchards of Oranges provided an enchanting background.

On the following day we proceeded to visit the Khyber Medical College. At the reception in the Union hall, the Welcome was made electrifying by the tone of the speech of Dr. Rafiq Khan. A Section of the Students were more vociferous in welcoming us. The other was vociferous for different reasons. This was followed by a visit to the college and then another sumptuous dinner at Gymkhana Club. After that the big event that is, the trip to Bara, the frontier businessmen hideout was undertaken.

I must write here to thank the members of the banking community, all of them from National Bank of Pakistan who made our visit to Peshawar, Bara and Torkham happy and enjoyable. I would like to mention firstly the names of Mr. Khalid Hassan, a Senior Vice-President of National Bank of Pakistan at Karachi, Mr. Saeed Butt and Mr. Sehi high officials of National Bank of Pakistan at Peshawar. The last two gentlemen went out of their way to solve some of our intricate problems and were instrumental in the arrangements of our trips to Bara and Torkham.

So coming back to Bara, the impact of our visit on the market price was so much that prices on most items jumped by 20-30% within minutes! In the end the three buses of Khyber medical college and the few micro buses and cars which were also in the procession came safely through the the Customs-nice people!—back to the railway station.

There was much debate and exhibition of articles in the railway compartments. I could now see that most of the students were like a fused bulb. The money had run out of their pockets, and now it was time, to remember home sweet home!

The following day we were invited to a Breakfast reception at Park Hotel by the Vice President of Khyber Medical College Union. The reception was largely attended although there were only two members of the staff present. The speakers went out of their way to present to us their view points on various issues, which we countered by the exposition of our view point, which was mainly that there cannot be two view points on the issue of National solidarity.

After enjoying a very noisy breakfast we proceeded to Torkham, the gateway from Pakistan to Central Asia, i.e. the historical Khyber Pass was to be traversed and it was a sobering experience. Not very long ago in the chapters of our history were written the most glorious pages by the valiant soldiers of Millaṭ whose show of courage, determination and spirit of sacrifice for a common cause should act as a permanent stimulus for us.

At Torkham we were very cordially received by Major Muneer the Assistant Political Officer of Khyber Agency. He appeared to be mature for his age and he had be. The politics of Northwest frontier province is intricate and has to be dealt with great tact. The boys being boys, and the girls being girls, and all being students of D.M.C. lived upto their reputation by a sudden plunge

into a reckless from an healthy adventure. This caused very anxious moments to all concerned. One thing is to be noted here, Rumour-spreading and exaggeration of events are not a healthy form of activity.

In the afternoon Major Muneer treated us to Chapli Kababs and tea at his residence at Landhi-Kotal. He is a fine gentleman. He remained with us through thick and thin. I am sure all the boys and girls will approve if I say "Thank you" to him.

Later in the evening we returned to Peshawar and again travelling through Khyber Pass at dusk was another experience worth remembering.

Late in the evening at Peshawar station platform, our last camp fire took place. Major Muneer joined us also. The camp fire being the last one for us, was made another memorable event, by the groups of singers who sang songs in many languages. Each had its own charm.

The following day we left Peshawar after a last minute spree of shopping, which rendered most of the students penniless; and after a day's shopping at Lahore we reached Karachi on the evening of 31st January, 1976.

Now I shall say a few words from my side. This was the first time I had been out with students under the circumstances, which students know better. I neither belonged to the Hygiene dept. Nor had anything to do with fourth year. But I must record here the exuberant mannerism and behaviour they exhibited and there never arose any occasion when I found it necessary to speak twice about any matter. Similarly the boys and girls themselves shouldered many responsibilities and I am sure they must be knowing each other far better than they did previously. I only wish that life would be as pleasant as the tour we undertook to prove that there are better things to do and to see.



# Hygiene Tour

By DR. IMDAD BALUCH  
Assistant Professor of E.N.T.

Now that the tour is over and all "Third" class awami passengers are back to their starting point, wondering about the "real" Hygiene, time has come to cast a retrospective glance at a period of college activity which no doubt will be remembered throughout life whenever common friends in this fourth year class will meet each other in the coming years.

Traditionally the fourth year of the five years of M.B.B.S. has remained the year of increased social activities. This is probably to give you a short period of relaxation before the final tightening of the screw in the fifth year.

Our hygiene tour began under clouds of mystery. How the tour was planned and by whom and other related matters are still not very clear to me. Such is the political genius of the organisers that they kept everybody in the dark and yet succeeded in getting the blessings of almost everyone concerned.

On 14th January the cantonment station was full of unusual activity, after all there were two overcrowded bogies to be attached to Bo'an Mail. There was a general feeling of holidaying prevailing, which was undeterred by the incessant rain. Since two previous days the crowd of students, some dressed in shalwar Kameez, overcoat, some in suits and yet others in jackets and jeans were seen making determined efforts to get comfortable places in the compartments.

What struck me most was the spirit of give-and-take prevailing there and though some students had to sleep on the floor with the cold wind rushing in from doors

and windows because of broken glass panes and and locks, they did not complain, or grudge those who were fortunate in getting seats. There were no quarrels or hard feelings.

The dinner at Kotri Station was very enjoyable; and the first stop was at Larkana to see Chandka Medical College.

We were received by the members of the staff at the station. This was very much appreciated especially since it was a very cold and rainy morning. Our one-day stay there was made very interesting by our hosts. They went all out to make it possible for us to see Moen-jo-Daro. For most of us (who visited the place for the first time) were greatly impressed by the fact that such an intelligent society could prevail thousands of years before in that region.

The museum at Moen-jo-daro is aptly located and its spacious lawns provided football ground to our students for an hour or so.

The next stop at Samasatta junction was a bit depressing. The bogies were shunted onto the middle of the tracks and most of the time the students had to keep running through or under the stationary trains to reach the platform.

Our reception at Quaid-e-Azam medical college Bahawalpur was made pleasant by a very sumptuous lunch arranged by the students union. I think it was probably half a chicken per person. The meal was more enjoyable as partly we were hungry after walking long distances and partly as it took some time for the chickens to get ready.

Earlier on I along with my wife had called on the principal at his residence.

After lunch the students of Q.E.A.M.C. along with my counterpart there Dr. Asghar Assistant Professor of E.N.T. Took us to Sutlej river for boating and we really enjoyed the boating and the scenery around the Sutlej bridge.

Later in the evening there was a separate gathering of ladies in the girls hostel.

The students of Quaid-e-Azam Medical College were very genuine in their warmth and hospitality. They went out of their way to make us feel at home.

The next stop at Multan proved to be a great experience. Through some mix-up they were not expecting us for at least 24 hours. Yet when we reached there a day earlier than scheduled, the principal of Nishtar Medical College, the members of the staff went out of their way to welcome us. Principal Zafar Hayat was a very kind man and he really looked after us. The Professor Bukhari (Professor of chest diseases) left no stone unturned to make our short stay memorable. Dr. Naeemullah, Assistant Professor of Medicine remained with us the whole day and he took us around Multan.

In the evening there was a reception followed by dinner in the staff unit on Nishtar Medical College which was attended by the staff, Principal and most of the Senior students.

We were much impressed by the layout, design and building of Nishtar Medical College, which I understand was designed in 1951 by late Mr. Habib J.A. Somjee, Chief Consulting architect and Town Planner to the government of Punjab. The staff seemed to be equally dedicated. I only wish we could have stayed longer at Multan.

This also shows, how important it is to communicate the programme of the tour clearly and in time for the hosts to have enough notice for the preparations. Professor Zafar Hayat was so apologetic on account of not being prepared to receive us because of our fault that I had to say in the reception that "We like you so much that we came 24 hours earlier rather than late". Their hospitality we shall remember for a long time.

Coming to Lahore was being eagerly awaited by almost all the students and the reception from the students' Union was marvelous. According to my information

on the first day of our stay a large quantity of perfumes and afters have lotions had been used by the boys, who were dressed in their best. They were after all being invited to visit the Fatima Jinnah Medical College. I can now declare that the girls at Fatima Jinnah Medical College were scared of the D.M.C. boys, but recently I have received information that the F.J. students were really impressed by the orderly appearance and decent behaviour of our boys.

The reception we got was very homely. Their professor of Hygiene in her speech declared the F.J. as the only institution in the World that produces the largest number of female doctors. In reply, in praise of our college I said that "D.M.C. is the only institution in the world that produces the largest number of male doctors". And I made a plea for firm relationship between the two colleges. The ball is in our court, it is for the D.M.C. now to invite F.J. and continue the dialogue.

I still remember the tea-party Fatima Jinnah gave to our students. What a show of discipline it was! I found some of our chivalrous boys assisting the somewhat nervous F.J. student in the distribution of tea. I do not know whether they succeeded in receiving sympathy.

The Second day was spent at K.E. and the attached Mayo Hospital. There was an old friend of mine Dr. Riaz who is working there as Assistant Professor of E.N.T. He was good enough to come down to the station and join the camp-fire on platform. It is rare to see a member of the teaching staff so jolly and sporting as Dr. Riaz Siddiqui.

The rest of the time at Lahore passed in a very hectic manner. Visits to Ravi for boating, Jehangir's tomb, Shalimar gardens, Lahore fort, Badshahi Mosque, Iqbal's tomb University campus, Anarkali, Mall road occupied our time. There were many other places which we could not visit due to shortage of time.

Some other Dow graduates working there made it convenient to invite us in their personal capacity to dinner and tea. I would mention the name of Dr. Sajjad ex-SHO. ENT Unit II Civil Hospital, Karachi and Dr. Niazi.

# Pakistan and Pan-Islamism

IMRAN WASI

1st Year

"By uniting we stand and by dividing we fall" is the well-known saying of John Dickinson. History bears a testimony that over the ages, success does a'way come to a united, well determined and disciplined people.

Having experienced the worst type of imperialism similar to one experienced by many Muslims countries of Africa, Middle-East and Far-East, Muslims of Pakistan have rightly convinced themselves that their salvation lies in mutual understanding and unity. Islam which is committed morally and historically to the struggle against domination and exploitation enjoins upon the faithful to unite in their battle against tyranny and oppression. The well-bred people of Pakistan have, for these obvious reasons, dedicated themselves to the cause of Pan-Islamic Unity, and fraternity in the religious, cultural, economic and other fields so that Muslims could effectively defend themselves against any "Great Wrong". By no means, can one say that Muslims have no potential resources, natural or human, to hold their own in the modern age, concerted efforts are wanted (although they are being played in effects). They have on'y to exercise their intellectual and physical energies and to work in collaboration with others and amongst themselves for the achievements of their due place, in the committee of nations, and to help the emergence of united energetic Islamic-Block capable of playing an effective role on the world stage.....

Today, the Western Wor'd which has look-

ed upon Eastern World mockingly, is dependent on the resources of Arab-Nations. Under the present circumstances, the position of the Arab countries has gained more importance than ever before, the world has come to know their importance and it will have to recognise it. It is quite clear that no force, under the sun, can prevent justice from coming to these people. Today, they are an awakened people, who have, now demonstrated to the world that theirs is a rich and great civilisation.

Looking at the history of Pakistan activities for Pan-Islamism and relations with the Muslim countries and also her struggle to forge a bond of unity and solidarity among the Islamic Family of Nations, it goes without saying that:

Pakistan has a'ways had good, unbounded link of faith and unity with them. There are many instances which indicate Pakistan's unconditional and unequivocal support to the Muslim people striving to regain their independence and sovereignty as a free nation. It has been acknowledged and upheld by all Muslims of the World Pakistan upheld the Arab stand in successive wars against Israel and not only supported the Arabs in all level of International forum, but did also all that was possible, within her reach to render support to Arabs in their war of existence and movements for independence. Afro-Asian countries choose Pakistan as their spokesman at the United-Nation because Pakistan has played and is still playing an outstanding role in the liberty movements of the 'Maghreb' countries, namely, Morocco, Algeria and Tunisia

When the question of Palēstine came up for discussion at the General Assembly of United Nations, Pakistan declared its utter and an unyielding opposition to the creation of a new Jewish state in Palestine and Pakistan's expression of rejoicing over the emergence of Unife Arab Emirate (U.A.E.) proves the love which Pakistan has for the people of that region. Is it not the common and proved heritage and glowing feeling of gratification that Pakistan, Iran and Turkey came together in CENTO-alliance and later, in the R.C.D.? It is indeed the most obvious example of Pan-Islamism. Again, the Indonesia-Pakistan economic and cultural cooperation treaty concluded in March 1965, to expand trade and cultural activities between Pakistan and Indonesia is the cause of Pan-Islamism.

Islamic renaissance has already taken shape in the noble principles of Islam, to persue a policy in line with the social, economic and spritual values inspired by immortal teaching of Islam and to strengthen the fraternal and spritual relations for people linkage. A permanent Secretariat has been set-up to maintain bond of union among Muslim countries and to cordinate their individual actions. Establishment of International Muslim Bank for trade and development and Islamic International News Agency (IINA) to raise the voice of Islam and to consolidate and safeguard the rich cultural heritage of Islam, is being carried into effect.

The former decision was made in the First Islamic Summit Conference held in Rabat from 9 to 12 Rajjab 1389 Hijri (22nd & 25th September 1969) and the later in second Islamic Conference of Foreign Minister, held in Karachi from 27 to 29 Shawwal-ul-Mukarram 1390 Hijri correspondent to 26th & 28th December 1970. In the 3rd Islamic Conference of F.M. held in Jeddah from 14th to 18th Moharram 1329 Hijri (29th Feb. to 4 4th March 1972), the problems of Middle-East and Afro-Asian countries were considered.

It is hoped that, sooner of later, they will be surmounted Inshallah!! The settlement of Islamic Research Institute in conjunction with the organs concerned with culture and Islamic University (where all subjects would

be studied) are now on the carpet. In order to strengthen Muslim solidarity and render more effective effort—put forward for the spread of Islam and in order to provide funds required to achieve this, the fourth Islamic conference of F.M., held in Bengehazi—Lybian Arab Republic (LAR) from 19 to 21 Safar 1393 Hijri (23-26 March 1973), decided to set up a fund, attached to the Secretariat, which would go under the title of "Jihad Fund" In the interest of Islamic States, a Permanent Committee of Economic Export within the Secretariat from member States is to be set up has been decided in the conference.

All these decisions are now, being brought into operation promptly and with full assertiveness—the sign of Univ. Faith and friendship among Muslim countries.

An then—the historic and memorable Summit Conference (second) held at Lahore from 21st to 23rd February 1974 did introduce a new era in the History of Islam, to foster the traditional close links of brotherhood and friendship towards a lasting, universal peace and progress all over the world. King Faisal (Late Lamented) who had asked Pakistan to play host to the Summit did emphasize that it is indeed to unite the Muslims and and pool their resources for the liberation of Holy Jerusalem and occupied Arab territories. In the real sense of words. It was the gate way to realize the vision of centuries ago. It has proved a mile stone in bringing together all the Muslims under one platform to liberate their occupied land. The satisfactory consequences are appearing after the Summit Conference.

About some other World Islamic activities, it would be better to say sententiously that the Motammar Al-Alam Al-Islami (World Muslim Congress) and Islamic Mission etc; are doing a great job, especially in Europe countries, about idiosyncrasy of Islam and to propagare and disseminate its ideologies to instruct and educate Muslims, especially the young generation, in its pure tenets, LONG LIVE MUSLIM UNITY.



# MAN

Each cell exudes the smell of vanity,  
A powerful, stinking odour that permeates the  
atmosphere,  
Each form saturated with his own selfish dreams,  
Profane precursors,  
That teach the love of success,  
Each bloated, swollen Ego,  
Ready to burst,  
And liberate the seeds of Greed and the most  
conceited words,  
"Me",  
Man calls himself a social being,  
Yet exists, voluntarily oblivious of all things,  
But, Himself, I, Me, My, Mine; living within a halo  
In which only he-He the hermit resides.  
Man imbued with a crab-like propensity,  
To hold and possess,  
All things that cross his hermitage.  
A tiny, crawling thing,  
That darts here and there,  
To collect one tiny speck of stock-which is from its  
birth,  
condemned by its transitory and ephemeral nature  
A vapid, jejune, insipid block of living yet lifeless  
flesh,  
Leading an inane existence.

(SALMAN FARIDI)  
Final Year

# Genius of Machiavelli

By MOHAMMAD INAM UL HAI  
(Final Year)

Of all the political theorists of all ages, medical and modern, not has been so controversial, so ill and mis-understood as Niccolo Machiavelli. So widely has Machiavelli's political theory been derided, that all evil aspects of politics, diplomacy and statesmanship are identified as "Machiavellianism".

To analyze the genesis of Machiavelli's thinking, one has to take cognizance of the factors which proved instrumental in shaping his thoughts. Very briefly, these could be mentioned as:-

Machiavelli lived during the period from 1469 to 1527—an era in which Italy was cited as the perfect picture of corruption and decay in every field of life. Machiavelli, an Italian, was naturally deeply observant of this, and he set about to delineate the etiology of this dismal state.

Italy at this time was under the widespread influence of the church and the nobility. The overriding greed of both was the perpetuation of their power, by means legal or unlawful. Machiavelli held them, specially the church, totally responsible for the morass in which Italy found itself. He hated the churchmen from the deepest stratum of his heart and referred to the popes of his time as "Scoundrels" and "Profligates".

Neighbouring France and Spain, too, had suffered excruciating traumas at the hands of the church. Their people had arisen against the Pope. As a result, absolute monarchy became the unchallenged form of government in both these countries.

Machiavelli observed that the change had produced profound benefits for the people and he robustly advocated the same for Italy.

In the backdrop of these powerful influences, was born and ultimately grew, the political theory of Machiavelli which for all times to come will be cherished as the master stroke of a proven genius.

Machiavelli was an intensely intelligent man. His method of political study was precise, careful observation backed by tactful shrewdness and powerful self-confidence. He dissected the entity 'human nature' in a manner which none before him had done. Machiavelli concluded that human nature

was basically selfish and weak. The general mass of people, feeling insecure of their lives and properties, wanted a state to protect them. The rulers of the State, possessed with an insatiable lust for power, desired the support of the general masses for the continuance of such power. Thus a very practical balance was struck, leaving both the ruler and the ruled happy and satisfied. Machiavelli opined that people are overwhelmed by their ego. For a ruler to be successful he should be careful not to trample the egoistical influences of the ruled. Machiavelli stated that the life, property and woman of a man are the three entities which he cherishes most. Any attempt to violate these will fire the minute passion of any man, howsoever impotent and latent he may be, an intelligent ruler will therefore be prudent enough not to commit this slip.

Having superbly studied human nature in its tremendous depth Machiavelli then proceeds to distill his views on politics, political power and diplomacy. It will be easy to grasp Machiavelli's thing when it becomes known that he was solely interested in the achievement of just one end—political power to Machiavelli, all other aspects of politics come afterward, and it was his unshakeable belief that political power is the fountain of all subsequent power, that enabled Machiavelli to shape his political idea into what later became popularly known as the 'Science' of Machiavellianism'.

Machiavelli's famous works 'Prince' and "Discourses on the First Ten Books of Titus Livius" will forever remain a tribute to his political sagacity and individual brilliance. From these works, flow the momentous thoughts of the gifted theorist. He openly and forcefully justified the use of immoral means for the attainment of political power but strictly on the condition that it should be used to uncorrupt a corrupt state. He was destitute of political morality, following expediency rather than right. He approved of murder, torture, bribery, blackmailing, arm-twisting, debauchery, deceit, intrigue, prevarication, treachery violence—but on one uncompromising principle—that all these measures would ultimately lead to the gaining of political power for the final betterment of the State and country. Machiavelli also suggested that these steps be executed calmly and secretly, so that no public furor may erupt. He was subtle, unscrupulous and ruthless in the pursuit and maintenance of power. To illustrate this point, no words would be more apt than the advocates' owns. (quote)" It is well that, when the act accuses him (the ruler), the result should excuse him, and when the result is good, it will always absolve him from the blame. For he is to be is to be reprehended who commits violence for the purpose of destroying, and not he who employes it for beneficent purposes ("Discourses, 1, 9").

Machiavelli introduced a new element in politics when he ratified the use of despotic violence. But, this, too was an condition—it had to be used only when a state had to be made or when a corrupt state had to be reformed, and violence is a powerful political medicine needed in corrupt states but still

a poison which must be used with the greatest caution". Machiavelli clearly stated that politics was played for just one end—the assumption, establishment and perpetuation of political power by any method. A man has played politics well only when he has succeeded in finally stepping onto the topmost rung of the political ladder.

Following close on the heels of his conception of political power, is his advice to diplomats and negotiators. He prescribes the fullest, most ruthless and merciless exploitation of an opponents' weakness, not allowing him to tread on your vulnerable areas. A clam-ice, cool appraisal of a political situation, perfect self confidence, an uncanny observation, with an impressively fluent expression and a clear mind, debating everything with logic, argument and and inexhaustible energy and armed with a never-say-die attitude. It is with virtues such as these, possessed to the brimful, that, Machiavelli says, go to build up a highly successful diplomat and negotiator. Machiavelli observed everything with microscopic detail, and the best description of his accomplishment is that given by Janet, that he translated politics into the vernacular.

As I have already written, Machiavelli was overwhelmed by one desire—political power; he—divorced it from religious, moral social and economic considerations. However, from his writing it is fairly obvious that he despised religion and those who preached it. in his own words "These Principles" (of religion—Christianity) seem to me to have made feeble, and caused them to become an easy prey to evil-minded men, who can control them more accurately, seeing that the great body of men, for the sake of gaining Paradise, are more disposed to endure injuries than to avenge them" (Discourses II 2). It is clear that these feelings belong to a man who saw Italy plundered and destroyed when the church reigned supreme. It is also doubtless that Machiavelli hates more the preachers of religion than the religion which they preach. It is fairly possible that had Machiavelli lived in any other era, his view about religion might have been somewhat different.

However, towering above all his political views stands the supreme superlativeness

of Machiavelli's personality—his intense, unquenchable, almost fanatical patriotism. Duty to one's country, he emphasizes, weighs over all considerations. In his own words "For where the very safety of the country depends upon the resolution to be taken, on consideration of justice or injustice, humanity or cruelty, nor of glory or of shame, should be allowed to prevail. But putting all other consideration aside, the only question should be, what course will save the life and liberty of the country?" (Discourses, III, 41) as Sabine writes, "This was the sentiment behind his idealization of absolute and ruthless power, as appears in the eloquent chapter which concludes the "Prince".

The personality of Machiavelli and his

political ideas have supplied writers with a readily replenishable source of controversy. Authorities differ on how to picture Machiavelli. He has been labelled as a brilliant opportunist, a fiery nationalist, a convinced atheist, a utopian, a scoundrel, political theorist, a shrewd tactician, a corrupt despot. Such an array of widely-differing labels bear testimony to the enigma that is Machiavelli.

However what one cannot deny is the striking genius of the man. His political thoughts, though widely censured and deprecated, have some very zealous supporters, too. Men numbering thousands, are practising his methods in the fields of politics, diplomacy and negotiations in the far corners of the globe.



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# For Super-Intelligent

By ARSHAD SAEED  
3rd Year

Cerebral high hurdles to give your grey matter an Olympic workout.

Whether you are intrigued, embarrassed or scared by the complexities of these puzzles, problem and paradoxes this is an article which will both delight and infuriate you. But a word of warning. This beguiling collection of the GAMES FOR SUPERINTELLIGENTS has been specially designed to involve you for hours and hours.

## Q. No. 1: TOO SIMPLE!

Let us take a very simple start. You are a medical student about to become a doctor (DOCTOR!). Do you know from which language the word DOCTOR has been taken and what is its meaning?

## Q. No. 2: COMMON SENSE IS NOT SO COMMON.

My eight year old niece came and asked me to solve this question or treat her to a coke.

"There are three cats standing in a row. The first cat says that, "There are two cats behind me". The second one says, "There is a cat in front of me and there is a cat behind me". But the third says, "There are two cats in front of me and there is a cat behind me". How could the third cat say that?

I lost the coke. If you were in my place would you have been able to answer?

## Q. No. 3: SEA SALE.

She sells sea shells which he can see from the sea-saw on the seashore. If she sells six sea shells on the sea shore for every seven sea shells he sees from his seasaw; then how many sea shells must she sell in order to sell six fewer sea shells than he saw from his sea saw?

## Q. No. 4: APPLES AND ORANGES.

Three boxes are labelled "APPLES" and "ORANGES" and "APPLES" and "ORANGES". Each label is incorrect. You may select only one fruit from one box. How can you label each box correctly (No peeping or feeling around is permitted.)

## Q. No. 5: S-Vit + 1/2at

Two cyclists approach each other on a straight road pedalling at 15 m.p.h. when they are 30 miles apart a horsefly alights on one bicycle then dashes off to the other. It shuttles back and forth between the two at 20 m.p.h. until the riders meet. How far has it travelled?

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**Q. No. 6: AN "INTO" PUZZLE.**

How far a dog can run into a Jungle?

**Q. No. 7: AUTHOR'S NAMES**

When you read a book of fame you must remember the author's name, tell me with all the knowledge you took: Who has written the "DEVIL'S BOOK".

**Q. No. 8: TAKE OUT THE COIN.**

A bottle corked tightly was given to me and I was asked to take out the coin which was lying inside the bottle. But I was not allowed to take off the cork nor to break the bottle.

I took the coin out. Can you guess how?

**Q. No. 9: TOTA BUSINESS.**

A chain smoker finds himself out of cigarettes. He starts gathering stubs (Tota), having learnt that seven stubs makes a cigarette practically as good as new. He gathers 49 stubs. If he smokes one cigarette every three quarters of an hour how long will his supply last?

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# Romance in Your Palm

By: TARIQ HAMEED BUTT  
IV Year M.B.B.S.

"A Successful marriage requires falling in love many times always with the same woman" but what your Palm tells you about love that appears in different forms in the mount of Venus; girdle of Venus and in marriage line or lines of Union. For Reader, I am discussing only the emotional form which appears in the line of heart.

The Capacity to feel love is shown in the heart line. The line of heart is that line which runs across the hand under the fingers and generally rises under the base of the first, and runs of the side of the hand under the base of the fourth or little finger as shown in figure (A) The line of heart should be deep, clear and well coloured. The stronger and deeper the heart line, the warmer and deeper the affection wavy or broken it shows fickleness and shallowness double denotes protective influence over the emotional life.

The heart line shows emotional attitudes the ability to love and be loved and also the joys and frustration surround love relationships. It tells what you are like in love what you look for in a mate.

## DIFFERENT ORIGINS OF HEART LINE

1. It may arise from the extreme outside of the palm (Fig. B; 1) It denotes the blind enthusiast in affection. A man or woman who places his or her ideal or love so high that neither fault nor failing is seen in the being worshipped. All such extremist as a rule suffer terribly through their affections.

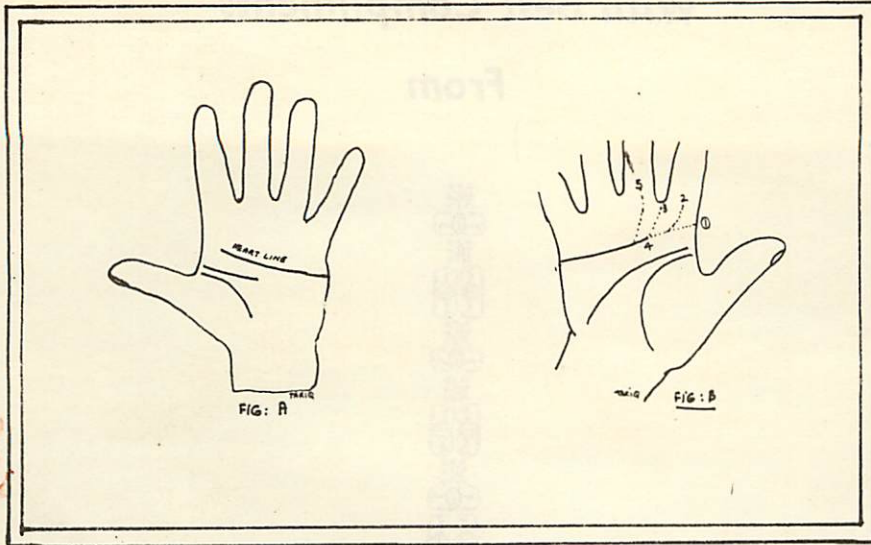
2. If the heart line originate from the middle of the index finger (Fig. 2-2) it gives more moderation but also great ideality and is the one of the best variation of this line that we are about to consider. People with such a heart line are firm and reliable in their affections they have unusually high code of honour and morality. They are ambitious that the person they love will be great noble and successful, they seldom marry beneath their status, and have fewer love affairs than any other class. If they once really love they love for ever.

3. The heart line rising from between the first second finger (Fig. B-3). It shows a tendency to give your heart away without much thought of the responsibilities of love. They are not very demonstrative when in love but they are capable of the very greatest sacrifices for those they care for.

4. Starting under the middle finger (Fig. B-4) It shows materialistic view of emotional attachment. The subject will be rather selfish in all questions of affection. They are inclined to be cynical reserved, undemonstrative but very insistent in trying to gain the person they want. Once they obtain their object they show little devotion.

5. Starting under the base of middle finger (Fig. B-5) exhibit all the forgoing characteristics but in much more intensified form, they live for themselves and care little whether those around them are happy or not.





blooded unemotional nature.

- \*\* Broken heart line shows some terrible tragedy in affection.

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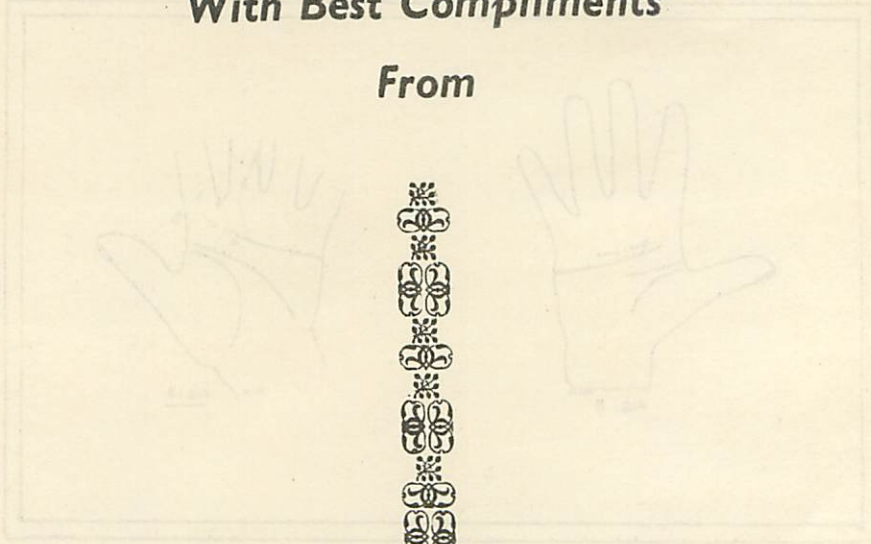
- \*\* A star at the start of the heart line below the index finger gives married happiness.
- \*\* A star on the heart line below the ring finger shows a happy marriage in that point of life.
- \*\* An island indicates a period of depression.
- \*\* Crosses and breaks show emotional loss.
- \*\* Chains on the heart line show emotional tension.
- \*\* Little lines moving upwards from the heart line show happiness in love.
- \*\* Little Lines moving downwards from the heart line show disappointment in love.

#### VARIATION IN HEART LINE

- \*\* A line of heart made up like a chain or by a crowd of the line running tancy in the love nature and seldom tancy in the love nature and seldom has any lasting affection.
- \*\* When very low down on the hand almost touching the line of head the heart will always interfere in the affair of the head.
- \*\* Straight and parallel it shows strong emotional control Here romantic attachment often begin with an intellectual friendship.
- \*\* Curve and long shows warmth, stability in affection or pleasing romantic nature.
- \*\* Curving upward from the head line it shows tendency to give all for love without counting the cost.
- \*\* Short heart line shows a lack of emotional interest.
- \*\* Absence of heart line shows cold

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# Death of a Legend

By

**KHALID RAUF**

**2nd Year M.B.B.S.,**

To the South-West of Pakistan there is a dry portion of land which is named as the kingdom of Saudi Arabia.

A decade or two back it was not a very important to the rest of the world except to the Muslims who had a religious attachment to this land because it was the land of their Holy Prophet (Peace be upon him). But as the time passed and the present century became older and older, oil was discovered here and this discovery made this piece of land one of the most important parts of the world. Skeleton and we all know that if one organ in the human body stops functioning other organs are also affected by it and it causes an imbalance, same is the case with Saudi Arabia. Certain decisions of this Kingdom may change the economics of many nations and even of the so-called super powers, and this every body has seen last year how the world was placed at razor's edge just because Saudi Arabia had put an oil embargo on it.

How Saudi Arabia became so important to this world? How it was brought back to life? How its economy was converted from a desert to a cadillac? Naturally there must be some force, some master mind behind it who did this all. If some one asks me the name of that mystery man there; I would at once and without any hesitation say King Faisal. Yes, his name is Faisal-Bin Abdul Aziz, a man, an institution, a legend that the world has recognised. Other rulers before him could have made their country prosperous but they had no mind to mobilise their re-

sources. Due to King Faisal Saudi Arabia rose to great heights. Nobody thought that Saudi Arabia would give so much importance but it was the determination, Sincerity and love of King Faisal that made his country one of the advanced and prosperous nations of the world.

King Faisal knew that God had given him one source with which he could boost up the economy of his country. He also knew that it would not last long and if his country had to survive he had to plan everything carefully. There was no scarcity of money so he set up industries of different kinds in the country. All most the whole of Saudi Arabia is a desert and there are no rains and naturally agriculture is not done except in some places, but King Faisal was aware of this. He spent millions of dollars to convert the deserts into agricultural land so that besides oil there should be another source of income for his country and people.

In his reign every day brought glory to his country. He became the richest man of the world due to his oil wealth, but he did not use this wealth on himself but for his country, for his people and for the Islamic world.

He was a very staunch Muslim and always supported the Muslim world and was always ready to do any thing for Islam. Wherever and whenever the Muslim nations needed help he helped them in millions and billions.

In 1974 he became the most important man of the world. The world was at his feet. Oil Embargo was put on highly industrialized

nations and every one saw how they became crippled.

The Nations who never paid any heed to Muslim cause and their problems were not only prepared to listen to him but also supported the Muslims now.

There is an old saying that honest and sincere people die soon or rather God has great love for his good people so he calls them back early. This is what happened with the Muslim world. King Faisal was called back at a time when Muslims needed him and he was the right leader to deal with the rest of the world.

The day is 28th March, 1975, King Faisal gets up early in the morning hour before sunrise and prays to God for the prosperity of his country and the Muslim world. After that he again sleeps for two hours. At 7 a.m. he again gets up, dress in his normal simple clothes, takes his usual breakfast and then goes to his office. He stays there till 1 p.m. At 1 p.m. he again returns to his palace, takes much needed rest for one or two hours. At 3 p.m. he again gets up and offers his Zuhr prayers and there gets ready to go to his office again.

Today is a religious function. He has to meet some delegates. He reaches his office and after sometime starts meeting the delegates with the traditional Arab hospitality and with his beautifully simple smile.

At about 5 p.m. Death enters the room after fooling some of the guards. Nobody knows, even Faisal himself doesn't know that death has entered the room. How clever is Death. How it has disguised itself, Look! Look! it is walking towards the king. Oh God! is there any one who can stop it? Is there any one who can disclose its identity. Now it has reached the chair and what boldness! It is received with a broad smile by the king. Death shakes hands with the king then all of a sudden what has happened. King Faisal was shaking hands but now he is dead. Death has done his job. There is chaotic confusion now. Guards rush in after hearing the shots. The assassin is captured alive. The king is rushed to the hospital but all is in vain. He has left us Death has come. The death of a legend. The death which brought a set back for the Muslim world and a victory for the West.



### ANSWERS FOR SUPERINTELLIGENTS ONLY

1. Very simple! It is a LATIN work meaning a "teacher" labels.
2. "Ha Ha"! replied my niece "The third Cat is telling a lie" So I lost the coke on the joke.
3. 36.
4. Supposedly If you pick a fruit from "APPLES and ORANGES" and it turns out to be an orange then there will be Oranges in that box as all the boxes are wrongly labelled. The remaining boxes contain APPLES and APPLES and ORANGES. Now, which contains which? Very easy change the label of this box with the box labelled ORANGES. Now interchange the other
5. 20 Miles.
6. Half way. Because after that he will be running out.
7. No one. As playing cards are known as "DEVIL'S BOOKS"!
8. Push the cork inside the bottle and take the coin out.
9. Six hours. (Forty-nine stubs make seven cigarettes but each of these when smoked is good for a new stub. Thus there are Seven additional stubs therefore Eight cigarettes.

# DOCTORS

New doctors in this Karachi city,  
Don't know a thing, what a pity.  
Doing all sorts of operations,  
without knowledge, without co-operations.  
People come with troubles of heart  
Without care without worry, they depart,  
They don't work to make anyone well,  
There's nothing for them but hell.  
They do nothing for you from head to toe,  
They are the people's worst enemies that I know.  
Among themselves the medical students keep joking  
On dead bodies, with everything they're poking.  
The young doctors don't even behave,  
to go to them, we really have to be brave.  
A man who goes, he dies unless he's a friend,  
For if he isn't, that's his life's end.  
These young students are not our friends, they're foes.  
They are the people's worst enemies that I know.  
To test the human blood which is red,  
they tear apart the man till he is dead.  
This is all I got to say on doctors young,  
Who don't know the difference between heart and  
lung.

By SOHAIL ASLAM KHAN  
1st Year

# Prescription of Diseases

## in B'chistan

By HUSSAIN BALOCH  
4th Year, M.B.B.S.

Baluchistan is the largest province of Pakistan. Its vast and unfathomed natural resources, if explored in the right direction, with undiluted national devotion can turn Pakistan into a power to reckon with in South East Asia. The population of Baluchistan on the contrary is thin and scattered in inhabiting mostly in the mountains.

Hospitals and dispensaries are inaccessible to the common man in Baluchistan. Modern treatment is only for the privileged few. The common man is thus rendered susceptible to the inclemency of all sorts of diseases. The people naturally have devised various modus operandi through the ages to fight against the diseases. Under the present monetary inflation, a country like ours cannot possibly afford to shelve in the oblivion the miraculous fight of the people against diseases. It is therefore incumbent on the students of medicine to abreast themselves with the vital knowledge of local treatment as it shall greatly augment to their services which they are expected to render after graduation.

To discuss the method of treatment in its totality is beyond the scope of this article nonetheless a concise resume can be presented. Hygiene conditions being deplorable, the water for general consumption is usually contaminated, and consequently the diseases of the G.I.T. are common. These include, Gastro-enteritis, gastritis, and diarrhoea. A composition of three herbs is used as a treatment for general G.I.T. disorder, these are a white flowered herb "PIMPUL-LAE" Yellow flowered herb "Boae ma deran" and a cotton shaped "Moarpuzho", boiled,

rolled and filtered through a clean cloth. Such a preparation is given to the patient in a dose of 1/2 teaspoon for 1-2 days. The prognosis is very good.

### For Peptic Ulcer:

To relieve pain due to peptic ulcer, the external layer of a plant called "Alunj-e-Gwaleg" is boiled, cold and filtered as usual, and given to the patient one tea cupful. The severity of pain due to peptic ulcer is relieved within 10-20 minutes.

### For Norexia:

"Drunna" shrub grows in mountainous regions. The leaves and flowers of the herb is collected and dried up. It is then mixed in an appropriate proportion, soaked in a glass of water for 6-8 hours, and then the concentrated extract is given to the patient. It increases the appetite and is also used as an anti-emetic.

### For Constipation:

Pieces of a herb stem known as seemsoak are after processing it through the normal procedure of boiling, cooling and filtering is given to the patient in large doses. The constipation is relieved within four to six hours.

### Respiratory system:

To relieve lungs congestion, leaves of a plant known as "Charmaheng" are boiled and sweetened to give it a palatable taste.

It is administered in a dose of 1-2 cupful after which the patient is allowed to rest. The bronchial spasm is relieved. Yet another treatment to the diseases of the respiratory system in infants is accomplished from the seeds of "Barthang" which is dried well and a little amount is added to the milk to be fed. In cases of chronic bronchospasm "Asorv" the essence obtained from a plant found in the mountains is added to tea. It is an ideal bronchodilator and an effective cough suppressant. For asthma "seemsoak" is usually given in combination.

Malaria is not so common as elsewhere in the country due to open air. However, the malarial invasion cannot be excluded altogether. Whenever a case is seen, it is immediately treated. This plant's stem and flowers are boiled, cooled and filtered and given to the patient in a quantity of about two ounces thrice daily in a state of rest. The prognosis is usually very satisfactory.

### DISEASES OF BONES AND JOINTS

Malnutrition, and the inclemences of winter renders the people susceptible to the diseases of bones and joints. A black and sticky material obtained from the mountain stones is rolled to the size of an ordinary button called "Mome'ai" and is given to the patient early in the morning before breakfast. The pain of joints is relieved. Its constant local application in the form of a plaster after resetting the bone helps it to recover from the effects of fracture without leaving any scar.

### Muscular Diseases:

To relieve pain of varying severity of the muscles, the leaves of a plant called "Esherk" are soaked in water for about twenty four hours. Patients with generalised

body pain are bathed once, and the pain is completely relieved.

### Dental carries:

Ignorance being common the people naturally do not know about dental hygiene, and consequently dental carries is a common disease. In such an eventuality, the juice Henge-sheera obtained from a plant called "Heng" is used for oral application. Besides the plant is burnt in a container and the smokes are inhaled through the mouth which gets the teeth rid of the carries within two to three minutes.

### Skin diseases:

Eczema is quite a common skin disease. A white powder obtained from plant called 'Shanika' is applied locally to the affected part. In small doses it is very effective, but if used otherwise in excessive quantity it is very poisonous.

The review of the local treatment in Baluchistan may appear obsolete to our students of medicine more so as we are traditionally accustomed to aping others while at the same time brushing aside our own experienced heritage. This indeed is deplorable on our part and it would be in the fitness of things if we could evolve of treatment after abreasting ourselves with the knowledge of modern medicine with that already in practice through centuries. Country like the Peoples Republic of China, had to embark upon such a policy, and naturally we cannot prove an exception by precluding such an idea.



To pity distress is but human, to relieve it is God-like  
(—Mann)

## Alma-mater

I am a Doctor I should know,  
that seeds of cure I must sow,  
My place upon humanity such,  
The canoe of distress I must row.

I mend his limbs I make her go,  
Their eyes, her ears and his elbow,  
I earn his blessings, her smile, their heart  
D'you think I should go for dough?

My earnings I should go for dough?  
Spring flowers and sweet odours that flow,  
But when I die, shall I really die?  
My body asleep, my sould still aglow?

Be docile to learn, not to show,  
And noble traditions do follow,  
Thy name shall rise, I solemnly vow,  
Mv Dear Almamater Dow!

By **RANA OBAIDUR RAUF**  
4th Year M.B.,B.S.



# Dow Express

By

SYED SHIRAZ HYDER  
2nd Year M.B.B.S.,

The bus conductors are blowing the whistles and the Students are coming from different directions to their buses, they come from the dissection hall, the auditorium, the library, the common rooms and some (like us) from the canteen and of course not forgetting those who come from the famous stairs!

By the time we reach our bus, the seats have either been occupied or reserved. The sign of reservation being, not a card with 'RESERVED' printed on it but a copy or a lab-coat lying on the seat, even a pen does the job but that is at the concerned's own risk. You can, however, occupy a reserved seat but before you do that you had better make sure about the physique of the student who has reserved the seat.

Every body, seem to be inside the bus now, but why doesn't it leave? The driver is not there, but then where is the driver? Ah! he is chatting with another driver. The hooting and uproar of boys finally brings him back to his seat. But now what! The bus is still as motionless as ever, Oh! the batteries are down, so the bus will have to be pushed. Down we go and the bus is pushed by only a few thrifty Volunteers (like us), the rest stay inside watching, specially those in the front (it's at times like this that I wonder about the Women's 1<sup>st</sup> and the Women's year)

Anyway, huff! puff! The boys sign as they reluctantly push and leave. The bus starts with a sudden jerk and there go the shout and seopzans of triumph accompanied by a

roar of clapping. The young doctors once again seem to have proved that they can make anything working (whether a human being or a machine—makes no difference).

However, as the bus starts, there is so much smoke—only the physio-lab boys could have the drums smoked over here, it would be more economical. By the time the dark cloud disappears we find that. The bus has already left and is passing through the gate, we run for it and are just able to get a place on the foot board.

Just around the corner a policeman is standing besides the traffic signal. The boys see him and there goes the notorious slogan of "tullay-tu!lay" and "tullay-tha".

It continues unless the poor fellow gives a return remark or does a funny action. The bus moves along and gains speed, its on the main road now. Another D.M.C. bus overtakes our bus and Oh Boy! There is such a noise and shouting that it looks as if two montessori school buses are overtaking each other. God knows what hormone is responsible for such a behaviour of the Students, however it seems that their larynxes are controlled by involuntary muscles. There is often a exchange of Souvenirs as a token of good will with useless articles being thrown at each other. Thank God that the other bus was quite fast and overtook us quickly and the hullagulla soon dies down. But oh no! another policeman is coming in the way, the poor fellow is also given the same old treatment.

The Students keep on getting down at their stops, how ever, the noise and activities continue. Excuse me! a Seat has just been made vacant, there is a rush towards it and unbelievably I get the State but... a senior is coming this way which means ———you know.....back to standing and just look at him, instead of saying thank you he is giving me that crooked Smile.

Other when the weather is good you can hear some students singing (or should I say howling) because we happen to have few descendant's of TAN SEN on our bus, talking of good weather, I think it's drizzling now and that is soon confirmed as you soon hear lovely voices of Junior Mehdi Hasans and Enge'berts. But SSSHH! do I hear Noor Jehan Singing, it sounds like her but it seems as if she is suffering from pharyngitis but.....THUD! CRASH! What was that? the driver got so amused and affected by the songs that he did not slow down while pass-

ing over a out section of road. Every one forgets singing and is cursing the K.D.A. and the driver while talking care of the bruises and pseudo—injuries. Soon the bus passes by a Girl's College and Boy! which bruises and what injuries as you soon hear the tweets! tweets!—whist....., hooting and what not, one feels that the boys seldom get a chance to misbehave!

By now most of the students have left the bus! there is even space to lie down, which as I can see, some of the boys are already doing, I can also hear one saoring and one .....Yipes! its the driver who's yauning, he had better not sleep it's still a mile to our stop.

We, however, finally make it to our stop, better make up the others, its time to get down, so this is how our journey ends and the bus becomes calm and quiet once again. We say Khuda Hafiz to the driver and to each other, which I now say to you. Be seeing you.

---

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OSCAR

# Laugh and Be Happy

By JUSTINO CHRISTOPHER D'MELLO,  
IV Year M.B.B.S.

It's what a wit once call "the sensation of feeling good all over and showing it principally in one spot". It's laughter. And its still the best medicine of all.

Recent medical and psychological research has proved beyond all doubt what wise folk have always known instinctively; that laugh and be well is no mere catchphrase. Indeed, to be unable for whatever reason to explode spontaneously into such laughter, may well be a serious disability. Medical men are increasingly supporting the view, too, that the laughless person newly makes a good member of the community.

According to Dr. Pierre Vachet, of the Paris Institute of Psychology; "Laughter releases tonic emotions which, through the medium of the sympathetic nervous system, cause a sudden nervous discharge and change the body reactions of the individual".

## MUSCLES RELAX:

Human beings are said to be the only creatures on earth who can laugh—or need to. They are also by far the most laughed at creatures, but that is another story.

Even on the purely physical level, a good laugh wonderfully relaxes muscular tensions in the whole body but especially in the chest and abdomen. By relaxing our diaphragms during the heavy breathing—out that accompanies all sound laughter, we speedily relieve inner tensions without realising it! This allows a deeper rhythm in our breathing, our blood takes in more oxygen and so, from our vocal cords to the soles of our feet, we are first stimulated, and then won-

derfully relaxed.

As wise old Rabelais, a'so a doctor, put it long ago; "Burst with laughter and get well". He added what might equally apply to our own times. "This age has a bad stomach, purge it with laugh'er".

But as well as making us feel physically better, any o'd laugh tones us up emotionally and mentally. We laugh because we enjoy ourselves, but equally we also enjoy ourselves because we laugh.

At an experiment held at New York University two groups of students were formed and placed on exactly the same daily food. Group A had to occupy itself immediately after every meal with serious scientific discussions led by a tutors, while group B was regularly entertained after eating by a good light comedian

## HUMOUR HELPER:

After only a fortnight it was found that the general health and spirits of group B were far better than their less fortunate fellows in group A. Group B's appetites, digestions, and overall emotional tone were greatly improved over those of the less happily engaged students.

Perhaps this only proved in scientific fashion what most of us know already—that good food, enjoyed pleasant company, soon generates laughter with all its attendant benefits, not least of them being good appetites and digestions.

There are still too many otherwise sensible folk who believe that loud laughter in

children—surely the most glorious sound in all creation—is illbred and impolite if adults can hear it, there are still too many men who think that because a naturally gay woman is heard constantly to laugh, then she must automatically be a shallow-minded silly giggler.

#### NO SECRETS:

Laughter is life's pleasantest infection, so to do any real good it must be audible to others. The solitary secret sniggerer may well be maladjusted towards his or her fellows.

Dr. Y. W. Valentine, psychologist who has made a study of laughter in children bears this out by telling us that secret laughers are extremely rare in normal healthy children.

He also discovered that an infant's first smile is its first true expression of well-being and pleasantly though real laughter, appears only at about the age of twelve weeks.

The development of laughter from the earliest age is closely connected with the development of speech. This suggests that like

ordinary speech, laughter is a fundamental means of human communication.

So, if an adult finds it hard to laugh day by day, he or she may well be as immature as a toddler unable to talk. It took a humourist to tell us that, "Against the assault of laughter nothing can stand," though the bellylaugh's sudden glory must have been known to covemen.

#### NO STALENESS:

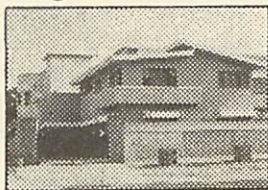
A recent study has also shown that it a person's laughter is spontaneous and not just an affection, the chances are that he or she maintains a sense of perspective about life that is to be envied.

For laughers generally are more sensitive and sympathetic than those unfortunates who show only stiff, sad, unsmiling faces to the world.

There's an old French proverb whose profound wisdom is always worth remembering;

THE DAY IS LOST ON WHICH ONE HAS NOT LAUGHED

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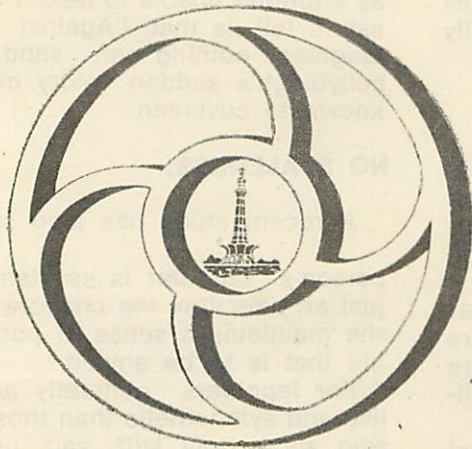
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# Xipho-Omphapagus

By JUNAID RASHEED SHEIKH  
3rd Year, M.B.B.S.,

"A personal historical study of "The Siamese Twins", who led to the mounting of an international scientific exhibit".

The term xipho-omphalopagus refers to twins joined to each other between the region of the xiphoid process and the umbilicus. The nature of the union varies from a fleshy band to communicating abdominal cavities with shared viscera. Either or both of the twins may have other congenital anomalies.

Not all conjoined twins are, or can be, separated surgically, and in these cases when one twin dies the other also dies at the same time or within a few hours. There are now many records of one separated twin surviving but fewer of both living as individuals.

The anomaly is congenital and not hereditary and no instance of a recurrence of conjoined twins has been found in family histories.

The famous twins who gave rise to the name "Siamese twins," were Eng and Chang. Born in 1811 in Smut Song Gram, West of Bangkok, Siam (Thailand), they were delivered through their mother's pelvis the head of one between the legs of the other. There were already other normal children in the family, and more were to follow. Their father, a Chinese, died when they were eight, their mother, a Sino-Siamese, lived for many years and continued their upbringing alone.

The twins were quite athletic, and could run and jump! they enjoyed fishing and hunting, swam well, and tended ducks on the family's farm. When they were 18, in 1829, they travelled to America. Later they went to Europe and many other countries and appeared before royalty in Public exhibitions. Thus they became citizens of the world and North Carolina's most renowned resident.

They retained their Chinese names, and although known as Siamese twins they preferred to be called "united brothers".

These remarkable men lived near normal lives. They married North Carolina Quaker sisters who bore their children. Each had separate homes on plantations a mile apart, and by an inflexible rule they alternated every three days in their residencies and arranged their personal business affairs each in his own home. They became wealthy! Together they financed the building of a church and public school, and provided a teacher to give the local children a free education.

Illnesses did not affect them at the same time, and temperamentally they were different. Chang was the more aggressive but physically the weaker, he drank. Eng, more solid and not given to drink, had to support part of his brother's weight during the drinking bouts and also for the last five years of their lives after Chang developed a right-sided hemiplegia due a cerebrovascular accident. This happened at sea when the twins were returning from fund-raising appearances in Europe, necessitated by the loss of

some of their wealth after the American Civil War. In 1874 they died. Chang died first from an embolus while Eng was asleep, and it is believed that Eng's death was due to sheer fright when he awoke to find his brother dead beside him. Their family physician, Dr. Hollinsworth of Mt. Airey, North Carolina, had agreed to try to separate them but transport and communication being what they were in those horse and buggy days, he arrived too late.

Through out their lives the twins had sought to be separated. British medical literature records that on their visits to London in 1829 and 1869 they visited the same

surgeon, but neither he nor others they consulted would take the chance of operation

At first, after their death, their wives would not permit a post mortem separation. However Dr. Hollinsworth managed to persuade them to agree to the necropsy examination.

It was carried out by Surgeons and Pathologists in Philadelphia and revealed communicating abdominal cavities and a common liver. The band extending from sternum to umbilicus. During life their mother or physician would constrict the band with a tourniquet to calm the twins during their mental or physical struggles. This apparently enabled them to see reason and so to survive.

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## Sweet Memories

As the night is passing by  
Deep in your thoughts I lie  
Watching your picture linger in my mind  
Reminding me, your smile so sweet and kind  
Days passed and our love grew stronger  
Every moment we praved to be longer  
Those days I can never forget  
When in cool shady places we met  
Eyes saying what can't be said by mouth  
Holding hands for hours we stayed out  
Times when I Got angry at you  
So that you'd make me laugh with jokes anew  
Only if one can realize hapiness is short  
Times that have passed can never be bought  
We stand now on two different paths  
Though two are we, but one is our heart  
dead are our hopes and our heart is sad  
We can't be one, though tears are shed  
With aching hearts, good-byes we have said  
With hope that our promise shall never be broken  
Today we depart on two different ways  
But in heavens together we shall stay  
May God shower light wherever you go  
I pray that you reap whatever you sow

**By PARVEEN TAJUDDIN**  
**1st Year M.B.B.S.**

# Taj Mahal

By SALMAAN S. BAGGIA  
3rd Year, M.B.B.S.,

History bequeaths many splendid eras of powerful ruling dynasties, of mighty conquerors, empire builders spread over thousands of years. The glory that was Greece the awesome might of Rome, the Splendor of Cleopatra's Egypt; of Pharoos, Byzantium, the wisdom of Damascus and Baghdad, the ullifying beauty of Muslim Spain but none could Surpass the grandeur, the magnificence of the Moghuls peaked during the age of Shah Jahan, Emperor of India and Viceroy of God an Earth.

It is said whole enchantment of Delhi was centred around none other than Arjumanand Bano, the wife and ruler of the Emperor's heart, popularly and lovingly known as Mumtaz Mahal or Jewel of the Palace.

The dynasty attained Spiritual heights for one woman. This indeed she was. She surpassed maidens of her age in all respects; with her refined knowledge, her vivid imagination her beauty which vied the moon for recognition and her keen aesthetic sense blooming into a dream of a milestone in marble.

Moghul Architecture during the reign of Shan Jahan reached its Zenith, mighty palaces, splendid mosques, magnificently well laid gardens, but only in one edifice did it transcend history—at the mausoleum of the Taj.

The story of the Taj begins in the year 1612 in Burhanpur and on the wedding night of Prince Khurram, the future Shah Jahan, heir to the Peacock Throne and

Mumtaz Mahal the daughter of Asif Khan, nobleman and trustee of the Imperial Crown. The sky was lit by myriads of little stars, dancing to the tune of the gentle cool breeze blowing in the garden below, roses Jasmies and the lily of the Night were showering their fragrant essences on the royal couple on the Terrace; The moon was smiling and the beautiful young bride lay cradled, nestling in the arms of her groom. She said, glancing at the smiling intruder. I always dream that when I left this world I should be forever in a temple more beautiful than anything on earth,—the most exquisite tomb there is; Jahan's voice trembled as he answered. "It shall be done. That is my word, and it is forever".

She went to the marble balcony, which opened on to the gardens beyond, sweet with night and tender with romance. 'I would not want people to think of my grave as a tomb, and within it a coffin enclosing me and holding me fast. I would rather like it as the most agreeable bed in all the world, with the stars to look down upon me and paint with gold the road to eternity. 'He paused for a moment, then with utmost piety and truth said, "It shall be so, I shall build for you a monument, one so rare, so beautiful that men will travel the world to visit it; I shall let them know how great Love is and it's everlasting.

She hesitated and again there was the whispering touch of tears in her voice "I thank you," She said.

Nineteen years were to pass before Shah

Jahan wou'd remember his Vow again. Mumtaz had died bearing her fourteenth child and Shah Jahan's grief was absolute. The palace rang hauntingly with the echo of his voice. "My love," and again softly "my love." The sight of his departed beloved was much too sorry a look, he fainted, tears on his pale cheeks glistened like dew on the rose's white petals. There was no grief greater than his, in the whole wide world. The hair and beard of the Shah gradually turned grey and later paler still. He had gone silent and remained so, for two years. When the first stir appeared in him and that cold sense warned him that those who are dead must live on, he laid for her the most magnificent monument, befitting her beauty, dignity and her charm. Mumtaz lying placidly in a garden of flowers covered by Jasmine for nearly two years. She had to be eternally covered.

With his imagination a pyre, and his hopes aflame, Jahan called his favourite Persian architect Ustad Isa Afendi and entrusted him to balm his lonesome spirits and at the same time embalm his memory into time immemorial. They created for him a swan song to life here and a joy for all eternity. Work with twenty thousand men began on the Taj in 1632, the world paid homage to it, China in terms of Jade, Ceylon in Sapphires, France gave its silver, the Turks the magnificent dome.

The emperor sacrificed everything, p'ayed his whole fortune and the epic Saga was complete twenty two years after its inception at a cost of four hundred lakhs of rupees. "Taj Mahal" had been built. The plaque on the tomb bore the simple Chronogram inscribed in precious stone by a court nob'eman Bebadal Khan, "Let paradise be the abode of Mumtaz Mahal"; Shortened and translated it meant a single word "Sorrow".

The Taj today stands splendidly on the banks of the River Jumna. In the blazing sun of India, there stands this memorial of g'ittering marble, the precious stones have vanished yet the exquisite beauty is far from being marred. When the rose touches the likely whiteness of waking down, when Muz-zins Call the faithful for morning prayers the Taj rises in a great cupola and besides it straight four superb minarets, the spectre is breath-taking in love'iness. On the might of the full moon the Taj beckons to its reflection on the Jumna, the minarets to the crystal water of the fountains, the red blooms in the green foliage echo to the rustling wind, "If thou wants paradise on earth, come hither, some hither.

The traveller hears two names coming from somewhere within; Jahan-Mumtaz, as they lie side by side lapped by the cool waters and shadowed by their eternal love for each other.

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# TEARS

No Music is half so sweet and sublime

As the fall of the Tears that are bright and brine

Such Tears can wash and clean and cure

Deep wounds that rest in my soul,

No friend is half so true and meak

As the voice of the Tears that spring from heart very  
deep

Such Tears can give us hope and might,

In this life (which is full) of worry and fright

No sight is half so gay and cute,

As the streams of Tears that are quiet and mute

Such Tears can feel such Tears can see

The pang of our sorrows which none can heal

No prize is half so pretty and dear

As the beds of Tears in the eyes that are near

Such Tears can win such Tears can spring

Gay hopes, fine fame which none can bring

No gem is half so precious and bright,

As the gleam of the Tears I shed at night

Such Tears can guide such Tears can inspire

My mind that is sad, my heart which is divided!

**(NAUSHAD ALI)**

**Final Year M.B.B.S.**

# Never Say Good-bye

By ZUBAIR FAROOQ  
Final Year

As usual, exactly at five in the evening I was seated on one of those benches in the park, deeply engrossed in my book, for away from home and my examinations was near, and it was so hard for me to study at home having all those relatives coming to stay with us. I read on for fifteen minutes or more that evening when suddenly a car came and stopped a young parallel to where I was seated. Disturbed I looked up. I saw the driver, a young girl in her late teens wearing abroad maxi of quite a gaudy colour, get out. She had quite an expensive hand bag in her arms and was wearing beautiful high heeled shoes. She slammed the door shut and it was then that I noticed she was gazing at me as if for a long time. I was surprised. She walked towards me and asked "Excuse me are you Razi?"

"No miss" I replied.

"But.....But it can't be!"

I nodded "No".

....."Razi, this time you are not going to leave me are you?"

"Miss, I'm sorry I don't know you, I've never seen you in my life before this, and who is this Razi? What has he supposed to have done?"

At this tears started falling from her beautiful eyes.

"What is your name I asked?"

"Rakshi" She replied "Don't you live in Marine Villa?"

"NO" I replied "I live very near here, right there". I pointed my home to her "But what's this Razi Stuff. My name is Zahid and I'm studying for my finals before I become a medical

graduate".

"I'm sorry" she said "you look so much like my husband".

"Oh!"

"He died on our wedding night from a car accident three months back".

"I'm sorry!" I said.

"You..... you look exactly like him..... I'm sorry I.....I thought.....I thought he.....had.....come back.....Foolish of me.....How can someone come back from the grave?"

"What are you doing these days?" I asked.

"Well I'm continuing my studies, I'm doing my M.A. Course in Psychology" Rakshi replied.

"Psychology?"

"Child Psychology" She replied.

"I'm pretty interested in Child Psychology too!"

"Well I'm sorry for bothering you" She said "Goodbye".

Goodbye, will you see me again?"

"Why should I?" She said, and she went away.

For many days and nights I thought about her. I had a strange sort of feeling for her. I don't know what? Was I in love with her? Was it sympathy? I wanted to find out. And that's why I used to go to park regularly at five. But I never saw her.

Two years later I saw a girl sitting on the bench where I used to study. Her back was towards me. Strangely enough it was her cosmetics which made me recognize her

even without looking at her. As I neared her I could hear her sobbing.

"Rakshi?" I called out to her.

She turned, wiping her tears quickly as she saw me "O it's you? She said.

"Yes, where were you during these two years?" I asked.

"O Zahid!" She replied. I don't know why, what was our relationship? But we both felt as if we knew each other for a very time. We had met only once yet!

"Zahid" She sobbed "I got married a second time".

"Well?" I asked.

"Zahid Bhai I don't know what to say. My husband is double my age and a drunkard who treated me very badly. He used to beat me often. My parents are dead too. My father died last month and my mother died when I was born. O, Zahid what should I do. My husband knocked me out of home and left me penniless and....."

I was touched "Don't worry Rakshi God is great.....time will soon change"

"Zahid.....And Doctor told me I'm pregnant too....., O Zahid I don't know what will happen?"

"Where do you stay now?"

"I'm living at my elder sister's home,"

"Are you treated well?"

"Yes my sister is very kind to me, only if my fate would shine only if?"

"Don't worry Rakshi, everything will be fine" I consoled.

We met for a few days regularly in the same park, then one day I told her "Rakshi I'm leaving for Britain tomorrow?"

"No Zahid Bhai don't tell me this"

"I'm going for specialization in Surgery and I'll come back after four years—may be even five".

"Zahid.....Zahid please don't leave me!"

"Rakshi you are a nice girl and now that you are reunited with your husband you'll be fine I think".

It was time to say goodbye. I told her "Goodbye with you Rakshi, goodbye!"

"Never say goodbye Zahid.....Please say you'll come back".

"I will" I said "with God's will" and I went away.

Ten years later I returned to Pakistan. I don't know why I had a feeling that I must see Rakshi. She was married. Yet I don't know what type of feeling had for her. When I knocked at her door. An old haggard looking woman opened the door.

"Yes?" She asked.

"I want to meet Rakshi" I said.

"I'm Rakshi" She replied.

I was horrified! alarmed! I lost my speech!

"O it's you Zahid Bhai come in".

The strains of life could be seen on her face, she was in her late twenties but she looked no longer beautiful. Sorrow had transformed her into a miserable looking woman. Her hair was undyed and a mixture of black with ugly white spots on it.

"What's happened to you?"

Suddenly a girl of about ten years came in.

"O Afsheen won't you wish your uncle".

"Good evening Uncle".

"Good evening, your daughter?"

"Yes".

"Where's your husband?"

"Just after a month you left, my husband divorced me, a....."

"I'm sorry".

"Don't be" She said "I'm contented now that I have a daughter to look after, she was born two months after you left".

"What do you do for a living? I asked.

"O I sew clothes, that's how I've earned for my daughter, Zahid are you married?"

"Yes I was, my wife died last month, so unable to stay on....."

"I'm sorry" she said "Any children?" here..

"No.....unable to stay on, I returned "Alright than Rakshi, I have to leave....."

"Please wait, take some tea or".

"No Rakshi I was just passing by., I'm leaving for Lahore to-night".

"Zahid Bhai, won't you visit us".

"No Rakshi I won't be able to"

The word Bhai used to strike my brains again and again. I loved Rakshi so much I don't know why she did not feel the same about me! Well that was that.

"Please Call Afsheen" I said.

I kissed Afsheen "on the forehead and said" Goodbye Rakshi. Rakshi had tears in her eyes "Zahid Bhai, please never say goodbye, I don't know what I feel like when I hear that? My first husband said Goodbye and he never come back, My second husband said Goodbye and he was never the same again, You said goodbye last time and you returned only after finishing the prime of your youth."

"All right" I said "see you later Rakshi".

I don't know how much I loved Rakshi, only.....only if she had loved me too..... not as a brother.....but as her husband? Well! Three months passed and I wanted to see Rakshi again. I reached Karachi and went to see her immediately. I knocked on the door where she was living on rent.

A young man opened the door.

"Yes?" he asked.

"I want to meet Rakshi". I said **surprised** at his appearance.

"Rakshi? You mean Rakshanda. You don't know?"

"What?" I asked.

She died last week he replied.

"No" I screamed I. it won't be.....she can't die?"

"I'm sorry mister I don't know you, but she had been sick for a long time..... Doctors had said she would die long time back but it was God's will they surpose that she lived.....As if.....As if she was waiting for someone. As if she couldnt't die, before seeing someone....." I cried bitterly "Where is Afsheen?"

"She's living with her Aunt".

I took the address and although I was in a strange world, my feet took me till here.

Rakshi's sister was very kind "Dr. Zahid there's a letter for you from Rakshi before she died".

"Thank you" I said "I'll be coming here often to see Afsheen" "You'll be welcome" She said.

I opened the envelope and read Rakshi's farewell letter.

"Dear Zahid, I am writing to tell you that this is my last communication with you. I did not tell you that I was suffering from cancer, so that you may not get worried Zahid, I want you to know that I loved you very deeply, I loved you from the time I saw you, but I.....I didn't have the courage to speak to you.....Even now! Yet I don't know why I want to inform you Zahid I wish you had loved me too. I wish we had been married. Had child too perhaps. O Zahid. All these wishes.....All those happiness which we could have had together. Any how I've had what was my fate Zahid after I die I want you to take care of my daughter Afsheen, please, see if you can do something about her education, I want you to teach her all that you thought me I want her to be like you. This my last request to you, Goodbye darling. May God be with you always".

"Never say goodbye darling". I screamed loudly.

But she had and the laughter of fate echoed in my ears drowning the sound of my souls and the pool of salty tears which fell onto the ground.

"The white man drew a small circle in the sand and told the red man "this is what the Indian knows", and drawing a big circle around the small circle, "this is what the white man knows."

The Indian took the stick and swept an immense ring around both circles;

"This is where the White man and the red man know nothing."

## 'Rose' My Sweet Rose

A beautiful, elegant Rose  
Blooms amidst the thorns  
To be picked and adored.  
Than to wither into oblivion;  
Graceful is her flowery sway  
Her fragrance ever beckoning.

A peep through the curtain  
of leaves no less comely  
Reveals thy sweet shy efflorescence  
Gently and so very delicately  
the blossom is exquisitely clipped  
a treasured possession of the suitor.

Coily does she leave her abode.  
The elated lover's infinite Joy,  
His dark locks of gloom  
finally attain a touch of colour.  
And with each affectionate caress  
Touched budding dews of bliss.

Sweet dreams of years ago  
Accomplished within a moment's instance  
Two whispering hearts entwined  
Cradled together into eternity.

By **SALMAAN S. BAGGIA**  
3rd Year M.B.,B.S.



# Moment to Moment

By K. N. SHAKYA

Final Year M.B.B.S.

It was a winter evening with its cool breeze trying to penetrate the skin. The lights had started glowing here and there. The sun appear like a red disc about to sink behind the hills. All of a sudden a flock of birds flew past me chirping all the time, as if trying to tease me.

I kept on waiting for him. He was already late by ten minutes. He did not seem to know what it is like for a lone girl to wait for some one, that too in a public place like a park. Every person stared at me as if I was a unicors. I tried my best to look normal although my face was betraying my thoughts. I cursed him for being responsible for all this.

He arrived exactly thirty minutes late. But he had his ready excuse, "I am terribly sorry, "Bana," he said as he was approaching near me. I was so angry that I was not prepared to listen to any arguments.

"Some guests had come home, "he went on saying trying to be apologetic, "but at that time there was no one at home. So I had to entertain them till mummy returned, I hope you will not mind my being late." But I kept quiet all the while and did not even look at him. He sensed that I was angry. "Don't be childish," he said, "I...., I won't be late again."

"When will your studies be completed?" I picked up a topic, trying to look grave. To this he laughed heartily and replied, "Hell, this depends on how much you pray for us." I did not understand what he meant by this.

So I asked again, "when is your final exam, going to be held?"

He said, "This depends upon whether there will be Jamiat in the office or not after the coming elections.

"Why?"

"Because, it is only the Jamiat which has been opposing any postponements of exams".

Then he described to me how some students had tried to postpone the fourth year exam last year and how the Jamiat Suppressed all such activities till the last.

After that we talked about our Colleges & Studies, our families and friends, our future plans and many other things. But one thing was always striking my mind—why should the students delay their exams—don't they want to pass out early?

It was growing dark when when we decided to leave. He escorted me to my home. 'To day mummy will be at me for being out till dark', I was thing, "But I had to meet him to day at any cost, because he was leaving tomorrow to his College. Then perhaps don't know for how long I won't be able to see him.

Daddy must have come back home my heart pounded very fast by the thought of him. 'Don't know how can I save myself to-day', I said to myself.

We were passing through a long street. It was a small city. So no persons could be

seen around, although it was not too late. My whole body was trembling like a leaf. We move a more close to each other as we walked. There was silance everywhere. Only barking of dogs far away could be heard occasionally. We were walking Silently. Suddenly a Squirrel crossed fast in front of us. I was so much terrified that I almost stumbled over him. He supported me in his arms and said, "Awefully timed, 'Bana! It is just a Squirrel. Nothing so feerful."

"But it really alarmed me," I said feeling ashamed of myself for being so coward.

When we reached near our bungalow he bade me goodbye and went away. I peeped through the window. Daddy was sitting in his room. It was a terrific moment for me. I summoned all my courage and opened the door and got inside. Daddy heard my foot Steps. His angry voice at once shouted, "Sabu, where were you up to this time?"

"I had gone to Nazma's home. Daddy," I said slowly in a trembling voice and quickly ran towards the kitchen. Mummy was there cleaning the Kitchen. She looked at me with fierce eyes. I understood her eyes too were asking the same question. I kept quiet with

down cast eyes. After some time she pronounced the final sentence for me, "If you are late, like this in future I won't let you enter this home."

What was my crime after all? To be born as a girl is itself a crime. what more need I do?

Mummy served dinner for me, But I had no stomach to eat. However, I took a few morsels just to escape her notice and ran to my room.

I fe't very aloof and wanted to withdraw into myself. So I threw myself on bed before I switched off the lights. The entire room was dark, yet my eyes had enough light. It was as if the memories of the past were let loose to flood the mind. Between different Second and images I pictured him. Smart yet Saba. 'Handsome; shou'd I say? Not much. So that he cannot boast.' I smiled to myself.

'Yes, he is leaving tomorrow. But of Course not for ever. He will come back. But when?' I closed my eyes. Can my prayers bring him back any sooner?

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# Love—A Many Splendoured Thing

By SAEED AKHTAR KHAN  
1st Year M.B.B.S.

It is most difficult to write, describe or expound on something which is abstract. All one can say is that it is a feeling, something which is undecipherable but is present in the soul. The soul is itself like a bird in a cage watching the flock fly by in the sky and wishing to be free. It is this bodily prison which keeps our soul captive. Love liberates the soul, frees it to reach unknown heights to traverse infinite lengths.

Love is one of the most commonly used and also one of the most misunderstood words in the English Dictionary. It cannot be used in any single context. It is purest form of an emotion without which a person's existence is not justified for love encompasses life and the universe as a whole. One his family, nature, humanity, another person, himself and God and all of these loves have their own individual aspects even though they are inter-related.

The first emotion to which a new born child is exposed is love. The joy of his arrival is manifest. While he grows, he grows to be more aware of this. The sparks of joy emitting from his mother's eyes on seeing him, gives him the security and protection, he needs. His mother, imbued in her maternal love is prepared to face any danger to her child. This makes her more a little more understanding, considerate and compassionate; Infact leads to the development of her character.

With the passage of time he continues to grow and mature. He begins to anticipate the advance of spring. The gentle cause of

the breeze, the fragrance of the jasmine. The site on a beach and hears the Ocean roaring at night. The music of the breaking of the surf is an eternal song which has been sung for centuries and will be sung till eternity. He watches the sun set as a red fiery ball sinking slowly but steadily into the oblivion of the horizon. In a last show of life it changes the blue sky and fills it with many shades of red which are slowly encroached by the advancing darkness.

He watches the seasons come with mixed feelings, joy on the coming of spring, contentment in Summer, uneasy anticipation on the advent of fall and Snow in Winter. This love of nature teaches him hope and anticipation. Hope of a better tomorrow and anticipation of better days to come. It shows him that life itself is everchanging and to avoid despair for when a person is down on his luck it will change for the for, after Winter there is always spring.

With his further maturity he begins to discover his fellow man and then he falls in love with some-one. This love is the most maddening of all. He cannot concentrate does not hear properly, nor can sleep well. He is in a perpetual misery but is happy! He finds everyone and everything wonderful. Life than has a new meaning to him, as the days drift by He continues infect others with his happiness.

After passing through all these stages he reaches the ultimate of love—Love for the Creator. He begins to believe in the divine spark which the Lord has manifest in him. For without it his body would be but a

machine. He becomes thankful for his emotions and feeling. He sees his benevolence in Nature and his fellow man. He begins to seek for more knowledge around him. Through this knowledge he improves his own life and tries to model it according to his beliefs with perfection of his body and soul in mind.

To sum it up love is the vital essence of

life. The lode stone that can catalyse your base body into the previous metal of perfection. Without its presence a person's existence is not really justified and is like a corpse devoid of emotion and feeling. Like Shakespeare has written. "Loves is a smoke rais'd with fumes of sighs; Being purg'd a fire sparking in lovers eyes; Being vex'd; a Sea nourish'd with loving tears; What else? A madness most sweat, a choking gall and a perserving sweat."

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# Ode to a Butterfly

By **HASSEN DAMRY**  
Final Year M.B.,B.S.

Sweet butterfly, who gaily hover  
Seeking thy joy from flower to flower  
From the crimson rose to the frail daisy  
From the graceful lily to the melancholic pansy  
How I wish I were like thee  
To frolick amidst the flowers in delightful glee.  
For thou carest naught  
as thou flyest to the nearest bough  
if the rose thou loved yesterday  
Today has softly withered away.  
But to seek thy pleasure thou just fly  
to another flower that blooms nearby,  
And thou hath not even the faintest remembrance  
Of the dying flower that has lost its fragrance.  
Oh how I wish I were like thee  
To dance amidst the flowers, gay and carefree  
To seek a new flower when an old one is gone  
To push into blissful oblivion  
A love that has withered away  
Like a beautiful flower of yesterday.

# And now he is a stranger

By SAROSH KIZILBASH  
1st Year M.B.B.S.

Its a thunderous stormy and dark night. Intensive raining is tapping the window of my bedroom. I sit tense in an easy chair, and he stands in front of me, leaning back uncomfortably on my study table. He looks fatigued bearing a weary and exhausted look. He is a person of impressive and elegant calibre but with very coarse and tattered dressing. He appears broken desperate, anguished agonized, uncomposed and disintegrated. I can see streaks of Streaming tears across his pale cheeks. His hands are tightly clasped together and his lips clenched. I can easily perceive his contemptuous glances and his overwhelming hatred for me He is a stranger to me through he doesn't seem a new visage and I am endeavouring hard, to recollect the eluding memories But I dont recognize him.

He came in suddenly when I was busy reading a book on ethics withdrawing comfortably in a chair. Puffing my cigar and sipping delicious hot Turkish coffee. He insolently snatched the book and threw it on the fully carpeted floor. I got shocked but was surprised to feel that it didn't enrage me to madness. I looked in to his face and very mechanically offered him a chair, which he vehemently refused and suddenly raised the chair to his shoulder, "I dare not sit at it," with his voice trembling he spoke, "It rules me, Its destroying me, I hate it, I loathe it". He fanatically threw the chair, which toppled a bit but was straight again. He spit at it, and clenching his fist he retreated on the table trying to regain his sanity. I sat struck and stunned but not

offended. Though I was pretty restless. I couldnt utter a single word. Since then he is apparently cool and calm and I sit anticipating the next eruption. Some very intrinsic passion of mine is holding my tongue and I wait for him to speak out.

Clouds suddenly thundered. There was a flash of lightning. The Silvery window pane shone. He threw, back the scattered hair on his face and eyed me. I nervously held my chair handleless, with my heart, drowning, sitting alert, contemplating flight.

"Get off your chair," he bursted, shouting at the vertex of his voice "You pig, you are here....In this cosy, centrally heated home, In this comfortable luxurious house, at the cost of my life, You" Selfish cold hearted, egoist....you murdered me for yourself, you stabbed me for your leisure, you cut my wretched body into segments, to content your lust for power, You got everything out of me, you could, You could You Squeezed every drop of vital cheerfulness from me. You have made me dreary, cheerless and dismal. I wish I could cut you too into pieces. He paused a while, breathing heavily. "But that's the problem lying with me, I can't hate you. I give you what you want, I fulfil your requirements. I give you shelter from calamities. I feed you, I protect you, I support you, I back you." Panting, but with his eyes spurling, he continued. "Do you remember the moment you came to me first. You were tired and weary as I am today, You were hungry and thirsty with your tongue dangling out and your muscles

stretched and sprained. You loitered helplessly in despair you slept restlessly in stormy freezing nights under no roof. I filled your stomach, I gave you lodging I distributed love and brother hood to you. I delivered peace and happiness to you." He became very furious and broke down. His eyes got blurred with the over whelming tears. His face turned red. His head dropped and his voice was held. He stood pensive for some time with shadows dancing across his face. I could hear the patter outside.

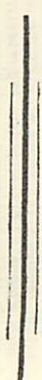
"But what have you returned me," he resumed raising his head sadly looking much greived. "In return you have robbed and looted me, you foolish ungrateful fellow. you have shed my blood, you have defeamed me. you have dishonoured me, You have victimized me brutally and ruthlessly. You have sacrificed me for achieving your personal goals. You submitted me to the Calamitous world for beastly treatments to reach your so called unsubstantial, unauthentic, unreal worldly destinies. I endeared you, and you, anchoring in my smiles ombushed, with antagonistic intentions for me. You worked, fantastically against me and at least you are rewarded with my solitary pitable life. Now I am alone with my

woes, isolated, and broken. Still striving hard for existence and I am not sure of my age. But mind that, my existence is your existence. You prevail honourably here because of me. If I die you will be nowhere. This world will spurn you. You will cry for death, but it wont come to you.....still, there is some time for amendements, avail it. You can still improve me and yourself. It will do good to both of us. For God's sake do it.....Live and let others live..... Come off the abyss of selfishness, blind mindeness, trivial material races, greed for money and accumulation. Do it.....I beg you, do it....., "He bursted Vigorously, looking hope fully into my eyes, and wiping off his cheeks, he threw a paper on the floor, and suddenly quitted banging the door, leaving me frozen from head to toes.

Its still raining very hard. I tried to peepout and look for him but he disappeared some where in the utter darkness. I can't see him through the Trench windows of my vast bedroom. I must go out in the rain and chilling cold, to look for him. But first I must see the torn piece of paper he dropped while leaving, and said it will reveal his personality. It was a smudged and smeared piece with a single word written in blood red "PAKISTAN".

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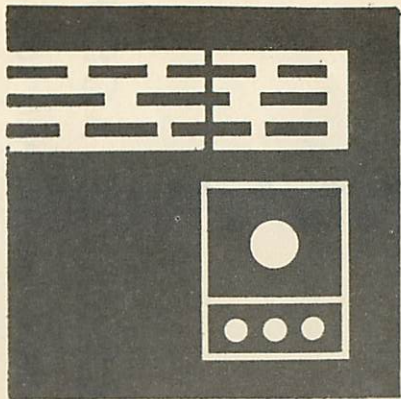
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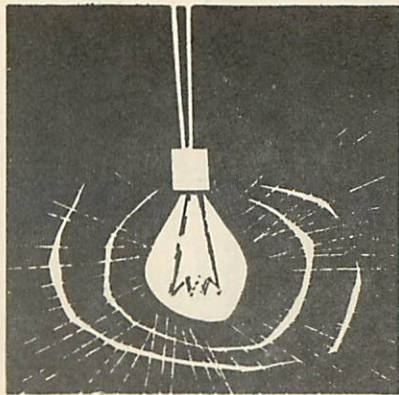
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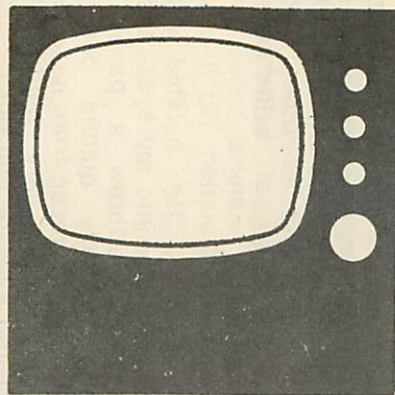
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## PHILIPS





## *El-dorado*

Let us all depart to the El-dorado of goodness,  
far from the madding crowd and the world of turmoil  
There stands amid those remote hilltops  
the land of abundance of morals and thoughts  
Where morality rests above all  
and truth never sees rise and fall,  
Where freedom gives way to eloquent speeches  
and the violent prayer to God doth reaches  
Where bigotry and prejudice never suppress the right  
and no one enslaves joy and delight  
Away from the shadows of gloom,  
here beauty grows and peace blooms.  
Never-ending sequence of enchanting scenes,  
Serene and charming meadows and bowers,  
A source of consolation for uneasy souls  
to be blessed forever.

Here truth is honoured and justice is supreme,  
Yet there isn't a king or queen.  
You wouldn't find here a chapel or fort  
or the towering minarets of tombs.  
Yet a sacred innocence prevails here  
as the religion has migrated from chapels to the souls.  
Heavenly teachings are not confined to holy books  
but they bloom and flourish  
in warm and lively human behaviour.

All are invited, all are welcome  
but one moment Sires and Seniors  
The lofty mountain that surrounds this land  
is a symbolic representation of  
hatred, evil, prejudice, enmity, racism and falsehood.  
If you can discard them all, El-dorado is yours.

By **SHAHID AKHTAR ZUBAIRI**  
2nd Year M.B.,B.S.



"my beauty care-  
mild and fragrant  
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says beautiful filmstar *Hautzig*  
— beauty care of filmstars the world over.

# But I want it in red . . . Dad!

By RAUF RANGOONI  
IV Year M.B., B.S.

" . . . . . And Dad don't forget. I want it in Red. Not just any other colour!"

Sameena's little voice breezily followed Mateen as he closed the front door of his small quarter.

Only four precious days had left for the marriage of his beloved sister. . . . . An occasion of rejoicing, they say for all. . . . . May be! not! At last not for a man like Mateen who was torturing himself to find a way to afford a pair of red clothes for his only daughter Sameena.

Sameena always insisted on Red exactly like her bride aun'ts wedding clothes and she looked quite intent. Mateen was trying to figure a way out to buy her the Red clothes and still avoid a budget crisis with his wife. Only last night the matter was debated, Mateen remembered.

"And how are you ever going to pay for the Red clothes you have promised Sameena?" His wife had inquired, "So you know now she wants exactly the kind your sister is going to wear on her wedding day".

"My dear better-half, don't worry. Some how we". Now come over and manage lets about the day we first met. . . . ."

"Inflation! Dear hubby, has taken out the charm," . . . . ., She had interrupted him.

Mateen continued, " . . . . . You think I can't get Sameena the Red Clothes! You are under estimating my brilliant mind. You see honey! Before our marriage I used to live for myself, exclusively earning for my needs. But after marriage, I have come out of the cyst and sense to care for others also. God has created us and he fulfills our basic requirements. So why can't we fulfill the needs of our young waxen do, to prevent

her suffering from inferiority comp'lex on the wedding day. After all she is very sensitive, you know? The creator has to care for the creature, and Honey! I love you. I love you. I love you." And the matter was amicably settled as the tone ended in the embrace of love.

The next morning had started with Sameena's persistent chatter for Red Clothes which of her aunt was going to wear, which clothes, in what colour, design, prints and styles.

"But I like only the Red Colour Dad. So don't forget. It's red for me!"

"O.K. Sweeties, Red it is" Mateen had reassured her for the umpteenth time.

The next day Mateen bought a white piece of cloth and secretly handed it over to his wife. "See, honey! This is U.S. made cloth how nice it is!"

"Oh, Yes! It's very fine. Might have cost you a good sum of money". His wife inquired.

"Not at all dear! It's very cheap. I have bought it from the Lunda Bazar. You know this market is a sort of blessing for the poor people like us, who have to maintain their white-collar look even if we cannot afford it."

"Certainly darling! I appreciate your love and devotion for the child, but don't forget that our child is very stubborn. She has demanded the Red colour and she would insist on it, but you have bought a white piece of cloth."

"Oh! Don't worry about the colour. You see how wise I am. I have bought the white cloth so that we may get it dyed very easily

Er— — — — — Mateen's eyes

smiled "are'nt absolutely brilliant?"

"Wow! That's a marvellous idea. Really you got it made hubby" His wife admired.

It was just three days before the marriage when Mateen sneaked out of his house to get that white cloth dyed red. He was walking on the foot-path, when he saw a big car tightly packed with six or seven squeeling shouting youngsters, teasing a girl and driving their car behind her. They were driving their car recklessly in zig-zag fashion confusing the car drivers behind. The big car suddenly spun crazily out of control, directly rushing up the foot-path,

hitting the pedestrians one of them was the ill-fated Mateen.

The force and impact with which Mateen was hit, left no doubt in his own mind, that he would never see his wife and child again. As a helper bent to console him, Mateen took out the cloth now splotted with red and gave it to him.

"This is for my daughter. Please deliver it. She wanted it in Red. And blood red it is!"

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# FANTASY

By AKBER S. AHMED

First Year M.B.B.S.

The ageless stars, their radiant beauty eternally studded in the void of space beamed down on the sleeping earth. The sea "so mysteriously coloured as the agates and cornelians of childhood, green as green milk, blue as laundry water, wine dark," hushed and moaned in quiet agony as distant waves reached forsaken shores, their short lived ecstasy disrupted as they ventured back to Neputunes Kingdom. The sand so cool, so timeless with its aggregates of tiny grains lay smooth and serene, its tranquility yet unravished by human hand.

And behold! the whisper of the wind over the wet sand is split asunder by the carress of soft feet-their white soles gleaming like silver fish. The feet tread ever so softly as though they might disturb the quite slumber of time-for in this peace even time does sleep. Apparition? Spectre? What do these flowing, silken, robes enfold? And now as if in awe the wind dies into stagnation, the sea silences, and the veils float down and now two gleaming arms thrown towards the heavens, the hair curving and writhing in the still air, the head thrown back in ecstatic repentance-a figure of fury.

Now as if in reply the horizon is tinted in spectrums of gold and silver and crimson and then a blinding streak of ethereal whiteness bearing at its apex a collossus of silver borne on a golden chariot its wheels churning the stagnant air into tempest fury. The black steeds, their manes flashing like fiery flame pawed the medium as if to fling of their harness and gallop of into the greener pastures of heaven. The carriage surrounded by an aura of purple and orange hastens towards the shore where the other with arms

outstretched and eyes aglow with urgent anticipation cries out oblivious of the raging torrent around, The silver spectacle swoops down, grasps it with his cold, sinewy, arms, hoists it into the chariot and speeds away urging his flaming steeds with bolts of jagged lightning.

Death had reclaimed the Soul

# LIFE

It was a still, silent, night. The scattered shambles of jhuggis dotted the otherwise lonely ground. Refuse heaped up lay around occasionally being bullied by a gust of wind. Nothing stirred. An ecrie soulfulness sheathing the dull structures among whom slept the tired. But hark! a shuffle-a silhouette flitting from cover to cover its rags like darting flame. Nearing a garbages can the silhouette bends, places a bundle among the rubbish and casting a last, wistful glance from sunken yellow eyes the bag-gard figure move away the darkness swallowing its identity.

In a nearby hut slept Meena and Meh-

boob, the former stirred in sleep trying to accomodate herself among the children and her husband in the cramped confines of the hut. She pushed one away not even recalling her name whose musty odour was revolting her. She sat up parting her dirty, stringy hair from her eyes. Stumbling out of the hut into the for a much wanted breath of fresh air, she heard a muffled cry. A mother of seven and so naturally attuned to a suffering child's cry she groped forwards slowly accomodating herself to the darkness. And there she perceived a tiny bundle snuirming fitfully among the host of buzzing flies. She gathered the nonentity in her arms and soothed it with maternal care. Taju had been delivered from the garbage can into the world in which we live.

Taju grew up with the rest of the children, scampering around in oversized rags and scavenging to satiate his gnawing hunger. He, along with the rest of the children pranced about satisfying his stunted childish imagination with things as great as a new tin can or an old wire hoop. At night he slept on the cold, hard ground his tiny body heavy in lungfuls of air and his tiny, tired

limbs expatiating for tomorrow.

Adolescence saw him peddling a hand cart for his mother who had become a leper and begging for a few morsels of food. When his mother died he got himself the prestigious job of road sweeper. He scarcely went home now. The pavement was his bed, the broom his pillow and a tatter blanket which he had bought for a paltry sum was all he had in this world. On the blanket was marked "flood relief".

He mechanically swept his macadam length of road and kept it as clean as the respected citizens would allow it. The only thing that bothered him was mucous. He had to pick it up with his fingers to which it stuck and parted in strands until he wiped it on the seat of his dhoti. Thus turned the wheel of life for him and when it was complete he died. His corpse lay on the pavement a shapeless bag of bones until one day it was sold to the Medical College morgue. He was dismembered and dissected upon and finally his picked bones with their remains of tattered ligaments and tendons were unceremoniously flung into the near set garbage can.

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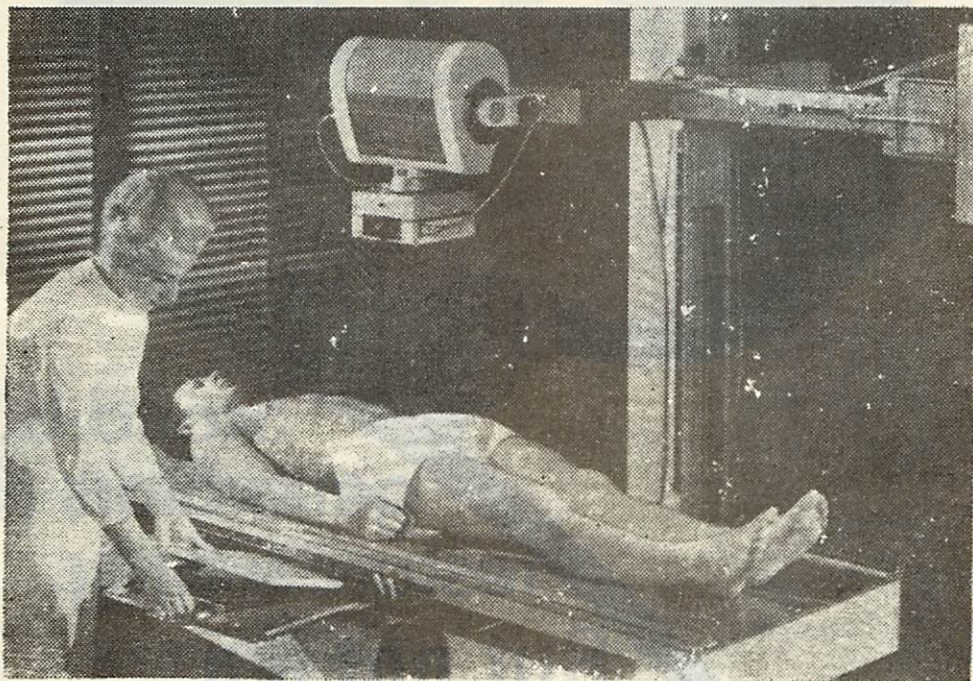
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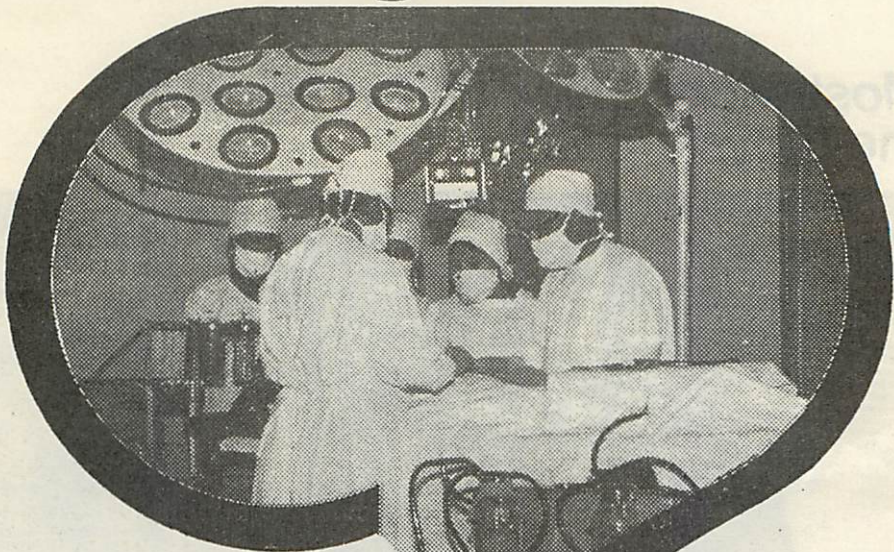
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# A Concept of Modern Poetry

By SHEHNAZ SOMJEE  
4th Year M.B.S.

In our current era, along with the recolonizing of every aspect of life with "Modernism" one also comes across "modern Poetry". Though many present writers venture to compose what they call "Modern" still further "poetry", very few actually even realize what poetry much less "Modern poetry" is.

In the past poetry was attributed as a flowery and eloquently delivered piece of language, arising from the depths of an individual's natural inspirations. The poetic phrase was pleasing to the ears and produced a musical effect. The poetic phrase was also supposed to capture the image of the described object.

This was further elaborated and regularized in the formation of verses with rhyme and rhythm, and an established or rather an accepted definition of poetry arose as: Lines written in rhyme and rhythm, be these in any pattern or scheme.

This system was popular for centuries until the advent of blank verse and free verse, with rhythm but no rhyme, whereas free verse possesses neither of these qualities.

Many of the literary critics and poets, however, insisted that rhythm was an inseparable part of poetry and this was probably because most writers failed to produce true verse without rhythm & rhyme, although some great poets have produced beautiful free verse. It is interesting to note, however, that some poets of the lower literary stratum

have produced what they call "free verse" which is not actually so.

In writing verse it is essential to maintain a borderline between prose and poetry. This can be done by either a new form of rhythm to match the mood of the poem or a style which has a poetic impact on the listener. Currently a new form of poetry—the prose-poetry is in trend, which is prose in poetic form more or less and allows absolute freedom to our modern freedom-thirsty writers; but of course the question is of maintaining a difference between Prose—poetry and pure prose.

Modern poetry is a conglomeration of blank verse, free verse and prose—poetry, and a variety of styles emerging from individual efforts to produce what they call "Poetry". Some have even reverted to rhyme while others fail to produce anything that sounds like poetry but simply scribble a few lines for commercial reasons as some amateurs do for newspapers and some students for "Bazim-e-Talba". Of course a poet writing for commercial reasons is no poet—but coming back to modern poetry; Dr. Carl Bredahl, Professor of English, at the University of Florida feels that poetry is a search into new avenues of life and only can this search be fulfilled if the writers look for new ways out—new ways of writing poetry (after all poetry is a reflection of the originality of the mind) and this can be achieved by trying and experimenting with new styles and ideas.

This is clearly so, for imitating the rhyme and rhythm of our forefathers can certainly not be deemed "Modern", more over modern democratic times avail the writers with complete freedom to pen down whatever styles they choose—but again we return to the point of distinguishing poetry prose, and whatever a style may be, it must certainly not be a pseudo verse.

From my own experience as a poet I personally feel that poetry should be set of lines clearly depicting its subject. Poetry should itself BE the Subject to the reader and bring his soul into whatever he is reading. As Alexander Pope puts it "The sound must seem an echo to the sense."

Whatever style the poet follows should be constant per poem, but may vary according to the varying moods in the poem. As for example in the following poem which is titled "The moods of music".

My pulse is rising  
the beat is rushing  
the beat is jogging  
the beat is crashing  
dazzlingly smashing

and a change in mood to the some:-

The mandolin's playing  
an entrancing dream  
so titillating.

Modernization of the style can also be accomplished by adding new and unusual phrases and epithets, but it does not mean using the old classical language. As Louis Untermeyer a modern American poet says, "Life is the Poet's glossary, not literature."

Mrs. Maki Qureshi one of Pak'stan's renown English poets Suggests that we should use term and phrases from our local dialects, culture and Surroundings, "Since

these have a special meaning only for us. e.g. A poet of Karachi could use words like "loo, neen, Koel" and a plethora of local words for which there are no Substitutes in English.

Further more a Switch—over to newer terms may also contribute to the "moder-ness" of Poems.

Thus any poem is a "modern poem" if written in the modern era, with modern Zest, new and creative ideas in a modern style (which must be as original as the modern changing fashions) but which on face—value or analysis, differs from real prose.

Below are a few extracts from some of the known modern poets:-

### Thought :

(from "Leaves of Grass" by Walt Whitman),  
Of what I write from myself as if, that  
were not the resume,,  
Of histories—as if such, however,  
complete, were not less complete  
than the preceding poems;  
As if those shreds, the records of  
nations could possible be as lasting  
as the preceding poem,  
As if here were not the account of all  
nations, and of all the lives of heroes.

### Sunsets by Carl Sandburg.

There are sunsets who whisper a good-  
bye.  
It is a short dusk and a way for stars.  
Prairie and Sea run, they go level and  
even, and the sleep is easy.



# The White Dove

A mist ahead  
A fog behind  
And life goes on and on . . . . .

Away; above, on the horizon so far  
A white dove fluttered and then it fell  
Trapped and wired; caged and chained.

It lifted its head; it opened its eyes  
A new world was now around  
The nest's cosiness was left behind  
The familiar sound was never about  
The green grass was left behind  
The things were never much the same  
The rose and prickles which it always saw  
The wet dew which always touched its claw  
The new morning did not bring those things  
It was a different dawn  
Very different indeed.

The guards yelled, the guards shouted  
The pounding footsteps took the place  
Of the sweet swallow singing on the  
windowsill of his hearth  
Pounding foot steps breaking the  
calm of the already passed night.  
Pounding feet that told him he was a prisoner

He looked up; the sky was a cloudless one;  
There were wires around  
Yes, around his camp  
Around his broken room  
And around his wounded feet  
His feet ached  
And he felt the same pain  
in his body; his heart; his spirit  
His mind was still  
He could not think  
There were wire around his mind too  
A mist ahead  
A fog behind  
And life went on and on . . . . .

He tried to break the wire,  
The rope that bounded him,  
The string which restricted him from others,  
And others from him  
But it was only an unsuccessful try

The wind whistling by; would remind him  
Of the hells of his hearth and home  
Wind carrying the news of the world:  
Wind carrying the deeds of the day;  
The news, the deed were all alike  
The wind carried them with the same sad tone.

Then there was help  
Yes, help in broken bits,  
Help that was hardly help  
Then days started nothing

And months were passing by  
He had hopes, many hopes  
Which brought nothing but disappointment  
Then—he formed new hopes and the process went on.

He still has hope  
A light of hope  
His only vision of happiness  
And still there lies  
A mist ahead  
A fog behind  
And life goes on and

And then again the night came  
The distant lampost was alight  
The distant hounds were again barking  
The distant guard was still marching  
There were night flies around  
But there was no one to share  
his thought—his feelings!  
He put his head down  
And closed his eyes  
There was darkness around;  
Tense and pensive darkness.

Then one day; he saw a sparrow singing  
He was still in his camp  
But he did hear the distant bells ringing  
The light of hope had turned into a reality  
There was no bargaining; Their honour was upheld  
He was happy; the news was entertaining  
The whole camp was springing with joy  
The days of agony were now passing  
The days of anxiety were now going to be over  
The fog behind was losing its impact  
He could see a clear horizon ahead  
He smiled  
And the blue skies were smiling back to him

SHAHIDAB HUSSAIN  
3rd Year M.B.,B.S.

# The Picnic

Miss Rahat Aziz Final Year

On Monday's and Thursday at nine, the batch posted in T.B. is scheduled to visit 'OJHA SANITORIUM' to enrich there the poor demented little minds with the wonders of the tubercle bacillus and the havoc the naughty little creatures have created, so thought the superiors whose life is being spent in futile and vain attempts at enriching our rebellious grey matter. But the batch posted had other ideas, and the cool balmy winds, the overcast sky and the mind of the ordinary average hey-you there medico, did not help any; as it is this hypersensitive and highly strung creature is always subjected to moods and feelings and when nature beckoned he rushed on for.

Calm was the day and through the trembling air Sweet breathing Zephyrs did softly play-so weis the necessary grub, and the necessary equipment which consisted of a beach ball, Cricket bat, a broken board, the boys and girls boarded the God forsaken bus and were bound on the picnic spot of nature lovers, suicide spot for plain old levels and the place where just everybody visits as an outlet for frustrations and "Ye grande olde" place has also been the witness of many a grand and important events of medico-legal importance. The chase of the school girls by some college boys; The prancing creatures proclaiming the superiority of a certain brand of soap; Cosmetics drinks, cigarettes etc.

We reached the beach and decided on slighting our grand persons at a depehated brown squatish building proclaiming bravely in washed out letters 'Hotel Splendide', so

called possibly to raise the morale of the Manager but apologizing for its existence.

We got inside the hotel and on to the verandah overlooking the beach, a few umbrellas, once upon gaily coloured, now almost pathetic, struck a gay note and reclining under these umbrellas presumably on a holiday were the lithe, graceful, golden bodies of a few dogs. Not wanting to disturb the peaceful slumbered and still with that 'What a lively day! altitude and' shower, a little peace and brotherhood spirit, we ventured onto the beach. The sand was sinking cool. But the sea? Yow! The waves seemed to touch the sky. The water was churning, roaring and rearing and foaming, making the heart quake and the adams apple bob frighteningly, but your average, every day, Hi-everybody medico took up the challenge and soon almost everyone was in the water.

The boys were in these element and appeared amused as the girls emitted sounds of every possible frequency with each wave and were thrown hither and thither by the violence of the water.

Rocks and boulders drawn in favour to the shore by the tide, grazed many a knee and pee'ed many a skin, suddenly there was a blood curling scream following by a help of agony then a third and a fourth. The scantily dressed boys had just received a few subcutaneous doses of jelly fish poison, the local brand is also known as 'Blue Bottle' They had been around on the shore, and floating in the water unnoticed perhaps. Irritated by the lack of interest, it, had decided to act up on. Amidst this confusion, one

big wave caught everyone unaware, and one of the girls was deprived of her balance. The 'blue bottle' attacked boys were taken care of by the life guards but one enterprising doctor insisted on treating himself and suffered from a reaction, the others were rolling in pain, cramps in these abdomens etc. Two of them were sent back to the college, another made a miraculous recovery at the mere mention of food. Everyone stuffed themselves sick with samosas, *people's Non* and keema. The plates took time coming, so everyone sat down looking a lot like that desolate group of gypsies who inhabit the pavement outside the Dow gate. After food, every one was contented and somebody suggested playing games, we started with Pithoo but when the girls saw the only participation they were doing was walking from one umbrella to the other while boys broke, remade and broke the pithoo—the whole procedure punctuated with a lot of conflicts, an unpleasant moment when every thing got out of control, and the manager of the hotel walked in and kicked the miserable looking pithoo on the ground and Yelled in a tone which was immediately likened to an irated father of our Urdu novels, proclaiming in loud terms, 'Yeh Shadi Nahein ho gi'.

However, pacified and cooled, he was led off the battle field and the game resumed. The female liberationists of the better of the girls and they suggested playing 'Kho'. After a lot of explaining, the bewildered boys agreed. There ensued a lot of back slapping. One enthusiastic girl player refused to sit down and was yelled at by all the other disgusted players, somebody handed her a green ticket, another suggested building a fence around her. One particularly violent person suggested somebody else sitting on her, and, yet another far thinking chap thought of enlisting her in the 'Kho Olympic', but she was not cowed down and remained the Belle of the ball.

When we got tired of the game we again got into the water which was calm and wonderful by then, with a lot of splashing and wetting we got out only to discover 8 of our watches missing. An unamusing suggestion was to look for very punctual octopus wearing aFjo's glasses. The watches were retrieved but alas, the spectacles had gone for ever!

Having made our selves respectable again to return safe and sound to our kith taking with us the memory of a wonder fully perfect blue bottle, casualty ridden, picnic.

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AND AGRICULTURAL EQUIPMENTS  
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# Blindness

With all our eyes,  
Eye-shadowed and eye-lined,  
Mascaraed and lash-curved,  
WE THE SEEING UNSEE.  
Our bright eyes are blur  
to the true essence of sight,  
the worlds within our world  
and the strings that hold us puppets.  
Like blind moles  
we grope in  
infinite darkness  
to seek the light  
our eyes won't see,  
when that darkness  
righ in our eyes  
is the light  
that we seek.  
The Eternal Truth  
that has all along  
been in our eyes,  
d:aped by the clash  
of the cute colours  
of the world  
of matter  
and materialism.

By SHEHNNAZ SOMJEE  
4th Year M.B.,B.S.

# Hallucination

The echoes which encircle my mind  
Are they the reflections of my life?

The encircling emitting waves  
seem to radiate from the core of my mind

What are these impressions

These patterns formed?

As if in hallucination deep.

Oh! what a force of oppression

My soul seems to be sinking deep

very deep!!

She moves away from me

All in serenity and grace

Towards the vastness of the quagmire

And soon she is lost in the fathomless depth.

The Heavens, they cried a few tears

which stung the ferns around

all asher. and white.

She has found out the depths she seeks

For suspended in time

She traverses the galaxies.

An unknown soul

with me out here

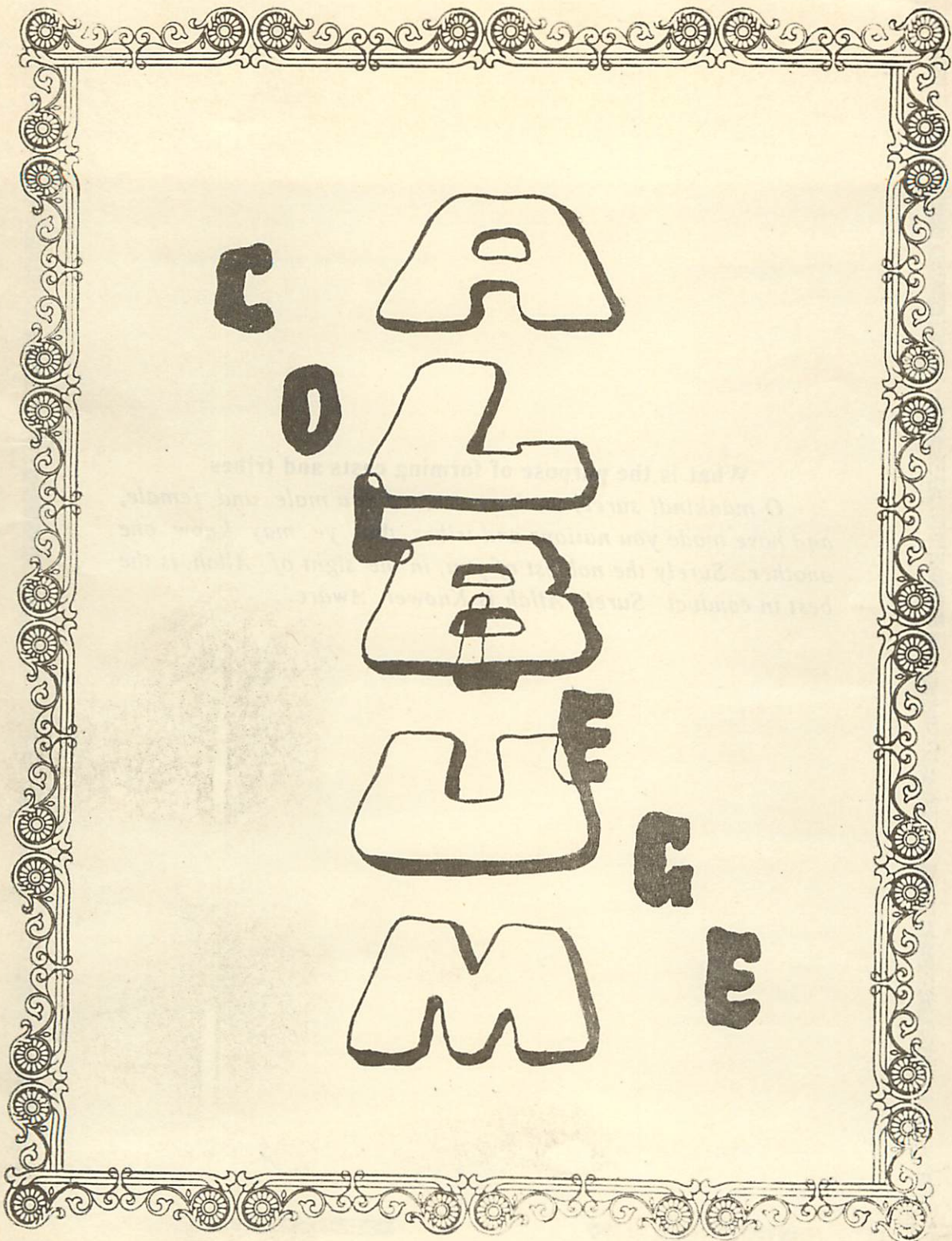
in an unknown world

Marooned in Hallucination.

By AISHA SIDDIQUI  
2nd Year M.B.,B.S.



C O L U M N  
A B C D E



**What is the purpose of forming casts and tribes**

*O mankind! surely we have created you male and female,  
and have made you nations and tribes that ye may know one  
another. Surely the noblest of you, in the sight of Allah, is the  
best in conduct Surely Allah is Knower, Aware.*

# Dow Medical College

## Convocation

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Prof. S.A.H. Rizvi speaking in the Convocation Ceremony.

Professors enter  
to  
take their seats.



Convocation procession led by Hamid Zaki.





The Convocation



ceremony in progress.

## Roll of



*Dr. Jamshed Kanga*



*Dr. Abdul Razzak*



*Dr. Saadia Din*

*Mahmud Gillani*

*Shamim Ahmed*

*Irfan Ahmed Daud*

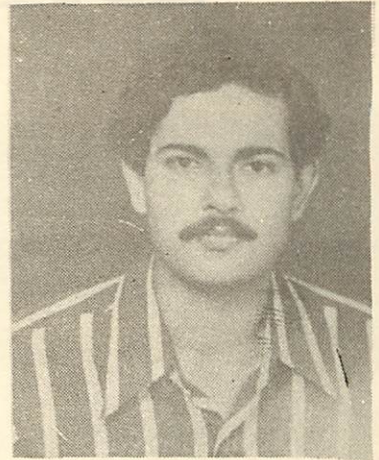
## Honour



*Astad Jamshed*



*Ali Haider*



*Phuja Haq*



*Rukhsana Asad*



*Tahir Hussain*

# D.M.C.S.U.

## 1975-76



Hamid Zaki, Khurshid and others lead the way to the new medico's corner.

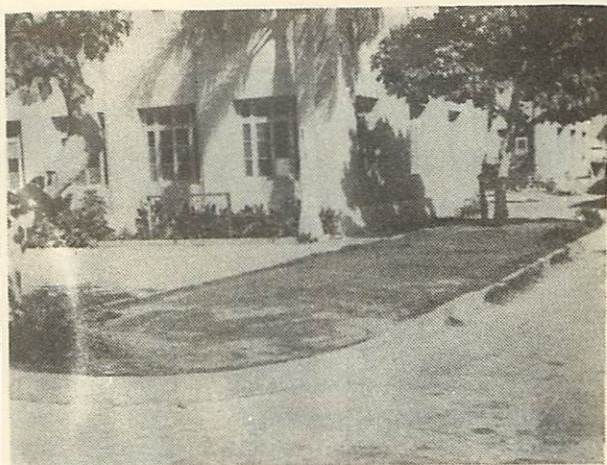
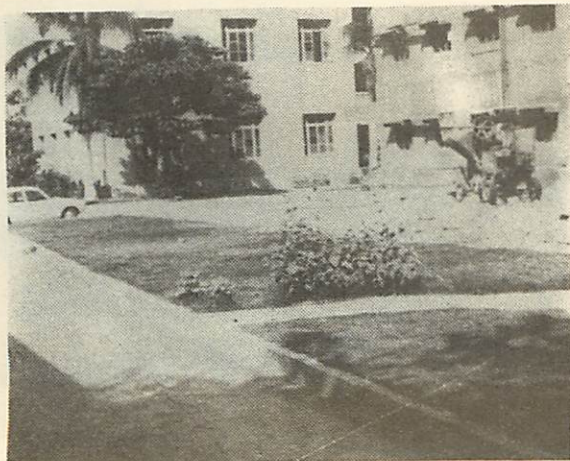




The Medico's corner.



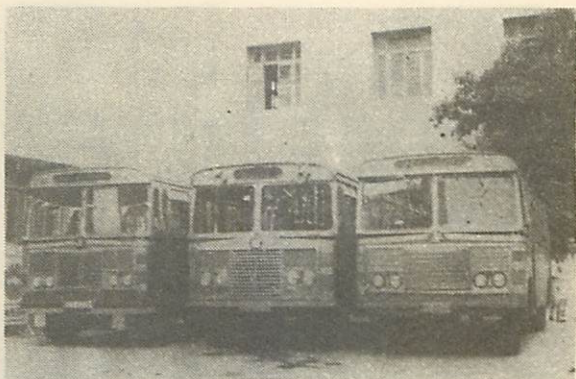
Prof. Waheed approves  
of the new  
snack corner.





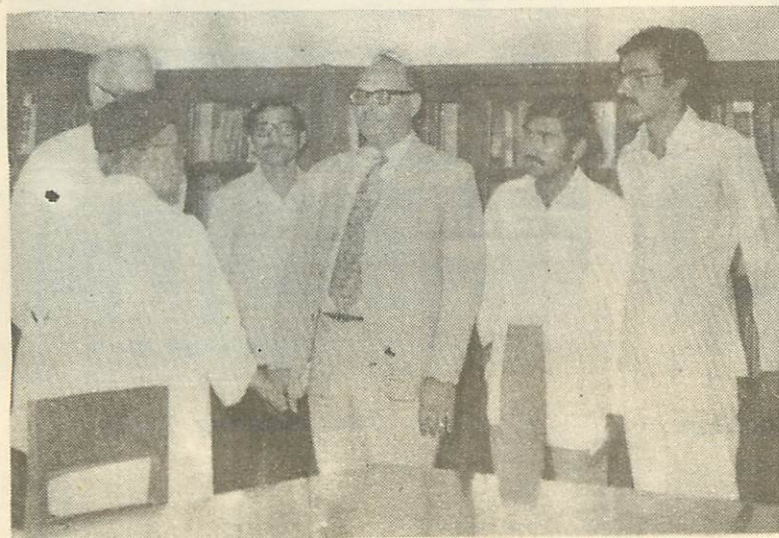
A part of the  
DMC bus fleet.

A bus again Sir.





The inauguration ceremony of the new library premises.



Prof Ansari explains.



Prof. Jaleesi inaugrates the Boys  
Common room.



The new lockers.



The reading Table.



Prof. Jaleesi recalls his master strokes.



May the best shot win.



The photocopier Banner flies high and wide.

Prof. M. Hassan  
inaugurates  
the photocopier.





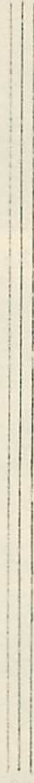
The photocopier.



Prof. Hasan receive  
the first photocopy

---

*With Compliments*  
*from*



**UNION BOOK STALL**

**M.A. Jinnah Road, Near Dow Medical College,**

**KARACHI.**

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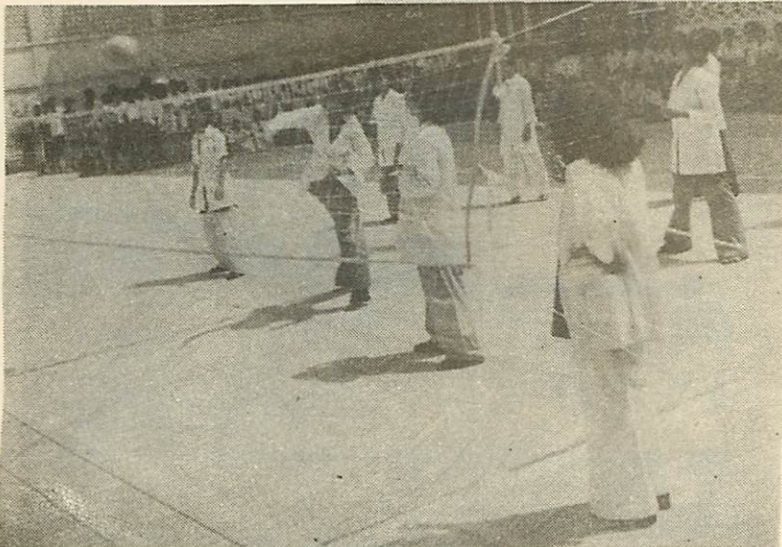


## Interclass Tournaments



*Neelofar Mahmood*  
in full action.

## *Softball*



Friendly Throwball  
match between D.M.C  
& Karachi College for  
Women.

*Football*



*Basketball*

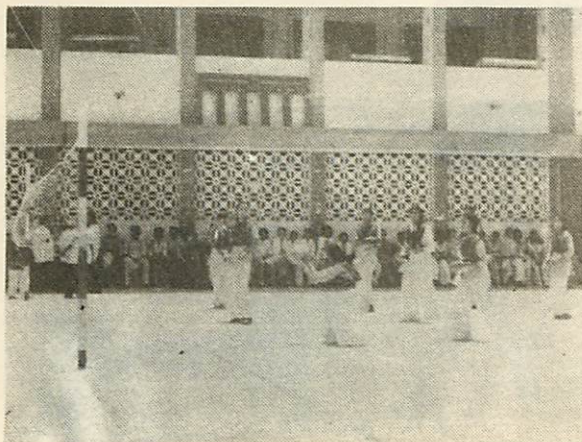
*Hockey*



Friendly Hockey match  
between  
*D.M.C & S.M.C*



Friendly Throwball match  
**DMC Vs Govt. College for Women.**

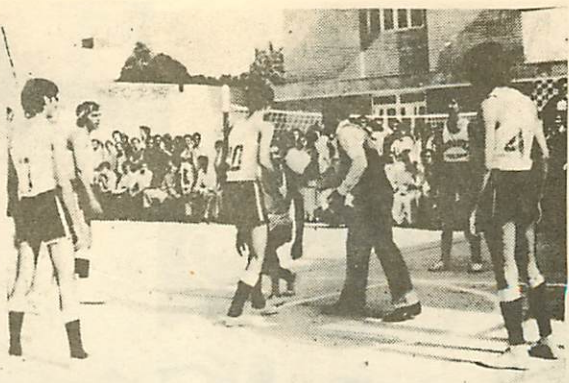


*Throwball*



Prof. Saleh Memon  
inaugurates the Inter  
medical College Table  
Tennis tournament.







Tariq Naizi of Nishtar medical college & Miss Fizzah, of PMC receive the Inter medical college trophies .

## PRIZE DISTRIBUTION CEREMONY



A view of annual prize distribution ceremony.

*Hashim Raza*  
receives the medal for  
the best sportsman of  
the year.



From R to L , Shaheen Farooqi, Nazish Masood, Farzana, Almas Israr,  
Zakia Habib recieving their certifiactas.



Khan Pervaiz Hadi, Pervaiz Iqbal Khalil, Kamreen Tareen, Jawaed Omar,  
and Omar Ahmed recieve their certificates.



Local Karate club members as guests.



D.M.C. Body Builders

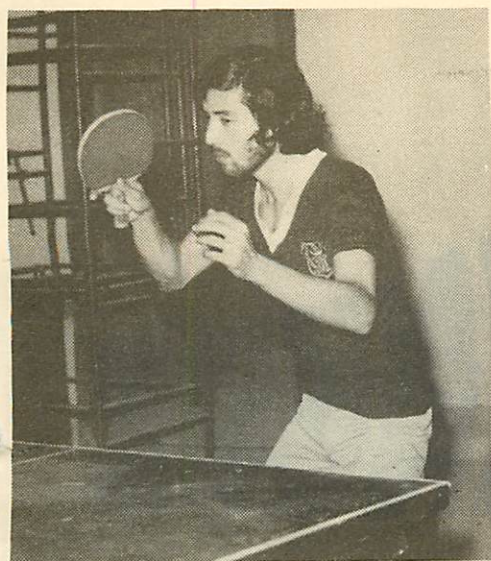


Shabid Malik (on left) the college champion

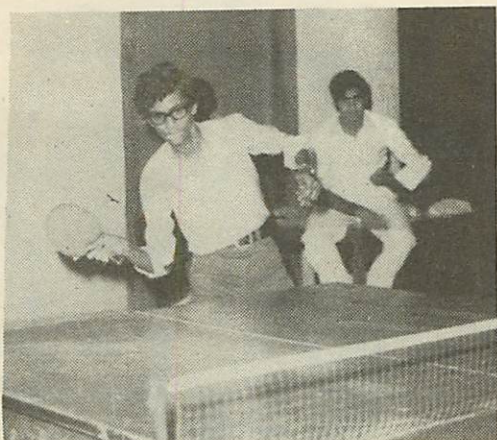


Spectators.

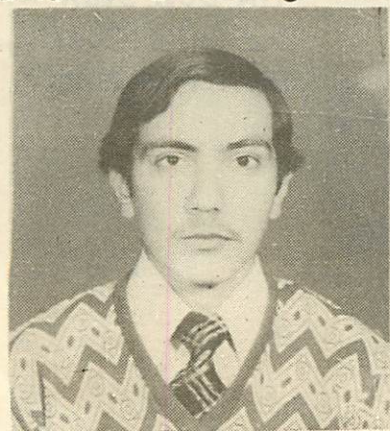




D.J. Thappa the college champion.



Naveed Akhtar who emerged as the best Table Tennis player in Intermedical college tournaments.



Yousuf Tan

Selected in K.U. Basket Ball team

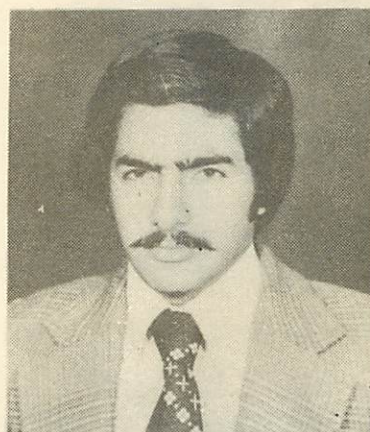
## Best Sportsman of the year



Hashim Raza

Best Athlete, Best swimmer

Best Diver. Selected in the university swimming & volleyball teams



Kamran Tareen

Selected in the Pakistan Universities Swimming team

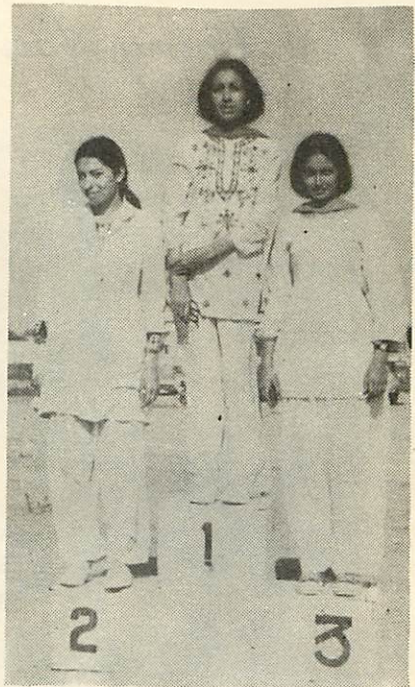


Start of 1500 metres.

The Dow Staff with  
the Chief Guest —  
Dr. A. M. Ajsakı.



Miss Margis Shah tops long jump.



Miss Zakia Habib,  
Miss Asma Sharief and  
Miss Sadia Wahid,  
winners of high Jump.





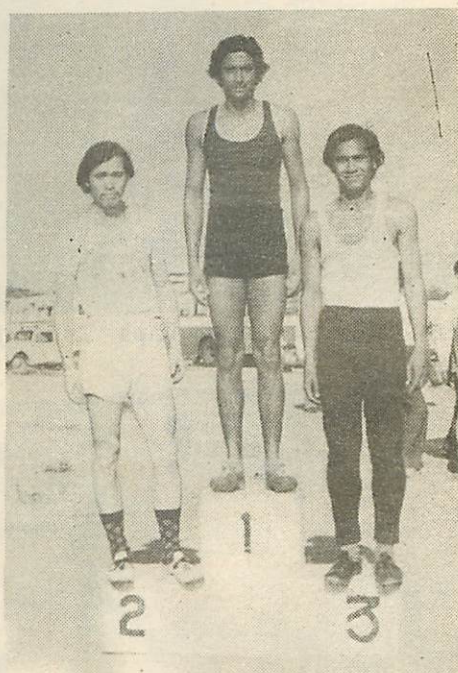
An almighty effort by  
*Yasmin Jamshed*



The apple race.



Prof. Umar, Prof. Jaleesi and  
Prof. Sharief winners of  
Staff members race.



Hafeezuddin, Mashim Raza and  
Asghar winners of  
110 meters hurdles.



Dr. Ali Mohd Ansari. Shariq Moinuddin welcomes the guests.

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Miss Asma Sharief, Miss Sadia Wahid, Asghar and Shiraz receive their prizes from Dr. Ali Mohd Ansari (Annual Sports).



SPORTS

GLIMPSES



*for a beautiful complexion  
and a flower-fresh face*



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*3 attractive colours: white-pink-green  
3 delightful perfumes*



TTS 1/75

**Chairman of Social Section**



**Professor M. A. QAYUM**  
*F.R.C.S., D.L.O., D.O., (Eng.) FACS, FICS,*  
*Professor of Ear Nose and Throat*  
*Dow Medical College and*  
*Civil Hospital Karachi*





Ejaz the winner of stage acting competition.

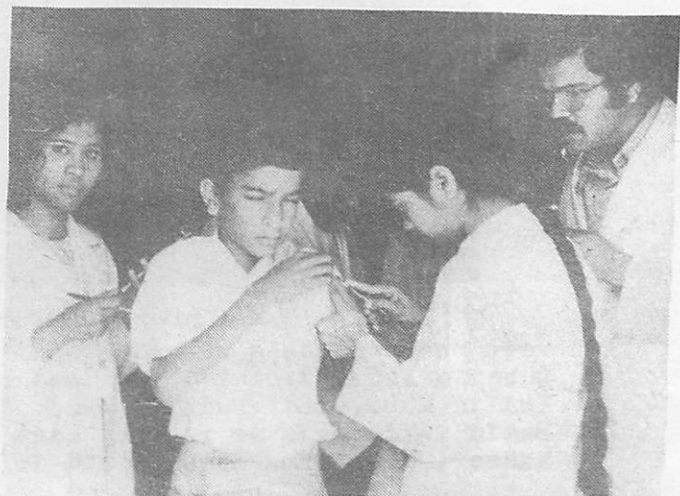


The Cloth collected for very poor mother's neonates handed over to Prof. Madam Zubeida Aziz, From L to R, Saad Bashir, Nadeem Nasir, Khalid Mohd, Afif Budair, Madam Z.AZIZ, Prof. madam Z.Aziz, Hamid Zaki, Aziz ur rehman, Miss Sabba Qadeer, Khalid Naseer, Miss Uzma Hussain and Arjumand Faisal.

Afif Budair leads  
fruit distribution  
campaign in Paediatric  
ward.

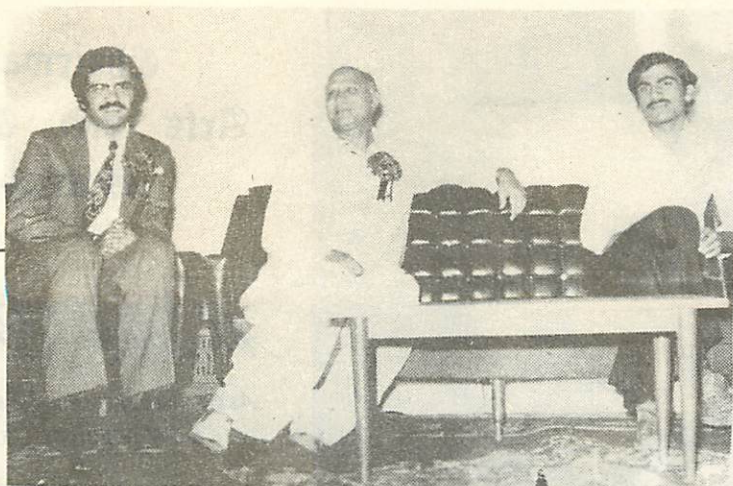


Vaccination



campaign.

PRE-CLINICAL



GET TOGETHER





Chairman  
Arts and Crafts  
Society

*Madam Parveen*

Asstt. Professor of Pathology,  
Dow Medical College

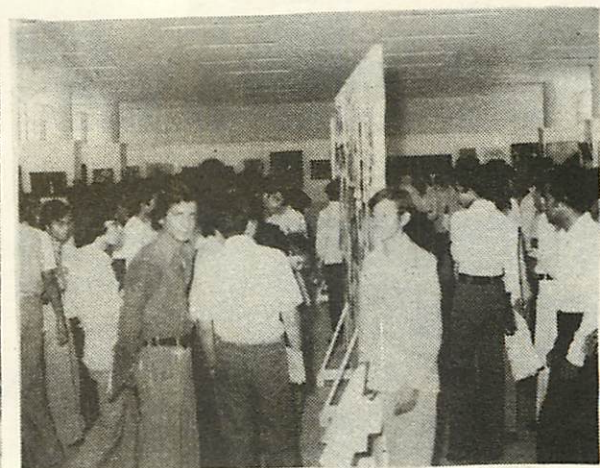
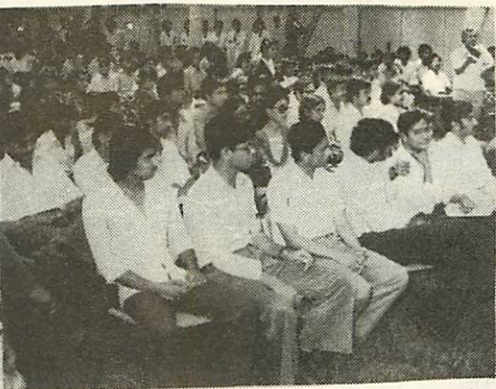
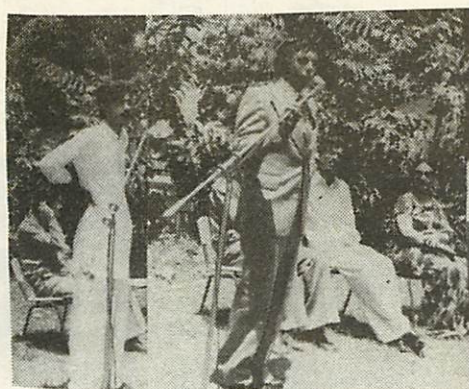
## ARTS & CRAFTS EXHIBITION



Mr. Abaul Jabbar Khamisani the Chief Guest at Arts and Crafts exhibition.



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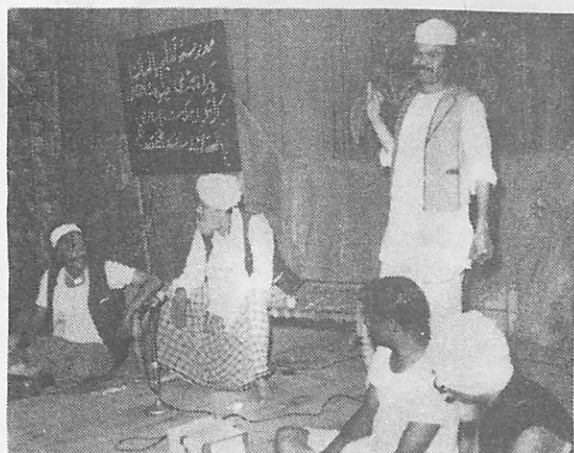


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Annual Drama **TALEEM E BALEGHAN** staged by radio artists group.



Taleem e Baleghan.

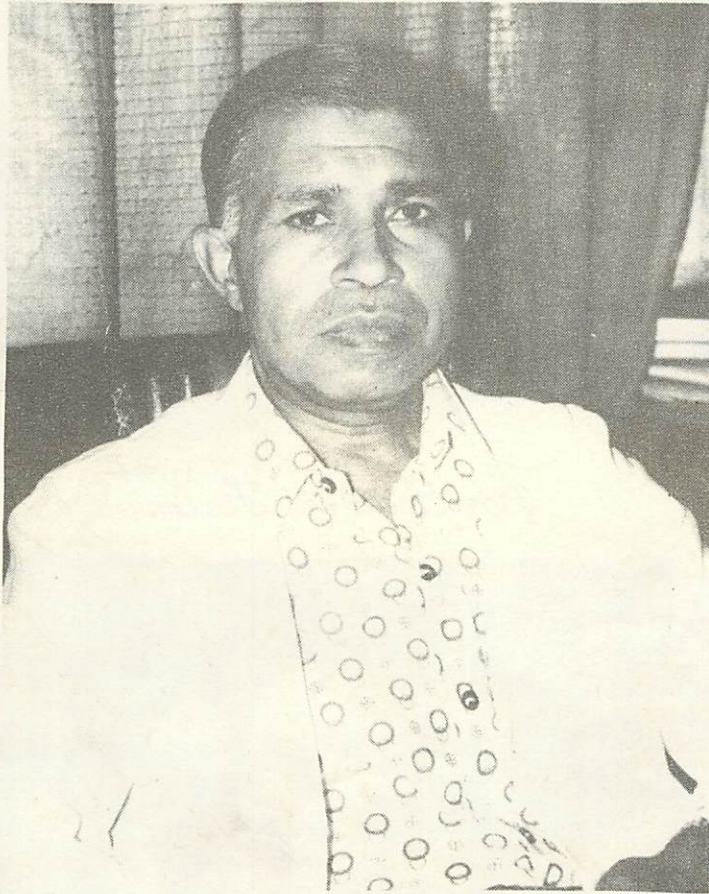


Taleem e Baleghan.



The audience enjoying themselves.

**Chairman Literary & Debating Society**



**DR. SHARIF**  
**M.B.B.S., M.R.C.P.**  
**Asst. Prof. of Cardiology**  
**Dow Medical College and**  
**Civil Hospital Karachi.**

*Members of Lit. and Deb. Society*



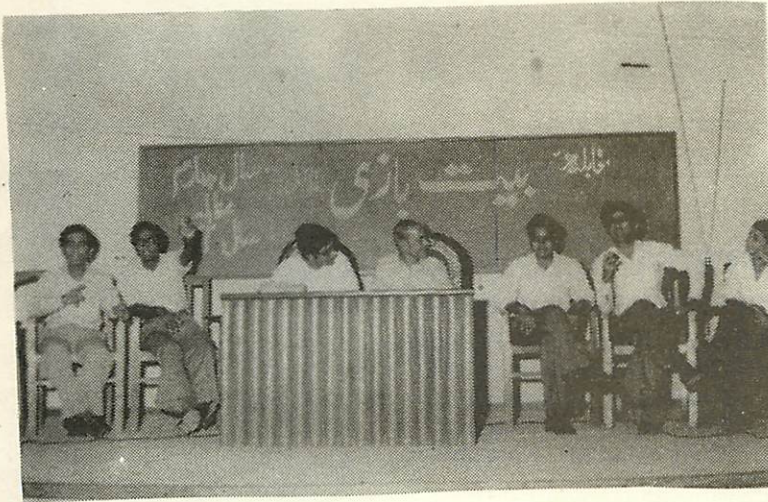
*Low Speakers Forum*







Surg. Mushtaq and Dr. Babar Zaidi with the English Debators, From L to R, Zia Moiz, Asim Hassain, Miss Sahba Qadeer, Miss Shahnaz Somjee and Shabab Jawaid (Litt and Debating Sec).



BAITE BAZI in progress.

Prof. Noor Elahi chairs the Inter class Qirat competition.





## Chairman Dow Gazette

Dr. IRSHAD WAHEED

MBBS, FRCS, FICS.

Asstt. Professor of Surgery Dow Medical College and  
**Tour** Civil Hospital, Karachi

## Chairman Clinical Society

PROFESSOR KHWAJA MOIN AHMAD

M.B.B.S. (Kar.) F.R.C.P., (Edin)

F.C.P.S., D.T.M. & H., (Eng.)

Professor of Medicine,  
Dow Medical College &  
Civil Hospital, Karachi.