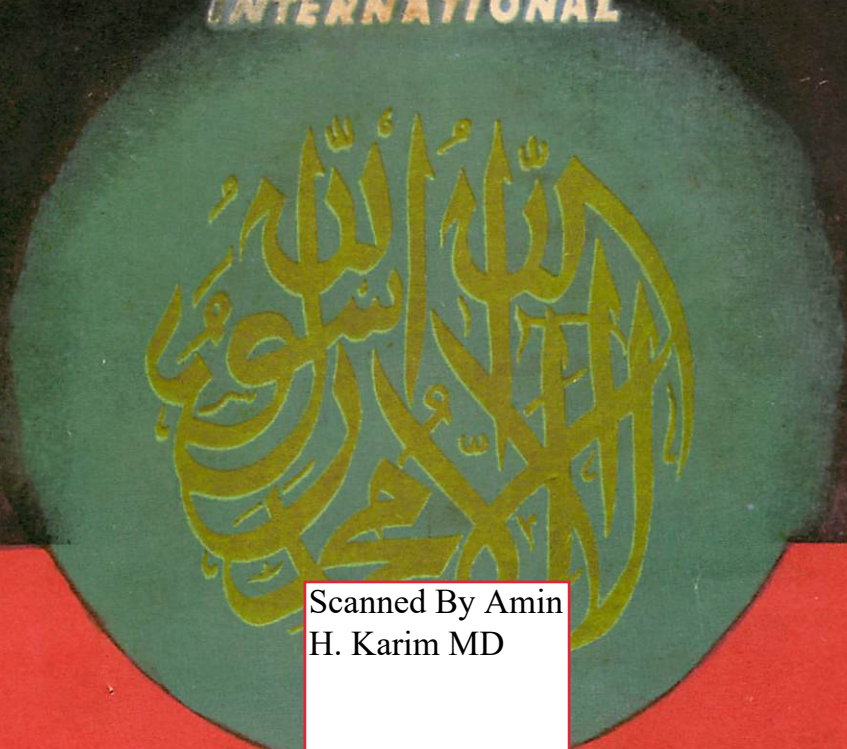


# DOWLITE

INTERNATIONAL



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QUAID-E-AZAM  
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IN THE NAME OF ALLAH

*6* *ced* *16* *y*

THE BENEFICIENT  
THE MERCIFUL  
THE WISE  
THE MIGHTY  
THE COMPASSIONATE  
THE OFT-RETURNING  
THE LORD OF RETRIBUTION

*17*

LIBERTY

LET US DARE TO READ, THINK, SPEAK, AND WRITE  
WORDS ARE THE ONLY THINGS THAT LAST FOREVER  
TO LIMIT THE PRESS IS TO INSULT A NATION.  
THE DECLINE OF LITERATURE INDICATES THE DECLINE OF A NATION.  
THE PAPER BURNS BUT THE WORDS FLY AWAY  
WITHOUT FREEDOM OF THOUGHT THERE CAN BE NO SUCH THING AS  
WISDOM, AND NO SUCH THING AS PUBLIC LIBERTY  
GIVE ME LIBERTY OR GIVE ME DEATH.



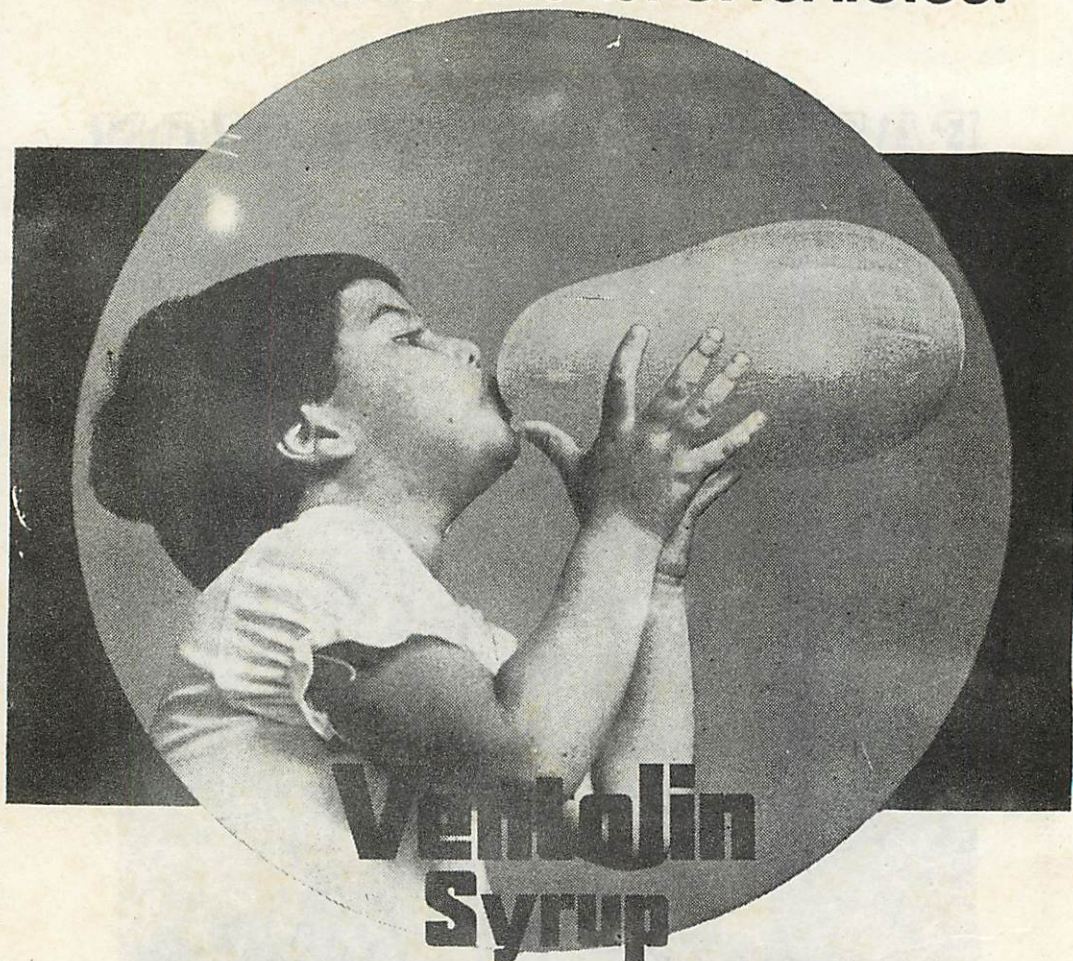
**FATHER OF NATION**



**QUAID E AZAM**



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*(British Medical Journal, 1975, 1, 413)*

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DCWLITE

INTERMEDIARY

1976-77

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EDITOR-IN-CHIEF  
Abdul Jawad Sheikh.

COVER DESIGN  
Atiq Ahmed

Individual Articles do not necessarily represent  
the views of Editorial Board.

**DOW MEDICAL COLLEGE  
STUDENTS' UNION**



Our Patron



*Professor Abdul Wahid*

M. S. (Anat.), M. S. (Surg.), F.I.C.S.  
Patron DMCSU, Principal Dow Medical College, Karachi.



## Message

I pray.....

It is a matter of serious thinking when one tries to give a message for any publication. The routine expressions of satisfaction, pleasure or jubilation become at times frivolous. Having been associated with academic curricular and non-curricular activities for over three and one half decades; one has a lot to say about the prevailing conditions as compared to the past. An old man lives in his past, a middle-aged man lives in the present and a young man lives in his future and all live together and need integration. I, therefore, take solace and pray for the future of our younger generation. Inshallah with the help of the Almighty, it will be bright.

I congratulate the editor, workers, Committee members and office bearers of the Magazine section, who are bringing out, Dowlite, International 76- Quaid-e-Azam Souvenir. Special appreciation is due to the fact that this has been devoted to our Father of Nation Quaid-e-Azam Mohammad Ali Jinnah. It will go a long way in informing the young mind about our actual orientation, both inside and outside Pakistan. The dynamism of our great Quaid has been miraculously surviving the many hazards that have been befalling us and we have been able to come out of many precarious conditions.

I pray for the prosperity of the younger generation and the survival of the basic principles of justice and progressive wisdom of our students who will be able to win laurels of appreciation from our poor nation that they are going to serve.

( Prof: A. Wahid )

MS (Anat), MS (Surg), FICS, FCPS

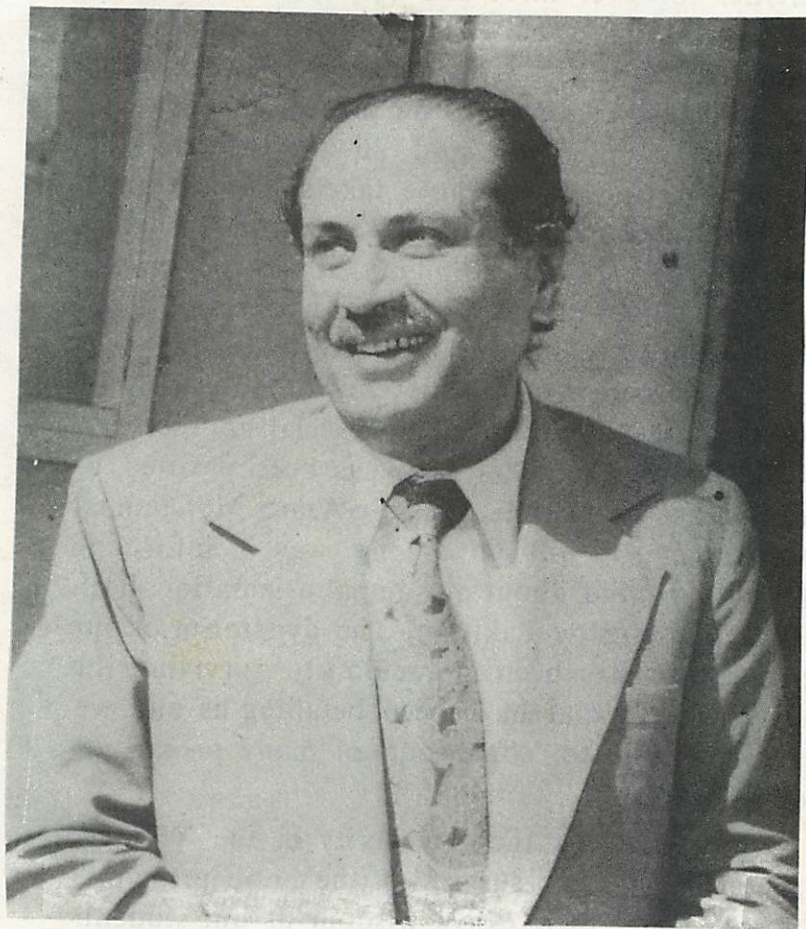
PRINCIPAL



Message

It is a matter of some importance when one tries to give a message of education. The routine examinations of the past have become a mere formality and not a test of the student's ability and not a test of his character for ever since and the past hundred years.

**Chairman**  
**Dowlite International**



*Professor Sateh Memon*

M.R.C.P. (Lon.), F.R.C.P. (Edin.)

M.R.C.P. (Glasgo). F.C.P.S.

*Prof. of Medicine, Dow Medical College and  
Civil Hospital, Karachi.*





# EPIC-FEAT

It is an epic feat and a remarkable matter that the english organ of Dow Medical College "Dowlite 76-77" is being entitled QUAID-E-AZAM SOUVENIR, to commemorate the birth centenary of the Father of the Nation.

I hope it will go a long way in inspiring the young generation to know still more about our beloved Quaid.

I congratulate the editor & the editorial board for arranging an essay competition on Quaid-e-Azam, as a mark of respect to the towering personality.

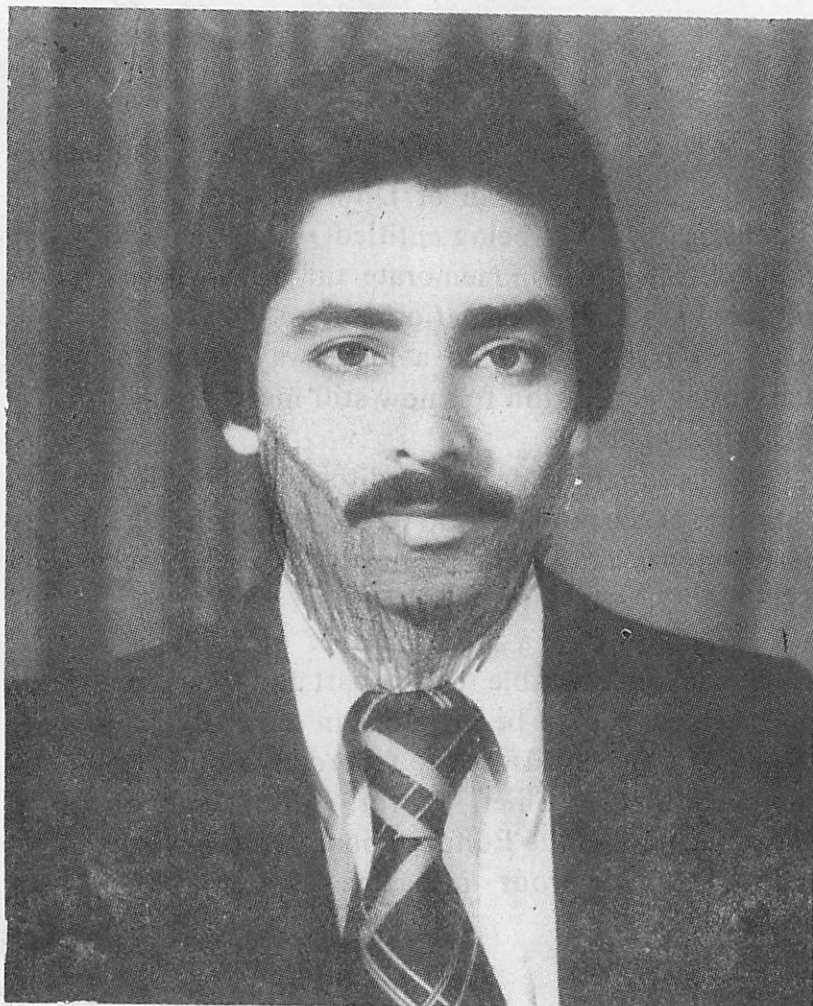
I feel that a large number of students and teachers would be able to take part and their articles & esteemed papers be included in this publication.

In the end I wish to record my appreciation on the effort of Chief Editor, Editors and of all his colleagues in the Editorial board who have made it possible for your megazine to achieve this standard.

Professor Saleh Memon  
CHAIRMAN "DOWLEIT 76,,"



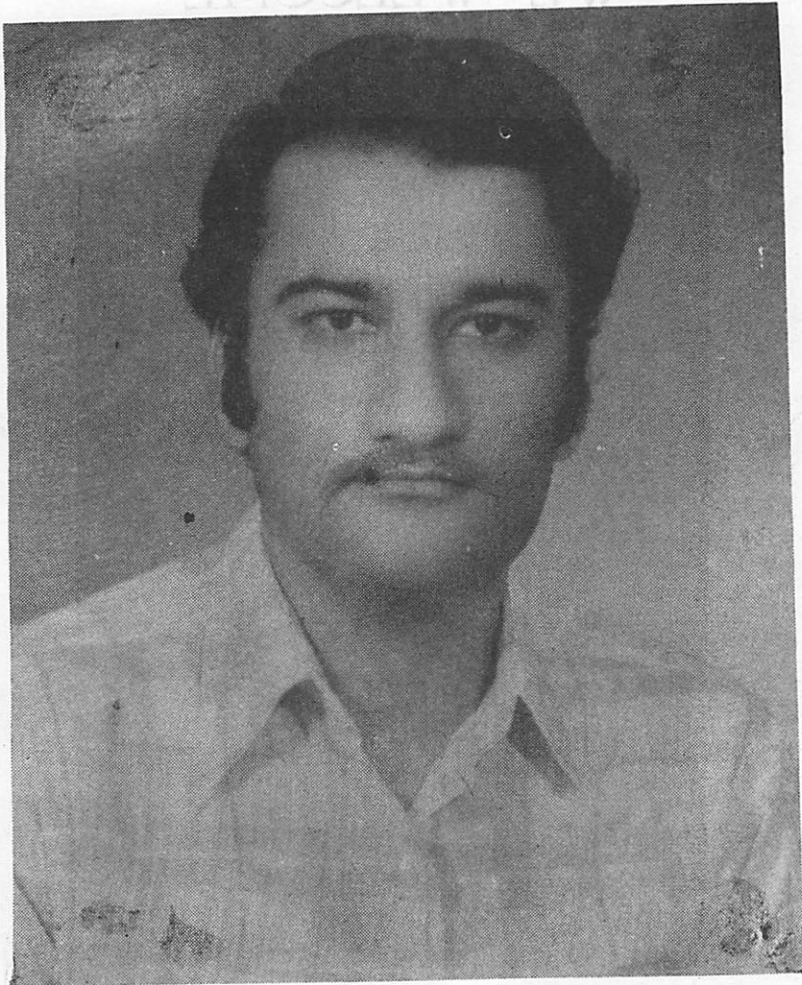
Our President



AZIZUR RAHMAN



General Secretary DMCSU



**Rafiq Awan**



Central Institute of Health Sciences

WE WELCOME

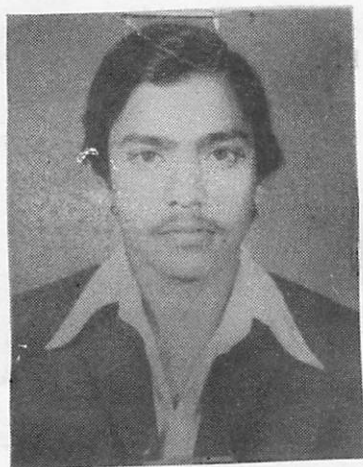


Prof. MAJEED MEMON,  
Gynaecology & Obstetrics.

Central Institute of Health Sciences



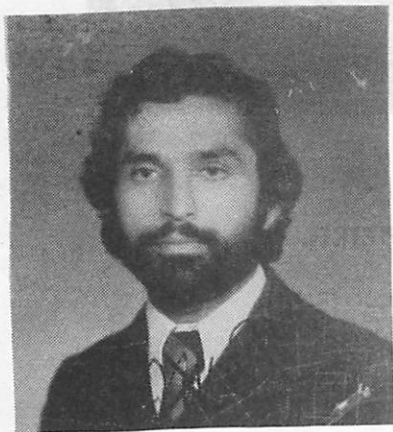
# They Stood Like Men



**AKBAR ALI KHAN**



**ANIS-UR-REHMAN**



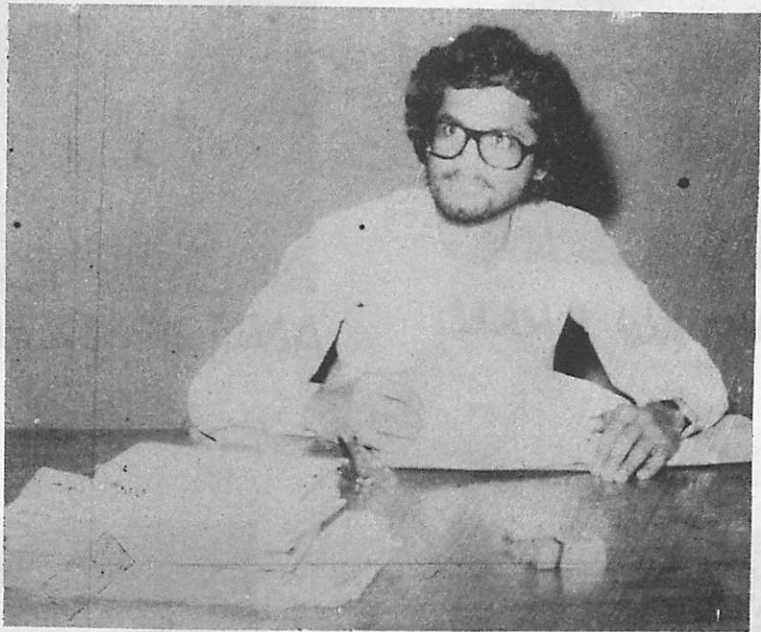
**OBAID-UR-REHMAN**



**RANA MAHMOOD**



Editor in-Chief



: ABDUL JAWAD SHEIKH



# Editorial

By the Grace of Allah we present Dowlite, of a standard, we hope, worthy of our institution. It has been a challenging task, but with all the sincere helping hands around, it seemed trivial.

This year it is an honour for Dowlite to be entitled Quaid-e-Azam Jubilee to commemorate the centenary of Father of the Nation.

Unity, Faith, Discipline was the motto he gave us. Today, more than ever before, we need discipline in our ranks. The national life is in disarray and is disjointed. The body politic of the nation is stagnant on the surface due to apparent limitations but is seething underneath. Is it all because we have gone panicky due to disorderly behaviour of some of us, and forgotten our roles, our discipline.

Let discipline reign supreme in this regard. For due to lack of it we have seen dismemberment of our beloved country, the country that Quaid-e-Azam gave us. Let us all play our respective roles & not overstep, for only through this discipline can the survival and glory of the motherland be assured.

Verily never  
Will Allah change the condition  
Of a people until they  
Change it themselves

(Al-Quran 13 : 11)

ABDUL JAWAD SHEIKH  
Editor in Chief  
ABU BAKR SHEIKH  
Editor.



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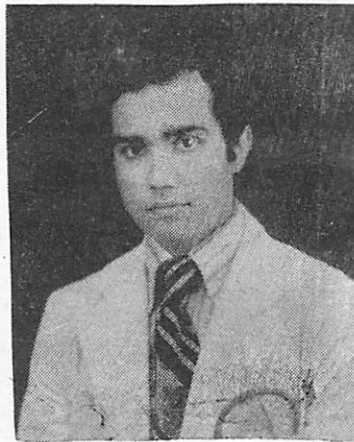
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ABU-BAKR SHEIKH



SHAHNAZ SCMJI



KHALID ISMAIL



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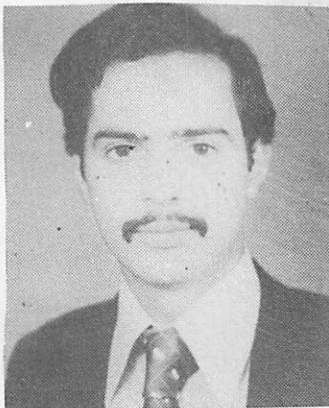
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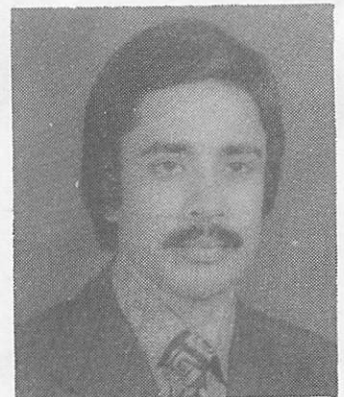
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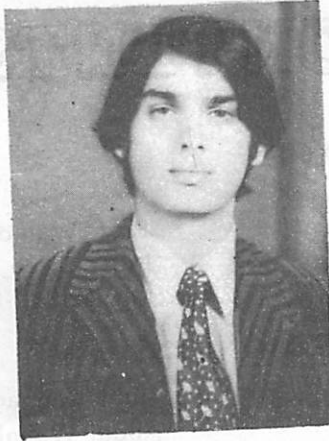


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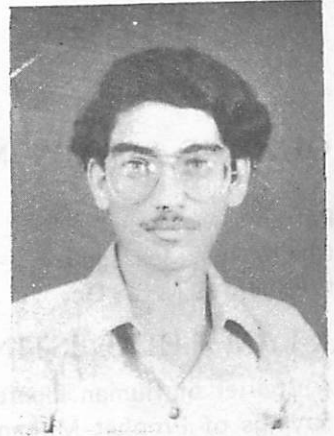
# Magazine Committee



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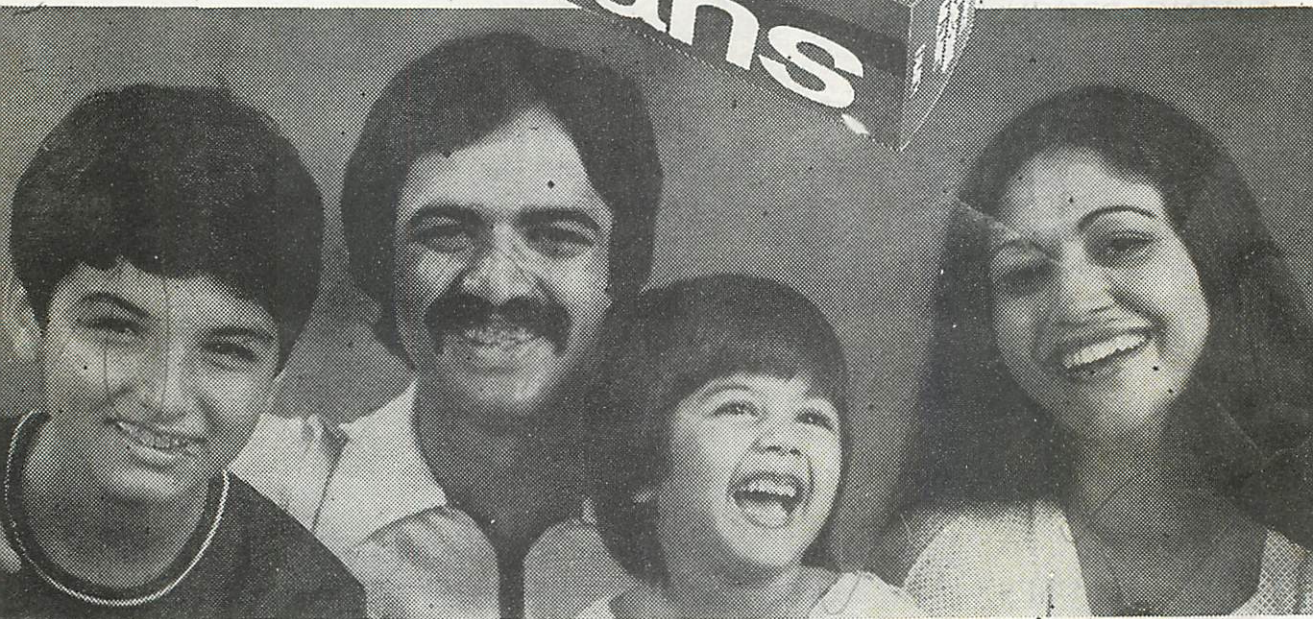
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STATE DEPARTMENT OF MARITIME  
STEAMSHIP OF MANILA



# Al-Fatihah: A Charter of Human Liberty

ALTAF GAUHAR

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ  
الْحَمْدُ لِلَّهِ رَبِّ الْعَالَمِينَ

غَيْرِ الْمَغْضُوبِ عَلَيْهِمْ وَلَا الضَّالِّينَ  
(الْفَاتِحَةُ)

A LONELY wanderer in the darkness of night sees a sudden light - a flicker which develops into a radiant beam as he advances towards it. This is now the mind groping for expression discovers the right word. It is not just an intellectual exercise but an effort in which the whole being of man is involved; his instincts, reason, emotions, hopes and fears keep striking against his mind till the spark is produced.

This spark sometimes turns into a miraculous ray of light which illumines some dark corner of reality. The poet gets his word and it is inspiration. The Prophet gets his vision under Divine guidance, and it is revelation. The difference is that the Prophet's expres-

sion, unlike the poet's, is not merely appropriate or original, it bears an indelible seal of perfection.

Al-Fatihah, the opening chapter of the Quran, represents man's discovery of perfect expression in a moment of awareness of reality. Commentators have referred to it as 'the prayer', 'the essence', and 'the foundation' of the Quran.

وَلَقَدْ آتَيْنَاكَ سَبْعًا مِّنَ  
الْمَثَانِي وَآتَيْنَاكَ الْقُرْآنَ الْعَظِيمَ

"And We have given you the seven

oft-repeated verses and the glorious Quran". (15:87)

It is generally believed that 'the seven oft-repeated verses' refer to surah Al-Fatihah. Abul Kalam Azad devoted more than two hundred pages of Tarjuman-ul-Quran to explain the meanings of these verses. Here I have adopted some of his comments with gratitude and respect. Let me first attempt a translation of this Surah :

In the Name of God, the Merciful, the Compassionate.

"All praise to Allah Who creates and sustains the worlds.

His Grace is unabounding, His Mercy infinite.

Master of the Day of Judgement.

We worship You alone and to You alone we turn for help.

Guide us on the straight path.

The path of those whom You blessed; not of those who went astray and incurred Your wrath."

According to authentic opinion it is the first complete surah which was revealed to the Prophet during the earliest days of his mission. The introductory note on this surah in Tafheemul Quran contains the following :1

This surah is, in fact, a prayer. It is placed in the beginning so that we may recite it to seek help as we begin to study the Quran. We pray for what we want and we address our prayer to the One Who is in a position to grant it. The reader takes up the Quran with the attitude of a person looking for guidance and he prays to God to show him the right path. Surah Al-Fatihah is not an introduction to the Quran. It is man's prayer to God and the Quran is

God's response to that prayer. "God Almighty, guide me", says man. "Here is the Book of truth for your guidance", answers God.

The divine attributes of mercy and compassion are extolled in the introductory verse.

The first verse appeals to God, to Whom all praise is due, as the God of the universe, not of any particular race, or nation. He creates and nourishes the worlds and ensures their development to a state of perfection according to laws directed to serve a divine purpose and in a universal framework which is characterized by balance, moderation, tolerance, beauty and charity.

The second verse mentions the two attributes which sustain all that is created by God - grace and mercy, both infinite and inexhaustible. These attributes save man from the continuing effects of his lapses and transgressions and maintain the balance in favour of good.

In the third verse, we come to the point of final judgement on man's conduct. You get what you earn. This establishes the principle of accountability.

Here I should introduce briefly the Quranic view of good and evil. Good is not dependent on form or ritual.

Virtue does not mean turning your face eastward or westward in the prayer.

It means belief in God, in the hereafter, in the angels, in the prophets of God, and in divine revelations.

It requires looking after poor relations, helping the needy, the indigent, the way-farer and the orphan and setting



slaves at liberty for the love of God. Be earnest in the prayer and offer regular charity.

Those who honour their word, remain patient in distress and steadfast in their struggle against evil are truly faithful and virtuous." (2:177)

Evil takes many forms but it always contains some element of transgression, excess, waste, mis-application or disorder and implies deliberate pursuit of these ends.

The struggle between good and evil is decided according to the law of requital, which is subordinate to the divine purpose that good must ultimately outweigh evil and falsehood must yield place to truth. Without this not only would the essential balance be disturbed, the whole object of creation would be frustrated. The law of requital is in operation all the time but the final determination awaits the Day of Judgment when God as judge and master will 'decide the issue'. The concept of the hereafter is inseparable from the process of evolution. It is arbitrary to assume that this process which governs growth and decay, selection and survival, generation and regeneration at different levels of existence should come to an abrupt and final end in physical death.

The fourth verse is a charter of human liberty and dignity. Man enters into a covenant with God, which excludes all intermediaries, helpers and other masters. He breaks off all bonds of subservience at one stroke and proclaims that to God alone will he bow in obedience and to Him alone will he turn for help. I remember vividly the moment when I first realized the significance of this verse. "We worship You alone, and to You alone we turn for help." It was a dramatic

moment of freedom, a moment in which fear disappeared and within me I felt a resurgence of confidence and faith.

Hegel rejected an objective God on the ground that such a presence stimulated fear, cowardice and selfishness. He described the relation between an existent God and man on the basis of his master-slave doctrine. If we assume that divine existence must always encourage slavish sentiments how would we explain the fact that belief in God has so often inspired man to rise to great heights of independence, fortitude and courage? A direct God-man covenant liberates man and relieves him of all those considerations which should compel him to enter into a chain of master-slave relationships with other men. The God-man covenant is thus a covenant of freedom, which supersedes all other relations and covenants. This in essence, is the message of this verse.

This surah is divided into two movements, the first of which culminates in the third verse followed by an affirmation of relationship in the fourth, bringing man into direct communion with God, and in the last three verses man makes his choice in favour of good.

He beseeches God for guidance in the fifth verse. Man has his instincts, his senses, and his reason to help him, but exposed as he is to temptation and fear he seeks divine revelation for his guidance and protection.

In the last two verses man places himself in the mirrors of time, sees what would happen to him if he is led astray and prays devoutly that he may be guided on the right path, the path of those who are blessed.

What is the right path? Abdullah Bin Masud (R.A.) reports:

"The Prophet drew a straight line with his finger and said, 'Let us say this is the path of God'. He then drew on either side

of it a number of lines at different angles. 'These are the other ways and behind each one of these is a demon beckoning the unwary', observed the prophet (may peace be upon him)".

## **THERE IS NO COMPULSION IN ISLAM**

In religion there is no compulsion  
Right stands distinguished from wrong  
Those who repel TAGHUT  
And repose their trust in God  
Acquire lasting and unbending support  
For God hears and knows all  
He guides and comforts them  
And brings them out of darkness  
And leads them into light  
Those who choose the path of defiance  
Become subservient to the minions of TAGHUT  
Who drive them away from light  
And plunge them into darkness  
They are destined for the fire  
Where they shall for-ever reside.

( 2 : 256 - 257 )



# Sayings of Drophet Muhammad

ABDUL WAHAB SHEIKH

III year

PHILOSOPHER, ORATER, APOSTLE, LEGISLATOR, CONQUEROR OF IDEAS, RESTORER OF RATIONAL DOGMAS OF A CULT WITHOUT IMAGES, THE FOUNDER OF TWENTY TERRESTRIAL EMPIRES AND ONE SPIRITNAL EMPIRE, THAT IS MUHAMMED. AS REGARDS ALL STANDARDS BY WHICH HUMAN GREATNESS MAY BE MEASURED, WE MAY WELL ASK IS THERE ANYMAN GREATER THAN HE?

(LEMARTINE)

## COURTESY AND GOOD BEHAVIOUR :

1. There is no greater wisdom than foresight, no greater piety than abstemiousness; no greater goodness than good behaviour.
2. Accept an invitation, do not reject a gift and do not strike your fellows :

## HOSPITALITY :

1. The worst wedding feast is that from which you exclude those who would willingly come and invite those who would rather stay away.
2. It is a part of good behaviour to accompany the departing guest to the door.

## DRESS :

1. Dress well and caparison your mounts well, so that you may be distinguished among peoples.
2. Wear loose trousers because they cover limbs effectively; urge the women to do the same when they go out.

## KINDNESS :

1. He who has it within his power to confer a benefit upon his brothers should do so.
2. Associate with the poor and show them affection.

## CHARITY :

1. Every good act is a part of charity.
2. The best charity is to promote good will between people.
3. What I like best is feeding a hungry person in want, or relieving a person of his debt or fine or affliction.

## MARRIAGE :

1. Give women in marriage to men they approve of.

2. Wedlock is my way. He who turns away from my way is not mine.
3. He who has two wives and is inclined wholly towards one of them will have half of his body paralysed on the day of judgement.
4. A seeker after knowledge among the ignorant is like a living person among the dead.
5. A scholar among the virtuous is like a moon among the stars.
6. Greed robs wisdom from the mind of the learned.

#### JUSTICE :

1. You may ward off punishments sparingly, but it is not permissible for a ruler to abolish them altogether.
2. The hand of Allah supports the judge when he proclaims justice and the distributor of charity when he distributes.

#### SIMPLE LIFE :

1. Poverty is my pride.
2. Disinclination towards the world consoles the heart and comforts the body; to desire it makes both uneasy.
3. Pedigree is wealth and piety is nobility.

#### KNOWLEDGE AND RESEARCH :

1. The quest of knowledge is obligatory for every muslim:
2. Seeking knowledge ranks higher than workship.
3. Knowledge concealed is knowledge lost.

#### ANGER AND RESTRAINT :

1. Do not give way to anger.
2. Anger spoils faith as aloe spoils honey.

#### MERCY :

1. Mercifulness is not denied to any one except the unfortunate.

#### MODESTY :

1. Modesty is part of faith.
2. Each faith is characterised by some moral quality the characteristics of Islam is modesty.
3. Modesty and brevity of speech are two characteristics of faith while immodesty and garrulity are two signs of hypocrisy.

## ISLAM... THE DESTINY OF MANKIND

IF ANY RELIGION HAS THE CHANCE OF RULING OVER ENGLAND, NAY EUROPE. WITHIN THE NEXT HUNDRED YEARS, IT CAN ONLY BE ISLAM. I HAVE ALWAYS HELD THE RELIGION OF MUHAMMED IN HIGH ESTIMATION BECAUSE OF ITS WONDERFULL VITALITY. IT IS THE ONLY RELIGION WHICH APPEARS TO ME TO POSSESS THE ASSIMILATING CAPABILITY TO THE CHANGE PHASE OF EXISTENCE, WITH CAN MAKE ITS APPEAL TO EVERY AGE.

GEORGE BERNARD SHAW



# March To Purity

By: BAQAR ALI  
1st year M.B.B.S.

Even before the birth of the Prophet, God did speak in the wide expanse of deserts, in the stern grandeur of rocks, in the refreshing flow of streams and the smiling bloom of gardens.

Glory to God, full of grace and mercy. He created all, including man, endowed him with understanding, purified his affections and gave him spiritual insight so that man should understand nature and himself and know God through his wondering signs, and glorify him in truth reverence and unity.

But even with the gift of understanding the ancient man was lost in darkness. Though created in the best of moulds, man fell from purity when his will was warped and he chose the crooked path of discord and sorrow, selfishness and degradation, ignorance and hatred, despair and unbelief.

Man poisoned his life and he saw shapes of evil in the physical, moral and spiritual world and in himself. Only then did his soul rise against himself. His self discord made discord between kith and kin. Men began to fear the strong and oppress the weak, to boast in prosperity and curse in

adversity, for the truth and reality of unity was gone from their minds.

As men spread themselves over the earth and became many nations speaking diverse languages and observing diverse customs and laws the evils also multiplied as one race became alienated from the other.

The brother hood of man was now doubly forgotten. First between individuals and then between nations. Arrogance, selfishness and untruth were sown and reaped in larger fields. Peace, Faith, love and Justice were obscured to masses of men as large tracts of land are starved of sunshine by clouds floating high in the sky.

But God, in his infinite mercy and love who forgives and guides individuals and nations and turns to good even what seems to us evil, never forsakes the struggling soul that turns to him. Nor the nations that dwell in mountains and valleys, in regions fertile or arid, in heat or cold. For all are the creation of God and share his loving care and must be brought within the pale of his eternal unity and harmony.

Thus this light of eternal unity has shone

in all ages and among all nations by the chosen Apostles of God who came to men to dwell with them and share their joys and sorrows; to suffer for them and with them and in fact to suffer more than falls to the lot of ordinary mortals. And all this so that their message and life might fulfil the eternal and unchanging purpose of the most high to lead man to the noblest destiny.

Many were the forms in which the message was delivered, according to the needs of the times and the understanding of the people and manifold was the response of the people but they all witnessed one truth of God's unity, might, grace and love.

As the memory of man is short and his records imperfect thus the names of many of the messengers are known in one place and not in another, or among one people and not among others, while some of the names have perished utterly. But despite all this the message stands one and indivisible even though it might have been forgotten or twisted by ignorance error, superstition or perversity or mis understood in the blinding light of time or tortuous circumstances.

Many were the faiths in the composite world of Asia, Africa and Europe and many were the fragments of ancient wisdom saved, transformed, renewed or mingled.

But at length came the time when in the heart of the deserts in the sacred city of

pagan Arabia, among people steeped in ignorance was born the comely child, noble of birth but nobler still in the grace and wisdom of human love and understanding the noblest of the prophets MUHAMMED (peace be upon him).

He lived and worked with the pasture folk and with no learning he put to shame the wisdom of the learned.

Not till the age of forty did he receive the commission to stand forth and proclaim the bounty of God and his gift to lowly man.

For twenty three years in patience, conflict, code and final triumph did the man of God receive and teach the message of the most high. It came like the fruit of the souls own yearning to teach profound spiritual truths, answer questions, appeal to men in their doubts and fears, help and put heart in them in moments of trial and ordain for them laws by which they could live lives of purity, goodness and peace in society.

These messages came as inspirations to Muhammed as the need arose on different occasions and in different places, he recited them and they were recorded by pen, and were imprinted on the heart, mind and memory of his loving disciples. As the body of sacred scripture grew it was arranged for the purpose of public prayer and reading. This is the Book, The Holy Quran.



# Quran And Creation Of Man

SHAKEEL AHMED

V year

The Holy Quran is not only a religious book, a torch giving us the light of faith and guiding us upon the straight path of Islam; but also a system and code of life that doesn't leave out any field of human life to be ruled rough shod by satanic forces. Further more it is the most modern and scientific book which contain Divine Guidance for man'nd for all times and in all phases of life: material as well as Spiritual.

Yes, it is definitely a scientific book. In the paragraphs that fellow we will discuss the scientific aspect of Holy Quran.

As a matter of fact the Holy Quran is based on Scientific and ultra-scientific ideas, but for the convenience or description we take a single topic. The most important and basic one.

## THE CREATION OF MAN

According to the modern views about beginning of life, there are two theories:

- a) Theory of special creation.
- b) Theory of organic evolution.

### A. THEORY OF SPECIAL CREATION:

This theory maintains that each kind of animal came into existence in the form in which it exists today, and it was especially designed to suit the conditions under which it was placed.

### B. THEORY OF ORGANIC EVOLUTION:

This theory maintains that species are not immutable but are subject to change whereby one may give rise to another, and that all existing species are the modified descendants, of pre-existing ones.

Again a number of theories were put forward explaining the causes of evolution but none are entirely satisfactory. The three most important theories are as follows:-

1. LAMARCKIAN THEORY.
2. MUTATION THEORY OF DEVIRES.
3. DARWINIAN THEORY.

All above mentioned theories explain different views about evolution but these are only theories and not the Scientific facts.

On the contrary Quran gives us the Ultra-

modern and a clear idea about the evolution of life. It absolutely discards all the ideas of (Donkey's and Monkeys) and announces, that it is Allah who created you.

"The Beneficent, Hath made known the Quran He hath created the man."

(Al - Rahman 1-3)

It is further clarified as follows :

"He created man of clay like the potters". (Al - Rehman 14).

Some people may object, how man can be created by clay..... It is non scientific but it can be proved as scientific.

We know that all the things including human being are made up of Atoms of different elements. All these elements are from Earth not from Mars, therefore the human being is also from the clay of earth. Even a single particle of human body can't be proved that it is extra-elementary.

This Quranic theory of human creation cannot be discovered because if this is done then all the theories of atoms and electrons would become null and void.

Man Can't think of creating human life by combining the elements although he knows the exact ratio of these elements in human body.

Next the Allah made two from one :

"Who created you from a single soul and from it created its mate and from them twain hath spread abroad a multitude of men and women."

(Al Nisa - 1)

Again, the Holy Quran gives us the mechanism, and Physiology of pregnancy which cannot be challenged.

"He, it is who did create you from a single soul, and there from did make his mate that he might take rest in her and when he covered her she bare a light burden and she passed (unnoticed) with it, but when it became heavy they cried unto Allah, their Lord, saying "If those givest unto us a right sun we shall be thankful and we gave them a pretty child. (Al-Airaf - 189)"

We know that sperm is formed in the testis. According to embryology the testis develops from the mesothelium covering the medial part of the mesonephros on the dorsal abdominal wall i.e. between ribs and vertebral column. Then it descends gradually until the seventh month, when it suddenly and rapidly passes through the inguinal canal and gains the scrotum. The inner and vascular supply is also derived from similar point. In fact the testis is an abdominal organ (as in fish; amphibians; reptiles; birds, monotremes and even some may like elephant) but due to high intra-abdominal temperature they have been transferred into the scrotum - Further, it is also believed that the lower temp. Favour spermatogenesis.

The sperm after its formation in the testis is transferred into the seminal vesicles through Vas-Deferens. It is reflexly discharged into the posterior are the through spinal and cerebral centre. The semen is hence ejaculated by the rhythmic contraction of bulbo and ischio cavernous muscle.

This whole Anatomy and physiology is summarised in Quran as follows :

"He is created from a gushing fluid that issued from between the loins and ribs."

(Al - Tariq 6 - 7)



We also know that the human embryo is the result of conception of Qva and Spermatozoa. This fact is given as follows:

"Lo! we create man from a mixed drop"  
(Al-Dehir - 2)

No one knows the exact time of delivery but Allah who embedded the fertilised ovum in the safest place of the body.

"Did We not create you from a base fluid which we laid up in a safe abode for a known term?"

(Al - Murselat - 20 - 22)

Further stages of development have been illustrated as follows:-

"Then placed him as a drop (of seed) in a safe lodgim (Uterus). Then fashioned We the drop a clot then fashioned We the clot a little lump"

(Al - Mominon - 13 - 14)

"Which may be shapely or shapelless."  
(According to the stages of development)

(Al - Haj - 5)

"Then fashioned We the little lump bones, then clothed the bones with flesh and then produced it as another creation."

(Al - Mominon - 14)

This whole development occur within the uterus. According to the anatomy of uterus it is composed of 3 layers. From outwards these are;

1. PERIMETRIUM
2. MYOMETRIUM
3. ENDOMETRIUM

On the other hand foetus if self is enclosed within the three coverings:-

1. Uterus.
2. Chorion
3. Amnion

These scientific facts are beautiful summarized in the Holy Quran:

"He created you in the wombs of your mothers creation after creation in a three fold gloom"

(Al - Zumur - 6)

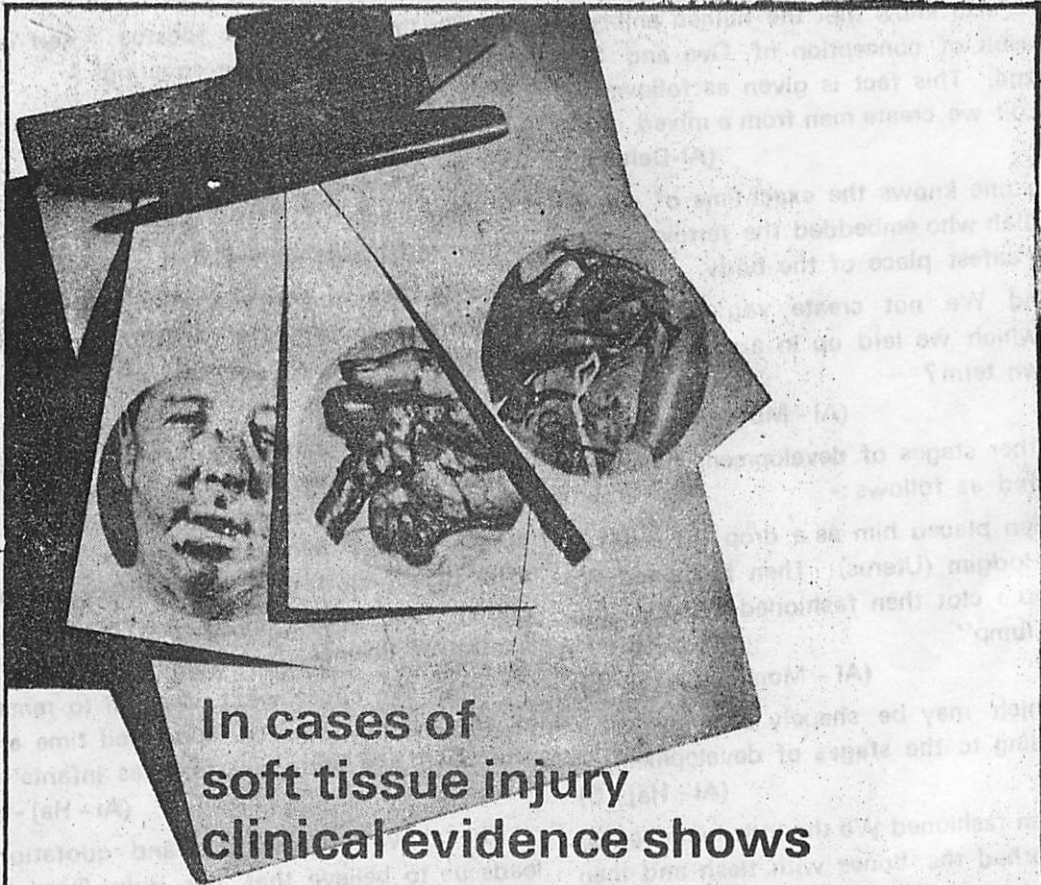
And finally something about the delivery. According to the scientific knowledge the duration of pregnancy is about 280 days or 40 weeks, but delivery may occur before or after that period or it may not occur altogether. All these things are beyond the control of Science.

"And We cause what We will to remain in the wombs for an appointed time and after ward we bring you forth as infants".

(Al - Haj - 5)

The above logical proofs and quotations leads us to believe that the Holy Quran is scientific besides being a scripture for spiritual upliftment.

May Allah enable us to follow the Holy Quran practically.



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- References
1. Boyne, P. S.; Medhurst, H. (1967) Practitioner 198:543
  2. Blonstein, J. L. (1967) Practitioner 198:547
  3. Lie, K. K. et al (1967) Surg, Gynec & Obst. 126:595
  4. Shaw, P. C. (1969) Brit. J. clin. Pract. 23:1:25



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# Quaid-e-Azam's Political Methods

By : Dr. ISHTIAQ HUSSAIN QURESHI

Former Vice Chancellor,  
Karachi University.

The Quaid-e-Azam was not a politician in the sense in which the term is used today. He was not crafty, he did not want to deceive anyone, and he never hit an opponent below the belt. Today anyone who follows a straight forward and honest policy in politics is dubbed as a simpleton. It has come to be believed that a successful politician must necessarily be unscrupulous. The Quaid-e-Azam, however, believed in the Islamic ethics of politics. The secret of his success lay in his sincerity, honesty and single minded devotion to the ideal that he put before himself and his people. Against him, were arrayed astute politicians like Mahatma Gandhi, experienced diplomats of the United Kingdom and some of his own people who had been duped by Congress promises. If the Quaid-e-Azam had entangled himself in the cobwebs of complicated and insincere diplomacy or politics, he could not have won even a single battle against those who were infinitely better equipped with all the craftiness that is needed in political make-believe. The Quaid-e-Azam cut the Gordian knot with the sword of honesty, plain speaking and sincerity.

The result was that he achieved such resounding success as has no parallel in history. Almost single handed with the support of a backward, ill-organised and undisciplined community, he was able to wrest victory in spite of the terrible odds against him. It was not an easy matter to mould an inexperienced and politically immature community into a nation demanding recognition and a homeland, particularly when there were many in the community itself who doubted the validity of the Quaid-e-Azam's arguments.

The Quaid-e-Azam was a democrat.. He was an able lawyer and he had a razor sharp intellect which was able to see through every attempt at deceiving him. With the lawyer's cold logic, he was able to analyse the issue correctly and put facts and claims into true perspective. That was the reason, why, neither Mahatma Gandhi's finesse nor the British attempts to turn him away from his objective succeeded. Indeed, being an able lawyer, he was able to detect the fallacy in every plausible scheme or argument advanced by his adversaries. This was



his great "forte" and completely confused men like Mahatma Gandhi, Jawahar Lal Nehru, Lord Mountbatten and Prime Minister Attlee. No one appreciates defeat and the Quaid-e-Azam's success created resentment which neither Hindu India nor the British have seen been able to overcome.

The Quaid-e-Azam was a great believer in constitutional propriety, justice and fair-play. In the meetings of the Working Committee of the Muslim League he permitted the expression of all opinions and patiently listened to every argument advanced in favour or against the proposals. Once, however, a decision had been reached, and this was done after full deliberations and discussion, the Quaid-e-Azam insisted upon everybody accepting it and did not permit any wayward dissent. This indeed is the essence of democracy and the Quaid-e-Azam fully understood its implications. He was like a true Muslim, a great believer in human rights and would not suppress the expression of any opinion. Once some one outside the Muslim League expressed an opinion publicly that was destructive of all Muslim am-

bitions. The Quaid-e-Azam said that though he disliked that opinion like poison, yet he would lay his life down to defend that right of the person concerned to express that opinion.

In short, the Quaid-e-Azam was a constitutional, lawabiding, honest and sincere leader, and adored by the people. His authority, being based in the affections of the people, was so great that he was obeyed implicitly in any ruling that he gave. Yet he was not made of the stuff that dictators are made of. Dictatorship and suppression of the people's rights were as remote from him as hypocrisy and falsehood. It is true that a policy based on fraud and hypocrisy may succeed better for a short time but ultimately it meets its nemesis.

The Quaid-e-Azam's achievements will prove enduring because all his policies were honest and framed to serve the real interests of the people.

## QUAID SAID:

**"PAKISTAN NOT ONLY MEANS FREEDOM AND INDEPENDANCE BUT THE MUSLIM IDEALOGY, WHICH HAS TO BE PRESERVED, WHICH HAS COME TO US AS A PRECIOUS GIFT & TREASURE & WHICH WE HOPE, OTHERS WILL SHARE WITH US."**

# Foresight of Finnah

MATLUB HASAN SAIYED

To an average student of modern political thought, the demand for a separate homeland by the Muslims of the Indian sub-continent may appear to be the outcome of a religious sentiment. Nothing would be farther from the truth. The principle of the partition of India was suggested as a practical solution of a purely social problem. The Hindu society has a pattern peculiar to its own. It is divided into sections, whose members derive their status in life under a rigid caste system, determined by the accident of birth. Each section is prescribed a separate code of behaviour. Inter-marriage or inter-dining or even social contact is prohibited. They are not allowed to enter each other's temples and they worship different gods. High born among them do not touch or even come near the low born, for fear of being polluted. In relation to a Non-Hindu, even the shadow is considered to be abnoxious.

Muslims, who came to this part of the world as missionaries, traders and conquerors, settled down mostly in the north, and brought with them a new concept of equality of man and human dignity. They were always regarded by the local Hindus as in-

ferior beings and untouchables and those Hindus, who adopted the new faith, even though they were high born, received the same treatment. Consequently Hindus and Muslims always lived as separate and distinct social entities. Their mutual historical and social jealousies became dormant during the somewhat impartial and judicial British regime.

In 1892, Queen Victoria proclaimed the policy of associating the local inhabitants with the administration of this territory and a system based on the British parliamentary government was in the offing. The need for the assertion of their rights and interests was realised by the various societies. A powerful group among the Hindus began to dream of the possibility of driving the Muslims out of the land, as they had done the Budhists in the ancient times. Muslims on the other hand, adopted a defensive attitude. In a parliamentary system, they would be in a permanent minority in a caste ridden society, and because the constitutional and administrative reforms would be gradually introduced, they were not quite sure how they would be treated in the intervening period. They, therefore, insisted upon a se-

parate representation on the governmental institutions.

Practical statesmen had the foresight to accept that this was a problem and had to be tackled in a spirit of accommodation. To this school of thought belonged Mohammad Ali Jinnah, the founder of the Indian independence. His public life comprises of a series of endeavours to promote and attain a compromise between serious and complex situations. The differences arising out of the objective outlook of Hindus and Muslims on the one hand and on the other the reluctance of the British Civil Servant in India to surrender power required a very high quantum of practical wisdom.

A barrister-at-law from the London's Lincoln's Inn, which he had joined as a teenager in 1893, he brought home with him, after three years of stay there, the indelible impressions of peace and tranquillity in the English life, of the maintenance of law and order in daily civic environment, of the traditional British sense of social justice, of the impartiality and expeditiousness of the judiciary and of an atmosphere of general freedom, dignity and self-respect. This background could, on no account, turn him into a negative agitator. On the contrary it enable him to adopt the most practical line of action. He look upon himself to assist his countrymen to deserve the impending responsibility of administering a vast territory with complex and conflicting problems of its own and to collaborate with the existing administration and legislative institutions in the discharge of their duties in the interest of the countr in the hope of an evolutionary progress. As a statesmen he was not really in a hurry to achieve constitutional independence, as he abhorred chaos and anarchy.

He considered that if an honourable and acceptable arrangement could be arrived at between the Hindus and the Muslims, the British policy of introducing constitutional advancement could be accelerated. He believed that it was essentially important to put his own house in order first. In 1915 he succeeded in his attempt that Hindus and Muslims should hold the meetings of their respective organisations in the same city and at the same time. The city of Bombay was the venue. His Hindu contemporaries, devoted to the administrative progress of the country, bestowed upon him the title of ambassador of "Hindu-Muslim unity." During the next year, he was instrumental in the formulation of a pact between the Hindus and Muslims in the city of Lucknow, which became the basis of the Government of India of 1919. Unfortunately a similar anecdote could not be repeated in our history subsequently, because Hindus were in no mood to grant that the initiative of a compromise should lie with Muslim leadership. It was also because the British Civil Servants in India disfavoured all such compromises, as they would lead to diminishing their authority and jeopardising the future of their children. For Mohammad Ali Jinnah both of these aspects were understandable, but he would not despair. He continued to work for what he considered to be the most honourable line of action, even though he had to fight on two fronts against the Hindus and against the British.

Immediately after the new constitution, the Hindus began to assert themselves as the sole representatives of the Indian public opinion, under the pretence that the Congress was a national organisation and that the Muslim League was a merely communal ins-



stitution. The Congress, in order to demonstrate its nuisance value, gave indication of its intention to launch a programme of civil disobedience. Those who manned the British administration then, accepted the situation as the best opportunity to enact laws that would enable them to assume extra powers to deal with the situation that might result into lawlessness. Mohammad Ali Jinnah knew that both were wrong. He admonished the Congress leaders that their coercive methods were likely to harm the larger interests of the country. He warned the British administration that their suppressive and oppressive laws were likely to create a greater problem of law and order than what they intended to overcome.

No one listened to Jinnah's advice. Hindus continued to agitate, often reaching or, at times, transgressing the verge of anarchy. The Government of India was bent upon enacting stringent laws to tighten the grip of administration. Both reacted sharply to each other. Jinnah was maligned by both. The Hindus accused him of being a British agent. The British ignored him for being of no consequence at all. Undaunted, however, he did not hesitate to make his positive contributions. As far as the maintenance of law and order was concerned he unflinchingly sided with the Government of India, for he believed that this was the duty of a civilised Government, but not failing to point out to them that the situation in the country was the direct result of their unrealistic policy of administration. At the same time he warned his countrymen that illegal and unconstitutional methods might create an atmosphere of tension and consequently retard the constitutional progress. In the meantime he continued to suggest hundreds of mea-

asures for streamlining the administrative departments by wise and statesman like legislation. He got an army school established in India. The system of holding competitive examination for the recruitment for higher service in the centre and provinces was introduced under his pressure. In fact no other single person in the Indian leadership was instrumental in bringing about so many administrative measures of progress as he was able to do.

In the years that followed, Mohammad Ali Jinnah was proved to be right. The constitutional advancement was due in 1929, but it was delayed and in spite of considerable effort the Hindu leadership failed to produce an agreed formula, which Jinnah was able to do in 1916. It was only in 1930 that the British Prime Minister called a conference of the Indian Leaders in London at the request of Jinnah that some advancement could be made. Even there, the Hindus refused to grant the Muslims and minorities their rightful share in the future political set up. The British Prime Minister was obliged to give what came to be known as the Communal Award. The third instalment of the reforms could not be forced before 1935, six years later than they were due. Under this constitution the government in the Hindu majority provinces gave a foretaste of the oppressive administration that the minorities could expect from Hindus in the future.

The outbreak of the Second World War in 1939 brought forth a renewed attempt by the Hindus to coerce Britain into submission and to yield to their pressure in the hour of her need. They opposed the war effort. It became increasingly clear that Hindu demand

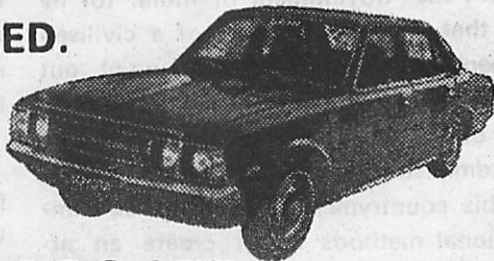
for independence was only a smokescreen. What they really wanted was to wield power under British protection to dominate the non-Hindus. Mohammad Ali Jinnah followed a more realistic policy of leaving the Muslims free to contribute to it as much as they could do in the circumstances, because constitutionally India was involved in the war as much as Britain was.

In 1940 the Muslim League in their famous resolution demanded the partition of India, and after only seven years of nego-

tiations and mutual consultations the demand took a practical shape. Hindus had to accept freedom even though they were unwilling. Subsequent utterances of Lord Mountbatten the last Vice-roy of India, have revealed that they were taken by complete surprise at such a speedy achievement of independence after the practical solution of India's constitutional problem was suggested by the Muslim League. Jinnah, indeed is the father of Indian independence.

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# *The Event I Can Never Forget*

## EXAMINING QUAID-E-AZAM'S BLOOD

By : Prof. Mushtaq Hussain  
M.D;F.R.C.P.

We were proud and happy over the emergence of the Muslim home land in the sub-continent and the realisation of the magnificent dream of Allama Iqbal. As young doctors, a large number of us had worked for months in medical relief teams which were deputed to look after the swarms of Muslim refugees who streamed into the fledgling state of Pakistan in the wake of horrendous communal killings in India.

My memory is still scarred by the pathetic sight of this broken mass of humanity, their tattered clothes, their bleeding wounds and the heart-rending accounts of the trauma and horror most of them had experienced before reaching the haven of Pakistan. The situation had been made far worse by cholera, a malevolent gift they had brought along with them from India which had to be checked and treated at our border with all the resources and ingenuity is our command at the time.

I was serving as a junior member of the staff in the Pathology Department of King

Edward Medical College in Lahore. The acting head of the Department was Prof. M. A. Pirzada whose professional knowledge and skill commanded our esteem and devotion. Young in years, I had a little over five years medical experience to my credit and I was pleased with the special problems entrusted to me by Prof. Pirzada off and on.

On a cold but sunny winter morning in January, 1948, Professor Pirzada briskly walked in and tapped me on the shoulder as I was absorbed in the morning chores of laboratory work. I turned to greet him and saw with him Lt. Col. S. M. K. Mallick who was then the Inspector General of Civil Hospitals in the Punjab. There was an element of urgency in the brusque manner in which Prof. Pirzada asked me to pick up the blood testing equipment and accompany him and Lt. Col. Mallick.

The three of us got into Prof. Pirzada's new Hillman Minx and he drove it himself. Showing some hurry, he stepped on the accelerator and we raced across the Mall.



Impatient to know the destination I made bold to ask Prof. Pirzada where we were headed for.

"The Governor's House", he said.

My curiosity keenly aroused by now, I asked Prof. Pirzada.

"Who is the patient?"

"Quaid-e-Azam", he said in a low voice.

This revelation overwhelmed me. The quaid ruled over the hearts and minds of all Muslims. I had attended many of the public meetings which he addressed during the Pakistan Movement, and his oratory, his incisive logic and his passionate exposition of the Muslims' right to independent nationhood had mesmerized me like the rest of them. He was our Great Leader, a beacon of inspiration, and the amplifier of our hopes, our urges and our ambitions. He was our trusted guide, who, we were convinced, would lead us to the promised land of Pakistan.

Because of his absolute honesty and devotion to the cause for which he worked, he commanded absolute loyalty and obedience. Indeed he was our General, sans uniform, sans arsenal, who, nevertheless, swayed the hearts of millions without ever issuing any military orders which the youth always eagerly awaited but never got.

It had never occurred to me in my wildest dreams that I would ever get so close to him that I would have the privilege of attending on him professionally. It was, indeed, a morale-booster to my self-confidence as a young pathologist that Prof. Pirzada and Col. Mallick and picked on me to conduct the Quaid-e-Azam's blood tests.

Never before had I attended on a patient of such singular importance and stature. Yet to be candid, I felt tremulous, in spite of my professional experience and the deftness of my fingers in drawing a patient's blood. My mind was a rookery of worrisome thoughts: How ill was the Father of our Nation? I hoped not very: I now had a professional responsibility to the Quaid which I had to discharge effectively without letting his imposing personality come on my way.

My mind was still working feverishly as our car entered the Governor's House and a tall sentry greeted us at the gate. With some difficulty I composed myself. We drove to the porch and were led to the ante-room where Mohtarama Fatima Jinnah and the Quaid-e-Azam's personal physician, Col. Rehman, were anxiously awaiting our arrivals. I could decipher the clouds of worry on Miss Jinnah's face; she showed profound concern over her dearest brother's illness.

Col. Rahman advanced towards us. Evidently, he was somewhat agitated and he tensely whispered to us: "Chaudhri Mohammad Ali was with him for two hours and he has just left; they were discussing official matters, and his temperature has now shot up to 102 degrees".

The next minute we were ushered into the august presence of the Father of the Nation. He lay on a comfortable bed and a fluffy blanket covered him upto the chest. He was clean-shaven, and the pyjama suit he wore was spotlessly clean and well-ironed. Somewhat pale, his face was flushed with fever. Although ill, the magnetic quality of his eyes was very much in evidence.

The greatness of his personality, and the

enormity of his eternal achievement in the shape of Pakistan awed us. Here was the Great Leader, the maker of our State, face to face with us. The memory of these moments with the Man I esteemed and adored as the hero of our national struggle for a homeland is permanently imprinted on my mind.

Alert in mind and polite in manners, the Quaid greeted us with the gleam of a smile. After introductions were over, Prof. Pirzada briefly explained that his blood test was required to help in the diagnosis of his ailment. Looking at me, he assured the Quaid that he had brought with him the Departmental expert for the purpose. The Quaid gave me a quick glance, muttered words of thanks to Prof. Pirzada and motioned us to go ahead.

"We will draw blood from your finger, Sir," I said crisply, "you will feel, Sir, the prick of the needle and it will hurt you only a little". I reassured him in doctoral style.

The Quaid's face creased into a smile; the man who had won the battle for Pakistan was not to be frightened by the prick of the doctor's noodle.

"Yes, of course. Please go ahead", said the Quaid.

Prof. Pirzada held the Quaid's finger reverently as I pressed the No needle and blood coozed out. Col. Rahman watched his distin-

guished patient intently. The Quaid did not flinch at the finger prick as many patients do. As I rubbed off the trace of blood from his finger with a dab of spirit, the Quaid smiled graciously and said to me.

"You have done very well, doctor."

He had said the very words I had wanted to say to him. Surprisingly, the doctor in me finished from that moment on. The patient was now the General without uniform who ruled the hearts of millions and I was retransformed from doctor to one of the millions of his sordiers without uniform.

"Thank you, S-I-R", said the soldier in me.

"Oh I have to thank you, Doctor", said the Quaid-e-Azam.

"You don't have to do that, Sir, it was my privilege to be of some use to you".

We paid our respects and took leave. On our way back I ruminated over my sudden transformation from doctor to soldier.

If the Quaid was aware of any change in me, his graceful, benevolent and appreciative smile had revealed nothing of it.

On reaching the laboratory, I promptly examined the Quaid's blood and the report was in the hands of Col. Rahman within 2 hours.

As a leader the Quaid's greatness lies in the fact that he did not believe in exciting public opinion and creating lawlessness, civil disobedience and consequent confusion, he

At no other time the statemanship and the pattern of Quaid-e-Azam's leadership was felt than it is today.



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# Jinnah The Apostle of Law & Order

By: RAHIM J. A. SOMJEE  
(Ex-Sessions Judge)

If one turns the pages of Political History he will find that almost all the GREAT POLITICIANS were Lawyers, Amongst them all QUAID-E-AZAM MCHAMMED ALI JINNAH'S place can be adorned and reckoned both as a great Politician and ablest Lawyer. These are no empty eulogies but acknowledged with one voice by all the great people of the world like Mahtma Gandhi (though Hindu). His Highness the Aga Khan Sir Sultan Mohammad Shah, Sir Stafford Cripps and most of the Judges of all caste, creed and colour before whom he appeared as a Counsel. Hence I may not dilate much as it will amount to carrying coal to Newcastle.

"Indeed we may be justly proud of the fact that Quaid-e-Azam the Founder of Pakistan and the Father of the Nation was the Lawyer" so said Dr. Khalifa Shuja-ud-din in his Presidential address at the All Pakistan Bar Conference held at Lahore on 26th and 27th November 1949.

Therefore, being a Lawyer he made unique LEGAL-HISTORY for himself and an ideal CONSTITUTIONAL--HISTORY for the Homeland of Pakistan teeming with millions of

blessed Muslims in one of the biggest Muslim States of the world.

It is not only Jinnah being Governor-General of Pakistan and Father of Nation that made him Suzerain to be more apt uncrowned King of Pakistan but his respect for LAW and ORDER which is supported by the befitting couplets of George Chapman compiled in The Week-End Book as under:-

"Who to himself is law, no law doth need, Offends no law, and is a king indeed".

Hence as evinced it was Jinnah's respect for Law that made him acquire Pakistan without the slightest crease to his pants and without going to jail even for a day.

As a student when Jinnah went to England to study Law he went round to all the four INNS before making his choice for calling to the BAR. When he entered Lincoln's Inn he saw a large fresco. He asked the man who was conducting him about the fresco. The man replied "It is a fresco of all the Law-givers of the world" Who is

the men on the top? asked Jinnah "MOHAMMAD THE GREAT LAW-GIVER" came the reply. That decided his choice of the Inn. Therefore, he in his turn became the great law propounder and at all times in his speeches used to harp and avow that there should be Law and Order.

Quaid-e-Azam did not like others merely preach from pulpit the theory and respect of Law and Order which had systematised and entwined his character but he actually himself put into practice and created consciousness in others as well, to respect Law and Order which is borne out from the significant fact narrated by the Police Officer who used to escort him when he was Governor-General of Pakistan that when the said Police Officer hurriedly alighted from his car and ran opened the wicket-gate at a Railway crossing to enable the Quaid's car to pass without waiting for the train to pass. Quaid sent him back to close it saying if I who have made and framed Law should flout it then how should my subjects obey it.

In early 1903 his command "MY WORD IS LAW" to the Judicial Clerk of High Court Bombay to eject James Macdonald from lawyer's chair impressed James Macdonald the President of the Bombay Municipal Corporation to appoint Quaid as a Standing Counsel on a retainer basis of Rs. 1000 per month for Corporation cases.

Jinnah was so strict in the observation and application of Law that once he even dictated the Judge of the Bombay High Court to make a note of his legal objection on which the Learned Judge told Jinnah "Mr. Jinnah you must remember that you are not addressing a third class Magistrate" to which Jinnah retorted "My Lord you are not addressing a third class Pleader" This altercation between the Judge and Jinnah

occurred on 12-4-1928 before the Hon'ble Mr. Justice Baker of the Bombay High Court in Sessions Case of murderous attack and abatement thereof on one Antram Radhakhishan Dave by Mohammad Kassam alias Kaloo Pehalwan and five Hindoos.

I still well recollect and vividly remember that when I used to attend Muslim Students Union's Get-to-Geather functions at the "Blavatsky-Lodge" French Bridge, Chowpatty, Bombay where Jinnah being its President and M.L.A. then invariably used to come every Saturday to have informal Conversational Meetings with the students and Buffet snacks were served significantly at his own cost, when and where he used to emphasise with the force of his right fist on the palm of his left hand that unless and until we regulate our lives like our Holy Prophet by strict principles of Law and Order in all our affairs whether Social, religious, commercial political or judicial we cannot progress just as, he said, a Railway train enjoined as it is by strict mechanical rules to keep itself within the bounds of rails and follow the tract laid down for it, then and then can it move fast and reach its destination early, whereas a bullock cart having no law or rules to regulate and restrict its movements goes zig-zag and cannot travel fast enough and therefore at times is lost in the way or never reaches its goal.

This Super-human will power to establish the rule of Law was his stimulating tonic and soul-inspiring zeal, exuberance and goal which made him fearless in Court and dauntless even against His Majesty's mighty Sovereign Power where the "sun never set" to fight to the teeth the case of achieving Pakistan, which he did, leaving us his TORCH of "LAW and ORDER" and mission to carry on till eternity.

# Plain Mr. Jinnah

By: MISS LALARUKH

V year

(I have lived as plain Mr. Jinnah and  
I have to die as plain Mr. Jinnah.)

We love our Quaid, we love him for what he was a profound lawyer, a practical politician a sound statesman, a gifted debater, a consummate master of logic, a born leader of men and a militant fighter. He stood for justice, for freedom, for equal rights, for the role of the people, for an open society and for a noble Pakistan.

Quaid-e-Azam was Divine gifted and by experience possessed a keen perception of the spirit and destiny of Islam, alongwith an equally keen perception of the trend of modern history. Such men are really the driving forces of people. But they are God's gift and cannot be made to order.

The world naturally looks with some awe upon a man who appears unconcernedly indifferent to money, comfort, rank or even power and fame. The world feels not with a certain apprehension that here is someone outside its jurisdiction, someone before whom its allurements may be spread in vain, someone strongly enfranchised, untamed, utammelled

by conventions moving independently of the ordinary currents of human action, a being readily capable of violent revolt or supreme sacrifice, a man solitary austere to whom existence is no more than a duty; yet a duty to be faithfully discharged.

Quaid-e-Azam was what God made him, a clear thinker and a brilliant advocate. He could see around corners with his sixth sense. He was all logic and no magic. He never made an oration; he drove in his points with slow delivery word by word. All pure cold logic.

Quaid-e-Azam was not an emotional being nor did he exhibit much sentiment. He was a calm, cool restrained and realistic man. These are qualities that go to make a great political leader. His usual reply to important questions put to him was at most times, "Now let me think it over." "Or let me resolve this matter in my mind." He did not believe in taking decisions in haste and repenting at leisure, but once he took a deci-



sion. he stood by it like a rock.

Allah had granted him a gift of enviable vision. Quaid- was more far-sighted than any of his contemporaries. He saw coming events better than others, although he did not attribute this quality to any thing but experience and study of political forces and events.

Quaid-e-Azam refused to be the play thing of circumstances of political expediency- like the master - mind that he was, he overrode events and created his own circumstances. He held the key to the situation and he used it at the right moment to win freedom for his people and deliver them from the domination of two forces - the British and the Hindus.

His foremost achievement was his own impeccable character which presented a picture of complete consonance between his private and public life.

Though always in the thick of the battle he remained undaunted by the dross of political strife because his weapons were incorruptible integrity, indomitable courage and wisdom born of true faith. By example rather than precept he proved that even in the present day materialistic world, if one adheres to truth and justice, one ultimately emerges successful from any crisis, no matter what dangers and calamities beset one's path.

There are three main aspects of Quaid's political achievements in our history. In the first place he was a statesman, secondly by was a spokesman and thirdly he was a leader. Some people may find strong evidence of his being a tactician also, but his tactical achievements, some of them no doubt of greatness through the cultivations of his talents and faculties and the building of a character that emerged onscathed from all vicissitudes like burnished gold out of fire.

colossal proportion, are in fact natural corollaries or direct results of his superiority in state-craft and his remarkable powers of advocacy and persuasion. In no other words can the life of our beloved Quaid be better interpreted than by his own words and I quote "mine has been a chequered career. I was born at Karachi and played marbles somewhere on the sands of Karachi. I was schooled at Karachi than I was tossed across the ocean and found myself in London. Later I was hurled back from London. I returned and the question was, what next? Father decided that I should go to Bombay. There again I was thrown into the ocean of law and went on waiting for a brief.

At last I got a brief I went on, not knowing where I shall be next. Destiny has decided that I should come back to my birth place and that too with something that has no parallel in the world. We have become a completely independent and a sovereign nation, not by blood shed but by peaceful methods.

It was not I alone who achieved it but I had millions with me and specially the masses. The intelligentsia came last, the masses came first. I am proud that I am not that governor general, who was an agent of another power but a governor general who has been chosen by the people.

With determination, courage, solidarity and with the help of every citizen, we shall make this state a real power. Let us work double shifts if necessary, so that we may make Pakistan a real state and a great nation".

Quaid-e-Azam was a man who did not have greatness thrust upon him, he achieved rather appealed to his countrymen to be calm, deliberate and judicious in their decisions and actions.

# *The Quaid-e-Azam*

**MOHAMMAD QASIM ANSARI**

First year M. B. B. S.

When he found them, the Muslims of the Sub-Continent were demoralized and rejected. They were oppressed and miserable, pathetic and piteous. When he left them they were the masters of the largest Muslim state in the world, their dreams accomplished their ambitions fulfilled and their aspirations realized. He was the undisputed master of the hearts of 100 million Muslims who would march to the left, to the right, to the front and to the centre at his bidding, at his bidding only and at nobody else's.

Quaid-e-Azam Mohammad Ali Jinnah was undoubtedly then, as Beverly Nichols said, the most important man in Asia, but to the teeming millions of Muslims he was one of the greatest human beings that God ever put life into.

However unique the occasion, however great the tribute it is not possible for us to portray adequately the totality of the struggle and achievements of the Quaid-e-Azam, as a man, as a statesman, as the champion of the cause of freedom, as a believer in the sovereignty of the people, as an advo

cate of equality and social justice, as a liberator of the Muslims and as the founder of Pakistan.

Each role, that God in his infinite mercy and to our eternal gratitude, ordained for the Quaid-e-Azam is beyond easy description. None can be encompassed in a single chapter of History. Each is an epic, each has its ramifications through successive epochs.

In the beginning for nearly two decades he worked for Hindu Muslim unity and in this respect brought about the famous Lucknow pact of 1916. But very soon he became clear that without their separate identity the Muslims would not be able to withstand the Hindu steamroller, for this purpose he campaigned actively for the reorganisation of the Muslims so that they could face up to the Hindus.

His great task now was to prove to the world that the Hindus and the Muslims were two different nations. In one of his speeches the Quaid declared. "We maintain and hold that Muslims and Hindus are se-

perate nations by any definition or test of a nation. We are a nation of a 100 million and what is more we are a nation with our own distinctive culture and civilization, language and literature, art and architecture, names and nomenclature, sense of values and proportions, legal laws and moral codes, customs and calendar, history and traditions, aptitudes and ambitions. In short we have our own outlook on life and of life."

On the basis of this two nation theory, the Muslim league demanded Pakistan, for as in March 1941 the Quaid told a gathering of students, "It is as clear as daylight that we are not a minority. We are a nation and a nation must have a territory. What is the use of saying we are a nation? A nation does not live in air. It lives on land and it must govern land and it must have a territorial state and that is what you want."

The task before the Quaid was well nigh super human, for the hindus had by now become thoroughly alarmed for his teachings betokened a serious revolutionary movement which wanted to break their mother India into half. Their power and prestige was at stake. They were the custodians of the ideals he threatened with destruction. They were the ministers of teachings which he denounced. So by hook or by crook they tried to stop him to stifle his movement, but like a towering rock Jinnah stood his ground. Every abusive epithet, every conceivable vituperation was hurled at him but he remained undaunted. Neither flattery nor laudation could deflect him nor calumny unnerve him, no price could purchase him no temptation could lead him astray for he had a knack of check mating and foiling the moves to entrap the muslims.

The powerful Hindu and British press opened up a barrage against the infant movement. Gandhi compared the partition of India to the cutting of a cow in two parts, Nehru and the other Hindu leaders were equally infuriated. Even some muslim traitors went on to harp on the hindu's side. But all this was to no avail for as all truly great leaders, the Quaid too, functioned best when adversity was at its highest pitch. His genius and brilliance as a politician now came to the forefront. Rising with every opportunity, mastering every emergency, fulfilling every duty he proved himself to be preeminently the man of the hour.

In the immortal words of Churchill, the Quaid now strove for victory - Victory at all costs, victory in spite of all terror, victory however long or hard the road may be for without victory there was indeed no survival. With a proud and splendid indifference to all personal sufferings and sacrifice, heedless alike of official dissuasion or disfavour, the aggressive malice and machinations of his opponents, he strove with an incomparable devotion and courage to create that supreme moment in our national history which witnessed the birth of Pakistan.

The Quaid did not impress only the 100 million muslims of India but the impartial non-muslims were the first to acknowledge his greatness. Beverly Nichols in his famous book Verdict on India says, "The principle difference between Jinnah and the typical Hindu leader is the difference between a surgeon and a witch doctor, moreover Jinnah is a surgeon whom you can trust even though his verdict may be harsh".

"Jinnah is the pride of India". said C. R. Reddy.



A first class strategist, a leader of men fearless and incorruptible", said Sir Fredrick James.

He had a deep sense of personal and professional dignity once a presiding judge rudely remarked, "Mr. Jinnah remember you are not addressing a third class magistrate". Prompt came the Quaid's reply without any visible sigh of emotion, "Permit me to remind you sir that you are also not addressing a third class pleader".

His belief and love of democracy was such that he refused to sign the agreement of 3rd June 1947 without consulting his colleagues of the Muslim League Council even when Mountbatten told him, "Mr. Jinnah you will lose your Pakistan". To which the Quaid replied, "What must be, must be".

Once in a public meeting in Lucknow the crowd refused to hear Maulana Hasrat Mohani who was attacking the Quaid and the league. There was much hooting and booing at this juncture the Quaid got up and quietened down the crowd and asked them to listen to what the Maulana had to say. And so in pin drop silence the Maulana continued his triade against the Quaid and his league.

Contrary to what the mullahs and mau-lanas said the Quaid was a staunch muslim. He repudiated even the closest and fondest worldly ties to uphold the principles of the Islamic faith. He willingly relinquished his own flesh and blood to affirm his unswerving loyalty to Islam. Dina Jinnah was his only daughter and was the apple of his eye yet he had no demur in disowning her when she took fancy to a nonmuslim and decided to marry him. After that the Quaid never met his daughter and under his personal orders visa was refused to her

when she wanted to come and visit him while he lay on his deathbed.

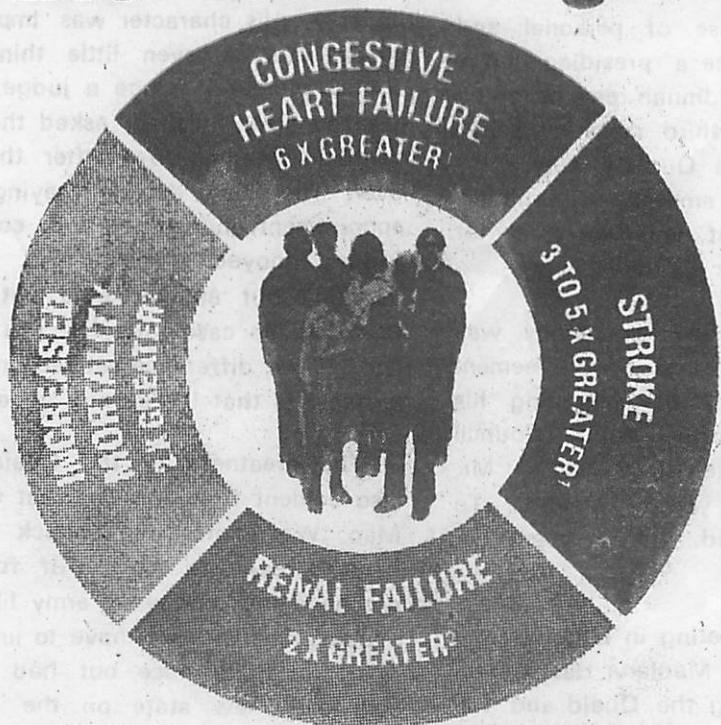
Even his greatest enemies respected his honesty. His character was impeccable. He was careful of even little things. He was always punctual. Once a judge, to get the case quickly finished, asked the Quaid to continue pleading even after the time was over. The Quaid declined saying he had an appointment and so couldn't continue. The judge, annoyed, replied, "Mr. Jinnah, we too have our appointments but are willing to finish the case today". The Quaid replied, "The difference between me and your lordship is that I keep my appointments.

The greatness of the Quaid-e-Azam is also evident from the fact that unlike Lenin, Mao, Washington or Bismack he did not have to revert to the use of force. He did not have any conquering army like them and moreover he did not have to just topple one ruler and sit in place but had to carve a completely new state on the map of the world.

The Quaid-e-Azam appeared on the horizon of India like a giant luminary and remained there like an oracle of logic and reason. His principles of liberalism and democracy and rules of dialouge and discussion won him the respect of both friends and foes. His spirit of constitutionalism and liberalism made him a man of character. He never let his emotions and sentiments take control of his better self. He could never be enticed by narrow and limited ends. That is why he reigned supreme over the distiny of the sub-continent and there could be no decision or agreement without his will and consent. No doubt he was a man of will and determination but without illwill or malice. He remained unperturbed and forward looking in face of all turmoils and provocations.

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ADVISION

# Iqbal For The World

By: NOOR ELAHI  
F. R. C. S.

"Human reason needs only to will more strongly than fate and it is fate" Thomas Mann quoted by Kissinger at World Food Conference.

Quoting an American writer while writing on IQBAL appears to be a discourtesy to

him (IQBAL). But this is prompted by the intellectual surrender of the modern youth to all things western. How will he adjust his attitude if I tell him that IQBAL said the same thing 70 decades ago and more eloquently :

خودی کو کر تلبت داتا کہ ہر تقدیر سے پہلے  
خدا بندے سے خود پوچھے بتائیری رضا کیا ہے

Writing about IQBAL is an onerous task My difficulties are three fold. I know neither Persian nor poetry, nor philosophy. I envy my colleagues when they recite his verses and sway to and fro with them. His eloquence is such as to go direct to the heart but has his message reached the mind? Devoid of the knowledge of Persian, IQBAL's philosophy is difficult to comprehend. My knowledge of IQBAL is based, solely on English translations of his works. The reader will thus be treated on humble fare sans eloquence sans depth for which my apologies are humbly submitted.

The misfortune of IQBAL is that he was born in the East and his message which is

universal is in a language which is little known in the west and in which the present generation is unversed. "Our" educationists have done a great service to alien ideologies by removing Persian and Arabic from school curricula thus disconnecting the present generation from its past. Furthermore, IQBAL's references are mostly from Muslim history, and this prejudices his acceptance as a humanitarian to the general reader.

IQBAL's genius was first recognised in 1915, when he wrote his "Secrets of the self" (Israr-e-Khudi) a philosophy of human dignity. Its impact was immediate. Within a year, Nicholson sought permission to translate it into English. On receiving



this letter, IQBAL sat on the thresh-hold of his house and wept "My people for whom I laboured to write all this have not imbibed it, while people from alien lands have recognised its importance". He further added "Had my people understood the message, there would have been no ZULUM or MAZLOOM".

Rumuz-i-Bekhudai, "mysteries of Selflessness", appeared in 1918. It is a philosophy of the community and is complimentary to Israr. This established the greatness of IQBAL. The idea of selflessness in the service of the community is nothing new nor is the dogma of self-assertion. Many philosophers have written on these themes before. But what is new and what justifies IQBAL's pretensions to be a leader of thought is the application of this philosophical theory of individuality and Community to the religio-political dogma that Islam is superior to all other Creeds and System. "In spite of the partisan scholarship of the west, IQBAL was able to make inroads into Western philosophical thought and literature to prove that the concept of monotheism propagated by Islam is superior to all other religions. Some other world religions also claim monotheism as their basic creeds but IQBAL points out the difference. IQBAL stressed that the monotheism of Islam is prefixed by the phrase "There is no god" (of power, glory, of lust, wealth, romance, authority personal desires, Vested interests authority etc) and herein lie the secrets of human dignity.

Said IQBAL.

A believer and to pay obeisance to others?

A believer and to be disloyal, beggarly and hypocrite.

He sold away his faith and community for a trifle,

And burnt away the household goods as well as the house.

He whose source of strength was only God,

Has fallen prey to love of money and fear of death.

Devoid of all ecstasy ardour & zest.

His religion is in the Book and he is in the grave.

The Message of IQBAL :

- IQBAL stressed the themes of :-

- (1) Self assertion - Human dignity Culminating in "Man as creator of his own destiny".
- (2) Self-lessness in the service of the Community.
- (3) Love of God and then of Mankind.

Whilst selflessness and love of mankind is Common to most great world religions, the concept of self assertion and love of God is alien to almost all of them.

Iqbal stresses that the individual and community are interdependent. An individual can exist as long as he dissolves himself in the Community, otherwise taking him alone he is nothing, e. g.

فرد قائم ربطِ ملت سے ہے تنہا کچھ نہیں

Many others can be given.

Yet the most important thing that IQBAL has emphasized is that Collective life cannot

be achieved unless every individual of the community is keen to realize and cherish his duty as creator of his destiny. In other words self assertion of the community remains unattainable without self-assertion of the individuals forming the community.

Love of God and mankind and brotherhood of man:

ہوس نے کر دیا ہے ٹکڑے ٹکڑے نوح انساں کو  
اخوت کا بیاں ہو جا، محبت کی زبان ہو جا  
یہ ہندی، وہ خراسانی، یہ افغانی وہ تورانی  
تو اسے شرمندہ ساحل اچھل کر بیکراں ہو جا

Sir Arthur Keith writes :-

“And now man is awakening to the fact that nature's primary end - race building - is incompatible with the necessities of the modern economic world and is asking itself - what must I do? Bring race - building to an end and have eternal peace? Or permit nature to pursue her old course and have as consequence war. Man has to choose. There is no intermediate course. Our friends, fellow citizens and countrymen are our immediate contacts so that love of mankind entails an affectionate behaviour towards them. But when love for ones country, “My country, right or wrong” becomes our sole objective and comes into conflict with the well - being of the rest of mankind, it (Nationalism) becomes unacceptable as a political concept, so generously handed over to us by the West and now being repudiated by its own intellectual elite.

Finally IQBAL has emphasized that peace in the world can only be achieved by application of these principles to all walks of life including politics and economics.

Says IQBAL :

ہوئی دین و دولت میں جس دن جبرانی  
ہوس کی امییری! ہوس کی وزیری  
جلال بادشاہی ہو کہ جمہوری تماشا ہو  
جدا ہو دین سیاست سے تورہ جاتی ہے چنگیزی

The following comments of a reviewer of “If Christ came to Chicago” are significant.

The lesson to be learned from this book that the great evils for which humanity is suffering today are evils that can be handled by religious sentiments alone. That the handling of those evils has been in great part surrendered to corrupt political machines; that such machines are not only unable but also unwilling or vice versa to deal with those evils and that nothing but a religious awakening of citizens to their public duties can save countless millions from misery and degradation.”

IQBAL in the East and now the intelligentsia of West are convinced of the role that religious sentiments have to play as saviours of humanity. The religious communities of East and West carry a heavy responsibility, but they are the ones which are looked in a rivalry dangerous to humanity. What is the need of the hour? Arberry in his introduction to his translation of Rumuz-i-Bekhudi writes :

“There is a lot in common between Christianity and Islam. But for the sentimental attitudes, which resulted in the Crusades,

More especially is this likely to happen if they realise soon enough and clearly enough that they are confronted with a common enemy, able to destroy them both together."

In the present times, Crusades on a miniature scale are still in operation. Their continuation will be disastrous. Had Christian Wilson been sane enough to tolerate a Muslim Nigeria and had he not thwarted Rhodesian Solution based on humanity and brotherhood for over two decades, there would have been no Angola today. Angola, however, has forced the West to espouse human rights irrespective of colour and

caste. The West has learnt its lesson. But, with the selective morality practised by the West, this will remain an unattainable ideal. The way to human rights is through "There is no god" so eloquently expressed by IQBAL. This is the lesson the West has yet to learn. IQBAL sought to teach the same to the world in West's own philosophical idiom.

This one word under-lines the importance of IQBAL for the modern Pakistani youth and seekers for truth in the West. IQBAL, together with the wave of intellectual liberalism that is sweeping the West, is our hope of rehabilitating Islam in the world.

Mahmoods formula was simple arithmetical - one plus one is two & one minus one is zero, that is, do a thing when the others are benefitted.

RAUF BAWANY.

We shall ever cherish his memory, as a sacred legacy to continually inspire us to noble thoughts & actions.

SHAHNAZ SOOMJI.

Few people are praised when alive. Mahmood was one of them.

SALEEM ISMAIL.

Words cannot describe Mahmood. He was lovable, humane & perfect. Allah created a masterpiece in Mahmood.

SEEMA SAFDAR.

I can't believe that Mahmood is dead. He was a real friend & helped others because of his nature.

SAMINA YASMIN.





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## FINAL YEAR LAMENTS

Mahmood Qazi departed from us on the  
fateful night of 2nd November, 1977,  
in a road accident -  
May Allah rest his soul in peace.

Mahmood was my best friend & no one would even take his place. He was a person of an amiable & affable disposition. His personality was not only a source of consolation but a source of inspiration in my black moods.

AHAD BABAR.

He has gone:- but is still among us. He will be dead only when he is forgotten.

وقت کرتا ہے پرورش برسوں  
حادثہ ایکنم نہیں ہوتا

ABDUL RAHMAN MAMSA.

His memories possessed of exquisite human qualities give a geeling of strength.

ANJUM TOOR.

He had an amazing quality - "Friend of all".

AFZAL AHMED.

He was the most thorough gentleman I have ever come across. It had been only heresy - now it is my firm belief that good people leave the world earlier.

ABU-BAKR SHAIKH.

I feel no hesitation to write - Mahmood was a Momin.

ABDUL JAWAD SHEIKH.

He was liked by everyone. God knew it. He was pious & pure. I don't know why good persons die so early.

ATA-UR-RAHMAN GHOURI.

Mahmood has left everlasting imprints of Love.

AHSAN.

He had a great character, girls respected him for it & he is a great loss too.

AZRA & TASNEEM.

The thing which impressed me most about him was that he regularly used to go for his prayers even in between his studies.

DILAWAIZ AHMED.

For Mahmood I would just say that he was a saint. For me he was something more than a brother. Only my death can remove him from my memories.

FARID.

If anyone asks about my greatest loss - its my friend Mahmood.

GHULAM ALI

He was sober & decent.

KHALID ADHIA.

Mahmood is still alive. He will live in hearts for ever as he has left many happy memories behind.

KISHWAR ARA.



Loosing a friend so nice & so near to hearts,  
is a tragedy.

KHAWAR JAFFER.

Handsome, honest, polite, straight forward,  
decent & intelligent. Thousand such words would fail  
to describe Mahmood's unique personality. Given a  
chance, he would certainly have proved an exampilary  
doctor.

MEHMUD.Z.JILANI.

I always found his company a source of great  
pleasure & pure happiness.

MCHAMMED ARIF.

Though detached from the world, he is still  
a part of the life around.

SHUGAFTA ABBASI.

I found him as virtuous & angelic as Jesus.

SHAHIDA AZAM.

A man, who was friend to me in true sense. He  
helped me as an elder brother & shouldered my responsibi-  
lities, as a C.R. 4th Yr. I miss him now, feeling lonely  
during final exams.

SEAMIM AHMED.

I have never seen a person so polite & decent.

SHAHINA PATEL.

The untimely demise of Mahmood was a great  
shock. His views on Islam & politics, I'll never forget.  
A man dies but his ideas live.

SHAMIM AZAR.

CONCL. 61



**MEDICOS ON MEDICINE**

# Comments On Our Medical Education

By: Professor Khawaja Moin Ahmed  
M.B.B.S., D.T.M. & H; F.C.P.S; F.R.C.P.

1. One may wonder why is it necessary to discuss medical education? While it is an "in thing" these days, it also draws attention towards you. If you write about it you are likely to be invited to Seminars and workshops. You may even get a fellow-ship to go abroad (and have a good time !!). During this period all you are required to do is to criticise the existing system and show your enthusiasm for the change. You need not necessarily believe in what you say. In fact you may be the worst example of the old system yourself. If you are the worst example of the old it is best to shout the loudest.
2. Seriously speaking we need proper orientation in our education in general and medical education in particular. Medical education has obviously to be according to our needs. The education as a whole should be such that it helps a student in developing in him the habit of learning and a spirit of enquiry. One would like this attitude to take firm root in our education system. What one has been witnessing all these

years is a system which has really been producing "Clerks".

3. With due respect to all the "Clerks" in the society I like would to expound on my theory of production of clerks. The alien rule started the education system in this country to produce clerks. This production of clerks of various types still continues. Now they may be "Glorified Clerks" or "Doctor Clerks" or "Engineer Clerks". They are the people who have a mechanical mind and instead of doing any constructive work are a hindrance to the forward march of the society. I have really been kind to them by calling them mechanical because in fact they are obstructionists who like a petty Clerk of the lowest office refuse to be helpful and instead cause delays. Original thinking and INITIATIVE is least expected of them.
4. Now this brings me to an other theory of mine (which one of my teachers is very fond of). This theory is that the medical education is surrounded by all that is present in the system at the



given time and we cannot have "Island of morality in the sea of vices" when the whole system is based on hypocrisy, corruption and fraud, how can you have good medical education? Those who have tried and are trying to improve things, feel as if they are swimming against a strong current. They soon get disgusted and give up. For one thing it is not worth it and for another there is no monetary gain in it (which is the driving force these days).

5. This brings me to another point, which is, why and who become doctors. The majority of candidates seeking admission to a medical college belong to the middle class. The poor and the rich do not try to get into these institutions. The poor cannot and dare not. The rich do not try as their children do not require the crutches of a profession to support them. The middle class children require the safety of a profession to avoid sinking into economically lower and lower strata of society. Their requirements are monetary. It is hypocrisy to say that joining this profession is only to serve. Idealism in the present set up is nothing but play of words.
6. While talking of the standard of medical education one is usually carried away by emotions. Every generation has been blaming the succeeding generation for lowering the standards and yet the world has been progressing forward by and large. In our society again one cannot talk of lowering of the standard of medical education without talking of the other standards. I have yet to meet a man who can show me improvement or even maintenance of standard in any field. "As you sow so shall you reap"
7. Coming to the specific problems of medical education the main points worth considering are the admissions training the facilities, evaluation, the teachers and continued education and research.
8. Policy of admission to the Medical College has to be decided upon by the community. We should let them make up their minds as to the requirements and the mode of admission. Ideally after fixing the number of candidates to be admitted the selection should be on merit-cum-regional basis. There should of course be strict adherence to the rule that candidates selected on regional basis must serve that particular region. The changing policies of admissions should be discouraged. (We have to keep in mind the immigrating Doctors, when determining the number of candidates for admission).
9. The curriculum and training is a vast subject and suffice it to say that our curriculum and training should be according to our needs. We have some idea of what diseases we have in our community and our training should be planned in such a way as to be of use to us. The training has to be a process of learning and ideally on job training. "FRAGMENTATION AND COMPARTATION" of subjects and only hospital oriented training has to go.
10. Facilities in a medical college should

be adequate but need not be lavish. The attitude of waiting to be helped by others and not using one's own resources should be deplored. One should realize what country one is living in and cut one's coat according to the cloth available. There are ways and means of doing things and one can continue proper education even in the absence of elaborate arrangements.

11. The less said about the teachers in this article the better, those teachers should be selected who have the capability and the aptitude for the jobs. Their further education should be a continuous process. Their work should be well rewarded.

12. A research orientated outlook is a must in a medical institution. In this connection the teachers besides helping the students in developing the habit of self learning and spirit of enquiry are to serve as models for the students.

13. The Evaluation of candidates should be based on both internal examination

and periodic tests. Ideally, problem solving actual situation faced in life should be given to the students whereby you can judge their theoretical as well as practical knowledge.

14. There should be proper supervision of the medical education by a semi autonomous body which should be directly responsible to the community. It should function as a "Watch dog" and review medical education periodically. It should have enough powers so it can control the medical education. This power must be used judiciously.

15. In conclusion one can say that medical education is a process of learning and the spirit of enquiry which has to be inculcated in the students. The orientation should be such that our needs and requirements are kept in mind so that the community can benefit from this all.

# Evaluation And Its Allied Problems

By; M. JALISI  
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"While learning is the objective of teaching, and while the teacher is a major instrument for its facilitation, evaluation provides the final evidence of whether learning has been accomplished and some insight into whether the teacher was effective".

As a necessary first step, we must first define the professional responsibilities of the Doctor in our particular health needs and organisation. To most minds, the requirements for medical competence fall into three groups, namely :-

## (A) THEORETICAL KNOWLEDGE :

- ( i ) Knowledge of basic Principles.
- ( ii ) Understanding of these Principles.
- ( iii ) Ability to solve relevant problems on the basis of these principles.

## (B) TECHNICAL SKILLS :

- ( i ) History taking.
- ( ii ) Clinical Examination.
- ( iii ) Routine Laboratory investigations.
- ( iv ) Diagnosis of Common diseases and

their Treatment, Prophylactic and Therapeutic.

## (C) BEHAVIOURAL INFORMATION :

- ( a ) Attitude towards Patients, Colleague doctors, nurses, public at large, etc.
- ( b ) Habits - hard working, sincere, honest, responsible, etc. etc.
- ( c ) Values - moral patriotism, etc. etc.

Having decided on the body of information and abilities and skills to be tested, we should get down to an objective appraisal of our present evaluation methods and on how to improve them.

Examination is a Psychosocial interaction between the examiner and the student. On the students side emotion is an important additional factor. Some take them cool and fare very well. Other get nervous and perform much below their actual level on the examiner's side, additional factors of competence, character and temperament come in. In the absence of training programmes for

the examiners, there are hardly any trained examiners. Most of us have learned to examine through experience over years.

At present, the medical examinations in Pakistan are conducted by the various universities and college of Physicians and Surgeons while the Universities conduct both the under graduate and in some cases, post graduate examinations, the College conducts only post graduate examinations. Since the criteria of medical competence enunciated earlier on, have to be the same for the whole country, it is necessary that the standard of examination should also be the same in terms of validity, reliability, as well as objectivity. Just as too many cooks spoil the broth, so do too many universities conducting the same examination. As a result the standard suffers and varies from place to place. Many a times there have been inter-University rivalries in increasing or decreasing the pass percentage. This is against national ideals. Mere over the evaluation methodology demands constant research on what the student is to know, on standardising the test situations, etc, etc. This is almost impossible for our universities conducting not only so many examinations, medical and non-medical, but also carrying out the additional task of postgraduate education in pure sciences and arts. The result is not only a deterioration of standards but also an in-ordinate delay in declaring the dates of examinations, announcement of results, etc. etc. The college of Physicians, with some reservations, is the other side of the story. The standards are constant. The examinations dates are fixed. The declaration of result is prompt. We would therefore suggest an independent all Pakistan

body for conducting the under graduate medical examinations. For the sake of uniformity of standards through-out the country, all postgraduate examinations be handedover to the college of Physicians and Surgeons.

Our prevailing examinations consist of one essay type theory paper and one oral and practical bedside examination in each subject. While anatomy, physiology, and biochemistry are tested at the end of second year, the other subjects are taken up during the Clinical years. (Pharmacology and General Pathology in 3rd year; Juris prudence and special Pathology in 4th year; Hygiene, Medicine, Surgery, Gynae-obst, and E.N. T. in final year.

On the whole, our examinations suffer from following defects.

( i ) They go for minutae rather than broad Principles.

( ii ) They sample only a narrow range of knowledge and skill.

( ii ) There seems to be a good amount of inter departmental competition, some times making the test extra difficult and some times making it extra easy. We should therefore sit down and spell out the exact amount of information that is to be given out to the students and abilities and skills which we must teach them. The emphasis should be on fundamentals of conditions peculiar to our population in our particular set up.

Since essay type theory papers are NOT OBJECTIVE, Narrow range, TIME CONSUMING AND WITHOUT any feed back to students. It is high time that we should re-



place them with multiple choice type examinations which are **OBJECTIVE, BROAD RANGE, CONSTANT STANDARD** and **ECONOMICAL** for large groups. They are however time consuming and therefore, in our particular situation of adverse teacher student ratio rather harsh for the teachers who, should therefore be compensated by increasing their remuneration for conducting the examinations.

The oral and practical examinations can be continued but by employing standardized criteria. This will require trained examiners. We should therefore immediately institute the following:-

- ( i ) Frequent meetings to develop the criteria for competence.
- ( ii ) Frequent meetings to construct the examinations.
- ( iii ) Co-operating Asstt. Professor and other members of teaching staff at the examinations.
- ( iv ) Training programmes for teachers in Universities already conducting research on medical educations.

Finally no effort must be left in excluding errors in examinations. This can be done by using test retest Technique. Only 50% of the marks should be reserved for the annual show. The rest 50% should be given at regular stage tests in each subject.

#### **RECOMMENDATIONS ;**

- ( i ) Independent all Pakistan board for conducting undergraduate examinations.
- ( ii ) Replacing essay type theory papers with multiple choice type examinations.
- ( iii ) Making oral and practical examinations more objective and reliable.
- ( iv ) Excluding errors in examination by test-retest technique by introducing tests in all subjects.
- ( v ) Teachers training programmes.

# Post Cholecystectomy Symptoms

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Cholecystitis both acute and chronic is a fairly common disease affecting both females and males, but more common in females. Similarly Cholecystectomy for chronic calculus Cholecystitis is a fairly common operation in general Surgery. 130 patients under went cholecystectomy from a period between March, 1971 and November, 1973 in Surgical Ward - II of Civil Hospital, Karachi. When followed up 91 of them were complete symptom free while the rest of 39 patients still suffered from one or the other form of the so called 'Post Cholecystectomy Syndrome', which means that 70% of the patients were relieved of all their symptoms while 30% of the patients still had symptoms. This creates a very embarrassing situation for the Surgeon who follows up these cases post-operatively. The frequency with which these symptoms occur after the operation has prompted me to write this article.

Burnett and Shields: (1958) studied 141 patients who had undergone Cholecystectomy concluded that there was no justification

for the use of the term Post Cholecystectomy Syndrome because some of the symptoms may be totally unrelated to the previous disease. Hence we shall study this problem under the heading of "Post Cholecystectomy Symptoms".

Some patients after Cholecystectomy complain of upper abdominal symptoms compatible with extrahepatic biliary disease. In other instances these symptoms are similar to those experienced pre-operatively, noticed only a short while after the operation, while in still others they may differ from the Pre-operative symptoms and are noticed some months or more after the operation (Lequesne 1964). We may broadly classify these disorders into:

- a. Biliary Disorders.
- b. Extra Biliary Disorders.

## BILIARY DISORDERS

These may be further divided into four sub-groups:-

- a. Stone in the common bile duct, which has been missed.
- b. Residual cystic duct stump.
- c. Biliary Dyskinesia.
- d. Stricture of the bile duct.

**a. Stone in the Common Bile Duct:**

Stones in the common bile duct means that they have come from the gall bladder because it is unusual for them to form de-novo in the common duct. It occurs when either the duct was not explored at the operation of Cholecystectomy or that the duct was explored but some stones were missed. Glenn (1952) reported an incidence of residual stone of 4% after simple Cholecystectomy. This however does not include cases who had also undergone exploration of the common bile duct.

**Clinical Manifestations and diagnosis:**

A residual stone may be symptomless in the early period after operation and may take several months for the symptoms to develop. When symptoms do manifest, there are attacks of pain in the right hypochondrium with or without jaundice. There may be nausea with or without vomiting.

Liver function tests will show evidence of obstruction, and Intra Venous Cholangiography is confirmative in the absence of Jaundice. Alternatively, a Percutaneous Cholangiogram (Shaldon, Barber and Young 1962) may be done.

**b. Residualcystic duct stump:**

This was first reported by Beye 1936. If the cystic duct is not ligated near its junction with the common hepatic duct, the remnant may dilate and give rise to sympto-

ms similar to Cholecystitis. Such cases can be easily diagnosed by Intra venous Cholangiography. The stump may undergo inflammatory changes or may even form Stones in it. Many cases are on record which after removal of stump were completely relieved of their symptoms. Larmie and Fock (1958) recorded 13 cases. Garlock and Hurwitt described 30 patients (1951) and Glenn and Whitsell described 60 patients (1961).

**c. Biliary Dyskinesia:**

This term was first introduced by Westphal (1923). It is generally used to describe various functional disturbances of biliary tract motility due to changes in the autonomic reflex activity. It is also listed as a cause of unexplained colic, after biliary tract Surgery, due to spasm of the Sphincter of Oddi. This topic is still debatable. It is difficult to explain why the spasm of the sphincter occurs. It is possible that there is initially a functional disturbance in the form of hypertonia of the sphincter but if this hyper tonia persists for a longer time, it may lead to development of organic changes in the Papilla such as sclerosis. In my study there was one case in whom spasm of the Sphincter of Oddi occurred after Cholecystectomy with the patient having a severe attack of pain in the right hypochondrium but timely injection of antispasmodics relieved the patient of the spasm before it could progress to the stage of fibrosis and the patient had an uneventful recovery after that.

**d. Stricture of the Bile Duct:**

This is a tragic complication after Cholecystectomy. About 80% of all bile duct stricture are Post-operative and man made

while 20% are due to fibrosis of the sphincter of Oddi. Sclerosing Cholelithiasis, congenital lesions like stricture of the bile ducts or choledochal cyst. Cattell and Braasch (1959) stated that biliary stricture after Cholecystectomy when this procedure was correctly performed was without incident. In about 30% cases of Biliary stricture the cause is known and is usually man made and in the rest 70% cases the cause could not be determined.

The cause of man-made stricture is usually injury to the duct. This may result from several factors such as poor exposure, poor assistance, excessive haemorrhage, poor light, prolonged operation or hasty operation, Lack of knowledge of the various anomalies of the biliary system and its blood vessels, perforation of the duct during its exploration, forceful pulling out of the tube if it is used etc. There may be other causes besides injury to the duct, such as excessive avascularisation of the duct or fibrosis of the duct after internal biliary fistula.

#### **Clinical Manifestations and diagnosis :**

About 15% cases of injuries to bile duct are recognised during the operation and should be appropriately dealt with. The remaining 85% manifest after the operation either by :

- a. Discharge of bile through the abdominal incision and
- b. Deepening Obstructive Jaundice.

The diagnosis is clinical. Intra venous cholangiography is of little value especially if there is Jaundice. On the other hand Percutaneous cholangiography and Percutaneous liver biopsy may be helpful.

#### **Extrabiliary disorders :**

In some cases having post cholecystectomy symptoms, it is possible that the symptoms are due to some other extra-biliary disorder. Burnett and Shields (1958), in their series of 141 patients found 18 patients with symptoms due to some extrabiliary disorder and only 2 due to biliary disorder. These extrabiliary disorders may be Peptic Ulcer, Pancreatitis (acute or chronic), hiatus-hernia and irritable bowel syndrome. It is possible that these were present before the operation of Cholecystectomy or that they developed afterwards. These cases should be appropriately investigated and dealt with. However, in some cases the patients may be having symptoms due to Keloid formation in the scar or Paraesthesias due to cutting off of the intercostal nerves. The problem of Paraesthesias can be avoided by using a right paramedian incision instead of a Kocher's incision in patients with a narrow sub costal margin. Still in others there may be adhesions to the scar after the operation which may again be the cause of symptoms.

#### **REFERENCES:**

1. Beye H. L. (1936) Surg Gynec Obstet 62 - 191.
2. Burnett W. and Shields-R (1958) Lancet 1, 923.
3. Cattell R. B. and Braasch J. W. (1959) New England J. Med 261.929.
4. Garlock J. H. and Hurwitt E. S. (1951) Surgery 29, 833.
5. Glenn F (1952) Surg Gynec Obstet 95, 431.



# *The Causes and Prevention of Blindness*

By: **DR. TAJ MOHAMMED SOOMRO**  
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The eyes are one of the greatest gifts of God, and they are not only windows of one's soul and one of the senses as their function is to see, but is also the gate-way through which by means of Ophthalmoscope even physicians and surgeons can detect signs, of various systemic and local eye diseases.

When we talk of blindness it means inability to even perceive light, and every thing around this person becomes dark not only physically but emotionally also and his this handicap in our country makes him dependant on his close relatives, society and affects economy of the country. Recently efforts are being made to rehabilitate such people in a limited way depending on our resources and lot can be done to achieve better results.

Our department had collected about two thousand case histories, whom we had labled as blind people due to various causes. The criteria and the limit of visual function for this was that any body who had  $3/6$  vision and which could not be corrected with gla-

sses or vision below this which cannot be improved by any means was catagorised as a BLIND person.

In our part of the world the number of people becoming blind each year is due to lack of conciousness of preventive side of ophthalmology to prevent disease before it occurs or lack of facilities to people to get their disease detected early, before it actually does damage to eyesight permanently.

Most common cause in Pakistan, in our survey is 'TRACHOMA' in its IV stage and infective conjunctivitis. These diseases because of no treatment, improper treatment or treatment given too late result in corneal opacities and Perforation of eye balls and we see such people on roads begging, because of lack of means and facilities to rehabilitate them, and are an unsightly blot, on our society with sight.

An estimated seventy million people, may be more blind people exist in our times in the world.

In other countries where various orgain-sationous work with full sincerity and zeal

(selfless dedication) and full support from philanthropist and governments have been able to cut down percentage of blindness, and is mostly restricted to aged. This has been possible because they have been able to prevent occurrences of blinding diseases in infants, school going children, and adults eg; ophthalmia neonatorum, Phlyctenular Kerato-conjunctivitis, metabolic diseases eg: Vitreous haemorrhage or diabetic retinopathy and cataract and cardiovascular diseases resulting in hypertensive retinopathy etc.

( I ) In elderly group of patients the commonest causes of blindness were senile macular degeneration about 30%. Glaucoma (raised intra ocular piessura) about 25%. In cataract cases specially in these patients who live in far flung areas, no treatment delayed treatment or post operative complicatious eg: Iritis, hypheama detachment of retina, aphakic glaucoma result in another 20% blind people. Myopia affecting - choroid and retina specially if macular area is involved due to degeneration of these layers detachment of Retina takes place adding another 10% blind cases.

In other different age groups common causes were found to be :

(a) In Infants- Majority of cases are due to congenital abnormalities like cataract, optic nerve atrophy and Buphthalmos ie. congenital rise of intraocular pressure.

(b) In school (4 years and above) majority going children of cases in our country are due to congenital undetected

diseases, malnutrition, weak eyesight which is not corrected with glasses at proper time resulting in squints and amblyopia. Here partly or mostly parents are responsible for this. To lesser degree due to neurological defects, improper attention or neglect to general or systemic diseases.

(c) In Adult Life.

(20 to 50 years of age) developmental and neurological defects and myopia from 50% of cases of blindness, diabetes and trama (injuries of all types) about 5 - 10% each - cardiovascular diseases are becoming more common due to stress and strains of life.

(d) In late Adult life

(70 or above):- cataract, glaucoma, senile macular degeneration, diabetes, cardiovascular diseases and myopia are the common causes of blindness. Though neoplasms also have a small share.

( II ) Inflammatory conditions like Iritis or Anterior uveitis or choroiditis can result in blindness as even with proper treatment restoration of sight is not possible.

( III ) Industrial hazards may cause blindness either by disease eg: glass blower's cataract (by radiation intensive heat) or by accidents eg: perforating corneal or scleral injuries with or without retention of foreign body in

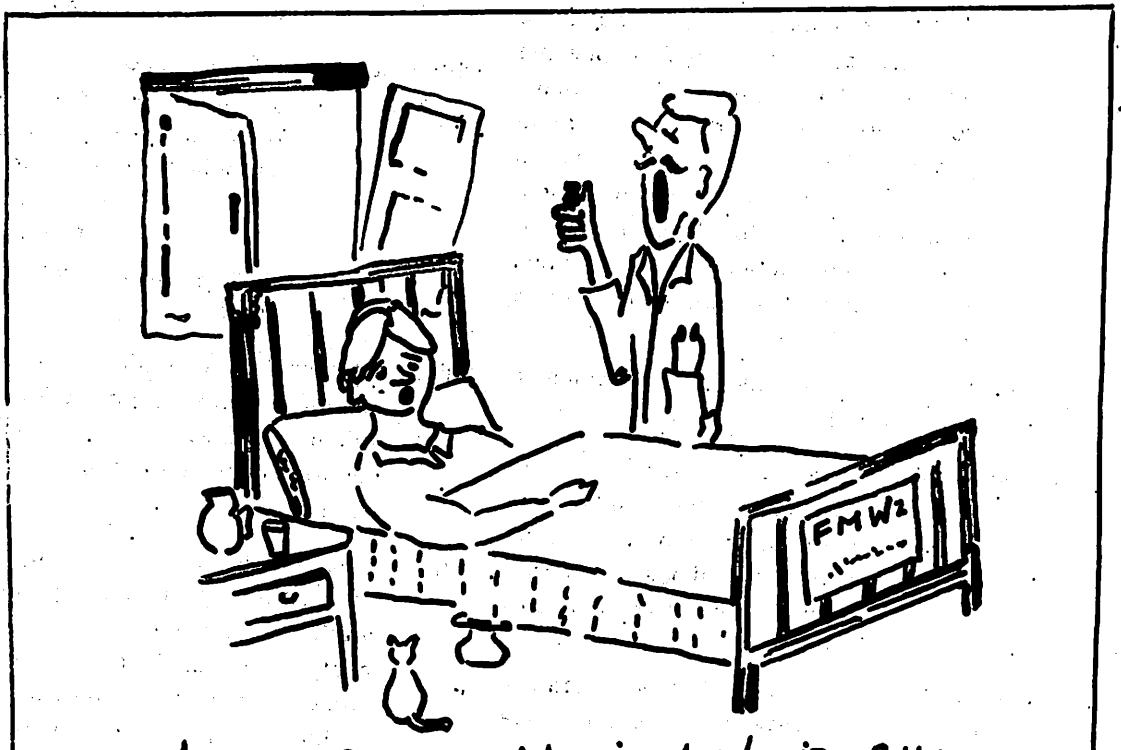
the eye. Industrial accidents affect the economy of the country and these accidents can be prevented by providing appropriate guards, goggles or screens to people working with machines - secondly by providing a medical officer in factories.

To summarise I would suggest following measures to be taken to minimise the prevalence of blindness in our country :-

- (1) More stress should be laid on early detection of diseases or congenital abnormalities in young children right from age of 4 to 5 years.
- (2) Proper nutrition of school going children, regular vaccination and yearly thorough medical check up of school children and adults.

(3) More stress to be laid on awareness of ocular hygiene by mass publicity media like radio, television, wall posters in public places like parks, railway stations, schools, colleges and showing slides in cinemas to make our public aware of hazards of blindness and importance of preservation of such a blessing as sight.

(4) Establishment of eye banks for corneal grafting, in cases of corneal opacities, as it is one of the most common cause of blindness. For this people should volunteer to donate eyes as donation of blood can save somebody's life so donation of eye can save somebody's sight.



Lying Comfortably in bed in C.H.K.

# On Lying Comfortably in Bed

By : C. W. Vellani

It is a general experience that from time to time, especially in enlightened modern times of commercial television, one's thoughts are haunted by an odd name, phrase or musical refrain which one tries desperately hard to forget, usually in vain. A transient, chance exposure is enough to initiate a stubborn train of recall analogous to hic-cough or a gramophone needle finding a retrogressive path of least resistance. A little reflection will reveal that the source of irritation to the intellect lies not so much in the material itself but in the absolute uselessness of the information and the frustration of being unable to rid oneself of the malady.

For me, the title of this essay is of the same familiar ilk. As rhythmically as the moon orbits the earth the medical wards of the Civil Hospital are awash with the ebb and flow of doctors - in - embryo. Fervent, competitive students, anxious to please, bluster forth their description of a patient's clinical state prefaced invariably in standard form, no matter whether the pathology under scrutiny has escorted the unfortunate victim to within spitting distance of the termination of life's sojourn. Yet, life in all its fullbloo-

ded glory is indistinguishable from total death by the description.

Such insistence on a useless piece of information must have a profound cause. It results, I think, from a compulsion to conform, to follow a set of rules and regulations without thought or question, to learn by rote, to say that which the examiner wants or be damned in the final MB. Does any examiner anxiously await utterance of the magic phrase before heaving a great sigh of approval? Surely to answer in the affirmative would be to insult the intelligence of all examiners! It is not my purpose here to list the abnormalities which must be sought during a general clinical examination of a patient for the routine is described well enough in standard texts of clinical methods. However, I thought to note some clinical features which are missed readily on the one hand and others to which too much attention is given, and finally to invite an enquiry into one or two findings of interest which are not listed in the standard text books generally used by students.

Clinical observation begins with the intro-



duction of a patient and the initial exchange of greetings. At this early stage, gross dehydration, severe pain, fever, gross defects of neural function and myxoedema, to name but a few conditions, become obvious. Impressions of the patient's intellect, mood, social status and the type and extent of his disability form quickly as interrogation proceeds. At this stage one may encounter terrible frustration because the patient seems incapable of presenting a consistent story of his illness. Apart from a natural difficulty of recalling detail of a long illness and confusional states complicating acute and chronic disease, one should think of the possibility of amnesia. An enquiry about the date is a simple test which evokes an evasive reply, "I have not seen the newspaper today, doctor." A few enquiries of a witness may well reveal defects of thought, memory, behaviour, and conduct. Clearly the patient has a mild dementia. He may be acceptable, if somewhat odd, to his friends but a doctor ought to be able to detect more than a mere oddity.

A general external examination of the body should be undertaken with a clear, unbiased mind. It is necessary to see the body, a task which is made exceedingly difficult because of the modesty of our womenfolk and the reluctance of our men to remove their shirts for fear of catching a chill or spilling irretrievably the contents of their pockets. The difficulty is often considered insurmountable by some who are satisfied with the meagre information derived from cursory thrusts of a stethoscope through various, usually inconvenient, ports in the armour while the body remains invisible. Non specific, subacute or chronic complaints

take on grave significance when associated with generalised muscle wasting which is often well seen in proximal muscles and therefore missed. Measurement of the weight might draw one's attention to serious disease but not enough consideration is given to this simple investigation which helps also to assess, the progress of disease and the efficacy of treatment. In the same context a mild or moderate fever may pass unnoticed by a patient and his unwary medical attendant. Sadly the non-specificity of the accompanying complaints invite a diagnosis of neurosis, the patient is processed therefore for a polypharmaceutical attack of the general type, "MV, Vit C, BC, APC, diazepam".

Spider naevi, associated with chronic liver disease, often lie unnoticed against a pigmented background while the examiner ponders hard over the likely cause of the hepatomegaly which he has triumphantly discovered. The cave-ike illumination of the wards is partly to blame for the oversight but more important is the lack of motivation on the part of the examiner to search for a specific sign.

Tachypnoea is easily overlooked when the respiratory rate is less than 30/min. Tachypnoea due to acidosis and pallor are important clues to the diagnosis of chronic renal failure, a common clinical problem in our population.

The presence or absence of clubbing of the fingers is a vexed problem on which much time is squandered. Clubbing is an important physical sign occurring in a wide variety of disease. Its presence is particularly valuable in bacterial endocarditis, as a

sign of right to left intra-cardiac or intra-pulmonary shunt even before cyanosis is evident, as a feature of suppuration in the thorax as in bronchiectasis, empyema and lung abscess, and in bronchogenic carcinoma. Clubbing is unusual in chronic bronchitis and emphysema without co-existent bronchiectasis or bronchogenic carcinoma. It is of some value to note that clubbing in pulmonary tuberculosis occurs only with extensive disease especially when it is chronic and suppurative. In the context of respiratory disease, therefore, clubbing is a valuable diagnostic physical sign.

Fluctuation of the nail base is usually accepted as the earliest sign of clubbing. Fluctuation is due to an increase in the soft tissue underlying the base of the nail and can be detected in normal persons in our population, at least during the long summers, presumably as the result of vasodilation due to high ambient temperatures. Hence it is necessary for us to accept obliteration of the normal obtuse angle between the nail plate and the fold at the base of the nail as the first definite sign of clubbing.

Clinical students spend a great deal of time looking minutely for gross and unusual skeletal abnormalities of the chest such as a bulging precordium due to gross cardiomegaly in childhood, a condition which is unlikely to survive to adulthood. In so doing, the attention is drawn naturally to mild asymmetry of the chest, a common finding due to marked right or left handedness, and interesting but inconsequential depression of the lower sternum. A little time could be spent more usefully looking for increased antero-posterior diameter of the chest, a sign associated with emphysema,

and angular deformities of the dorsal spine. Both conditions are easily missed if examination of the thorax is limited to a frontal approach. More useful than the static state, symmetry and extent of movement of the chest wall convey information about the compliance of the lungs. Impaired movement of one side is a sensitive pointer to the site of a lesion in the lung or pleura in the absence of unilateral muscle weakness from any cause. Generalised disease of the lungs is associated with markedly reduced expansion of the chest.

It is disconcerting to find no evidence of oedema when a patient complains of swelling of the extremities and puffiness of the face. The latter is particularly difficult to assess if one has not seen the face before. When present, swelling of the face is evident in the peri-orbital tissues and the eyelids, and pitting may be elicited on the forehead. Students tend to associate a puffy face with nephrotic syndrome so much so that a patient's description initiates detailed inspection of the face and generally concludes with a diagnosis of renal disease even though there is no evidence of increased interstitial fluid. Swelling of the face rarely occurs alone when it is a feature of obstruction of the superior vena cava and after a boxing encounter with the celebrated Mr. Muhammad Ali when, presumably, the swelling is due to leaking traumatised capillaries or to inflammatory exudate. Generalised increase in interstitial fluid occurs when there is impaired glomerular filtration and retention of sodium as in congestive cardiac failure and acute glomerulonephritis. In both the jugular venous pressure is raised. The increased interstitial fluid of profound hypoproteinaemia is associated with a low central venous pre-

saure. Reference to the physiology of fluid circulation from the vascular to the interstitial space is necessary in each case for the interpretation of the cause of oedema.

Treatment with hypotensive drugs apart, a fall in systemic arterial pressure in the upright position associated with an increase in heart rate occurs when there is a reduction of blood volume from any cause. In a somewhat wasted non-oedematous patient with non-specific complaints, postural hypotension may be the only useful clue to Addison's disease. It is always difficult to assess whether there is increased pigmentation of the skin in any individual but a witness long acquainted with the patient might be helpful. The change is gradual and often passes without notice. However, a useful sign is the contrast between recent scars which tend to be deeply pigmented and paler older scars. One might imagine that buccal pigmentation would be a useful physical sign, unfortunately patches of brown pigment are often seen in normal persons in the mucous membrane of the lips, occasionally on the palate, and often in the gingival mucous membrane of the tongue. Thus the expected external features of Addison's disease described in textbooks are vitiated in our pigmented population.

A common malady of unknown cause and consequence that is outwith the scope of standard textbooks, never escapes the notice of students and is termed, "muddy sclera". Its chief nuisance lies in the difficulty of recognising co-existent mild jaundice. To my humble eyes the "mud" seems to be brown pigment in the conjunctivae. Pigment in the buccal mucous membrane and conjunctivae occurs normally in our popu-

lation. The distribution of normal pigment is worthy of a systematic study.

I have said enough, I trust, to emphasise the importance of general clinical observation without pre-conceived notions of what one is expected to find. After the history an examiner is in a position to look more closely with the purpose of unearthing specific evidence to support the most likely diagnosis suggested by the patient's description of his illness. A regular routine of examination ensures that every system is scrutinised but it is a complementary exercise and not a substitute for the art of spontaneous observation. To illustrate, I can do no better than to quote a seemingly elementary deduction by the inimitable Mr. Sherlock Holmes:

"So, Watson," said Holmes suddenly, "you do not propose to invest in South African securities?"

"How on earth did you know that?" I asked.

"It was not very difficult, by inspection of the groove between your left forefinger and thumb."

"I see no connection," I said.

"Very likely not. But here are the missing links of the very simple chain.... One: you had chalk between your left finger and thumb when you returned from the club last night. Two: you put chalk there when you play billiards to steady the cue. Three: you never play billiards except with Thurston. Four: you told me, four weeks ago, that Thurston had an option on some South African property which he desired you to share. Five: your cheque-book is locked

# Splinting of Fractures

By: **DR. IDRIS**  
**M.B.B.S. D.A.B.S.**

The objective of emergency splinting of fractures are to prevent or reduce the secondary trauma to the minimum and to give relief from pain to the patient. This is necessary for transportation to and within a hospital. Except for the bones of the hand and foot, all long bones fracture must be splinted before transportation.

The diagnosis of fracture can be made with reasonable accuracy when the injured part shows signs and symptoms of pain, loss of function and deformity. One should not go to the extent of eliciting crepitus and false movement in order to diagnose fracture as these manouvers are very painful to the patient and could also be injurious to soft tissue.

A closed (simple) fracture of tibia can be transformed into an open (Compound) fracture if the patient is transported unsplinted. The primary or neurogenic shock can be perpetuated by continuous painful stimuli arising from the fractured bone when it is not splinted. Supracondylar fracture of a femur or humerus can Bruise or Lacerate the main artery if such a fracture is left unsplinted and the patient is allowed to be transported.

The Standard splints are not always readily available so one should think of various materials that may be at hand to use them as splints with reasonable efficacy.

## A. Shoulder, Arm and Elbow:

**Standard:** The extremity is placed in a sling with elbow at right angle and then the arm is bound to the chest. If the elbow happens to be in extension the extremity should be bound to the chest as it is and no attempt should be made to flex the elbow.

**Improvised:** The patient's shirt and may be turned up and pinned to the upper front part of the Shirt to serve as a sling. The arm then may be tied to the chest with a piece of cloth.

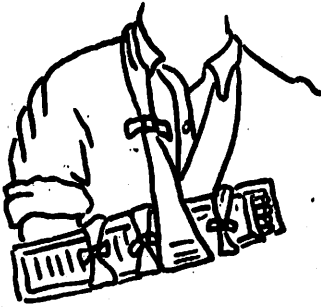
## B. Forearm, wrist and hand:

**Standard:** The forearm and the hand are bonded to a wooden and metal splint and then a sling is placed with the elbow at right angle.

**Improvised:** A magazine or heavy newspaper can encircle the forearm effectively to serve in place of wooden splint. This can



1.



FRACTURE OF FOREARM  
OR WRIST

TWO PIECES OF WOOD  
PADDED WITH TOWELS

2.

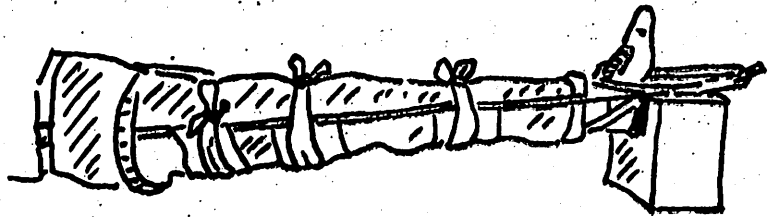


FRACTURE OF HUMERUS

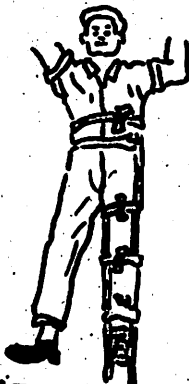
ARM BANDAGED TO BODY  
PAD IN AXILLA

3

FRACTURE OF FEMUR  
THOMAS SPLINT



4.



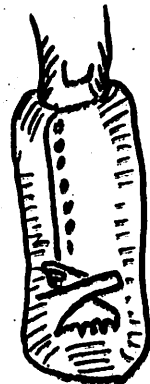
COAPTATION SPLINTING  
WITH BOARDS OF FRACTURE  
OF FEMUR

5.



LONG AND SHORT BOARD  
SPLINTS FOR FRACTURE  
OF LOWER LEG

6.



PILLOW SPLINT DRESSING  
FOR FRACTURE OF  
ANKLE.

be held in place with a handkerchief. A sling is then placed.

### C. Femur and Tibia :

**Standard:** Thomas splint is applied to support the extremity in slings made of bandages and a traction is maintained by a hitch applied over the foot tied to the end of Thomas splint. Fracture of tibia is splinted effectively with the help of aluminium gatter splint or with splint that extend from the toes to mid-thigh.

**Improvised:** Wooden boards may be used effectively for fracture of femur. One board should extend from the axilla to the ankle and the second board should extend from the medial aspect of Upper thigh to medial malleolus. Fracture of Tibia may be splinted with two boards one on the medial side and one on the lateral side extending from the mid thigh to the ankle. If nothing is available the fractured extremity should be tied to the uninjured one. Fracture dislocation of ankle can be very effectively splinted with the help of a pillow.

### D. Spine :

In dorsal and Lumbar spine fracture the patient should be transported on hard board (a door hinged out) with face up and a rolled blanket to support Lumbar Lordosis.

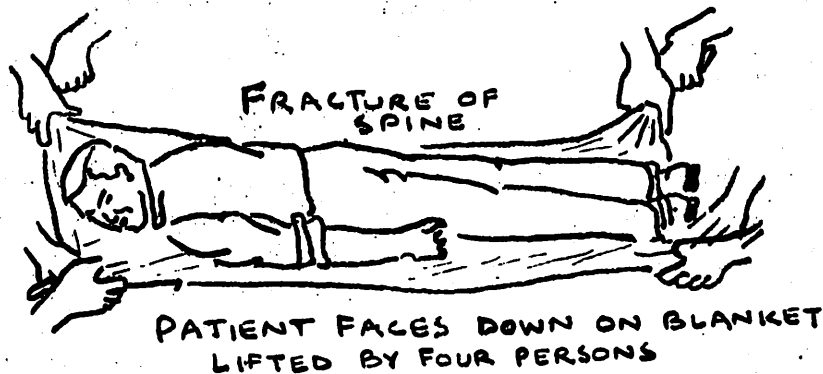
If the patient be transported with the help of a blanket, he should be put face down. Flexion of the spine must be avoided.

In fracture dislocation of cervical spine, the spine should be supported with the help of sand bags put on either side. Flexion or extension must be avoided.

### E. OPEN FRACTURE (Compound Fracture)

Compression dressing should be applied to stop the bleeding. After that a splint should be applied according to the situation While applying Thomas splint to an open fracture of Lower extremity excessive traction must be avoided otherwise the protruding ends of bone would be withdrawn into the wound although it looks very tempting to give a pull. This will further contaminate the wound and worsen the situation.

When applying splints to a fractured extremity one should always remember to splint it in the position it lies.



# Nephrotic Syndrome

BY

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Credit for an early recognition of an association between an anatomical derangement of the kidney and the condition characterised by anasarca and albuminuria belongs to Richard Bright (1836).

He describes in detail the varied clinical features. Writing about the disease he continues ; "Or without making such observation he wakes up in the morning with the face swollen, or his ankles puffy, or his hands oedematous ; it is found that already his urine contains a notable quantity of albumin."

Later he comments on the blood drawn from such patients.

It is often buffed or the serum is milky and opaque ; and a detailed analysis will frequently detect a great deficiency of albumin, and sometimes manifest indication of the presence of urea."

The insidious onset with prominent oedema and albuminuria, hypoalbuminaemia & hyperlipidaemia are characteristic of what we today call the Nephrotic Syndrome.

Muller (1905) had suggested the term nephrosis for such non-inflammatory condition and

this continued in general use until Ellis (1942) proposed the name, "type 2 Nephritis" for disease of insidious onset. Ellis's conclusions were based mainly on experiences with adults and his post mortem material contained a high proportion of progressive, sclerosing, glomerular lesions, both proliferative and membranous, and in keeping with a recovery rate of less than 5%.

However, recovery rate of childhood nephrosis was in the region of 50% even before the advent of corticosteroids (Lawson 1960 Arvneil 1961). Ellis's classification does not apply satisfactorily to glomerulonephritis in children.

Biopsy studies have shown that oedematous form of nephritis had many causes and the term NEPHROTIC SYNDROME had gained increasing acceptance during the past decade.

## Principle causes of Nephrotic Syndrome

### I. Primary Glomerular Diseases :

Minimal Change Lesion

Focal glomerulosclerosis

Proliferative glomerulonephritis.

Membranous (Epimembranous) Nephropathy.

## II. Nephrotic Syndrome "Secondary" to :

### A. GENERAL DISEASES :

Primary or Secondary Amyloidosis  
Diabetes mellitus  
Lupus Erythematosis  
Periarteritis nodosa  
Henoch Schonlein Purpura.

### B. CIRCULATORY DISORDERS :

Renal Vein Thrombosis  
Constrictive Pericarditis.  
Cardiac insufficiency.

### C. POISONING :

Trimethadione  
Heavy metals (mercurial diuretics,  
salts of mercury, bismuth and gold)  
Penicillamine  
Snake bite and bee sting  
Chemical products and various allergens.

### D. INFECTIONS OR PARASITOSIS

Malaria (African countries).  
Syphilis, various parasites,  
Cytomegalic inclusion disease.

### E. GENETIC CAUSES :

Familial nephrotic syndrome.

## Morphologic Classification :

Wide variety of changes are observed on histological examination.

### 1. MINIMAL LESION FORM (Idiopathic Nephrotic Syndrome of childhood.)

This accounts for 80-90% of children with nephrotic syndrome. It is characterised by responsiveness to corticosteroids therapy. Light microscopy rarely show any changes. (Some areas of prominence of mesangial matrix may be seen). Changes in electron microscopy are

fusion of epithelial foot processes along the epithelial aspect of glomerular basement membrane. The pathogenesis of glomerular abnormality is not understood. It is suspected that a metabolic, biochemical or physicochemical disturbance in the glomerular basement membrane is responsible for increased permeability to proteins.

### 2. FOCAL GLOMERULOSCLEROSIS :

The lesion is both focal and segmental. Some glomeruli are apparently unaffected while others are partly or completely sclerosed.

### 3. PROLIFERATIVE GLOMERULONEPHRITIS:

Proliferation may effect mesangial, endothelial and epithelial cells. This group comprises a number of variants :

- a. Diffuse proliferative and exudative glomerulonephritis.
- b. With lobular stalk thickening.
- c. With crescent.
- d. Membrano proliferative glomerulonephritis.

### 4. MEMBRANOUS OR EPIMEMBRANOUS NEPHROPATHY :

All glomeruli show diffuse capillary wall thickening without cellular proliferation.

### TUBULAR AND INTERSTITIAL CHANGES

These are mainly secondary. Small number of children may have focal tubular atrophy on biopsy. Slight or moderate dilatation of proximal tubules is frequently observed.

### Incidence :

Figures are available of 145 cases that were studied by J. Black and H. R White. Their series comprised of two groups.

- a) UNSELECTED PATIENTS : 75 previously untreated children admitted to hospital in South East and South West Metropolitan regions and



lately the Birmingham region under the care of paediatricians

b) REFERRED PATIENTS : To children which presented problems of diagnosis and management were referred for further investigations :

GLOMERULAR MORPHOLOGY:	UNSELECTED PATIENTS	SELECTED PATIENTS :
Minimal changes	66 (88%)	45 (64.3%)
Focal Glomerulosclerosis	4 (5.3%)	8 (11.4%)
Proliferative glomerulonephritis	5 (6.7%)	15 (21.5%)
Epimembranous nephropathy		2 (2.8%)

It can be seen that minimal lesion constitutes the majority. High incidence among the referred patients reflects the frequency with which they run a replacement course when treated with corticosteroids

Detailed electron microscopic studies are not available as regards Nephrotic Syndrome in Pakistani Children. However clinical behaviour of nephrotic syndrome in Pakistani children is similar to what has been studied by SRIVASTAVA et al (1973) and White (1971) (1). This suggests that most probably the percentage of relative pathologic lesion in our cases are similar to these workers. Total incidence of Nephrotic Syndrome according to studies of J. P. M. C. (1) is 0.9%. Our unit registered 22 cases out of 2200 admissions in a year (1%).

#### Clinical Manifestations & Course

Majority of cases occur in pre school children. The highest incidence was at the age of 3 years and male to female ratio 1.5 : 1 (1). Out of 54 cases forty one were between 1-6 years and 13 above 6 years

The first manifestation is oedema. An antecedent respiratory infection is not uncommon and may precipitate a relapse. Oedema may cause weight gain of 15-20%. It involves face, abdomen and lower limbs. In extreme cases ascites and plural effusion may be present and genitalia may be involved. Anorexia, lassitude and diarrhoea may be present. Blood pressure is usually normal or even slightly decreased. In some cases B. P. may be raised probably because of hyperreninaemia leading to excess production of angiotensin. Nephrotic children are more susceptible to infections due to low gamma globulins.

Untreated cases tend to have a prolonged course characterised by recurrent episodes. In some cases recurrence may occur spontaneously or after inter-current illness as measles.

#### Laboratory Data :

**Blood C. P.** Usually absence of Anaemia. Hb and haematocrit may be elevated owing to haemoconcentration.

**W. B. C. Count** normal or mildly elevated

**E. S. R.** Raised (usually observed to be around 100 in acute nephrotic syndrome).

**Urine :** Proteinuria usually in excess of 2 Gram in 24 hrs.

**Serum Proteins lowered :** Albumin/globulin ratio is altered because albumin is lost more than globulin in majority of the cases.

Selectivity of proteinuria is more in Minimal Lesion type and most of the patients with selective proteinuria show good response to steroids.

**Serum Cholesterol** levels are high :

**DIAGNOSIS** is easy considering :

- i) Clinical history
- ii) Laboratory findings
- iii) Usual responsiveness to steroids
- iv) Characteristic finding on renal biopsy (not usually required).

## Differential Diagnosis :

\*C. C. F. with Severe Oedema : Dyspnoea +ve. Venous pressure, Signs of underlying cardiac disease. Oedema usually absent from face, Proteinuria.

\*Chronic Glomerulonephritis and Nephrosclerosis : Oedema is due to cardiac failure resulting from hypertension.

## \*Hypoproteinaemic Oedema :

Due to causes other than proteinuria, impairment of intake, digestion, absorption and synthesis of protein and protein losing enteropathy.

## \*Different type of Glomerulopathies :

Renal biopsy is most useful to differentiate the uncommon varieties certain clinical features may be helpful.

## \*Idiopathic Membranous Glomerulopathy :

Clinical findings identical except age of onset over 10 years and response to steroids is poor, proteinuria is less selective.

## \*Membrano Proliferative Glomerulonephritis :

Haematuria, Hypertension are not uncommon.

\*Membranous Glomerulopathy : May be associated with systemic disease as Lupus Erythematosus, Malaria, Syphilis-Specific features of respective systemic disease +ve.

\*Drug and toxin induced Nephrotic Syndrome ; Secondary to ingestion of Hg, Arsenic Trimethadione therapy. Exposure to poison or bee sting.

## Treatment :

This is directed towards the relief of Oedema and the control of proteinuria.

## Relief of Oedema.

### 1. PROTEIN INTAKE :

High protein diet has to be allowed and ensured.

### 2. FLUID AND SALT INTAKE :

These have to be restricted when the patient is admitted with anasarca and oliguria. Later on when diuresis occurs (due to steroid therapy) these restrictions should be relaxed.

### 3. DIURETICS :

They can cause significant loss of fluid resulting in patients comfort but not the outcome of the disease. So they are used according to merit of the case. Generally they are regarded to be of osmotic value only.

### 4. AGENTS :

Like Plasma, salt free albumen, dextran etc. are not generally required.

## Control of Proteinuria :

### CORTICOSTEROID THERAPY.

Majority (about 80%) of children with nephrotic syndrome respond to corticosteroid therapy. A satisfactory regimen is Tab. Prednisolone 2 mg/kg. body weight daily. Diuresis usually occurs within 7-10 days. Proteinuria resolves and serum proteins start returning to normal. When progress has been satisfactory for about a fortnight the dose of Prednisolone is reduced by (5-10 mg. weekly).



Even after discharge from the hospital patients have to be followed up properly. The dose of steroids is further reduced and finally stopped.

Any infection during the course is treated with proper antibiotics.

### Cytotoxic Drug Therapy :

In majority of cases steroids are useful and relapses few. In some cases relapses continue over many years which respond repeatedly to corticosteroids but without resolution of the disease : (Steroid dependant cases).

Patient who do not respond even after 6 weeks of steroid therapy can be labelled as steroid resistant cases.

Different Cytotoxic drugs have been used in the treatment of nephrotic syndrome. (AZATHIOPRIN, CYCLOPHOSPHAMIDE etc.) Cyclophosphamide is preferred because of less toxicity. Like steroids Cyclophosphamide has also been used in different doses and different regimen. (Adequate dose is 2-3 mg/kg/day).

Cyclophosphamide has been useful in the treatment of steroid dependent case. It decreases the frequency of relapses and prolonged remissions.

**Congenital infantile and familial form or nephrotic syndrome :**

This type of nephrotic Syndrome is very rare and occurs in Scandinavian countries. Occurs in first 3 months of life. There is cystic

dilatation of the proximal tubules and glomerulosclerosis.

There is no specific treatment. Sodium restriction and good diet may be tried.

### References :

- \*(1) Razia J. Rahimtoola, M. D. Khan Nephrotic Syndrome in Children a Clinical Study J. P. M. A.
- \*(2) A. G. Bilo lectures on Paediatrics.
- \*(3) Boyd William Text Book of Pathology.
- \*(4) Cameron J. S. British Medical Journal 1970.
- \*(5) Davidson the Principles & Practice of Medicine 1972.
- \*(6) Donoug O'Brein—Kidney & Urinary tract in current Paediatric diagnosis and treatment.
- \*(7) Ellis & Mitchell Diseases in infancy & child hood.
- \*(8) Hamburger Jean Nephrology Vol. I 1968.
- \*(9) J. Naqvi, N. Jafary. A study of Protein Clearance in patients with Nephrotic Syndrome J. P. M. A. Dec., 1976.
- \*(10) Nelson Text Book of Paediatrics Tenth Edition 1975.
- \*(11) Riley Conard : Nephrosis : Paediatric Therapy 3rd. Edition.
- \*(11) White H. R. The Nephrotic Syndrome : Recent advances in Paediatrics, 1971 (Gairdner).

in my drawer, and you have not asked for the key. Six : you do not propose to invest your money in this manner.

"How absurdly simple!", I cried.

"Quite so!" said Holmes.

from  
The Adventure of the Dancing Men  
by A. Conan Doyle.



# An Antibiotic Policy For Surgical Patients

By: DR. SANOBAR CHAUDHRY  
S. W. I.

Antibiotics from their advent have been regarded as safe drugs of wide application and consequently are often misused. The incidence of resistant strains and infection by opportunist organisms is increasing, thus decreasing the value of these important drugs.

In an attempt to contain the ever increa-

sing prevalence of antibiotic resistant strains it has been suggested that a hospital should have a policy for the management of infective lesions. The policy can be based largely on the isolation of patients with bacterial lesions likely to colonise other patients or the staff, and, on a restriction on the use of antibiotics, so that each antibiotic prescription is carefully considered.

## ANTIBIOTIC THERAPY

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### SYSTEMIC

1. Therapeutic.
2. Prophylactic.

### TOPICAL

### TABLE - 1

#### THERAPEUTIC INDICATIONS :

1. When the patient's illness has been shown to be due to infection with bacteria.
2. Eradication of the bacteria is expected to improve the patients condition.
3. The bacteria are sensitive to an available antibiotic.



4. The site of infection is accessible to antibiotics.
5. Treatment with appropriate antibiotics will not produce some illness more serious than the original infection.

However in surgical practice there must often be cases where it is not possible to satisfy all the above requirements with certainty, but doubt on two or more should be an indication for serious questioning before antibiotics are given, because ineffective treatment is a potent way of selecting resistant variants.

#### **PROPHYLACTIC INDICATIONS:**

There is greater scope for antibiotic abuse in prophylaxis is most likely to be successful against a known organism. The few known legitimate indications are:-

##### **(a) Patients with heart lesions undergoing surgery:**

Patients with congenital or acquired abnormalities of the heart valves are unusually susceptible to implantation of microorganisms circulating in the blood stream. The organism commonly involved is the *Streptococcus viridans*, which enters the blood stream from the upper respiratory tract and large number of these organisms are pushed into circulation during dental procedures and operations of the mouth or throat.

The antibiotic of choice is Procaine Penicillin 600,000 units I/M 1-2 hrs. before procedure to obtain peak levels during surgery and once daily for 2 days thereafter.

If the patient has had rheumatic fever and is already being given penicillin or if

patient is hypersensitive then Erythromycin+ Lincomycin may be used.

##### **(b) Above knee amputation of an ischaemic leg:**

As *Clostridium Welchii* may be a bowel commensal and may contaminate the wound which is close to the anorectal region Benzyl Penicillin I/M should be given one hour before surgery.

##### **(c) Open heart surgery:**

In open heart surgery while inserting a prosthesis there is danger of *Staph. Albus* infection. Prophylactic antibiotic choice includes. Cloxacillin and Gentamycin.

##### **(d) Bowel preparation:**

An important pre-operative step in colonic surgery is to reduce the heavy commensal bacterial flora of the large bowel. This is done to prevent post-operative sepsis and break down. The measures that are generally taken are as follows:-

48 hrs. before surgery the patients intake is restricted to fluids.

Colonic washouts / enemas are given nightly.

Neomycin sulphate 1G. 6 hrly is given for 2 days pre-operatively or alternately. Sulphathiazole 1G 6 hrly for 5 days pre-operatively.

#### **INDICATIONS FOR TOPICAL ANTIBIOTICS:**

1. To prevent infection in burns. Patients with severe burns have large areas denuded of skin and are prone to infection. *Streptococcus B. Haemolyticus* in particular prevents early successful skin



grafting which is essential if chronic sepsis, malnutrition or scar contractures are to be avoided. Antibiotics used are Mefaride (Sulfamylon) Gentamycin, 1% cream, Bacitracin and Neomycin cream.

2. Bed Sores.
3. Line of separation of gangrenous toes.
4. Instillation into the urethra and urinary bladder after catheterization.
5. Where blood borne antibiotics fail to penetrate e.g. spinal canal and bony sinuses.
6. An abscess is traditionally trekked by incision and open drainage. Recent trials have shown that by instilling Fusidic Acid Gel into the cavity, successful primary closure may be achieved.

#### CHOICE OF AN ANTIBIOTIC :

The descending order of choice should be :-

1. Bactericidal antibiotic before Bacteriostatic antibiotic ( Table - 2 ).

Antibiotics are selectively toxic to micro - organisms at concentrations below those that injure the host.

2. A narrow spectrum antibiotic rather than a broad spectrum so as to minimise the disturbance of the normal bacterial flora of the body.

3. A combination of antibiotics should be used only in extenuating circumstances such as in the treatment of mixed infections, to achieve a bactericidal action not obtained by using either drug alone in non - toxic doses. This is usually indicated in granulocytopenics and bacterial endocarditis.

An important instance where a combination of antibiotics is used is when sulphonamides and trimethoprim (Septran) are used as they have a synergistic action on the folic acid metabolism of the bacteria.

A combination of penicillin and tetracycline is to be discouraged as penicillin is a bactericidal drug and acts only on rapidly multiplying cells, whereas tetracycline is a bacteriostatic drug which inhibits the growth of the bacteria. If these two antibiotics are used together neither will give the desired result.

ANTIBIOTIC	MODE OF ACTION
1. Penicillins	Bactericidal
Cephalosporins	"
2. Aminoglycosides	"
3. Colistins	"
Polymyxins	"
4. Tetracyclines	Bacteriostatic
Chloramphenicol	"
5. Erythromycin	"
Lincomycin	"
6. Sulphonamides	

### RANGE OF SUCCEPTIBILITY OF PATHOGENIC SPECIES

Organism	Pencillins :				Cephalo- sporins	Erythromycin Lincomycin		Tetracyclines	Chlora- mphere	Aminoglycosides			Polymixns Causting	Co-Trimo- xizole.
	P.G.	A.	C	C		E	L			S.	K.	G.		
STAPH. AUREUS	++	++	++	+	++	++	++	+	+	+	++	+	---	+
STREPT. PYOGENES	+++	++	++	++	+	++	+	+	+	+	+	+	---	++
STREPT. FAECALIS	+	++	-	++	+	+	-	+	+	+	+	+	---	+
CLOSTRIDIA	+++	++	-	+	+	+	+	+++	---	---	---	---	---	++
E. COLI	+	+	-	+	+	-	-	+	+	---	++	+	++	++
PROTEUS	+	+	-	+	+	-	-	+	+	+	+	+	+	---
PSEUDOMONAS	-	-	-	+	-	-	-	-	+	-	+	+	+	---
KLEBSIELLA	-	-	-	-	+	-	-	+	+	++	+	++	++	+
BACTERIOIDES	-	-	-	-	-	-	++	-	---	---	---	---	---	---

P. G. PENCILLIN            SENSITIVE    =    +  
 A AMPICILLIN            RESISTANT    =    -  
 C CLOXACILLIN  
 C CARBENECILLINS

TABLE - 3



## RULES FOR ANTIBIOTIC THERAPY

1. Make an etiologic diagnosis based on clinical observation.
2. On the basis of past experience select suitable antibiotic (Table 3).
3. Before beginning a presumptive antibiotic treatment obtain meaningful specimens for culture and sensitivity (pus, blood, urine other discharges). As soon as results are available start specific antibiotic therapy.
4. Based on the patient's clinical response review the antibiotic's being used, at intervals of 2 & 10 days.

## ADVERSE REACTIONS OF ANTIBIOTICS

DRUGS	DIRECT TOXICITY	ALLEGIC REACTIONS
Pencillins	--	Urticaria - Anaphylaxis.
Cephalosoprin	Nephrotoxic.	No gross sensitivity.
Amingolycosides	Nephrotoxic	
Streptomycin	Ototoxic.	Skir rashes.
Kanamycin	Potentiaks Curari form	
Gentamycin	Drugs.	
Colistin / Polymixins	Nephrotoxic.	
Tetracycline	Hepatotoxic of given i v Potentiates Ureama.	Rashes
Chloramphenicol	Blood dyscrasias Toxic to neonates.	
Erythromycin	Diasshoea	
Lincomycin		
Sulphonamide.		Rashes
Trimethopsion		

TABLE - 4

### ADVERSE REACTIONS:

1. Sensitization e. g. Anaphylactic reactions to penicillines.
2. Direct Toxicity: Many drugs have characteristic toxic effect which may be manifested if the blood level rises too high as in patients with impaired renal function.
3. Super Infection: A hazard of antibiotic therapy is that by its use the harmless commensal and the antibiotic sensitive bacteria of the mouth, throat



& intestine may be eliminated and their place taken by more trouble some resistant flora.

4. Emergence of resistant strains. Some species of bacteria are uniformly resistant to the levels of particular antibiotics attainable in the blood or tissues. A few bacteria are uniformly sensitive. The emergence of resistant strains may be due to a variety of mechanisms.
  - a. Ability of the organism to produce enzymes which destroy the antibiotic. e. g. Staphylococci produce an enzymes Pencillinase which destroys penc.llin. a similar mechanism can also degrade streptomycin & Chloramphenicol.
  - b. The resistant strains seem to have metabolic pathways that can evade the block attributable to the antibiotic.

- c. Methods to exclude the antibiotic from the cell. However the process commonly seen & more important is one of super infection of the patient with a new resistant staphylococci from another patient or a member of the staff.

#### **FAILURE OF ANTIBIOTIC THERAPY:**

1. Collection of pus.
2. Presence of a foreign body.
3. Failure of drug to reach site of infection.
4. Super infection.
5. Emergence of drug resistant organisms.
6. Incorrect drug.

# *The Rheumatoid Hand*

By: **PROFESSOR I. A. JOKHIO**  
Professor of Orthopaedics

The Rheumatoid Arthritis is not an uncommon disease in our country. Though its incidence may not be as high, but in the absence of proper Department of Rheumatology, most patients who complain of pain or swelling or both in one or multiple joints tend to attend the Out-Patient Department of Orthopaedics.

In year 1976-1977, we have seen 316 cases of Rheumatoid Arthritis, which makes 3% of the total attendance in our O.P.D.

The disease becomes all the more important because not only it afflicts the young adults, but that, if it is not managed properly, more so on the early stages, then it leaves a trail of disabled and deformed patients.

It shall be a point to ponder here, that contrary to the common belief, this disease is equal or even more commonly prevalent in males than females in the Northern provinces of our country.

The disease therefore deserves utmost attention from the attending doctor, to match the anxiety and the fears of impending

disability that harbours on the mind of his patient.

I have chosen "HAND" as the subject of this article because of its special importance in Rheumatoid Arthritis. It contains many joints and tendons commonly involved in this disease and because the damage to these structures can have severe effects on power and precision movements. These functions are impaired early in the disease by pain and stiffness associated with synovitis and effusion in the joints and the tendon sheaths. The later changes in the joints include erosion of articular cartilage and the bone, stretching of Capsular ligaments with joint subluxation and often ankylosis in the end. Local thickening of tendon sheaths impair the movements of tendons which themselves become weakened and even may rupture. Raised pressure within the Carpal Tunnel due to inflammatory swelling of synovial tissue causes compression of the median Nerve and flexor tendons.

Vascular complications of Rheumatoid Arthritis are often manifested in the hands; arterial thickening causes Cold fingers, small

cuntaneous infarcts or peripheral Neuropathy which in the Upper Limb usually consists of sensory loss in one or more fingers.

#### GENERAL MANAGEMENT :

The main physical measures to maintain the good range of functional mobility and the prevention of the deformities, are EXERCISE and SPLINTING.

#### EXERCISES :

The emphasis must be placed on particular types of exercises, which is dependent on the degree of deformity already present, or threatened, and the patient's employment and his customary day to day activities, but the active exercises of wrists and the hands must become a part of Life long daily programme.

The particular attention should be given to Dorsiflexion of wrists, extension of fingers and thumb, and Radial deflection of all fingers.

The patient should be encouraged to continue normal manual activity as far as possible. He should avoid any thing which causes pain, strain or fatigue.

Occupations such as Knitting, or writing should be encouraged but avoided in excess because it is unwise to hold hands for long periods in cramped positions. The pain must be controlled by suitable analgesics to facilitate the patient to perform such movements and moderate exercises.

Local heat, like Immersing hands in paraffin wax, or hot water should be gainfully applied before starting of exercise.

Variety of Games-boards have been devised for Rheumatoid patients to do the finger

exercises and achieve maximum coordination of movements.

#### SPLINAGE :

The wrist Splint which is most usefull for the hands must be worn at nights to prevent flaxion contractures and the Ulnar Deviation of the hand. These splints made of pop cast, or plasters extend to the tops of fingers. These can be used during the day time and also during acute phases of arthritis.

These splints, which can be shortened to relieve fingers, can be used to support the joints during heavy work. Such splints also relieve Nocturnal parasthesia of the early Carpal Tunnel Syndrome.

#### LOCAL INJECTION :

The local Hydro-cortis one injection into individual small joints of the wrist, are really helpful in the acute stages of the disease. The injection into the Carpal Tunnel can ease the symptoms of median nerve compression.

#### SURGERY

The Surgical operations in Rheumatoid arthritis are performed for relief of pain, for prevention or correction of deformity and consequently for maintenance or improvement of function.

There is on doubt that some procedures like repair of Tendons should be carried out as soon as possible, but the timing of metacarpophalangeal synovectomy is often less certain, since one wants to avoid unnecessary operations but nevertheless the Synovectomy should be performed before advanced EROSION, deformity or ankylosis with mar-



ked wasting has occurred. There is however general trend towards earlier Surgery with which we are in agreement. The following techniques are available.

- (1) Synovectomy of joints and Tendon sheaths.
- (2) Release operation (Trigger finger, Carpal Tunnel).
- (3) Tendon Repair.
- (4) Arthroplasty (for M.P. Joints).
- (5) Arthrodeses (Wrist and thumb).
- (6) Local Removal of Nodules and bony prominences.

Great care is required to select the patients as prolonged cooperation by the patient in post-operative rehabilitation is very necessary to achieve optimum satisfactory results.

I will describe some of the features of Rheumatoid Hand which can be treated by Surgery.

#### LOCAL SWELLING :

When Synovial tissue arises from the joint as much as Synovial tissue is removed from the joint (SYNOVECTOMY). This not only prevents recurrence, but eases joint movements and possibly retards erosion of articular cartilages.

SYNOVECTOMY of Tendon sheaths produces FREER Tendon action and prevents damage to tendons by infiltration and pressure.

#### TRIGGER FINGER :

The thickening of Tendon sheath of the finger is responsible for the well known "TRIGGER FINGERS" which is so common in

Rheumatoid Arthritis. It is relieved by simple longitudinal incision in the thickened area of sheath.

#### CARPAL TUNNEL COMPRESSION :

The Synovial thickening in the Carpal Tunnel at wrist not only causes pressure on the median nerve with consequent development of "Carpel Tunnel Sundrome" but also may cause mechanical interference with tendon function. Stiffness of fingers particularly in the mornings, may be the only evidence of Carpal Tunnel Syndrome in early Rheumatoid Arthritis. The swelling may develop above and below the Transverse Carpal ligament.

Division of the Transverse Carpal Ligament is usually all that is necessary to relieve the symptoms.

SYNOVECTOMY is also advocated if there is considerable thickening, inflammatory in nature, of the synovial sheaths within the tunnel.

#### PAINFUL WRIST :

Pain on the wrist joint is relieved by arthrodesis, which is obtained without difficulty in Rheumatoid joint.

The functional disability of the permanently stiff wrist is remarkably slight. Indeed function of the whole hand is likely to improve after arthrodesis, because finger movements and the grip improves after the pain has been relieved at wrist.

#### RUPTURED TENDONS :

Almost any Tendon in the hand can rupture when it is weakened by Rheumatoid



infiltration, and due to friction which is common in tendons which pass over bony prominences.

Repair of tendon is most successful when extensor and rather than flexors are involved.

Direct suturing is often impossible hence tendon graft or Tendon Transplantation becomes necessary i.e. extensor induces to the extensor pollicis longus. Repair of extensor to Ring or little fingers, require also excision of head of ulna.

The repair of flexor tendons is seldom satisfactory.

#### JOINT INSTABILITY :

Instability of joints of thumb is very common and disabling feature of advanced Rheumatoid Arthritis. The Restoration of stability by Arthrodesis at the cost of loss of movement, is a worthwhile procedure because it allows the return of important Gripping power between thumb and the four fingers.

#### ULNAR DEVIATION AND SUBLUXATION OF META-CARPO PHALANGEAL JOINTS :

The Synovectomy and the replacement of tendons from Ulnar side to their central position of function at dorsum of M.P. joints gives fairly good results. This operation delays the progress of Joint destruction and the subsequent Ulnar Drift.

Arthroplasty is indicated when dislocation and severe functional disability has developed. This consists of excision of metacarpal heads and realignment of extensor tendon.

The Metal Hinged Prosthesis are now being frequently used, with satisfactory results.

#### REHABILITATION :

The effect of Rheumatoid Arthritis depends greatly on patient's temperament and occupation. The Arthritis of hand makes different impact on a sedentary worker, a manual labourer or a Musician. In progressive disease, there must be sometimes, modification or change of employment, and the doctor should seek help of occupational therapy and any rehabilitation services if available.

#### CONCLUSIONS :

Careful conservative management and an alert watch for commencing deformity are essential in the early stage of Rheumatoid Arthritis.

It is a tragedy that countless patients of Rheumatoid Arthritis, are disabled by deformities and disabilities such as flexion Contracture of wrist, or ruptured finger tendons, Instable and gripless thumb, Radio Ulnar dislocation which could be prevented or corrected by physical or Surgical procedures.

Awareness of the problems is in fact half the answer.

# Dont Take Vitamins

Shakeel Ahmed

Final Year M.B.B.S.

The early decades of the twentieth century saw an amazing series of miracles in the world of medicine. Diseases which were widespread in many countries affecting millions of people, were suddenly revealed as caused by dietary deficiencies of biochemical substances that the human body either could not synthesize or could synthesize in insufficient amounts. These biochemical dietary factors are familiar to the lay man as "VITAMINS".

In underdeveloped and developing countries like Pakistan, the dietary intake of vitamins like other food stuffs generally is insufficient and conditions like scurvy, rickets, pellagra and pernicious anaemia are prevalent. It is no wonder that the very word "VITAMIN" was carried into popular parlance as the epitome of a wonder drug, but it must be clear that vitamins are not drugs in the strict of the world. Infact, a vitamin is a normal daily dietary requirement like proteins, fats, carbohydrates, minerals and water. vitamin supplements should be considered only when there are definite clinical signs of deficiency, or in special circumstances when a deficiency state may arise. These special cases include the chronic use of certain drugs, malabsorption and other gastro-intestinal disorders, exclusive use of a vegan diet and pregnancy.

## Vitamin Supplements for General Population

As vitamins influence every cell and tissue in the body, it is not surprising that a wide range of non-specific therapeutic effects were reported by some, which could not be demonstrated by others. All disease processes, are influenced, to greater or lesser extent by, vitamin status. Most diseases present in worst forms in a subject with generalised hypovitaminosis appear to weaken body defence mechanisms, including immunological responses. When vitamin status is improved, many diseases respond, simply because the general health of a particular tissue is improved, and any associated disease influenced is "diluted".

This response must be distinguished from the conditions which are entirely due to lack of specific vitamins, e.g. scurvy. Further-more vitamin supplements should not be prescribed for the diseases which are likely to be enhanced by vitamins, e.g. vitamin 'D' in chronic kidney disease or Renal failure. Certain vitamins preparation can be used for the treatment of specific conditions unrelated to dietary deficiencies, perhaps in higher doses. For example it is well documented that Niacin has a hypocholesteraeamic effect when given in large doses to some patients. Similarly the

effect of vitamin C on common colds and Tocopherols on heart diseases are widely known, though still highly controversial.

In developed countries the vitamin deficiency diseases on rate. The dietary intake of vitamin in their general population approaches the optimal level. In developing or under developed countries, the situation is different. The general population is ill nourished and gets sub-optimal levels of vitamins. Therefore the vitamin deficient conditions are quite common. Table--1 shows the differences between the recommended dietary allowance of vitamins among developed and under developed countries.

**Table--1**  
**Recommended Daily Requirement for Adults (Average)**

No.	Vitamin	Pakistan	United Kingdom
1.	Ascorbic Acid	75 mg.	30 mg.
2.	Vitamin A	5,000 i.v.	
3.	Vitamin D	500 i.v.	
4.	Vitamin B <sub>12</sub>	0.002 mg.	No recommendation
5.	Niacin	15 mg.	13 mg.
6.	Thiamine	1.8 mg.	0.9 mg.
7.	Ribo-flavin	1.6 mg.	1.2 mg.

It is logical to assume that the average dietary intake of vitamins should be more in under developed countries. It is well known that almost all foods lose vitamins during storage or over cooking. Therefore, vitamin intake can be improved by taking fresh and properly cooked food especially in countries like Pakistan.

### Vitamins may be Dangerous :

It has often been suggested but never proved that sub-clinical vitamin deficiency is a cause of ill health and liability to infection. This idea has led to enormous consumption of vitamin preparations which probably have no more than place-bo value.

The solution of vitamin deficiency is not the general prescription of multivitamin preparations but a nutritional educating programme to improve the average dietary intake. Vitamin capsules can never make up for poor diet; On the other hand they may act as poisonous substances. It would be surprising to know that about 4000 children each year are poisoned in the United States by eating handfuls of such capsules. It is still not widely realised that a vitamin overdose is harmful and potentially lethal, particularly for children.

In adults also, adverse effects of hyper-vitamnosis are documented. Large doses of vitamin A causes loss of weight, atrophy of skin; loss of hair; ulcerations in the eye; haemorrhage and decalcification of bones resulting in spontaneous fractures. Some times severe headache and vomiting also occur. Prescription of vitamin 'A' for prevention of Common Cold is not justified by any reliable clinical evidence. There is no convincing evidence that vitamin 'A' acts as "Anti-infection Vitamin" or prevents sunburn as is claimed.

The value of vitamin 'C' in prevention of common cold and wound healing is uncertain. It is inadvisable for physicians to prescribe high doses of Vitamin C as this may lead to formation of Oxalate Stones in the Urinary tract.

## Drugs Adversely Affecting the Vitamin Status

No.	Drugs	Vitamins Affected
1.	Estrogen; Oral Contraceptive	Thiamines, Riboflavin, Pyridoxine, B <sub>12</sub> , Folic acid, Ascorbic acid, Vit. E
2.	Levodopa	Pyridoxine (B <sub>6</sub> )
3.	Tetracyclines	Riboflavin & B <sub>12</sub>
4.	Alcohol	Thiamine, B <sub>12</sub> , Folic acid, Ascorbic acid
5.	Corticosteroids; Prednisolone; ACTH	Thiamine; Ascorbic acid
6.	Isoniazid	Pyridoxine (B <sub>6</sub> )
7.	Acetyl Salicylic acid	Folic acid; Ascorbic acid
8.	Neomycin	B <sub>12</sub>
9.	Pencillamine	Pyridoxine (B <sub>6</sub> )
10.	Pyrimethamine	Folic acid
11.	Phenytoin	Folic acid

Large doses of Vitamin D lead to anorexia, nausea, vomiting, headache, drowsiness, polyuria and polydipsia, calcium deposition may occur in the heart, lungs, blood vessels, kidneys and other soft tissues. Signs of Hypertension or Renal failure may develop.

Similarly, use of Thiamine and many other vitamins as general tonic or appetiser is supported by no good scientific evidence.

### Special Groups:

So far, we have discussed only the general population, but there are some groups of individuals for whom the vitamin supplementation is quite important.

The first group is of individuals receiving

drugs which interfere with the actions of one or more vitamins. The list of such drugs is growing but Table--3 indicates some major interactions. It is important to realise that many drugs used over a long period of time, such as oestrogens, corticosteroids, pyrimethamine, levodopa, etc. have pronounced effect on several vitamins. Patients receiving such drugs, should take a supplement of the appropriate vitamins but probably unnecessary in acute stage.

Vitamins can be administered parenterally in patients with Oesophageal cancer and many other gastro-intestinal disorders.

The second group is of pregnant and lactating women, who require greater amount of vitamins than the general adult population. Similarly convalescing patients and children require greater amount of vitamins because of their higher metabolic needs.

In developing countries folate supplements in pregnant women improve birth weight, lessen infant morbidity and mortality, and reduce the incidence of pregnancy anemias. Vitamin supplements during pregnancy and lactation are justified to improve the health of the mother and baby.

### Conclusion:

In the end, we can summarise that hypovitaminosis in the general population requires nutritional education of the masses rather than supplementation by multivitamin tablets or capsules. We should not waste money on a multitude of multivitamin preparations, but should improve our diet as a whole.



# The Price of Cigarette Smoking

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"The lung cancer is a price of cigarette smoking". How far this statement is true, a person belonging to the medical profession can realize it.

## Incidence

The incidence of lung cancer is increasing as the habit of cigarette smoking is becoming commoner every day.

According to the information of "THE CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH", the latest available figures, including only males over the age of 45 years, show a death rate from lung cancer of 140.7 per 100,000, in this state. The rate is probably as high or higher in the United Kingdom and in many other parts of the highly civilized world. Hence, it has become popular to call this as Pandemic.

The Pandemic lung cancer, which is sweeping the globe, is not only a matter which is dealt with by doctors but it has become a serious concern for Psychologists, Sociologists and other persons of human behaviour as well. Perhaps the problem should be referred to the behavioural scientists because the physicians have failed to score any substantial gain towards a solution of this basic problem. Even those who were Sceptical for a long time are now convinced that lung cancer has reached a dangerous proportion and that it is

still on the increase. The disease occurs most often between the age of 40 and 70 with a peak incidence in the 6th decade, but this lesion has appeared as early as the second decade of life.

## Etiology

A large number of Carcinogenic material has been identified in TOBACCO and in TOBACCO SMOKE. These are mostly polycyclic aromatic hydrocarbons. Habitual cigarette smokers have a fifty-fold higher incidence of lung cancer compared to non smokers.

Twenty one active poisons have been proved to be present in the cigarette smoke. This report was published in United States of America in 1969 in a medical magazine. These poisons are as follows :-

- |                        |                      |                              |
|------------------------|----------------------|------------------------------|
| 1. Ammonia             | 2. Arsenic           | 3. Carbolic.                 |
| 4. Collidine           | 5. Coridine          | 6. Carbon Mono Oxide.        |
| 7. Formical-<br>dehyde | 8. Lutidine          | 9. Marsh Gas.                |
| 10. Methyla-<br>mine   | 11. Nicoline         | 12. Nicotine.                |
| 13. Parvotine          | 14. Purric Acid      | 15. Pyridine.                |
| 16. Pyrrole<br>Base    | 17. Rubvidine<br>210 | 18. Sulphurided<br>Hydrogen. |
| 19. Furfural           | 20. Polonium         | 21. Selenium.                |

Polonium 210, the radioactive material, has been found in TOBACCO and in the lungs of smokers. It is not known whether or not the trace amounts reported could be carcinogenic.

Selenium is reported in some cigarette papers but its carcinogenicity is in dispute.

One excellent information source is the series of three reports issued by the United States Public Health Service.

The following quotations from the conclusions of the Surgeon General's report leave no doubt of the casual role of cigarette smoking.

- (a) Cigarette smoking is usually related to lung cancer in man; the magnitude of the effect of cigarette smoking far out weighs all other factors. The data for women, through less extensive, point in the same direction.
- (b) The risk of developing lung cancer increases with the duration of smoking and the number of cigarettes smoked per day, and is diminished when smoking is abandoned.
- (c) The risk of developing cancer of the lung in a combine group of pipe smokers, cigarette smokers and cigar smokers is greater than for non smokers, but much less for cigarette smokers.

In cigarette smokers there is a constant irritation of bronchial mucosa, which leads to "Chronic Bronchitis".

There is a sufficient Parallelism between Bronchitis and the lung cancer to lead to

ispicion that there is a form of Bronchitis that is precancerous. Clinical experience as well as epidemiologic data would offer some support to this theory and more recently pathologists have described some objective evidence of precancerous Bronchitis.

#### Experimental Evidence:

The experimental work has largely focused on attempts to induce cancer in experimental animals with extracts of TOBACCO SMOKE. Extracts of cigarette smoke applied to the skin of mice, rats and rabbits induce skin cancer.

There have been enormous efforts made to induce lung cancer in experimental animals by exposing them to extract of TOBACCO SMOKE OR TOBACCO SMOKE itself. Instillation of TOBACCOTAR into the respiratory passage of rats has, in an occasional animal, induced a lesion purported to be a Carcinoma.

Of the data a report has appeared of the induction of pulmonary neoplasms in dogs by smoking a tobacco cigarette for prolonged periods of time in the tracheostomy. Among 86 dogs smoking (filter and non filter) cigarettes (approximately four to seven cigarettes a day) for at least 875 days 12 invasive bronchioalveolar tumours were found. But such lesions have no resemblance to the cigarette related squamous cell carcinomas found in human smokers and similar lesion sometimes seen in very old aged dogs.

In human smokers the most common form of primary lung cancer is Bronchiogenic Carcinoma which is about 90%. In males it

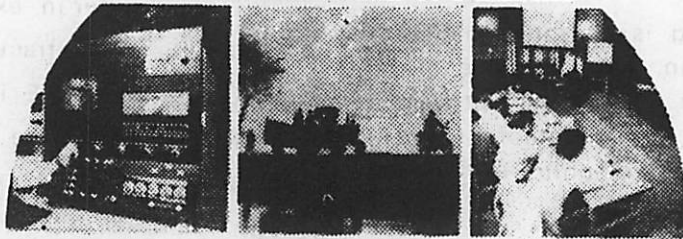
is indisputably the most common visceral malignancy and alone accounts for approximately 40 percent of all cancer deaths in this sex. Females are affected far less frequently and indeed, have a mortality rate from cancer of the Lung one sixth that of males.

It is quite clear from above informations

at the lung cancer showed an extremely high degree of association with cigarette smoking. The next highest associated with smoking is the cancer of these sites Lip; Tongue; Floor of mouth, Pharynx, Larynx and Oesophagus. These are the sites directly exposed to cigarette smoke or material dissolved or condensed from cigarette smoke.



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Karachi, Lahore, Islamabad

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& Methods Wing  
– Head Office, Karachi

meeting the challenge of change



**The National  
Bank of  
Pakistan**

# Role of Psychiatry in Modern Medicine

By Syed Miftahul Hasan Zaidi  
Final Year

Psychiatry is a subject, which interests everyone. Its role in the past world has been really depressing and sad. This subject could really help by playing a sensible role in our superstitious society. It has now become of utmost importance and psychiatry has earned a respectable place in day to day medicine.

What role has psychiatry played in modern medicine? When someone asks this question, our mind goes back a century back. In context to our present day knowledge the fate of mental patient of yesterday appeared forboding and all curative measures appeared primitive and inhuman.

Even as late as nineteenth century the mentally as well as somatically ill patients were bled, blistered, flogged, given the vomit, purged and subjected to all kinds of inhuman torture.

At times they were put away for life in an asylum because patients were considered a nuisance and disgrace to the family. If the patient resisted in any way, he was subjected to severe blows, thrashing and abuses.

Likewise lunatics who were considered to be people possessed by evil spirits were sub-

jected to blistering, flogging and other form of physical mal-treatment with the idea that evil spirit would leave the lunatic.

Since the beginning of this century things have improved very rapidly. Modern man has rid himself of fear of supernatural and sense of shame and guilt attached to insanity and has learnt to accept them as emotional and mental disorders like any other physical disease.

Today's mental patient is more fortunate for he can be given human treatment within his community and environment and does not have to be permanently put away into a mental asylum. Now one can hope to resume a useful social, occupational and family life.

As the research in psychiatry progresses, new fields are explored. Thus philosophy, religion, sociology, arts, law, genetics, endocrinology, anatomy, physiology, biochemistry, pathology have an important bearing on psychiatry.

Besides this the role that environmental stress and strain play in creation of mental disorder is obvious, for example schizophrenia



is more common in Pakistan in communities who migrated from India to Pakistan in 1947. (Survey conducted by J. P. M. C. Psychiatry unit).

At the moment we can say confidently that distressed mind (Psyche) and diseased body (Soma) cannot be separated from each other.

This is the basis of psychiatry in modern medicine. Thus it is vital to consider the patient as a whole i.e. both physical and mental health as a unit. Because beside physical rest, patient needs mental rest and tranquillity. So when surgeon or physician treat the physical ailment or disease the psychiatrist sympathise with emotional and personal disorders. However social worker is an equally vital member of the team and same stands for occupational therapist who keeps the patient busy and free from idle thinking.

It is a common observation in hospital practice that cardiac patient or patient with fractures or otherwise suffering from chronic disorders have accompanying anxiety, tension and emotional stress which slows the recovery and even at times causes relapses. On the other hand a chronically tense, anxious and worried man will definitely aggravate a peptic ulcer.

Thus, it is needless to recall that there is a strong integration of psychological and general medicine giving the doctor the concept of a whole human being whose physical ailment can be approached via psychiatric front and vice versa.

To illustrate, this example can be cited from day to day observations. Blushing and weeping are all spontaneous physical manifestations produced and maintained by various emotions. If emotional upsets are prolonged for quite sometime, then physical states become fixed. This interdependence of emo-

tional and bodily changes may be called as Psychosomatic Disorder — the hall mark of general medicine.

Now there is a large list of psychosomatic disorders for example a pale, dyspeptic and sad patient, of chronic gastritis if remains emotionally upset for long time becomes a patient of gastric ulcer.

The basic step in the treatment of psychosomatic disease is to give the patient as understanding about the nature of the disease and to prepare them to accept the emotional and psychiatric disorder as a medical problem.

Thus without seeking expert medical help the physician can give his patients psychotherapy alongwith dispensing drugs, thus treating emotional and physical disorder concomitantly.

In fact a psychiatrist and a physician should share the responsibility of restoring health and happiness in mentally ill patients.

The mental disorders increased to such an extent in the present few years that roughly two third of total number of beds required for treatment of any form of disease in hospitals are for mental illness in some form or the other, so 3 out of every 1000 persons are in a mental hospital. Psychoneurotics are excluded from this statistics because they are not hospitalized but still require some care and treatment from a medical man.

A medical man, frequently a psychiatrist is asked by judiciary to determine whether or not the guilty act was a result of guilty mind or whether the state of mind at the time of committing guilt, was incapable of guilty act due to unsoundness.

At the end one can safely and confidently say that role of psychiatry is well established in modern medicine.



**ABSTRACTS**

# ON MODERNISM

Muhammad Abubakr Shaikh

Final Year M.B.,B.S.

There would barely be a person today who would not pride himself on being called 'modern'. Yet I suspect that there would be many who would thus pride themselves without knowing what it means to be modern. The media: film, press and the T.V. give a very distorted view of the young moderns. In films one comes across pot-smoking haired, shabbily dressed youth of either sex loitering about in the ghettos or the helmet-wearing demons of the motor bike club, wearing beads and brightly coloured clothes. Occasionally a picture that emerges is that of a very well groomed young man, perfectly attired in a lounge suit, well-shaven, with heavy sideburns, holding a brief-case, going about some business.

All these images are fairly familiar, even in the social set up of a developing society as ours is. It is true that being comparatively backward in every field than the major industrialized countries of the West, we tend to imitate them and this includes style and way of life. The impressionable minds of the young are particularly susceptible to such adaptations. Yet, frequently, we miss the point when take to what is apparent—the so-called exterior—and fail to notice the abstract—the *raison d'être* of the exterior, the cause that lies behind the effect. I fear that the view of the

young moderns presented by the press and the film some how and unjustifiably, fails to grasp what is not apparent by way of apparel and colloquial utterances. Though, highly unjustifiable, this impression is understandable because the press and the film are organs of the middle-aged who do not see any morality and meaning in the youth they depict, principally because the youth do not conform to their conservative modes of dress, speech, music and ornamentation.

Modernism today, I believe, comprises a specific line of thought or a particular state of mind apart from frayed jeans, unkempt hair and pop music. Though this modernism has some features that are a reaction to the affluent 'square' society, it has several positive features also. Of the former, open discontent and frustration with the status quo are the examples while kindness, tolerance, love for peace, consideration for others, boldness, the love for change and adventurous of mind and the body are the positive contributions of the modern youth of today. Starting from a positive interpretation of life (indeed a most optimistic one), the new style preaches love, freedom, interdependence, personal responsibility and a radically new interpretation of society. Love—the capacity to relate to other human beings, and the willingness to make concessions to

them——is one of the noblest ideals of the modern youth.

It is with open discontent and displeasure that the youth of today view the state of affairs of the world. This desparate frustration is the actual cause of the headline-making activities of the Palestinian youth and the drug addiction and restlessness of the American. This feeling is more than ever in Pakistani youth but I suspect that meaningfulness, which is the characteristic of youthful protests the world over, has not yet found its way into the activity or inertia of the Pakistani youth. However, the recent turbulent events have been encouraging insofar as shaking the youth into questioning everything around them.

The values of modernism encourage mind's growth by not taking for granted but in under-

taking various actions and functions, while assuming full responsibility for them. This, quite naturally, brings forth queries regarding the purpose of existence. Search for answers to meaning of Life, Liberty, Love, Happiness, Beauty, Truth and Time. Death is a quest that has been going on for millennia but has great relevance even today. The fundamental questions thus asked are not many but the answers are numerous. To seek out from amongst the answers given by thinkers, religious leaders, philosophers and reformers is far from easy. The adoption of any set of values or codes, that provides the most coherent, consistent and appealing answers in no way runs contradictory to the values of modernism. Yet this search is a task that each must earnestly perform for himself, for only then, can one assume full responsibility and be accountable for ones actions.





# IN MEMORY

Shahnaz Majeed  
V year M.B.B.S.

What was it about you that made you so special? What was it that reached us—love? Maybe. It was all because you were, you always will be—Daddy.

I miss you now, we all do, more so because you aren't here.

How casually we live through life, taking our loved as permanent fixtures, like garlands of flowers which perfume our lives. But we forget they can wither.

Imagine, the sun never rose again and we sat there waiting for it; waiting for a beautiful glorious sun that would never rise again, for it set for ever, yesterday.

It is still just yesterday, close to a year, that we lost you. Each moment lies suspended in memory. Each a rise of hope and its silent hattering. Like a piece of precious china lifted gently, balanced carefully, yet fragmenting with sheer hopelessness. We didn't see you leave. We couldn't look to see you leave. We just stood there unable to wake you from the sleep you had wanted to drift into.

I wish I had known the end was near. I wish I had tried to capture your presence. But how?

How can words capture

The beauty of a breath

Or hold life in their lines?

How can dreams

Comfort us

Or memories materialise?

Those happy hours,

Are gone. You're gone.

Lost to the soil,

Like the raindrops that fell

Last night.

Yet, not lost.

For you still live.

You live in us.

And yet I wish I had known the end was near.

What would I have done? what could I have done?

How is it possible for those who have not faced it to realise the intensity of despair that swells up within one. The helplessness, the hopelessness!

It is a useless formality to say, I hope, no one ever has to go through it. Death, such a deathly word, is a cold reality. It gives no time.

And life offers no surety except for the split present.

Each moment is too precious for words and you never know when time runs out. Make use of these moments. Value your loved ones. It is only in life that we can physically help them, care for them, love them.

It takes so little to give and means so much.

# *It Makes Sense*

Amir Hoda  
Second Year M.B.B.S.

It seems that something has happened that has never happened before. Though nobody knows just what has happened. But it did happen. It happened at a predetermined time, a predetermined moment; a moment in time and of time. A moment when time was made through that moment .....and that moment of time gave the meaning of void and the essence of emptiness.

It seem that something has been lost. Lost since sometime. Pehaps what has been lost was inevitable, perhaps there is no need to feel alone. Perhaps there is time to shift values, to reconsider awareness. Perhaps that is the essence of experience: the offerings of awareness.

It seems that something is false. Pretentious. Falsehood tempts misery. And MISERY is submission to the aching of the soul. That is why someone tries to hide the ravished eyes. Eyes that are moistening. Eyes that cannot dream. For moist eyes cannot dream. That is why something is false; wonderfully false.

It seems that something is splashing happiness. That is why somebody is dreanched with jubiliation.

It seems that something has happened which echoes joy. It seems that joy and festivity can come through understanding.

That is why happiness beckons a greater understanding.

It seems that something is waiting. Patiently waiting for mellow dawns. Waiting for warm sunsets. Waiting for the perpetual refreshments of the strong, soft wind that blows from the yonder sea, waiting for all these. And waiting for the truth in humble expectations, dreading the agony of serene sentiments and restive emotions and tender passions.

It seems that something wants somebody. It wants to take somebody; take somebody body and soul. Take somebody in its void, in its awareness, in its falsehood, in its festivity, in its understanding, in its patience and in its own self. It seems that something wants somebody.....body, mind and soul; to take somebody whole.

It seems that somebody stirs in the perspective of somebody's memory. It seems that somebody wants somebody to confess; to confess about someone. It seems that it doesn't make any sense; no one knows about nowhere; no one knows about nothing!

It seems that someone must wait for somebody sometime before the confessions are made. Someone must wait sometime for somebody. Does this make some sense to anybody?

# Poetry, Philosophy, Parapsychology

Shehnaz Somjee  
Final Year M.B.B.S.

In recent years, although the widespread "modernisation" of verse has registered well with the literary critics, the age-old themes of poetry still seem to hold good for them. Poetry—the song of the heart, used for the expression of sorrow, joy, love, pity, fascinations, admirations and delighting sceneries of nature, in their opinion, must continue on the same lines till eternity. What critics fail to realize is that a verse composed on time-honoured subjects can hardly be designated as "modern" poetry for it is not only the style of writing but the creation of unique and unusual ideas, and the expansion of thinking horizons that have revolutionized poetry.

Currently, writers (perhaps disgusted with the ever changing facts of science) are drifting towards philosophy, mysticism, psychology and para-psychology. The iconoclast in man is distorting every visible object to get at the unseen lying ahead; an attempt to escape the harshness of the material world's Neutron bombs and space-ships by seeking refuge in the physically inaccessible heavens. The over-emphasis on religious precepts and their narrow definitions by "Maulanas" also seem to be a driving factor.

All writers at one stage or another ponder on consciousness of time and attempts to trace its existence have evoked numerous poems

from young poets—a healthy sign from the point of suprainTELlectualism.

God is another Character much mused upon. Meditation on God, the Heavens and the unseen had upto now remained under the domain of the philosophers. When poets introduced it in their works, their efforts were discouraged for the reason that no matter how high a poet soared he could never equal a philosopher. The poets should have protested that what could be a better way of expressing philosophy than poetry, that poetry touches the soul deeper than prose.

The poet is a sensitive creature. Once given a channel his mind is capable of excavating immeasurable depths. He lives often in dreams and sees more dreams perhaps than non-poetic individuals. This leads him into the realm of dreams, their production and significance, the concept of astral travel and transcendental meditation. He visualizes ghosts, shadows and images, and tries to actualize them and himself thus plunging into the land of magic, spirits, souls and the essence of life.

The poet is now no more a plain poet. He is a full-fledged philosopher-cum-parapsychologist. The day he discovers the answer to magic, his poems will be the magic spells.



The following are a few of my attempts on these subjects:-

### God

God is truth.

He is the roller coaster.

The moving, creating time.

The omnipresent "route-grande".

On which we the particles of life—

We revive, we thrive.

Spirits rise and die.

To meet on plane seven.

The twilight zone of dreams

Where God is visualized.

Life—earthly electrons on tour.

On the back of fate and eternity.

God is Alive—not life.

God is in mind—is Time.

### With the Dead:

In sleep I rise,

To mingle with the dead

Who, yet alive on parallel spheres;

Choose companionship of my roving  
spirit,

Through Time's pages, back and forth.

---

My heart was vibrating pretty rapidly, definitely faster than normal. This fact had come to light because I had taken my pulse. Feeling exhausted (and terrified) I tried to sit down on a rock but failed in my ambitious venture because there was no rock. My adrenal glands had become hyperactive, so I was left with the option of fight or flight. Not having taken any training in the martial arts I decided it was time to quit the scenery.

Just as I was getting ready to dash towards safety (wherever that was), I felt a stabbing pain at my side. It was as if someone's

olecranon process was jutting into my serratus anterior. With this disturbing fact penetrating my already disturbed mind, I suddenly saw the glow disappear and a hairy globe taking its place. The quiet atmosphere, too, gave way to one in which the most rude noises were being produced by the vibrations of various vocal cords. The big globe turned out to be the head of an individual.

I realised I was standing in a queue, a queue of the stationary kind. After managing to extricate myself from various bony projections I lost myself once again in a dream world.

# A Spot of Nonsense

Syed Fazal Ali Bilgrami  
1st Year M.B.B.S.

Despite the serenity prevailing in the atmosphere, a sense of strangeness filtered through the redundant spectra of light. The ground was damp, presumably due to the accumulation of condensed droplets of water on its surface. The grass was green, probably because of the presence of chlorophyll in its cells. The few trees which rose in regal splendour to tower over surrounding objects, did so because of their slightly gigantic proportions. I stood gazing idly at this idyllic scenario because the latter caused images of itself to fall on my retina.

Suddenly a bizzaree Phenomenon started occurring. An ineffable glow diffused across the distant horizon, the colour of which seemed to change sporadically. Naturally, I was astounded but followed the occurrence in perspective.

Not a sound was audible, as there was no sound. Either that or my auditory system had decided to take a rest at a most inopportune moment. I would prefer not to assume the latter case. Any how, I had the propensity and

the stamina for exploring this eerie happening. Keeping the area under the ominous glow as my destination, I acquired stealth as a friend, and straining all my muscles in the process, trekked a distance of a few kilometers. (They did not seem just a few kilometers, though). Finally feeling pleased with my effort, I looked up and to my sheer amazement discovered that the flow had kept pace with me in a mutual direction. I stood akimbo, disgusted at the mysterious glow for proving so very elusive. Now, I had the propensity but not the stamina necessary for exploration. The quiet atmosphere was suddenly pierced by sharp, though melodious, whistle which was followed by a formation of waving patterns in the sky. I watched in bewilderment, straining the rectus muscles of my eyes, of a series of soundless explosions poured out a copious supply of colours. Now I had neither the propensity nor the stamina to undertake any explorative venture. I watched a stray cloud infiltrate the glowing zone in the sky. For a few seconds the glow became even more effulgent and then, following a resounding boom, a cataclysmic explosion shook the earth on which I stood.

Contd. 117

# Easy Steps to Leadership

By Dawood Ahmed,  
V Year M.B B S.

Without exception the great leaders have been men and women of strong and vibrant personality. They have expressed in their lives the ideal personality traits. If you have a stirring to become a leader in your community, your college or even at your home, all you have to do is to pay the simple price of leadership.

The Prime quality of leadership as seen in every great leader ever-lived is "Fortitude". Fortitude means courage, endurance, persistence. Fortitude means the willingness to go to the very end of whatever one undertakes. The leader has to thrive on opposition, grow stronger under attack and have such courage, faith and endurance that he can outlast his enemies and one by one vanquish the conditions that spring up around to plague or conquer him.

The leader must be able to stand misfortunes. Failures do come sooner or later. Then he must have the ability to be right back even if he gets a terrific beating. Napoleon had this great quality. After being defeated in battle he was exiled to Elba, then he sneaked out without a follower to reconquer much of his old dominion.

The leader must have self confidence, for if he does not have self confidence he can not win

over the hearts of others. Quad-e-Azam had great confidence in his judgement, once he had made his decision he adhered to it.

The leader must be able to concentrate under difficult conditions, often when his world is tumbling down around him.

The leader must keep himself free from prejudices, which is very hard for an ordinary man or woman. As some one said "Politicians neither love nor hate. It probably means that men in political life cannot afford to enjoy the luxuries of prejudices which ordinary men can afford.

The final quality which the leader has is his willingness to learn from whatever source he can. He should be willing to go any where for a shred of information, should question every one who can supply him with information and be always eager to learn something.

Abide by the above rules and see the charm that you can achieve by understanding your friends, of moulding the minds of your class mates, of setting an example, of bestowing rewards and yes, the skill of persisting long after the faint hearted are willing to put up their tools and go home.

# Catch Hold of Hope

Ahsan Salim  
Final Year M.B.B.S.

Hope is essential for all worthwhile and victorious living.

Hope, as a poet said, "is the beggar's wealth, the sickman's health, the bondman's freedom". It gives wings to lofty ambitious and noble purposes, adds fortitude to patience, perseverance to effort.

It is a simple historical fact that men and women have endured every ill that flesh is heir to, and have successfully risen above their difficulties and sorrows, so long as they kept hold of hope and courage. Deprived of sight or limbs they have lived more radiantly than the multitudes who possess both. Victims of evil and heart breaking circumstances, they have defied circumstances, laughed in the face of misfortunes and have wrested in the very jaws of trouble and adversity a resounding victory!

Man is almost unique among living creatures that can live equally healthily in the eternal winter of the Arctic Circle or amidst the blazing swelter of the tropics. His blood and constitution seem infinitely adaptable.

A great surgeon once said "Hope is a better tonic than anything we doctors know".

Real hope is a vital idea, a desire which refuses to own defeat, to quit the field even in the face of a most formidable array of hostile forces. It is the Hope that hopes against hope.

What is the life force that sustains this Hope, gives it its unassessable longevity that knows neither ageing nor dying. The answer to this question is present only in the Holy Quran, which says that the Great Creator who shapes our destinies is not only all powerful, but also full of Mercy and Love. In hundreds of verses the Quran speaks of Divine Being as Merciful, Compassionate, Forgiving, Oft returning, Beneficent, Bounteous.

It is faith in His Mercy and in His power to show Mercy to any body which the Quran builds up and which sustains Hope and makes it proof against despair.

Hope fostered by faith in Divine Mercy is the choicest jewel man can covet. It is the load-star of the weary, the elixir of the diseased, the surest weapon in man's armoury in his struggle against a hostile world.

The Quran fosters such a faith in Allah's Mercy and faith in His Mercy makes Hope immortal.

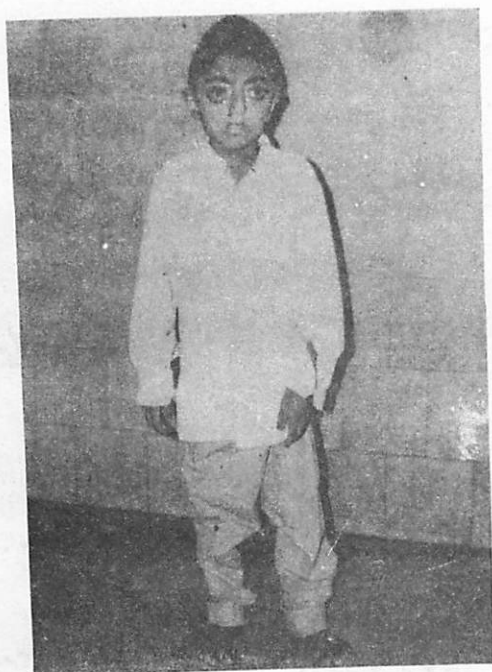


# Spot Diagnosis



2002



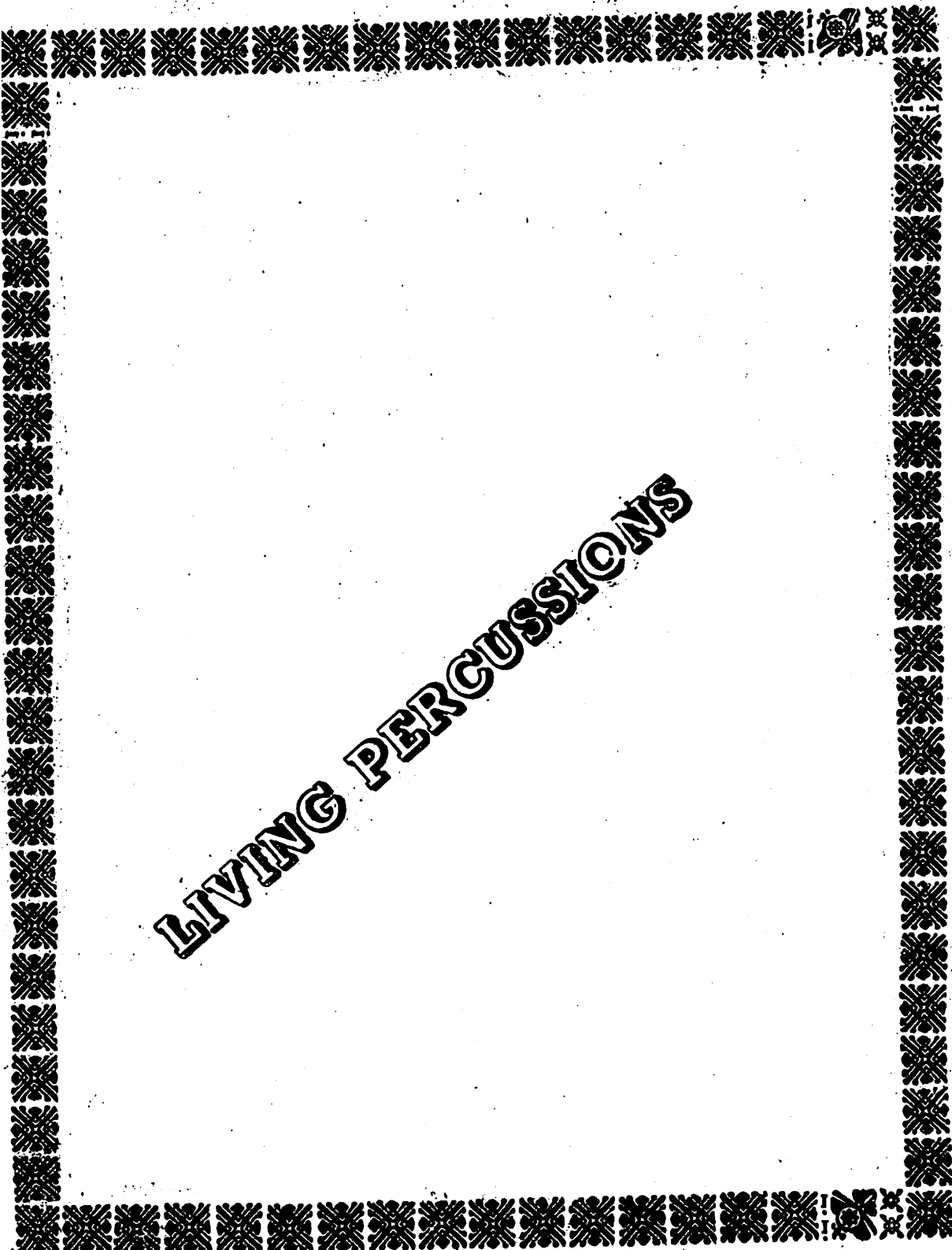


## Answers

1. Hemangioma.
2. Cephal haematoma.
3. Thalassemia.
4. Vitamin A deficiency.
5. Coeliac disease.
6. Hodgkin's disease.
7. Hurler's Syndrome.
8. Progeria.
9. Craniostenosis.

BY  
Dr. S. M. INKISAR ALI  
M. B. B.-S., D. C. H. M. C. P. S.  
Registrar Paediatrics  
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**LIVING PERCUSSIONS**

## **FLEETING MOMENTS**

**By: Sabba Qadeer**  
**II year M.B.B.S.**

There are moments in your life, you want to keep forever.  
To capture, to hold, to treasure  
But they fly away, leaving you empty, leaving you sorry  
and in tears  
You try to keep them fresh, in your heart and in your head;  
But they have lost their essence, like a flower that is dead.  
They have not the perfume of the passions you felt  
And now the memory is hollow.  
You can recall the moment, the time, the hour  
But, cannot recall the feelings that gave them such power  
The thrill, the ecstasy, the euphoria you floated in.  
All these have been blurred by the vastness of time.  
Then you were young, your heart was young, it is old today  
For even twenty-four hours change you in an unnoticed  
but unmistakable way.  
Those magical moments your experienced are dependent on  
many things  
Mostly on the way you felt, and these feelings cannot be  
conjured up at will.  
So don't take these moments, recall them, ponder over them.  
And eventually suck them dry.  
But rather enjoy them, be happy, then smilingly bid them  
goodbye.  
For the magic of the evening may not bear  
The sun's harsh, realistic and sadly cruel glare.

## THE INHUMAN DOCTORS

A boy of three or four he was,  
Brought to the hospital.  
The glands were swollen into lumps  
On one side of his wee neck.  
With full anguish his eyes told  
Of the pain and tenderness  
Bestowed upon him by fate  
At so very young an age.  
The doctor saw him,  
Gave the grim verdict ---- tuberculosis,  
Then ushered him to the next room  
Where twenty hungry students waited.  
One by one, like flies they rushed  
To entrap the scared child,  
And with cold uncaring faces,  
One after one, relentlessly,  
Twenty pairs of hands felt him.  
Some fingers were harsh, some cold,  
Some pressed painfully deep in his throat,  
One jabbed like a spear,  
One nearly choked him to death,  
And one almost twisted his neck.  
Unfeeling, unthinking, uncaring,  
They aggravated his misery  
By freely saying 'T. B.'  
The hellish ordeal wouldn't stop,  
Kept on and on.  
The aesculapians kept hurting,  
Palpating, despite  
His winces, his piteous squeals  
And the fiery pain in his eyes.  
Where was his God just then?  
Sleeping high in the heavens?

Or feasting on some similar sight ?

There was no God, no men ----

Only inhuman doctors -----

Pain and poverty

And oh ! no democracy.

No right to life

For the poor,

No place on earth

Except as guinea-pigs

And torture-targets.

Their pain was no pain

Hearts ---- not hearts

Feelings ---- no feelings

For they were after all

..... only men.

Shehnaz Somjee  
V years M.B.B.S.





## LITANY

O deep burrowing laughter convulse me not  
Palpate me not in my fluster  
For my soul knoweth how to cavalcade  
And I can transpire  
As through a gauze of velvet ----  
For life is not a masked ball  
Or has never been for me ----  
Consume me not  
And transfuse me not,  
O laughter hyaenous !  
And be not hideous O world,  
Let out no shriek  
In my cockle-shell ears.

**Asif Aslam**

1st year M.B.B.

## LIFE

Life is a burning desert  
Life is like a flower

A simple soul, innocent.  
The beauty and the fragrance

Which does nothing but hurt,  
Which is about to wither, soon

Of all the evils in the world.  
Will vanish long before morrow-noon.

**Aisba Raza**

III years M.B.B.S.

# LEAVES

By ASIF ASLAM  
1st year

The crackle of dead leaves  
under my footfall  
And the passage of time :  
for days subsist like leaves  
Flying fleetfooted  
and like leaves blown -----  
Dewdrenched leaves  
that silently watch  
the stern eye of each rising sun  
with deep-surgng melancholia  
and wither away:  
Leaves brown and lifeless  
that crush beneath footsteps  
blown here and there by  
unknowing pursuing gusts and gales.  
And leaves smiling green  
Merry momentarily  
getting consumed slowly  
yet steadily  
to a golden tinge, a pale hue  
which wastes them  
to a parched death.  
So with leaves  
and thus with the days of my life.

## WISHFUL THINKING

Yasmin Taj

Barefooted in the valleys to stray ;  
The azure why be ever so high.  
The air be filled with sweet melody.  
This world for me an unsolved my sterg !

Smile of the blooming flower, be my joy!  
Sweet little things for me to onjoy.  
No care should I for the passing time.  
Oh not to know what is crime.

What is my attire to care not !  
Oh! What is love to known not!  
What is fame to seek not !  
Oh what is ambition to have not !

To know no bounds. I want to be free !  
To have no friends neither enemy.  
Blissful, to have no misery.  
OH ! Sing with praise of God Almighty !

## **SWEET SWEAT**

**By Sobail Ansari**  
**II year M.B.B.S.**

**On the street of shagreen-like life,  
As jejune ingenue I shambled  
Free as a deer always had a hike  
(A deer with musk in hide)**

**Then arose a fragrance, mutely  
With propensity, tried to solve the mystery, cutely  
The scent I tried to find in unprofane pang  
Pried and wondered the mind mustang  
But the fragrance neither arises from fecund puss  
Nor from the oozing blood crus  
Of deep wounds that rest in my soul  
For they are inodorous  
Though ephemeral, lingered on as a col  
Then inane penumbra shuttered  
When my ego muttered  
The odour, a psalm and sweet  
Is of my own own sweat  
And now I  
Free as a deer always have a hike  
(A deer with musk in hide)**



## AN APOLOGY

By Dr. Hassan Daury

Forgive me my love  
If I dream of you no more,  
But years have passed  
And the long lonely nights,  
Have instilled into my heart  
A coldness that, like a black shroud  
Has blown away the quivering flame  
Of a passion that was once for you.

Forgive me love  
For having forgotten you  
But the fading sunset  
Reminds me no more of your smile,  
And the birds singing in the sky  
No longer echo your sweet name.

Only the withered flower that weeps,  
Its dried petals in the chilly wind  
Sometimes tear my soul apart  
As they fall softly one by one  
Through the deep void into my heart.

A PROMISE, NEVER MADE, ALWAYS KEPT

The stillness of thy breath  
Doth blend with  
Immeasurable peace,  
Whispering, each to each,  
Aglow, with unadorn'd faith,  
Ere certainty  
Doubtfully hurts thee,  
Almost writhing in the distress  
of trembling denials,  
Echoing indistinct enchantments.  
The restless pauses:  
Whilst at wonder, At  
What might have been  
And has been,  
For tomorrows  
Doth seldom begin anew.  
certain:  
Thou wilt care  
For the glow of the  
Yonder blessed moon  
Which doth tenderly caress  
Thy gracious self,  
With Bliss, past Bliss,  
Will ever caress so.

AMIR HODA  
II Yr. M.B.B.S.

Now that you have  
Broken my heart  
And we are about  
To unspoken part  
I do not possess  
A mirror to see  
The tragic mess  
Partings made me  
Friends warned me  
Of your infidelity  
That you only hover  
Around every flower  
But I neglected  
Their warnings true  
As one intoxicated  
Is apt to do  
But than why do I spy  
Tears in your eye  
Butterflies dont cry  
They only fly-

REHMAN KHAN  
IV Yr. M.B.B.S.

## ON THE TIDES OF EMOTION

The roaring waves crash on  
Each wave ends in flying spray,  
Grains of sand lie littered  
On the lonely barrier rock.  
Ceaseless efforts gone to waste,  
Nature does care no more.

Tears of sorrow stream on  
Each drop rolls to decay  
Pale cheeks to be watered,  
Beneath a little curled lock;  
All has gone to waste,  
You are there no more.

The days just pass on,  
Each minute indolently ticks away,  
Your thoughts are still catered  
Hourly and round the clock.  
Memory, never gone to waste,  
But, is Love there no more?

The cool breeze sighs on  
Each leaf does rustle and sway,  
A solitary grave lies unpampered  
A mound with a white block.  
Love has finally gone to waste.  
I am there no more.

SALMAN S. BAGGIA  
IV Yr. M.B.B.S.



## "SANGUIVORES"

Quagmire ways of life,  
With blind alleys of fate,  
Where I - - - - -  
A forlorn, fortune hunter,  
Treads along the autumn remains,  
Of what was once,  
In the robust bloom of youth  
My sole possession  
A weariness, a fatigue,  
That seeps.....that creeps  
Deeps  
Into the interstices  
of my existence,  
Like silent snakes,  
Devouring their way into a dwelling.  
A fear in my heart,  
A daunt in my eyes,  
I look around,  
Spell bound . . . . .  
At the audacity of those,  
who were intimate and close,  
to me in the gone-by days.  
Scarcely have I turned,  
They shout and accuse me  
of things I have't done.  
Eyes, derisive . . . . . and intent,  
Watch my bewildered state, . . . . .  
As I glance around,  
Unbelievably from face to face,  
Blind was I, to trust and believe,  
and not to perceive,  
Their justful strides,  
and wicked insides,  
So now I remain an insect lame,  
that cannot slip  
from their venomous tweezer grip.  
A lingering alienation,  
A wound unhealed,  
A confounding, reverberating,  
Echo of laughter  
Follows me . . . . .  
I feel a wetness on the cheeks,  
As my faltering footsteps cease.  
By: SOFIA ROKERYA

## THE POET'S SONG

We are wild flowers on mountain tops,  
Frolicking and dancing in the untamed wind;  
But grown in golden vases,  
We soon wither away,  
And we die.

We are the twinkling stars of night,  
shining and romping in celestial delight,  
But with the first rays of the fiery sun,  
We gently sigh away  
And we die.

We are the hidden pearls of ocean depths,  
Born from a tiny grain of sand,  
But held in the coarse hands of man,  
We soon lose our lustre,  
And we die.

By: Dr. AASSEN DAMRY

## A Lost Friend

IV year M.B.B.S. Laments

A friend of yester years  
Dear companion of ours;  
Good mate of the class-  
Very life of our college.

Gregarious and exuberant  
was he

Jovial and care free  
forever happy,

Loving and teasing  
merrily bubbling-

Full of joy, full of mirth  
-eternally enjoying.

Unimitable and unspoilt  
-uniquely singular.

A personality of his own;  
Anger's foe, sorrow's woe  
-eynicism's envy.

He knew no enemy,

Behind the lively exterior,  
no friend wortheir.

GONE!

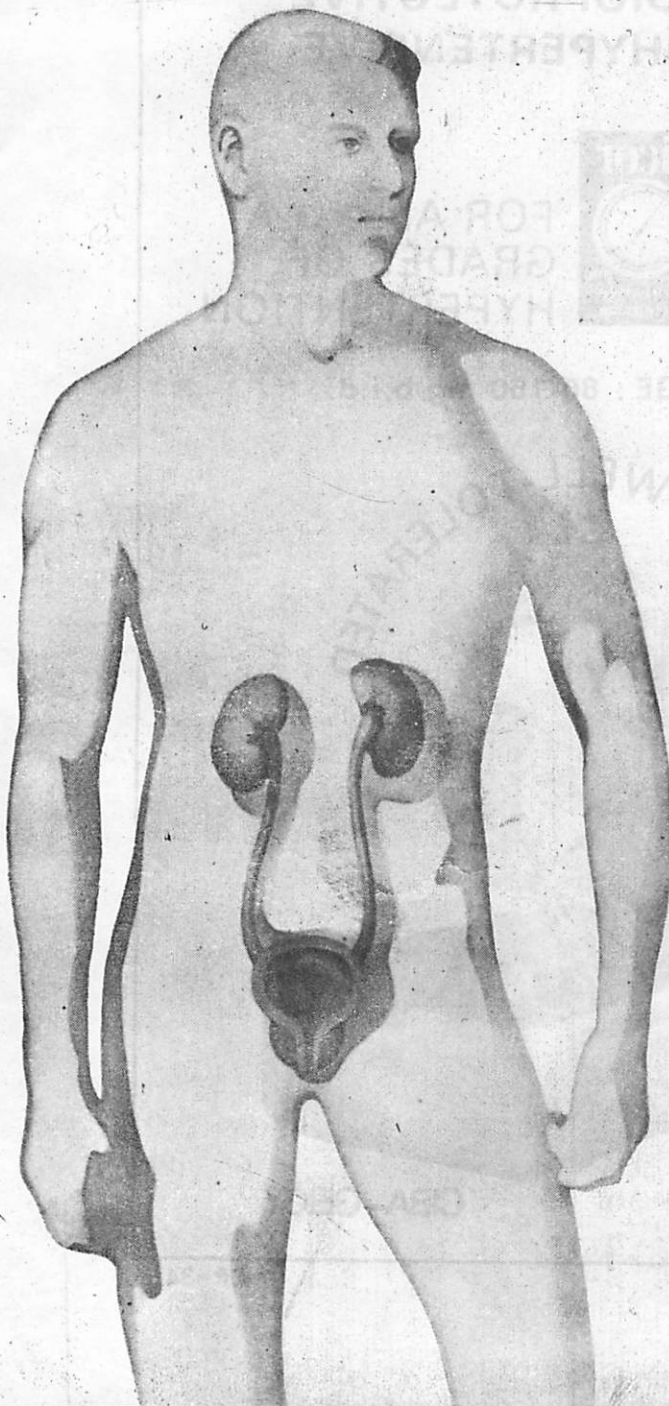
Now, a memory to last-  
GAYYUR lives  
-Forever in our hearts.

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## The New Antibiotic **MINOCIN**\*

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# has decisive effectiveness



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infections, such as pyelonephritis, cystitis, prostatitis, gonococcal urethritis, nonspecific urethritis respond well to Minocycline therapy. Therapeutic efficacy is directly related to effective urinary tissue levels.

**% of patients with satisfactory response**

#### Organism

Staph	83%
<u>E. coli</u>	92%
<u>N. gonorrhoeae</u>	91%
Proteus	70%
Pseudomonas	56%

### SKIN AND SOFT TISSUE

Staph*	89%
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Streptococcus	97%
<u>E. coli</u>	94%

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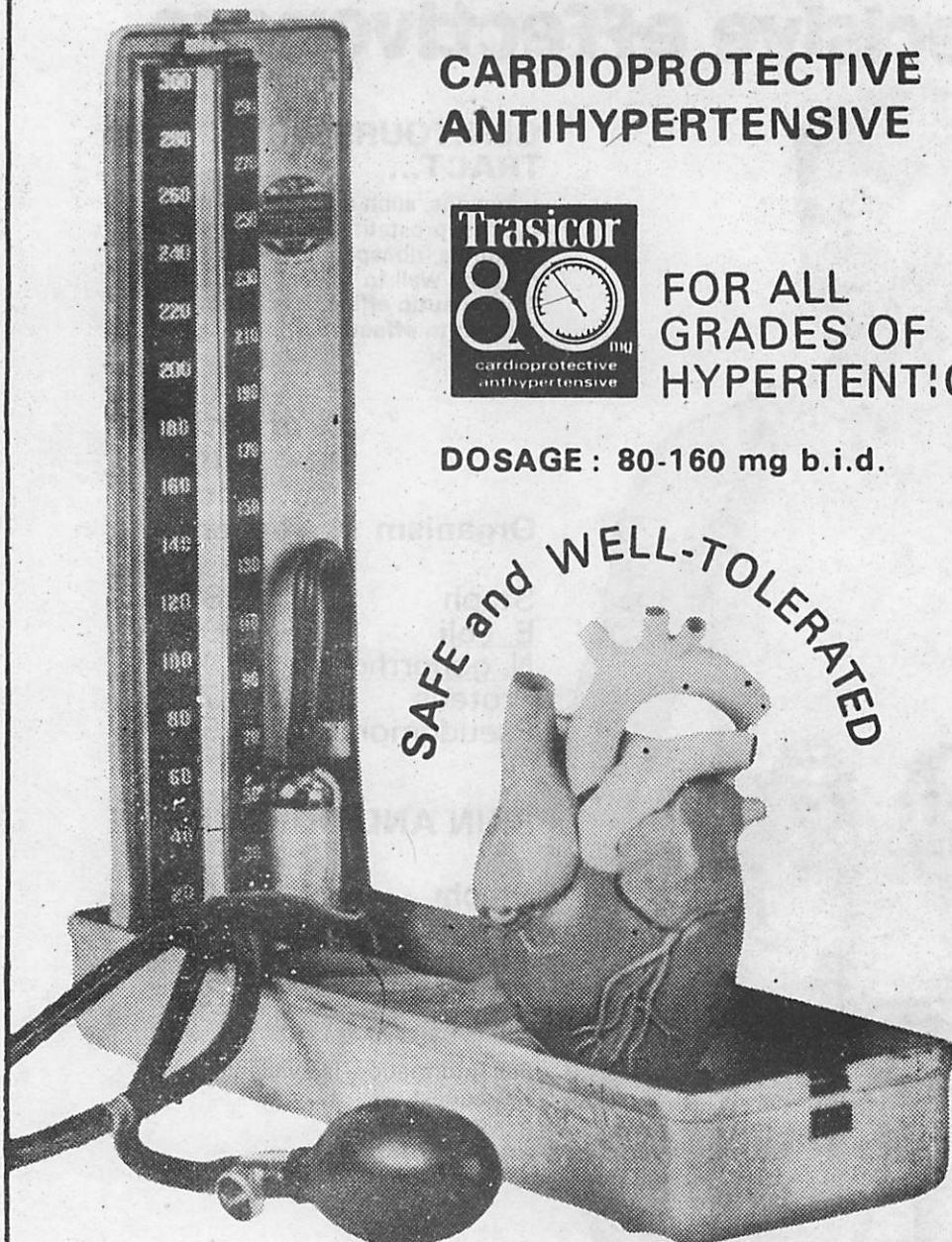
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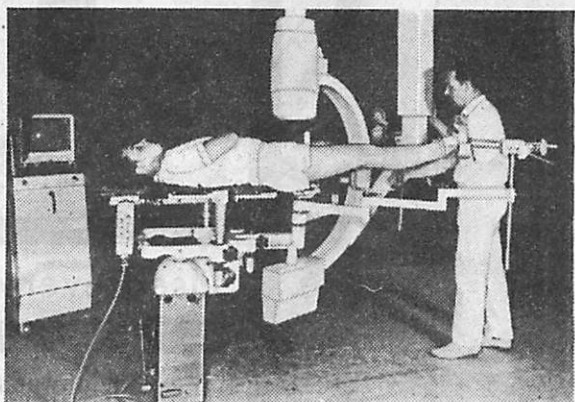
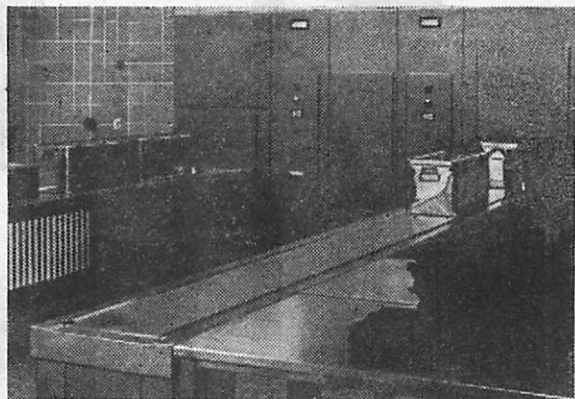
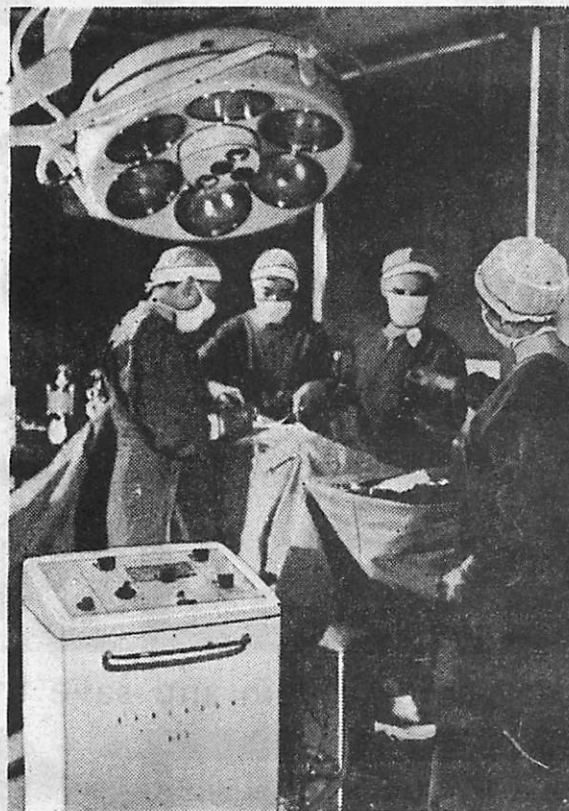


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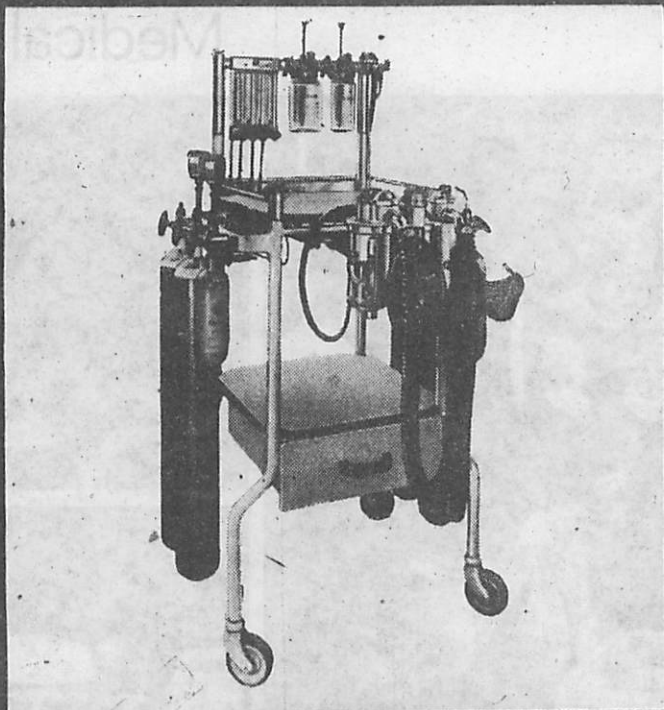
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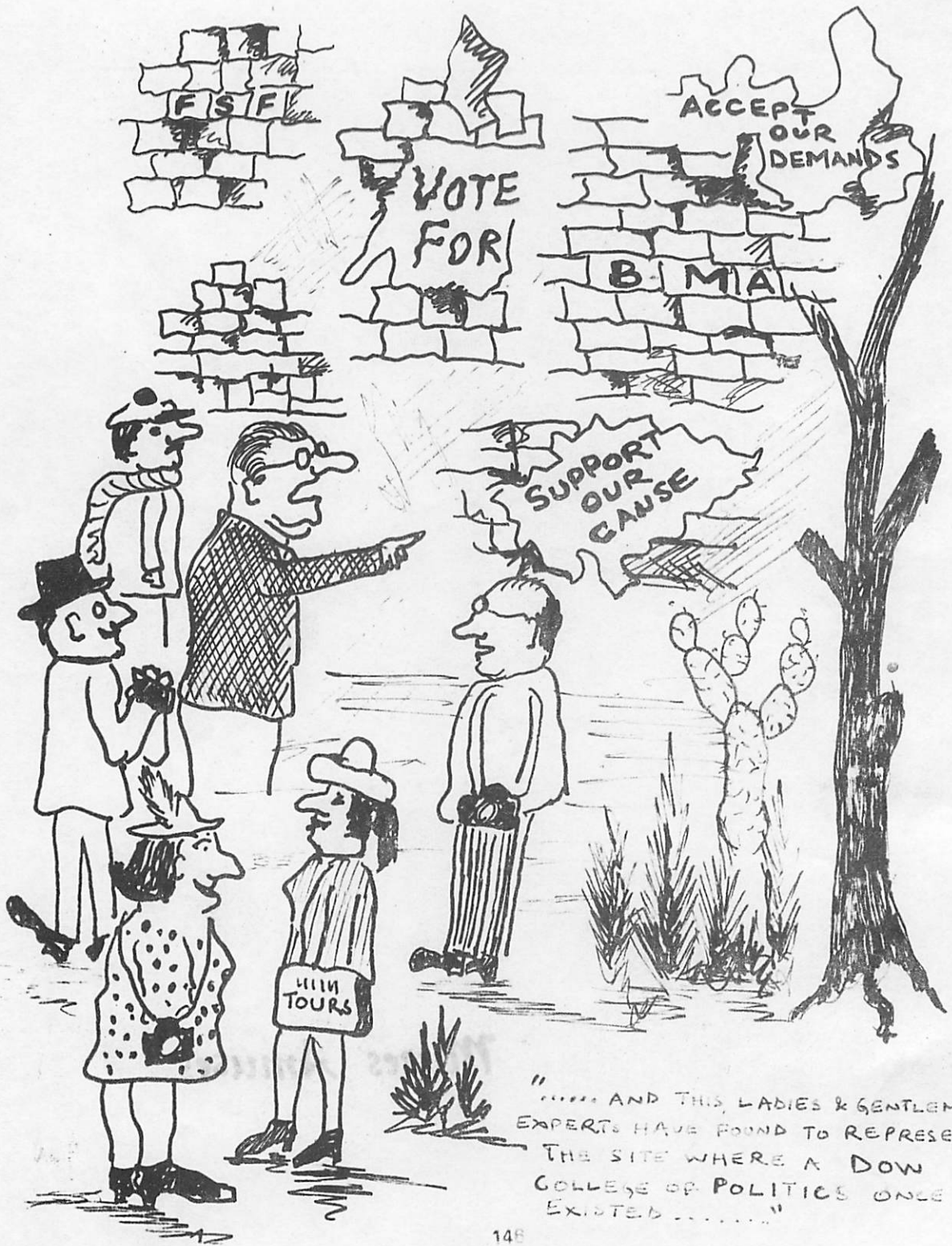
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# Jest For Jun

By : Sobail Butt

1st year

1. A certain country minister posted this notice on the Church door: "Brother Smith departed for heaven at 4.30 a.m.". The next day he found written below: "Heaven, 9.00 a.m. Smith not in yet. Great anxiety."
2. Proud Father :- "I want to report that my wife just had twins".  
News Desk : "Will you repeat that?"  
Father :- Not if I can help it.
3. Mother :- "You don't have to be afraid of going to the hospital to have your tonsils out."  
Little Boys :- I'm not afraid, but I'm not gonna let'em palm a baby off on me like they did on you. I want a beagle pup.
4. Two young male students were discussing the newly discovered fact that human body is 92% water. Just then a lovely coed walked by and conversation stopped. In a moment one lad resumed the subject by remarking. "Man she sure did a lot with her 8%".
5. After boasting of his powers as marksman, a hunter took aim on a duck flying over head.  
"Watch this", he said, and fired. But the bird flew on. My friends. "he said with a grin, "You are now observing a miracle, there flies a dead duck".
6. One confirmed bachelor to another "I got a cook book once, but I couldn't do anything with it."  
"Too much fancy work in it"?"  
"You said it every one of the recipes began the same way - take a clean dish ....."
7. An elderly matron was mailing her family bible to a brother in a distant city. The postal clerk examined the large package and inquired if it contained anything breakable. "Nothing," the lady replied, "but the Ten Commandments".
8. "I agree", the school principal said, "that your son may have a spark of genius. But in my opinion, he also has ignition trouble".

# Who is What I Bet You Know

MURAD QADIR

1st YEAR

## **JOKE :**

A form of humour enjoyed by some but misunderstood by most.

## **MARRIAGE :**

A romance in which the hero dies in the first chapter.

## **BLUNT PERSON :**

One who says what he thinks without thinking.

## **EXPERIENCE :**

A bundle of mistakes we love to remember.

## **BANK :**

A concern that will always lend you money if you can prove that you don't need it.

## **NEIGHBOUR :**

One who knows more about your affairs than you do.

## **FISHING ROD :**

A kind of stick with a hook at one end and a fool at the other.

## **OBESITY :**

A surplus gone to the waist.

## **PUNCTUALITY :**

The art of guessing how late the other fellow is going to be.

## **RUMOUR :**

A monster with more hands than an octopus.

## **YAWN :**

The only time some married men ever get to open their mouths.

## **DIPLOMAT :**

A person who remembers a lady's birth day but forgets her age.

## **FRIEND :**

One who has the same enemies as you have.

## **CYNIC :**

A man who knows the price of every thing and the value of nothing.

## **POLITICIAN :**

An animal who sits on a fence but keeps

both ears to the ground.

**SOCIETY :**

A polished horde, consisting of two mighty tribes-the bore and the bored.

**LIBERAL :**

A man who is willing to spend some body else's money.

**FASHION :**

A form of ugliness so intolerable that we have to alter it every 6 months.

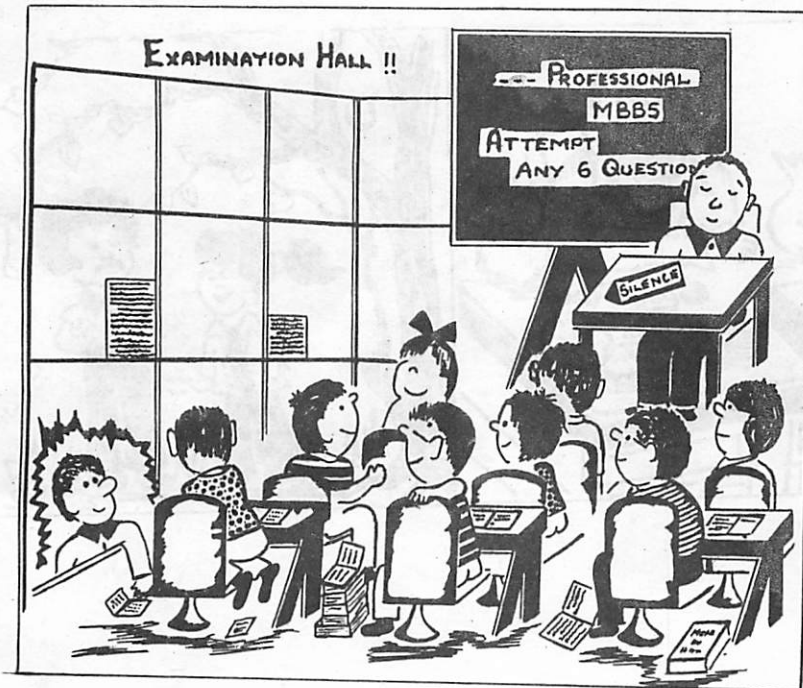
**GENTLEMAN :**

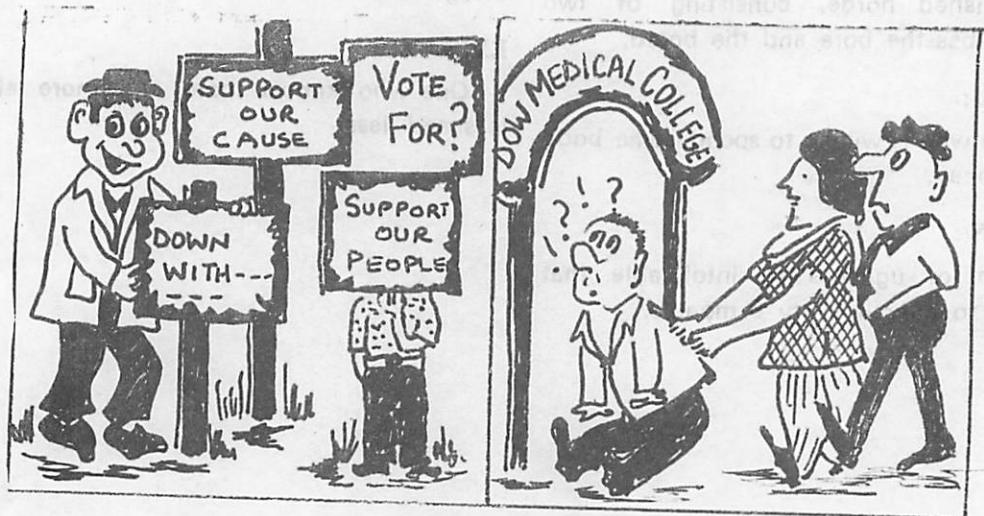
A man who can disagree without being disagreeable.

**EXPERT :**

One who knows more and more about less and less.

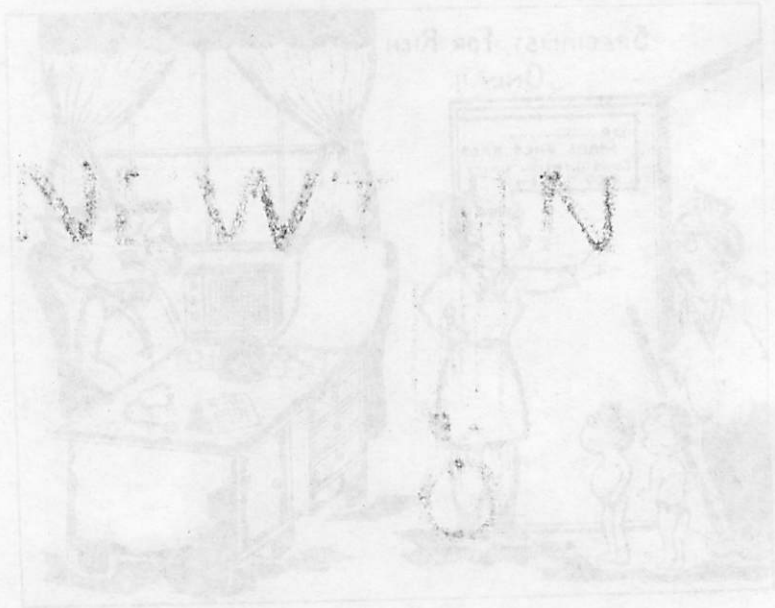
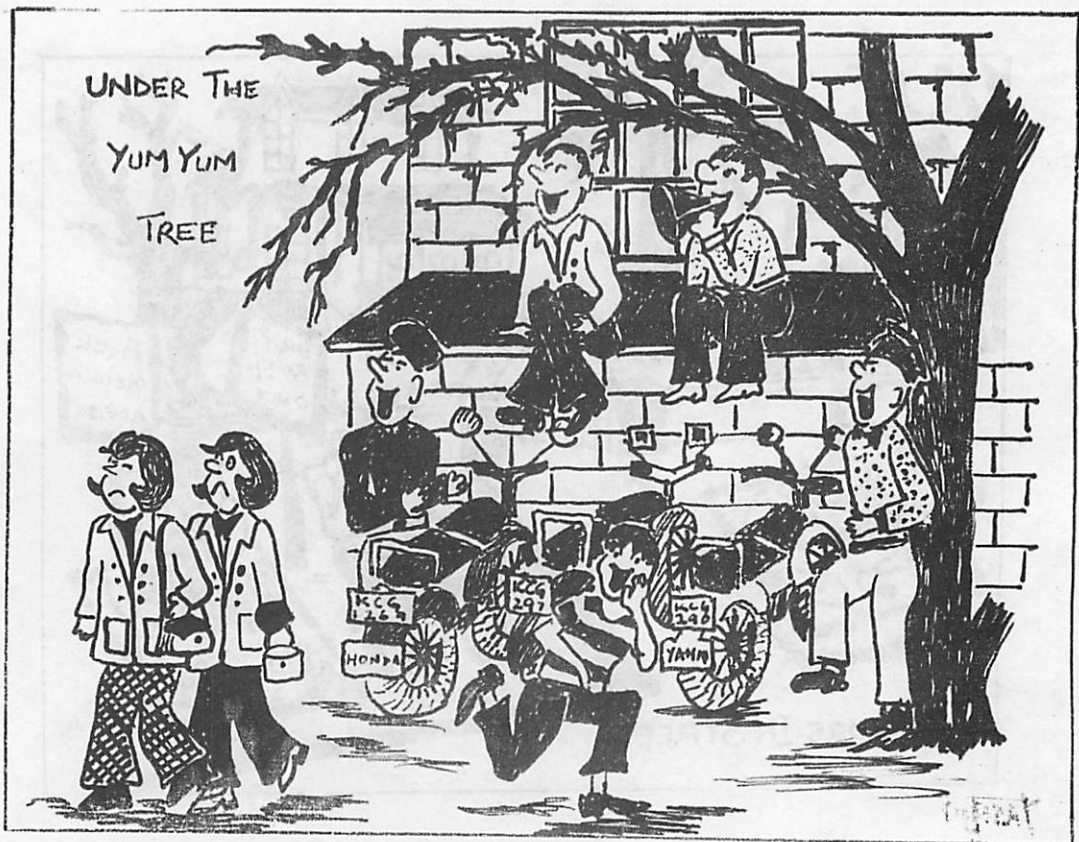
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**LEISURE & PLEASURE**

# The Legend About a Checkered Board

By Nadeem Nasir  
3rd Year

Chess is one of the oldest games in the world. It was invented many, many centuries ago and it is not surprising, therefore, that there are so many legends about it - legends that are, of course, impossible to verify. I should like to relate one of them. It is not necessary to know how to play chess to understand the legend: It is enough to know that it is played on a checkered board bearing 64 squares.

Chess, as the legend goes, comes from India. King Sherani was thrilled by the huge number of clever moves one could make in the game.

Learning that its inventor Sessa, was one of his subjects, he commanded the man to be brought before him in order to reward him personally for his marvellous invention. The inventor, appeared before the king - a humble scholar who made his living by teaching.

"I wish to reward thee well for thy wonderful invention," the king greeted Sessa.

The sage bowed.

"I am rich enough," the king continued, "to satisfy thy most cherished wish. Just name what thou wouldst have and thou shalt have it."

Sessa was silent.

"Don't be shy," the king encouraged him. "Say what thou wouldst like to have. I shall spare nothing to satisfy thy wish."

"Thy kindness knows no bounds, O Sire," the scholar replied. "But give me time to consider my reply. Tomorrow, after I have well thought about it, I shall tell thee my request."

The next day Sessa surprised the king by his extremely modest request.

"Sire," he said, "I should like to have one grain of wheat for the first square of the chess board."

"A grain of ordinary wheat!" The king could hardly believe his ears.

"Yes, Sire, two for the second, four for the third, eight for the fourth, 16 for the fifth, 32 for the sixth-----" contd. 157

# Hippocratic Oath Today

Khalil Mukaddam

2nd Year

In the 5th century before Christ, the Hippocratic Oath was established as a model for the behaviour of the medical profession. It is interesting to look at the original Hippocratic Oath and marvel at the fact that except for a few minor additions in recent years physicians of today are still adhering to a noble medical code almost twenty five centuries old. (recent additions are within brackets).

Now being admitted to the profession of medicine, I solemnly pledge to consecrate my life to the service of humanity, (while making tons of money). I will give respect and gratitude to my deserving teachers (and carry on the fine tradition of keeping them under Union pressure).

I will practise medicine with conscience and dignity (and go on strike only when malpractice rates rise due to the incompetency of 75% of the members of my profession).

The health and life of my patient will be my first consideration (providing he can get to my office with 106 degrees temperature on a day when I'm not playing bridge).

I will hold in confidence, all that my patient confides in me (unless if, in a law suit, the other side is willing to shell out more money).

I will maintain the honour and noble traditions of the medical profession (never padding a Medicare bill by more than Rs. 100, except for patients over 62 years of age). My colleagues will be my brothers (and if I'm ever needed to give emergency life or death advice, my answering service will always be available to them).

I will not permit considerations of race, religion, nationality, party politics or social standing to intervene between my duty and my patient (and carry on the fine tradition of keeping minority groups out of our medical schools).

I will maintain the utmost respect for human life from the time of its conception (and only perform neat clean abortions).

Even under threat I will not use my knowledge contrary to the laws of humanity (realizing fully well that doctoring X-Ray plates for phony accident victims is very much a part of today's humanity).

These promises I make freely and upon my honour and in the end I would like to say that as a physician, I will never take myself too seriously or ever emphasize my humble position in this world (-so help me Me!).

"MADICARE"



"Enough," the king was irritated. "Thou shalt get thy grains for all the 64 squares of the chess board as thou wishest: every day double the amount of the preceding day. But know thou that the request is not worthy of my generosity. By asking for such a trivial reward thou hast shown disrespect for me. Truly, as a teacher, thou couldst have shown a better example of respect for thy king's kindness. Go! My servants shall bring thee thy sack of grain."

Sessa smiled and went out, and then waited at the gate for his reward.

In the afternoon, the king remembered Sessa and inquired whether the 'fool hardy inventor had been given his miserable reward.

"Sire," he was told, "thy command is being carried out. The sages are calculating the number of grains he is to receive."

The king frowned. He was not accustomed to seeing his commands fulfilled so slowly.

In the evening, before going to bed, the king again asked whether Sessa had been given his bag of grain.

"Sire," was the reply, "the mathematicians are working incessantly and hope to compute the sum before dawn breaks."

"Why are they so slow?" the king demanded angrily. "Before I wake up Sessa must be paid in full, to the last grain. I don't command twice!"

In the morning, the king was told that the chief court mathematician had asked for an audience.

The king ordered him to be admitted.

"Before thou tellest me what thou hast come for," king Sherani began. "I want to know whether Sessa has been given the reward."

"It is because of this that I have dared come before thy eyes so early in the morning," the old sage replied. "We have worked conscientiously to calculate the number of grains Sessa wants. It is tremendous, indeed....."

"However tremendous," the king interrupted him impatiently, "my granaries can easily stand it. The reward has been promised and must be paid."

"It is not within thy power, O Sire, to satisfy Sessa's wish. Thy granaries do not hold the amount of grain Sessa has asked for. There is not that much grain in the whole of thy kingdom; in fact, in the whole world. And if thou wouldst keep thy word, thou must order all the land in the world to be turned into wheat fields, all the seas and oceans drained, all the ice and snow in the distant northern mountains melted. And if all this land is sown with wheat, then perhaps, there will be enough grain to give to Sessa."

The king listened awe-struck to the wise man. "Name this giant figure," he said thoughtfully

"It is 18, 446, 744, 074, 709, 551, 615, 0 Sire!" the sage replied.

If you want to have a clear picture of what this giant number is really like, just imagine the size of the granary that will be required to



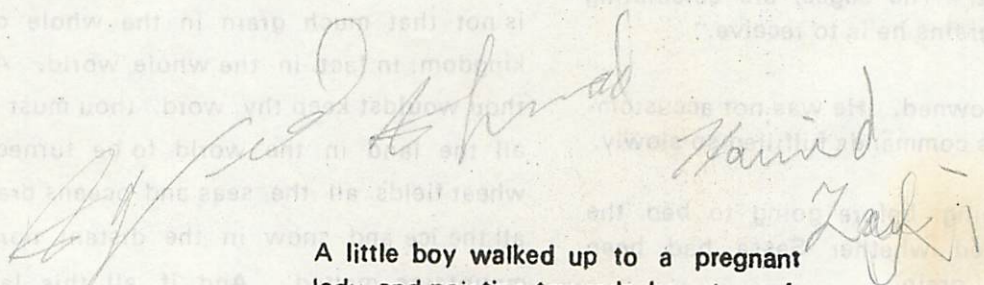
store all this grain. According to Food and Agriculture Department a cubic meter of wheat contains approximately 15,000,000 grains. Hence, the reward asked by the inventor of chess would require a granary of approximately 12,000,000,000,000 cubic metres or 12,000 cubic kilometres. If we take a granary 4 metres in height and 10 metres in width, its length must be 300,000,000 Kilometres, i.e. twice the distance from earth to the sun.

The king was unable to satisfy Sessa's request. But had he been clever in mathematics, he would have easily avoided promising such a huge reward - all he should have done was to offer to Sessa to count the grains himself one by one.

Indeed, if Sessa had counted the grain day and night without stopping, taking a second for each grain, he would have counted 86400 grains on the first day. One million grains would have taken him no fewer than 10 days to count. He would have taken about six months to count the grains in one cubic meter of wheat.

You will see that even if Sessa had devoted all the remaining years of his life to count the grains, he would have got only an insignificant part of the reward.

Condensed from a Russian



A little boy walked up to a pregnant lady and pointing towards her stomach said: "What's that lady?"

Lady: "That's my sweet baby. I love him very much."

Little boy: "If you love him so much, why did you have to eat him?"



# *She Liked but Loved Not*

By **Shahid Jamal**  
2nd Year.

The wedding-card was in his hand - but he was devoid of all feelings and sensations. There was no glimmer in his eyes, no smile on his face, no joy in his heart. Oblivious to the surroundings, he was lost in his own world. His face wore the look of a person who had lost his all, who had no spark of animation left, no will to live and no desire to continue life. The candle of hope that had long been burning in his small heart had now been extinguished forever. To him, the wedding-card was but a Death-Card for it symbolised the his beloved for him.

The very thought that the school-Miss who had dwelt in his heart right from school-days, was now going to be somebody else's, had paralysed him. His whole body was numb and his mouth dumb. The dreams that he had dreamt, the hopes that he had hoped, the wishes that he had wished, had at last turned out to be mere dreams - mere hopes - mere wishes, which could not be attired in the clothes of reality. The Miss was no longer going to be his; she now belonged to someone else. Tears were rolling down his cheeks and within those drops of tears he could well see his past - that past which was responsible for the intimate feelings that he had developed for her, the tender sentiments that he had nourished for her, the fonding and liking that he felt deep inside him for her. How secretly had he

visualised those days when they would merge into one another. But alas ....her wedding-card under his blurred vision appeared rightly to him as the parting-Card.

His mind was now racing back very fast on the by-gone paths - those paths of life on which he had walked to discover the life-taking fact that Liking and Loving are not one and the same thing. Liking, if confused with Loving, may lead to misunderstandings resulting in frustration.

The comely and juvenile figure of his new Miss, he well remembered, when she first came to take the English Class. Her tender age and inexperience added to her nervousness and made her all the more exquisite. He was captivated by her gorgeous beauty at the very first glance and his heart throbbed with uncomprehended joy. To his heart, she appealed... to his mind she clung. He felt driven toward her with an inner force. In the personality of the Miss, he found the image of his imaginary girl. She was the picture of his dreamy thoughts. Neglecting the fact that she was his teacher, he aspired for her. Outrightly, he gave her a place in his heart and dreamed of her as his beloved...an idol of worship.

Optimism ran through him when he noticed the little difference that was in their ages.



He would innerly murmur. "This can be possible." Getting rid of such sweet thoughts, he asked her with all the love in his voice "May I know your name?"

She replied a bit blushing "I am Miss Nasreen .... your new teacher." At the very word 'teacher' there was a sudden reflex action that made him yell "Not Teacher, but Miss and Miss alone." Nasreen got a bit startled at first then said smilingly "O.K., if you wish, I will be your Miss." He thanked her for complying with his desire.

In due course there developed a feeling of fondness for each other. He began to give special attention to her class or precisely her, and in return found himself to be the pivotal figure of her eyes, the focus of constant attention .... probably due to the fact that the rest of the boys were dull and not as good as him in studies. Often they were found sitting close to each other after school hours, chatting freely on topics besides studies. In short there was a certain attachment that they alone understood. Absence of anyone on any day perturbed the other. Study or no study, inside the class room was entirely on his will as Nasreen always proceeded according to his mood. They appeared to laugh and cry together, and it seemed that each resided in the other's heart.

He could even now imagine those tearful eyes of Nasreen on his last day at school when

she remarked. "You can go away from this school: but away from my heart you can never go. The Liking that I have for you can never die."

Even though he had left the school, he could not forget her, and occasionally went to her house to give solace to his Nasreen- aspiring eyes. He wished time to click on at its quickest .... so that he could become self dependent and be in a position to ask Nasreen for eternal companionship. The train of time passed but at a slower pace eventually halting at the station of Reality..... to prove everything wrong.

Nasreen had personally come and given her wedding - card to his mother ..fortunately he was not present at that time. When he reached home he was handed over the card. The card was in his hand but his mind was lost in the world of thoughts. He was questioning himself "Was she really not in love?". If so, then why did she express those feelings of likeness to the point of madness. His numb mind was trying to feel the difference between Liking and Loving but was unable to do so. To him Loving and Liking were one and the same. He had the conception that Loving is bound to spring from Liking. But today it had been proved wrong. Had Liking and Loving been one and the same thing, he would not have been shedding tears. He now realised that Nasreen liked him but probably never loved him.



# THE FINAL SUN-SET

BY

A. RAUF BAWANY.

Final year M. B. B. S

"Excuse me Doctor could you direct me to the Neurology ward?" The voice was supple, sweet, rather musical. Amir could not help turning around suddenly. The young lady who had addressed him was as beautiful as her voice.

"Miss, I am not a doctor-yet. So I'll prefer you call me Amir and what's more I would gladly escort you to the Neurology ward."

The first chance meeting brought Amir and Anita to each other's world. Since then they had started seeing each other, sometimes in the ward, sometimes in the library & even sometimes in the cafeteria. They confided their innermost thoughts to each other and almost learned to sense what the other was contemplating. Inadvertently, their friendship matured into love, like all young lovers they planned to get married. But Amir wanted to be absolutely sure about Anita's likingness to get married immediately after the final exam. One bright day Anita convinced him.

Amir started the conversation, "today I feel we have reached a turning point ..... after crossing this point, there won't be any chance to go back. So, I advise you to look into the matter from every angle and make your decision firm, once and for ever."

She reacted beautifully, with a determined voice, "Ami dear ! I don't need to look into the matter. It has already been decided since the day I saw you. I trust you. I confide in you. I have been longing for a life partner like you and you don't know how happy I am to find you. With you, I feel I have calloused indifference of the bitterness of this world. You have given life to my eyes, they are kindled with the sparks of love and happiness. You have given me not only pleasant dreams but the real meaning of living. I feel I have got a place in yours arms to smuggle like a dove in its nest. Oh ! poor Ami, I wish I could take onto myself all the grieves and sorrows that befell upon you. I should do so gladly....."

Amir fervently caught hold of her hand, overwhelmed with joy, his eyes tear dimmed, could not utter a word for a while, but continued pressing her hand.

After regaining, hoarsely, "Ani ! I now know for sure, you love me from the depth of your heart and for this, I should love you the more"

The days passed leaps and bounds. Amir had graduated and underwent a strange transformation His hair plagued with insomnia, he became a chain smoker. He started avoiding Anita.



Noticing the change, Anita worriedly demanded, "Ami ! are you free today ?"

"Er ... yes, what do you want ?"

"I want to talk to you," retorted Anita, but she suddenly checked herself and changed the sharp tone to a swift imploring one. "See the romantic weather, how beautiful looks the overcasted sky. Ami dear, I need you in this pleasant weather. I want to feel the pleasant caressing puffs of cool breeze. I want to rest my worried head against your broad chest. I have got the car, let's go to Clifton."

Er..... I don't feel well today."

"What's that, you are avoiding me always. I want to get everything clear. Don't think I'm foolish. I don't want to be deceived....."

Her eyes seemed to radiate phosphorescence, she was on the verge of getting hysterical..... Sizing up the situation, Amir suddenly jumped into the car.

O.K. Let's go. I'll explain you everything. I need your help Ani ! I'm on the horns of dilemma."

She drove the car in utter silence, biting her lower lip to choke her pent up emotions.

A cold steady drizzle soaked up the illuminations from the head lights of the car. The wind shield wipers beat a mechanical protest against the moisture which clung to the wind-shield with oily tenacity

The worm interior of the car caused a fogging of the glass, which she wiped off from time to time with her handkerchief.

The rain had stopped, when they reached Clifton. After walking far away, they chose a stone near the lip of the ocean and sat on it, silent. Anita was calm. She abandoned tears

as a useless expedient for emotional relief. She had suffered to the point of exhaustion.

Amir unable to decide from where to start and how to start, meaninglessly scraped the stone for a while.

Gently and softly he said, "Ani ! I love you. I love you from the depth of my heart. Ani ! you don't understand, these days I'm fighting my inner battle. I don't know what to do..... I cannot decide..... I feel my heart will burst. I want to crush my head against the wall....."

He cupped up his face with his hands and started sobbing. Then burried his head between his knees. That softened Anita, she started petting Amir reassuringly, she inserted her long beautiful thinly carved fingers his hairs and tried to console him.

Amir regaining, hoarsely said, "Ani ! you know my elder brother died last month."

"Oh ! yes, that was a tragic accident he met during his work, poor guy ! I still feel sorry, Ami dear....."

Amir continued, "Ani ! had he been knowing of our love, he would not have asked me for it."

Anita suddenly moved at this, "Whaf ! look, I don't understand."

Amir remained silent for a while, trying to find the right words to deliver the shocking news.

To avoid the sharp gaze of Anita, he had turned his face to the other side, painful words, poured, "Ani ! He was very much worried about his newly wedded wife, who is only nineteen, so young to become a widow. His pretty little



child, still in the cradle sucking her thumb, too innocent to know her father..... He was lingering between life and death, he needed assurance for their shelter, security and protection. He begged me to do this favour.....I had to..... I promised .....so that he might die peacefully. I promised to marry his young widow and to give his child the paternal love and guidance. I promised to give them shelter and security.

I had to, Ani ! .....I had to....."

Tragic ! Shocking.....was the news for Anita but she had somehow able to keep her emotions under complete control. Her face was as expressionless as the marble slab of a gravestone. She remained unmoved and still for a while, but realizing the deteriorating condition of Amir, started caressing Amir as if she had intended to give him assurance, but she didn't utter a word in fear that it might release her pent up emotions and create an ado.

She tried to suck in her tears .....

Gaining some confidence, she stammered in a whisper, "Ami ! listen my poor Ami ! I still

love you with all of my heart. I'll love you ..... forever ..... Ami ! dear, you are really very great. Go ahead and fulfil your promise. Learn to live for others, like your great brother who had lived for you and even died to give you a new life.....a life one gets after a sacrifice. .... Don't hesitate Ami.....Do that greatest sacrifice and be an immortal. You will find your Ani will always worship you. I'll keep you in my heart for the rest of my life....."

Two people bonded with one love, separated by two destinies. She stood up slowly and facing the setting sun began walking. For her it was the "final sunset."

Amir's eyes followed her graceful figure now slowly fading away into the curve of the horizon.

"For every sunset there is a sunrise. An, tomorrow you will live a new morning.

I wish you new happiness."



He : "Why was Solomon the wisest man in the world".

She : "Because he had so many wives to advise him",



# Pharmacology of an Addicting Drug..... Studies

By Rehman Khan  
and  
Hussien Mehdi Kazmi

## Sources:

The sources are divided into clinical and pre-clinical types. The pre-clinical type includes Gray's expensiva, Samson Wright's non-comprehenda and Chatterjee rattafica, etc. The clinical variety includes Modia Jurisa and the Oil of Dilling, which is a very volatile oil. All these plants grow wild in the college library and in nearby bookstalls. Rarer varieties of this drug, can be obtained from trees growing in the remote jungles of the British Council or the American Centre.

## Routes of Administration:

The conventional and widely used means of administration i.e. oral, injection, inhalation, etc. are not applicable for this drug. It has to be visual, i.e., by scanning the source (books, notes, etc.) and running a dirty finger through the lines. The other route is infusion through the ears in which case the maniacs listen to tape recordings (audio-visual technique).

However, in emergencies the oral route has also been resorted to. For example, when caught cheating by an examiner. This act termed pharrah swallowing, is believed to be a manifestation of "fight, flight and fright"

syndrome. (But the drug is not absorbed and is excreted in the faeces as such or in a partially digested form).

## Absorbtion:

The absorbtion of the drug depends on the enviromental conditions during administration. It is poorly absorbed when taken in distracting surroundings or when user is in a hurry. The speed of absorption is increased in quiet surroundings such as a library (but not the distracting one of D.M.C.). The speed is also slowed if the person is already engorged with previously unabsorbed studies.

## Fate:

The drug is transmitted via the optic, auditory and perceptual pathways to the highest centres of the brain for intellect. (Or stupidity, as the case may be).

## Excretion:

The excretion of the drug commonly takes place in the examination hall, during academic discussions, viva exams, and specially while impressing the juniors.

## Actions:

The primary therapeutic action is to



successfully pass the exams. Secondary actions are manifold.

- (i) **Euphoria:** The user gets a feeling of superiority over his fellow students.
- (ii) Creates privileged position in the family.
- (iii) Helps in impressing dullbrained, un-achieving people in the surrounding.
- (iv) On the pretext of using this drug, the oppressed user gets away with otherwise inexcusable escapades from home.
- (v) Helps in striking up social contacts (Studies - ki - line).

#### **Untoward Actions:**

- (i) Inhibits freindship, deprives from awareness of surroundings.
- (ii) Raises threshold for normal stimuli, such as appreciation of fine weather, stormy weather, sports and social activities, election campaigns and other beauties of nature.

#### **Dose:**

The average daily dose is an hour or two. But it is increased in examination fever, stage fright, etc. In severe anxiety psychoses, such as that resulting when person has avoided the drug throughout the year, it may be increased tenfold, but, this course should never be continued over a prolonged period of time, because toxicity develops and then to every logical question the pat. blurts out an illogical answer.

#### **Toxicity (Overdose):**

The user drops out of circulation and confines himself within the four walls of the library. He is often seen scurrying around

with books. His conversation is restricted to discussing the ingredients of the drug. The user loses contact with friends and is disliked by acquaintances. His lot is a pitiable one. He is seen early in the morning, standing outside the library, scratching at its door with paws.

The appropriate condition has been described by Alstead, Macarthur and Thompson in Dilling's Pharmacology (22nd Edition, Page 217) "He becomes completely enslaved, and assurance that he gets a regular supply of the drug becomes the ruling passion of his life. Such is his preoccupation with self indulgence that he becomes entirely indifferent to conventional standards of behavior; and fear of deprivation of the drug, drives him to the elaborate subterfages of the practised liar. Intellectual power fails; loss of self control becomes apparent in immorality; apathy about food and cleanliness result in emaciation, and an unkempt appearance. At a later stage he suffers from melancholia and delusions of persecution."

#### **Antidote:**

Complete and sudden withdrawal of the drug and provision of suitable alternatives. Friends have a large part to play in providing the alternatives. Not only affectionate care and loving counsel be provided, but they should also forcibly drag the afflicted into.

- (i) Making long visits to canteen and snack corner for endless, meaningless fruitless discussions.
- (ii) Wasting time in politics indulgence in daring enterprises, e.g., romance.
- (iii) The later may prove to be disastrous, if the counterpart also happens to be an addict, as it may potentiate the action of the drug.



# WHEN THE STARS GLEAM!

YASMIN SULTAN.

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

It was the fourth ring of the telephone and no one had answered it yet "O No!" Ayesha said, as she put her book aside and quickly ran for the phone, her mood quite off at the sudden disturbance, but within the next second she was smiling, "O Kamran its you. Come off it I know, Stop pretending. Me? Well, I was studying and what do you mean by disturbing me." She said, pretending to be angry. "You reacoming in the evening. Yes, you are welcome but only if you don't forget to bring Seemi. O K see you," and she put the phone down slowly and walked back to her chair, her face glowing as she smiled. Ayesha had just spoken to her fiance. They had been engaged three years back and immediately after that, Kamran had left for higher studies in Medicine to U. K. Ayesha was in her final year of M. B. B. S. Kamran's was a very big family, his father being a very good friend of Ayesha's father, a union was proposed between the two through Ayesha & Kamran.

As the call bell rang, Ayesha ran to the gate. There he stood smart as usual. "Hello Ashi" he smiled. "Where's Seemi?" Ayesha even forget to greet him "Well, you see, one of her friends suddenly popped in and so" ... before he could complete his sentence, Seemi jumped in from behind the gate laughing. "Could'nt you stay a bit longer," Kamran showed her a punch. "Bhaijan, the promise was for

a minute and that's over." Seemi showed him her watch and laughing, they all came in.

"So Kamran, where do you propose to open your clinic." Ayesha asked after he had described his stay abroad. "Back in U. K., within a year." Kamran said sipping his tea.

"Perhaps you forgot to bring an English model, that's why." Ayesha grinned. "Jokes aside, Ashi dear, I have found out that after studying so much I just can't stay here, its not worth it. Tell me, will I get what I deserve over here?" Kamran seemed very serious. "Kamran!" Ashi looked at him first in surprise and then frowned. "Have you forgotten what your country has done for you or have your eyes been so much dazzled with those lights that you don't care about the darkness around you." "O, Ashi, come, off it. Don't be so sentimental. And then I won't be going alone, you shall be with me." Kamran laughed looking at her. "You are sadly mistaken, I wouldn't leave my country even for a fortune. It has been my ambition all through my life to serve my people, my country. Kamran, your country needs you" Ayesha looked at him eagerly. "What can I do alone when so many of my colleagues are leaving every day ..... what's this? ... don't be a baby..... you'll cry in a moment, I know. Ashi, please.....let's talk about something else" and he changed the course of conversation, but neither Kamran's jokes nor Seemi's



Yes, I remember. I really start to think. What the hell do I think I can grab with a sickening M.B.B.S. degree? Perhaps a small street side clinic with a big board leading Dr. F.A. .... But who wants to do that? I want to be in the research business! I want to be some one like Christian Bernard!

I start getting sad! 1700 doctors from my province alone annually all with an M.B.B.S. degree! Oh Heavens! Where do I stand? Are the E.C.F.M.G. people going to ask me how many fellows did I convert? How many sick doctrines and ideas I helped to eradicate? How many .....? Probably none.

So while the hum drum of my college stretches, I am a confused creep! One day I chance by the Civil Hospital. I see life at its lowest! I hear agony spelling itself out! I find I don't like the scene. Or may be I can't stand it. In any case, I am not used to this. All I come across back in college is politics, theatrics, pop shows, film festivals, picnics and table tennis competitions and why isn't it different over here across to the hospital. Is this real life or that .... which is full of colours. I can't decide. My mind and heart are at ends. And as I told you I am confused!

Over here, you must be a technocrat. You need plain medical know how. The poor patient couldn't care less if you were a big wig. A Leninist or a religionist! A Gaullist or a Nasserite! By the way what have a Lenin or a De Gaulle or a Nasser to give to a patient with chronic organic disease in any ward of the Civil Hospital?

Silly, isn't it? All this big talk then. Plainly no good to my ailing patient. Then why am I dragged into it at all? Why do I give time and all to it? Haven't all these fellows working for their cause gone crazy?

Quite so, if you have not been through it yourself! But then, dear, this is the power of faith. Such is the charm of belief in something. You want the entire world to walk with you. That it never will, means nothing to you!

So the drudgery or the show must go on. Every now and then a new medical student is allured towards extremes. He forgets what his dad said. His mom said. He learns to float on this enigmatic scenario and all seems decided.

But then a question pricks me. What are we heading to be? Messiahs or unwanted saints?



pranks could bring Ayesha back to her former disposition. The shadows grew darker, Kamran and Seemi tried their utmost but she was in no mood and so they left.

Next morning Seemi came to Ayesha "Ashi Baji, do talk to Kamran." "No Seemi, certainly not," was the stern reply.

"Ashi Baji You're the only hope we've got. No one wants him to go but he is so difficult to handle, only you can deal with him, please." Seemi pleaded and Ayesha had to consent "O.K. I'll try. Ask him to come in the evening." Kamran came as usual, as if nothing had happened. He tried to tease Ayesha but she was serious. "What have you decided Kamran?" "About .....O I about my going. There is nothing to decide, I am just waiting for your finals. I shall immediately then get the queen of my heart and soon we'll fly off to a fairly land..... that's all." Kamran finished with a broad smile. "Kamran, surely not. You are going to stay here. Have you forgotten all our plans about having our own hospital where we would work together? You cannot imagine the satisfaction you'd get." "At least you should have been on my side. So you won't accompany me" Kamran stood up "No" Ayesha replied in her determined voice and Kamran left.

It was not that they didn't care for each other, their regard was deep, but both of them were very firm in their resolutions. Ayesha as a *little* girl had developed a sense of serving her fellow countrymen and was sticking to it. Kamran too, had the same ideas before, but had changed his mind according to circumstances.

Kamran, as he reached home, found that there was a letter from his very close friend Mahmood, who had his lands in a village about 35 miles from Lahore. The letter read "Dear Kamran, I was very glad to hear from you about

your arrival and now that you are here, I am longing to see you. You have asked me to come there but I think it will be much better if you came along. You'll have your famous Lassi and Makai Ki Roti, that's a promise. No more letters. Just come yourself." Upset as Kamran was, he at once decided to have a change for a week. But before that he had made up his mind and it was a firm resolution to go and settle abroad. For this everything he had arranged while still there, he was so sure. Ayesha would always stick to him where ever he might be. He set out for his new journey all alone. His heart could not feel the same joy it experienced, when he thought of Ayesha. "You have your principles and I cannot waste my knowledge just for nothing" he said to himself. Mahmood greeted him with warmth as usual and Kamran forgot his worries for a while as he glanced at the wondrous beauty spread bare before his eyes, the lovely fields, the hardworking farmers sweating. Their efforts counted yet were often forgotten. The lovely breeze scented with blooming jasmines.

"Aren't you hungry?" Mahmood shook him and Kamran came out of his thoughts. He talked to Mahmood about his going and Ayesha. Mahmood listened silently and after a few thoughtful moments spoke up. "Kamran you never were so materialistic." "O Mahmood not you too!" Kamran seemed off "O No.," Mahmood laughed. "You have come for a change and you must have it. Come, forget it all. Happen what may, we are just now going for a stroll," and off they were laughing arm in arm.

Monsoon season was in full swing, the whole country was receiving showers. People usually wait for this blessing. Farmers with new hopes rising, wait for their toil to yield results. But this year they brought a lot of destruction. Floods swept over large areas of land causing havoc. All measures were taken

to face it. Yet the angry rivers went on and on. This place was not directly hit by the floods but disease like rumours spreads fast and this land of peace was also a victim to it.

"Why aren't they doing anything, this epidemic is going to eat the whole village." Kamran at his usual stroll wondered. As he returned he spoke his thoughts aloud. Mahmood looked at him and a peculiar expression came over him. "Surely you are not that unaware. Of course the government is doing what it can, medical teams have been sent but unfortunately we don't have that many doctors to be at each and every place. Time passed on, suffering increased. There was no (proper) Doctor there, only an experienced Compounder who enjoyed full faith of the people. Something is better than nothing and people seemed to be accepting this.

As Kamran started taking the cases he found only a small hospital in the area with facilities unable to meet the increasing demand and no proper person around. There was misery, everyday one or another person died. Although Kamran saved a number of lives yet single-handedly even his tireless efforts could not fight death completely. What he did now was to acquaint people with preventive methods. Human suffering so great and in such a measure, was not Kamran's first experience. Yet the thought that so many lives could be saved only if... .. if there were enough men around; men of his own profession.

"Every year so many Doctors come out so where do they disappear?" Kamran couldn't resist asking Mahmood. "O in the thin and cold air of Europe my dear who would like to waste his time in this place when there is so much scope abroad." Mahmood smiled sarcastically. At once Kamran thought of Ayesha and her ringing tone sounding very clear came to him taking him 3 years back.

"Kamran we are the ones to clear the dirty heap. We shall help the people in the villages have a hospital of our own." "Inshallah, a sweet home in a sweet village with a sweet partner." These were Kamran's words it wasn't very long ago, how could he have forgotten them so soon. Kamran wondered. A sudden guilt swept over his and entire body and soul "Oh, Ayesha how how will you ever forgive me." Whole day he had been out his body aching, yet as he lay down, there was no sleep for him no peace. His conscience was pricking him hard. The intensity of the floods was greatly reduced and people were now being cured fast. Most of the cases had been shifted to Lahore on Kamran's initiative, he himself doing a lot of running about. They way people came and thanked him with tears overflowing, it was touching. Kamran felt he was one of them, if they labour so that the country may prosper, why was then he trying to go far away from them? How could he live in peace when his own brethren tillers of the land were suffering? His mind was now clear the dark clouds had left. Stars were shining bright and the light to spread was yet to be seen.





# From Dissection Hall to the Debating Hall

Syed Fahim ul Hassan  
IInd Year M.B.B.S.

This is my first day at Dow Medical College, I don the white coat with almost stupid optimism. Perhaps I shall have to work real hard over here! You know with all the cream of Karachi coming here, you feel you have got to toil to stay alive. Dad said, "Be a real great doctor or quit the business." I said "Yes" I had meant "Yes"! Mummy had even decided that I was to become a Neuro-surgeon. Every one at home thought I was landing on some big mission!

But lo! Here I am in the Dow Medical College. I haven't reached the lecture hall but cut by a couple of seniors. "Look, gentleman! Every body is joining our party. Why not you? How about having a nice flat talk in the canteen!" But am I not supposed to attend my Anatomy lecture? You don't become a doctor having nice flat political talks in the canteen. Do you? They almost hear me.

"Why on earth do you silly book-worms forget that this is your first year? A bloody rest year."

His tone makes me feel guilty. Perhaps he is right. Perhaps its politics that is the need of the hour; perhaps [the country needs more politicians than doctors. Can't you see the mess the country's been through these thirty years!

I am led to a sitting place and put under intensive indoctrination treatment.

"Why close your eyes on what's happening in Russia and China? What did the 7th fleet do to help you in the hour of need? Was Mao or wasn't Mao a dictator? Does or doesn't revolution come through .....

Oh my! they are getting through me. "You see its the whole world that must be set to right." I seem to agree. Yes! I must play my part. I must sacrifice something for my beliefs. I must not desert those I believe are fighting for a right cause. Studies, I am told can always follow.

So I sway from my ideals. I turn a preacher! An advocate of human rights, democracy, socialism; religionism and what have you! I am making fiery speeches for my cause. I am spending weeks on end for my party's victory in our college election.

Bang! Suddenly I realise that I have fallen way behind my class. I ponder! A friend of mine shuns me. "This party business is not going to give you a thing! It can't see you through your exam! It is not going to land you any where. Remember, you came here to be a doc."

Yes, I remember. I really start to think. What the hell do I think I can grab with a sickening M.B.B.S. degree? Perhaps a small street side clinic with a big board leading Dr. F.A. .... But who wants to do that? I want to be in the research business! I want to be some one like Christian Bernard!

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# Brain Drain or Overflow ?

Mr. Hussain Siddiq Bawaney  
Final Year M.B.B.S.

Despite the amount of attention devoted to the "Brain Drain" in recent years, no firm consensus has emerged as to whether or not one exists in Pakistan. Today we know much more about the international migration of professional manpower than we did seven years ago. But the more we know is mainly facts, and not all that many; men still have difficulty saying what the facts mean and deciding whether or not the brain-drain constitutes a problem of disturbing dimensions for our country. In stead of mass movements of relatively unskilled and untutored people into the world's empty spaces. International migration has increasingly become the movement of people with education seeking opportunities in more developed countries to use skill that education has given them. The dramatic increase in foreign studies since world war II, the expansion of international communications and the decline in the cost of travel have combined to internationalize the market for educated manpower to a degree previously unknown. This widening of the market, combined with full employment in the West, has greatly increased competition for exceptional talent. For some employers this International competition has brought trouble; for many individuals it has brought opportunity.

I must say that highly trained personnel

from many developing countries are emigrating to a few major developed countries, that the size of this flow is large and that it is increasing at a rapid rate. But there is a big question whether this migration is seriously hurting the countries that are the net exporters of trained manpower. The surprising fact is that in most developing countries the number of professionally trained people, who are becoming available for home employment is rising faster than their economies can absorb them. One certainly cannot make this statement for all exporting countries but I think, it holds true for our Pakistan. But if we begin with the Big Picture about professional migration from less developed world, it appears to be not a drain but an over flow. These countries like that of ours are not stripped of manpower they badly need rather they have been relieved of manpower they cannot use. However, the loss of highly educated manpower is not a phenomenon that affects only the world's less developed countries. Britain has, perhaps shown the greatest anxiety about the problem as a result of large number of scientists, engineers and doctors who have migrated to the United States. Britain's vulnerability is mainly a matter of language.

Need vs Demand:

If there were a general shortage of



university graduates in professional fields in Pakistan, almost any loss by emigration would hurt. There are countries where professional graduates are desperately short, notably in some African countries south of Sahara. But for every developing country, with an overall shortage of professional manpower, today, there are probably too, with surpluses, present or impending. The reason is simple, in country after country, there is irresistible pressure to expand university education, and so many countries have found that it is possible to do this, that number of college graduates (including professional) have been rising faster than their set up can absorb. The last statement is important if one looks at the pure need of ours for doctors, engineers, lawyers, economists and agricultural extension agents that it is easy to see shortage. But if you look at the number of unfilled jobs, or the number of university graduates who had difficulty in finding what they consider suitable jobs, then surpluses often appear. So as to decide, whether or not brain drain exits depends whether one looks at society's human needs or an economy's effective demand. Clearly, the latter is more relevant and realistic test to apply. The real question is, how rapidly, effective demand for high level manpower can be made to grow. To ask this, is to ask a riddle of development. The migration of highly educated technical manpower will undoubtedly continue to worry governments and to threaten or injure employers throughout the world. The idea is that, if both developed and developing countries concentrate on economic growth, then the brain-drain will itself be taken care of. One of the interesting proposals that has been heard among a few economists is that, brain gaining countries should compensate the losing countries for the cost involved in this export. Is it not grossly unfair that Pakistan should invest about Rs. 200,000/- in producing a

doctor, engineer or physicist only to have him emigrated before he repays his country? While a good case can be made from this ground, no one has offered any specific proposals. I doubt that such a scheme *could be* made administratively feasible or that it could overcome the fatal appearance of requiring immigrants to buy their freedom.

#### Dual Loyalties:

A two year study by Education and world affairs (EWA) concluded that it would be a mistake to try to reduce international migration either by tightening up controls on immigration or by slowing down production in the educational system of developing countries. the two main categories of brain-drain proposals. Instead, the EWA study emphasizes that the countries loosing brain should give top priority to improve conditions under which the "critical elite" are expected to work. Political, administrative and constitutional leaders in developing countries must realize that professional men normally have dual loyalties divided between their country and their intellectual and professional careers.

Loss of key professional leaders will continue unless the condition of work in their countries can satisfy such elemental needs as minimum salary requirements to permit full time employment, recognition of individual talent and creativity, adequate progression through career channels, opportunities to maintain and cultivate contacts with counterparts abroad, and overall, there *should be* a good social life which I think is impossible in this part of the world. Unless and until these requirements are met with not only in Pakistan but other brain losing countries, I must say that, high level manpower with "get-up-and-go" will get up and go. A major lesson of recent research is an increased respect for the strength

of non-salary considerations underlying migration, particularly those related to the working conditions of professionals in their home countries. The more important of these factors are weak budgetary support for research; traditionally hierarchic status systems in academic and governmental institutions which deny satisfying opportunities to able younger men; the poverty of intellectual stimulation (poor libraries, weak professional associations, inability to secure foreign journals and no sight of travelling abroad which the creative minds require), career insecurity resulting from political intrusions at the personal and institutional level, and unemployment and under-employment. If the above factors are favourable I think most of our professional qualified men would like to stay and work in Pakistan, even if they have to withstand major salary differences.

The central problem in helping Pakistan

retain her high level manpower is to combine respect for individual freedom with the need to minimize the emigration of key people. There is growing awareness that an indirect approach, focused on causes instead of symptoms, can be effective. Pakistan can compete because most of our men have strong ties and love for their homeland. Pakistan cannot solve the problem of brain-losing by imposing restrictions on movements of doctors and engineers out of country or compelling them to work in rural areas bare footed which is against the law of nature, since it is impossible for a man living in city for 25 years to adjust himself in adverse conditions prevailing in our country side.

The above considerations...are the kinds of things to focus on if we wish to put the brain-drain in perspective. In short we can afford to be relatively relaxed about migration but not to be complacent about its causes.



to the muscles, the skin vessels closed down, sweating and radiation mechanism became suspended and the temperature went up and cerebral anoxia was predominant. Runners in front of me seemed to be multiplying at a tremendous rate, eyes were getting closed,

head was facing towards the sky, looking as if praying to God for a respectable position in the race. But what happened in the end was not known to me, I was held by a few first Aid men and was taken to an ambulance.

# Running - A Pleasure

S. AKHLAQ RIZVI

4th year

As I entered the dressing room of the stadium, my hypothalamus was already stimulated as a result of thinking about the coming race, and the neurohumoral "fight, flight and fright" reaction had come in to play. Adrenaline was being secreted under sympathetic stimulation, producing an elevated pulse, slight increase in the respiration and vaso constriction in the gut (this latter and perhaps the inhibition of the intestinal wall, being manifested by the well known feeling of butterflies in the stomach). As soon as I entered the arena, there was an immediate bombardment of sensory stimulus from the light, wind, temperature of air, sound and sight the crowd and the feeling of ground under my feet. Trying to nullify these effects I started my warm up. Now the pulse and respiration were so fast that the competitor standing in the next lane could easily become conscious of my respiration and could see the heart striking against the chest wall.

As soon as the gun was fired I started

running fairly fast to cope with the initial jockeying for position, that invariably occurred before the field settled down to its pace for the first lap. Now the running had become sub-conscious. All my food stuff stored in the muscles were expended to provide energy. Then the reservoirs of O<sub>2</sub> and other waste products started collecting. In order to compensate it, cardiorespiratory response had become prominent. Now the feeling of discomfort had set in. Feet seemed to be tied up with lead shoes. After a few seconds the body had coped up with the situation and all the systems were in equilibrium. Then came the final moments of the race. I changed my gear to higher reservoirs of energy and put myself in an accelerating pace. Now the fatigue had its full control over me. All the sensations were gone. The lactic acid mechanism was brought into play, all the accessory muscles of respiration were brought into action and the mouth was held wide open. In an attempt to increase the blood available for circulation

# And now she is a Stranger

**Khalid Ismail**  
IIIrd Year. M.B.B.S.

Today the raft of my thoughts sways at the slaps of the waves of time. Some memories are very bitter but we simply cannot evade them. They keep on coming, for time is like a smoothly flowing river whose every drop contains a world of stories. These stories which crop up every now and then, become a part of our complexed personalities with the passage of time. Ah! time, what a strange and unpredictable factor. It comes from eternity silently like the tidal waves, flooding all the corners of our mind and goes away to the eternity like the grey humid clouds showering bitter memories at us.

It has been raining for the last twenty-four hours and all this while I haven't winked an eye. I do know, how times I have swept the water seeping in beneath the door, but God better knows, why so far I have failed to sweep away those engulfing memories which have been drenching all the corners of my mind since it began raining.

Perhaps that was a rainy day too, yes. I remember, it was drizzling when a new chapter in my life was begun. Though wrecked yet so vivid, a face a blurred image, some shimmering shadows light up in the realm of my imagination and as I behold, hundreds of vistas vivify.

I had known her for quite some time, but

just by name and face. She was an uncommon sort of girl and perhaps that's how I know her. We were in the first year then. Ah! those golden sunshine days when everything appeared beautiful and the pace of the time seemed to have been slowed to the waiting of the worlds. There was nothing between us except that I knew that she was there and perhaps she was aware of my existence. But sometimes her beautiful smile seemed so much familiar that at moments I would feel as if I had known her for centuries.

One day a friend of mine whispered into my ear loud enough for the others to hear, that she had a crush on me. My friends sprang upon me calling for explanation. For a moment I was dazzled. I wanted to believe him but then logic confronted me. Neither was I very handsome, nor had I millions to spend, how then could some one fall my way without my efforts? Moreover I knew people sometimes try to make a fool out of some one just to break the monotony the life acquires following a normal course.

But that very day, while getting down at my stop, I looked at her deliberately for the first time at an impulse I cannot explain, as if that had been a chance look. She was looking to me "A blank look", I said to myself as I walked home. But Ah! my misfortunes, Cupid



had his toll: bull's eye had been hit. I kept thinking about her all that evening.

As the river of time flowed, sceneries kept changing. Many a times she came closer and I thought that perhaps she was trying to play with my sentiments and I never even said hello!

It was a bleak winter morning. The sun had been vainly striving to spear its golden rays through the shield of grey clouds which stood above our heads like a profound ocean, to draw us any moment. I came out of the class, for at such instants, I prefer solitude. As I turned round the corner off the basket ball court, we suddenly came face to face. That comly smile which faded into a mist of nervousness, and those eyes, my God, which fixed into mine. I don't know how long we stood looking at each others; ten seconds, thirty seconds, or may be more. When I came out of the trance. She had gone. It had begun to drizzle which changed into a pattering rain. All my doubts were washed away.

And now I really began noticing her. She wasn't very beautiful, yet there was something, perhaps her eyes, perhaps her voice which attracted me. Whenever I saw her then, my heart would throb faster.....and faster..... and I don't know why my tongue felt dry and why I gulped. Everytime I looked at her, I would find her looking at me and then she would swerve her eyes here and there nervously perhaps to give me a notion that, that had been a chance look. And within a short while for a brief instant, she would look at me again perhaps to see if I was still looking her way.

Time trudged long in its usual gait. We were promoted to the second year. No words were ever exchanged between us. What was said was said through the eyes and what was

heard was heard through the eyes, and thus with our eyes, we wrote chapters of love. We did not need each others voices then. Even if she or I could have spoken, what might we had said to each other?

Love cannot be hidden even if caught behind a thousand and one certians and people, my God, give them a chance and they spare no time in making mountains out of mole hills. Very dextrously I would fight against those story tellers and in the end I would add reluctantly, love is for idlers, for those who can fabricate something elusive to net the fruits otheir hypocincy. And now when the days bygone are at par with rhe faded corollas in the barren garden of memory, I wish I had said, "yes, I love her". Perhaps I feared the Society and today I undertake that fear is the death of love. And what a strange thing this society is. Although we individuals constitute a society, yet the society dictates our destinies with laws that are not only un-social but sometimes absolutely absured and inhumane.

During the college elections, I had a mind to break the ice, but for the irony of fate, when she could give me her ear, I had no time and when I could spare sometime, she wasn't there. And she perhaps thought that I was deliberately ignoring her. Believe me, I still want to tell her that even if a thousand girls enter my life, I shall never be able to scratch her off my memory, for it is my faith that in all his life time, a Man is able to draw only one such picture on the canvas of his heart which he adorns with all the colours in the spectrum: and that is his masterpiece. And that is something he cherishes all his lifetime. I wish if she had only peeped through me, she could have seen those unfathomable oceans of love brimming with sentiments for her. Had it not been for the self imposed fear of rejection and

the facade of false prestige, perhaps we could have been one.

When silence is the language and eyes the tongue, billows of sentiments keep on striking the shores of the heart and gradually subside. Many things remain untold and layers of misunderstandings go on piling up until unconquerable barriers are formed which cannot be melted even with the expression of warmest regards through the eyes. Balmy words are needed at such instants and I lacked guts.

And now, instead of the beautiful smile which used to dawn upon her face whenever our eyes met reflections of doubt danced like grotesque shadows of dilemma. And we who had reached a point when voices mean nothing, began drifting away like the planets in their revolution. She, whom I regarded as void of complexities, began acting strangely. Whenever I was around, she would talk to some boys and laugh hysterically although I believe there was nothing to laugh at. And I could very well detect those side long looks scanning my expressions. Although I knew, all that was to agitate me, to make me jealous, yet I don't know why I felt hurt. I very well remember the day when I had cursed myself for running after a shadow, a character which though resembled, but never was my ideal and I had affirmed to myself not to ever look at her again. But God better knows why, whenever she was around I could not keep my promises. If any day she abstained from the college, second seemed days and hours flowed like centuries. The college appeared desultry despite all the life and colour and I felt something missing. At such instants, with gloom as my companion, I would make my way to the snack corner and share my loneliness with a cup of tea. Perhaps, we needed each other but did not know where and how to begin. On a strange cross roads we stood.

In the third year, I wanted to have her in my clinical group and she wanted to hear it from me. How on earth could I admit such a thing? My ego did not permit it. My vanity stood in the way. Now I saw of her occasionally. But whenever I saw her, I don't know why I felt insulted and a strange feeling would overcome me, for this was the girl, I loved, I hated, I adored, I envied, I worshipped and I disbelieved.

During the holidays after second professional, I heard a lot about her. I disregarded all those rumours for I was confident she was mine and that all those tales were a drama to put me on.

My! How glad I was when I saw her after the holidays. She was looking gorgeous. I looked into her eyes expecting her brows to rise in surprise, but those eyes remained unconcerned. "Drama!" I said to myself and with a smile I said, "hello," instead Arshad, who had been leaning on the table replied. Her indifference struck me like a bolt of lightning and I felt as if my individuality was razed to the ground. So, everything I heard was true? All my estimations were falsified, all my dreams were broken, all my plans and hopes were shattered, yet I smiled, for I did not want the world to know what was boiling inside me. The tea at the snack corner tasted muddy and despite all the crowd and colour, the place seemed sombre and lonely.

At the wards, the walls seemed inching towards me in all the directions. And those echoes..... "you have lost her"..... "you have lost her"..... my God, I was crushed.

That after-noon as I was going home, I saw her standing at the gate, I wanted to hide, yet I don't know why I stopped my car and I faltered as I spoke. "could I give you a lift".

She looked at me as if she had never known me. "No, thank you" "I am going your way," I persisted. "You are very kind mister, but we are going for a movie," and she turned her face. And I felt as if my soul had left me, as if I was thrown from the apogee of the sky down to the depths of nadir. I struggled and struggled for a hold and it seemed as if my feet would never touch the ground. Finally when the storm of emotions abated, I saw a glimpse of her in a puff of smoke.

Perhaps the atmosphere had become too suffocating. I started my car. Aimlessly I drove only to know that I was traversing the distances we had travelled together in the college bus another time. Perhaps I was trying to recall those sweet septembers she had so easily renounced.

As I watched the waves vainlessly striking the grey stones at the shore, I looked up at the horizon. The last ray of the sun which had so faithfully dawned my morrows of love had set. I remembered the drizzling morning when we had first met. I analysed that evening. So suddenly my flight had ended. I could not believe it at all. Now there was nothing in

the future for which to strive, nothing in the present from which to escape but memories.

I tried to forget her, scratch her off my memory but with every endeavour that I made, I remembered her all the more. A flame of fire is easy to extinguish, but a flame of love...— Oh! Lord, it increases in magnitude as you strive to extinguish it, till it becomes a towering inferno and every bit of you is consumed.

It's all over now, the wounds are scars and my dreams of yesterday are a part of oblivion. But sometimes I cannot help remembering; all those looks, all those smiles, those admirations, those feelings; all those attempts to gain each others nearness, to attract each others attention despite the distances that remained between us. It wasn't a one sided affair, I know. It was love. But then we should remember that every soldier is not a martyr and every competitor is not a winner. Was it my folly or pride or her despondence or impatience or was it a fact that we weren't destined for each other? Whatever it was, however..... I don't know how to say.....well, I have lost her and now.....and now she is a stranger!

a Second-----

Abdul Jawad Sheikh  
V year (Old)

Handwritten text, possibly a date or reference number.

I am lost . . . . .  
Objective to grab it.  
know it, rule it . . . . .

its an illusion.

embarrasses me . . . . .

hurts me . . . . .

still determined.

"Stop flying" I shout.

Its so silent, irritates me.

Why after me !

Leave me alone !

I run, run run and run . . . . .

its so cruel.

I hate it

I'll murder it.

Help Me . . . . .

I am lost.

. . . . . all alone

Tick, tick, tick . . . . .

I am dead.



Syed Fazal Ali Bilgram  
1st Year M.B.B.S.

## A RACE WITH 'it'

We appear to be running at the same speed. It has increased its pace by a fractional amount. I am desperately trying to increase mine. I start thinking- Am I superior to it in all respects or is it more powerful than I am? May be the latter case is more cogent than the former but I am an optimist by nature- In any case, the race will decide the issue:

But wait! I hear a strange sound: It seems to emanate periodically from its vocal cords; Should I pay heed to it? But what is its significance? Is it an ominous foreboding? I am trying but I cannot decipher it.

Oh dear! I have spent more time on thinking than on running. Where is it. Ah! its yonder, but a shadow. May be I can still out run it.

yet how is it travelling at such a rapid pace! I know of no human being recording such impressive timing to date. May be it is not human But I am thinking again. I must concentrate on overtaking it.

I am running as fast as I can. But the monotony is beginning to bore me. I think I

shall look around and continue to run at the same time. My God! Is that Alexander leading his army against Porus! And is that Marc Antony at the head of the Romans. And that! is that the golden Horde. Why those must be the mighty Mughal armies under Akbar. And who is that sitting on the throne, is it Queen Victoria And that must be Apollon Hiler addressing his superior race And that! why is that gigantic mushroom beaming radiantly at humanity. Is it happy at the destruction it has caused. And why are all these and order events fleeting by. I stop and think and grope for an answer.

Suddenly I remember the race. I look ahead, but it has disappeared although I can still hear it faintly mocking at me for my lack of resolve. I search wildly but I just cannot locate its position. I stop and look around helplessly. Why, who are all these people, I see in this sea of human faces. It seems, they are looking for it.

Alas, ladies and gentlemen, time has given us the ship, again.

# "certainly, Surf is economical!"

With 12 teaspoonfuls of Surf I wash as many as 15 assorted clothes. Just follow the washing instructions on the pack carefully, and you can wash upto 210 assorted clothes with a large pack (400 gms) of Surf. Yes! that is what I call economy"

— SAYS MRS. RIZWAN





# carrying progress a step further!



The Pak-Arab Refinery, a joint project between Pakistan and Abu Dhabi, is currently underway.

Entailing an expenditure of 180 million dollars, PARCO is expected to start operation by mid 1979. A pipeline, the longest in the sub-continent, is being constructed between Karachi and Multan. Over 550 miles in length, this pipeline will pump 4 million tons of crude oil annually to PARCO.

Employing qualified expertise and advanced technology, PARCO will adequately meet the petroleum requirements of Punjab and N.W.F.P., which are expected to increase to 3.5 million tons by 1980.

- To conserve foreign exchange.
- To process products nearer to the consumer's requirements.
- To generate employment opportunities.
- To introduce advanced technology to the region.
- To promote ancillary industries.

**PARCO** Pak-Arab Refinery Ltd.

Paragon • 75 PARCO-3

Convocation  
Roll of Honour  
Election 76  
The Students Union  
Gymkhana Section  
Social Section  
Literary & Debating Section  
Magazine Section  
Clinical Section

*College Album*



## FROM HÈRE AND THERE

It was a matter of immense disappointment for us when despite our repeated requests, the Social and the Gymkhana Secretaries did not submit their reports or photographs for publication in Dowlite. However we were finally able to collect a few photographs for publication from here and there.

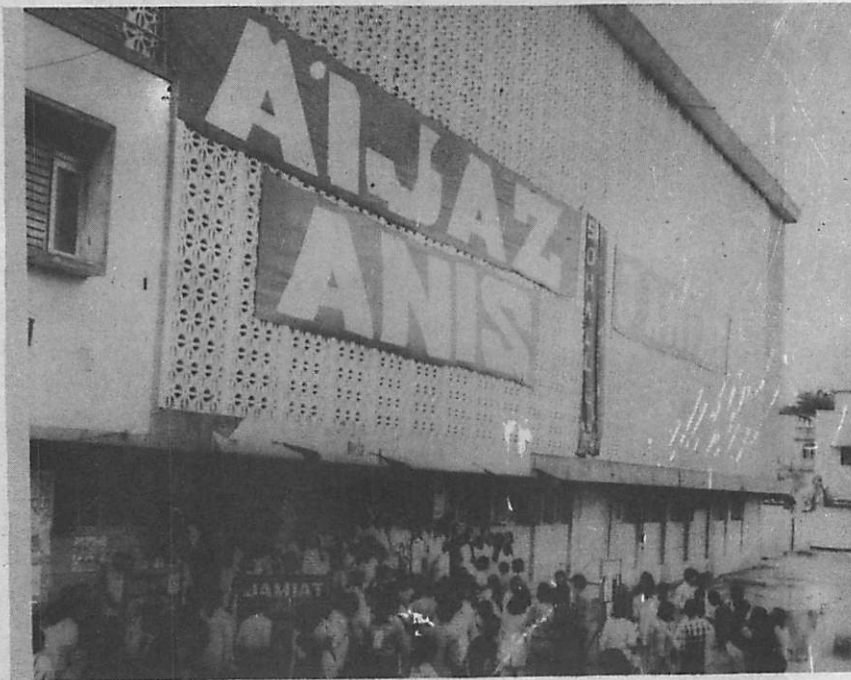
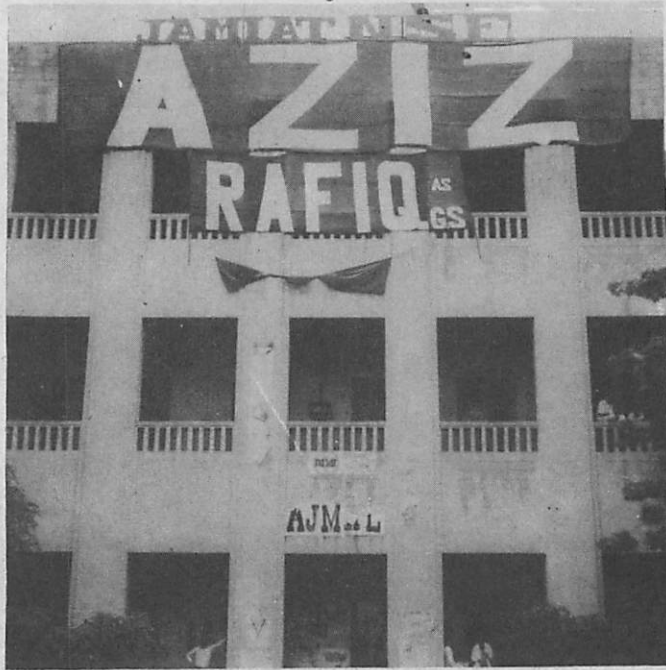
Dear readers, I hope now no blame rests on our shoulders. Go ahead enjoy the ALBUM. Its all yours.

EDITORIAL BOARD.

# DMCSU Cabinet 1976-77



# Election 1976.



Colourful banners for the Colourful Election.

AL-JAZ ANIS

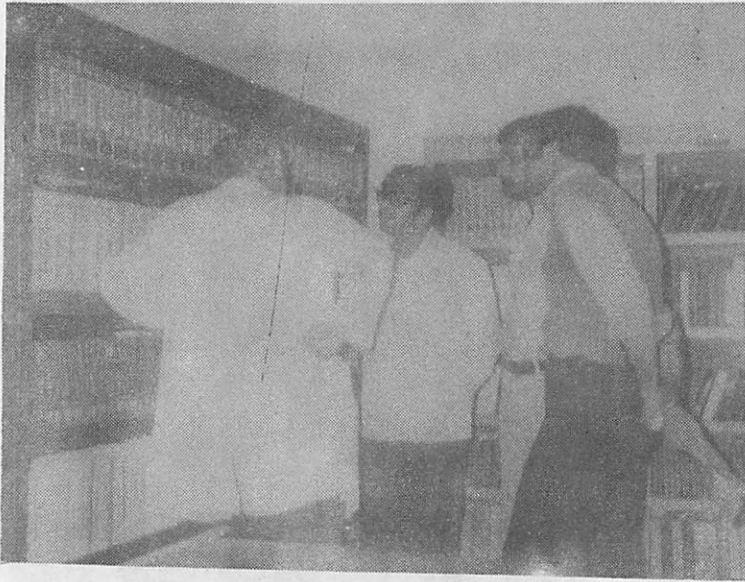


Projection meeting in fullswing.





# Lending Library



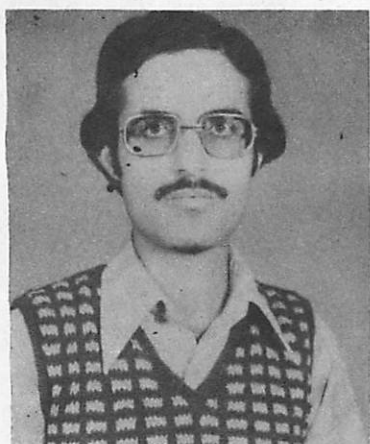
Prof. Mushtaq Hassan

The Chairman, inspecting The Lending Library Books

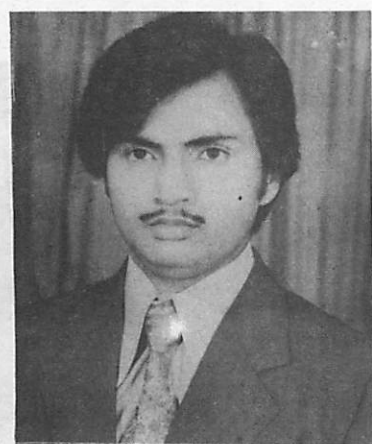


WORKERS OF LENDING LIBRARY.

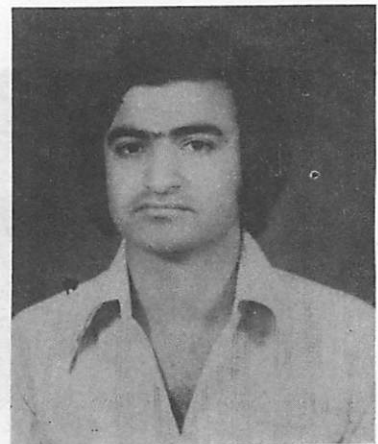
سازمان کتابخانه و اسناد ملی



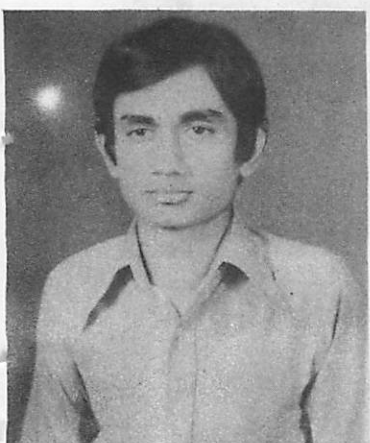
Mr. Khurshid Zia.



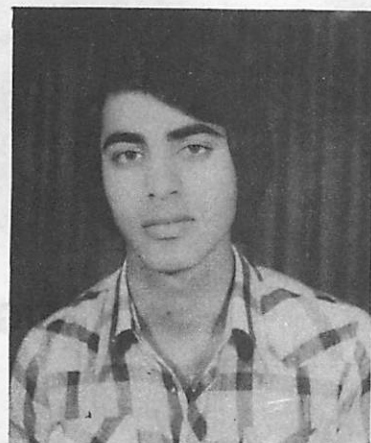
Mr. Syed Sadiq Nisar.



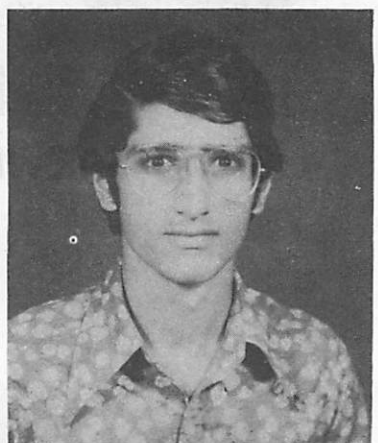
Mr. Rafiq Lakhani.



Mr. Mohd. Dawood



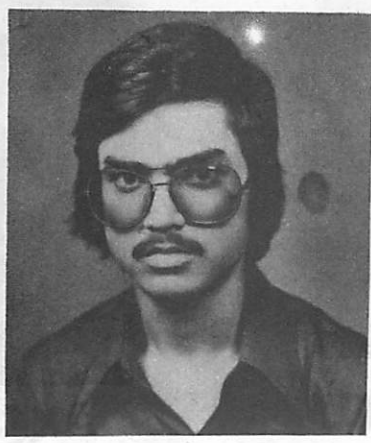
Mr. S.M. Asim.



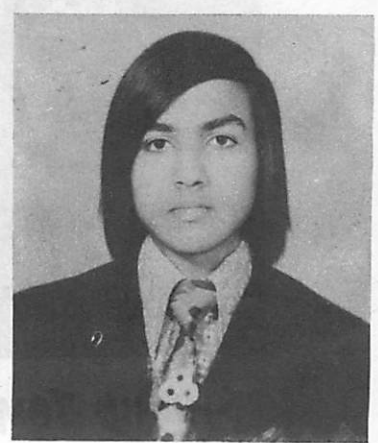
Mr. Istikhar Ahmed.



Mr. Amin.



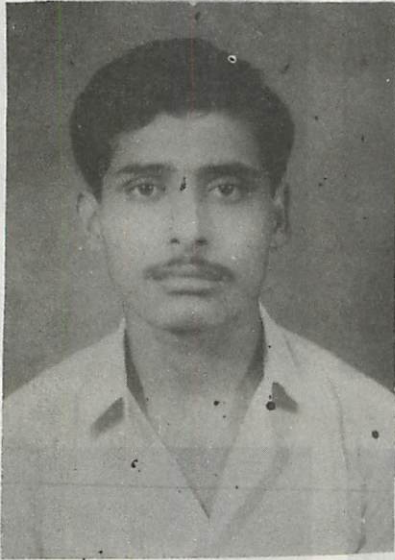
Mr. Arif.



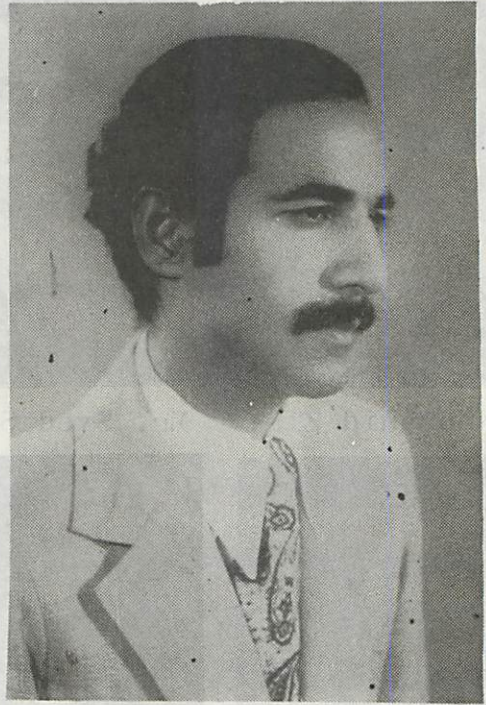
Mr. Najam.



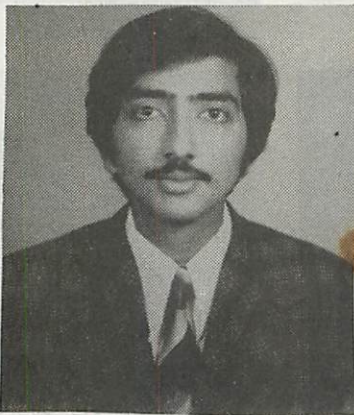
DACSU Transport Service



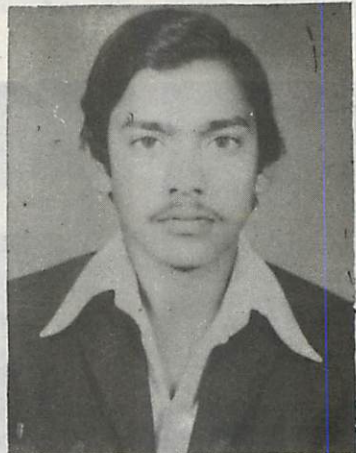
BILAL SARWAT



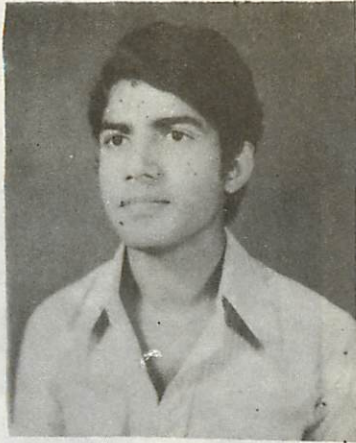
RAFIQ AHMED



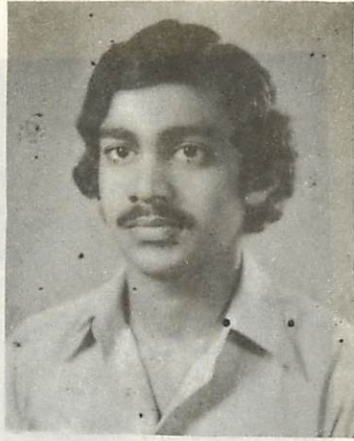
SHAHID JAMEEL



AKBER ALI



**RAZZAK**



**JAWAID**



**FAHIM**



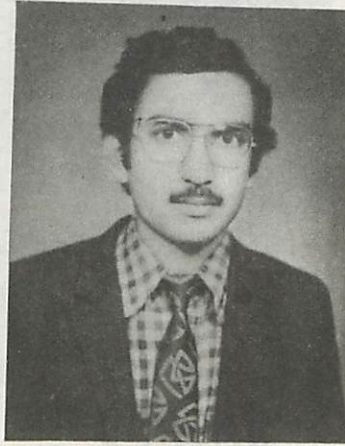
A view of Co-operative Book Store



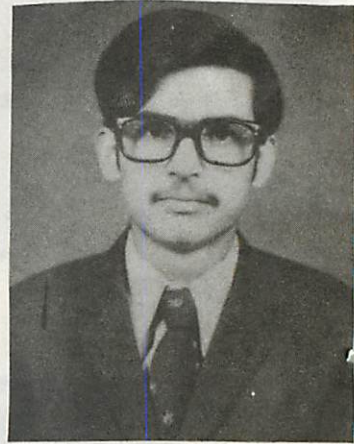
# Co-operative Book Store



Mr. Waqas



Mr. Zahid Sohail.



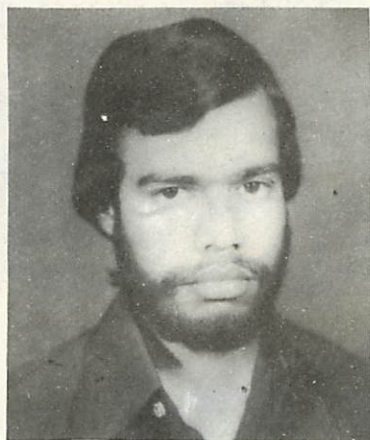
Mr. Ayaz.



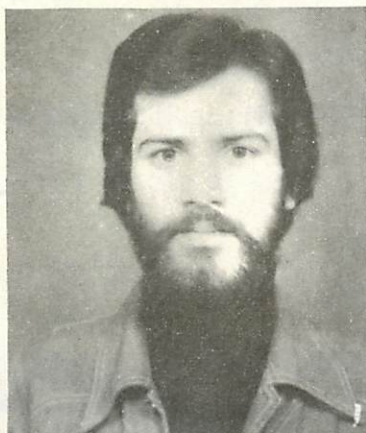
A view of Co-operative Book store.

# Book Fair '78

## ORGANIZERS



Mr. Qaiser Sultan

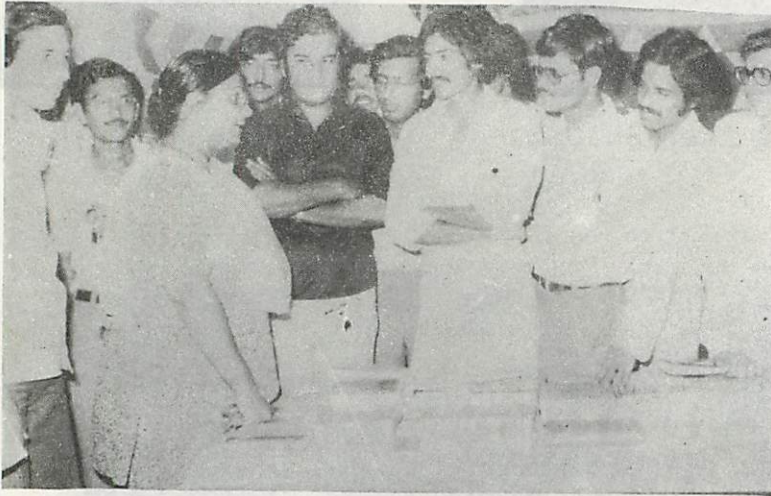
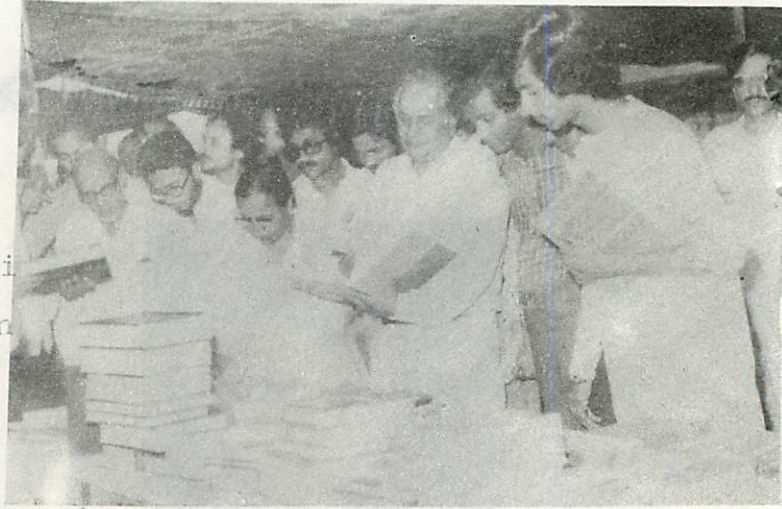


Mr. Hamid Hussain Khan.



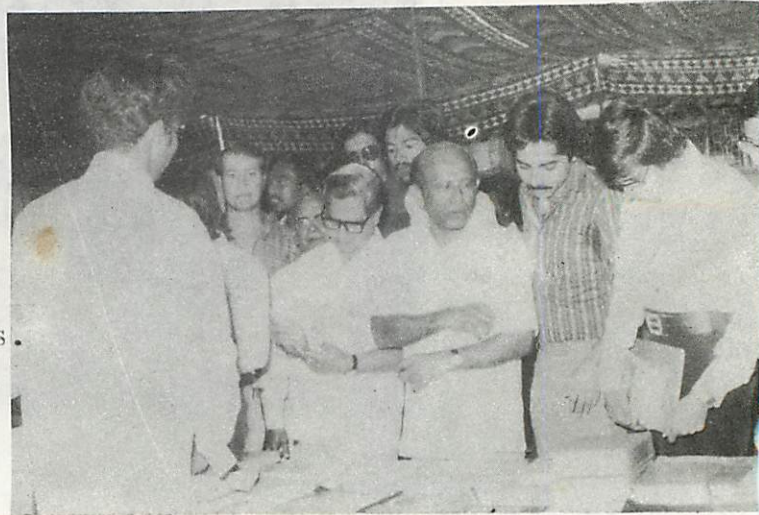


85  
Prof. Hasan,  
Prof. Zubaida Aziz,  
Prof. Karim Siddiqui  
Prof. Muza'far Hassan  
at the Book fair.

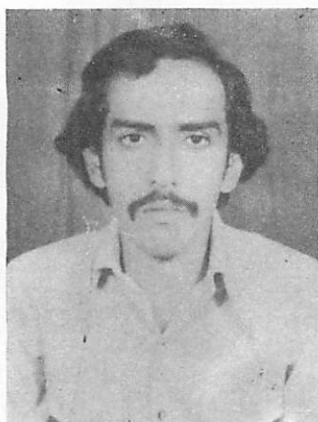


Prof. Razia Latif  
Stressing the  
importance of

President,  
Prof. Umar Khan  
Prof. Fazal-e-Elahi  
inspecting the books.



# Photocopier (Workers)



Mr. KHALID MAT NCCD



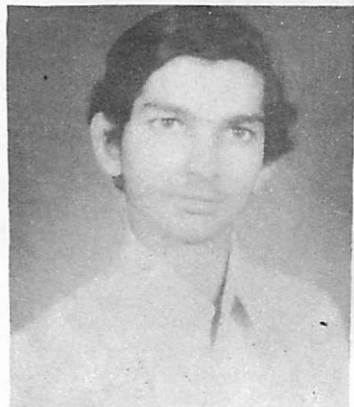
Mr. NADEEM NAQVI Incharge



Mr. ASLAN.



Mr. NUMAYUN FARRUKE.



Mr. SULEMAN.



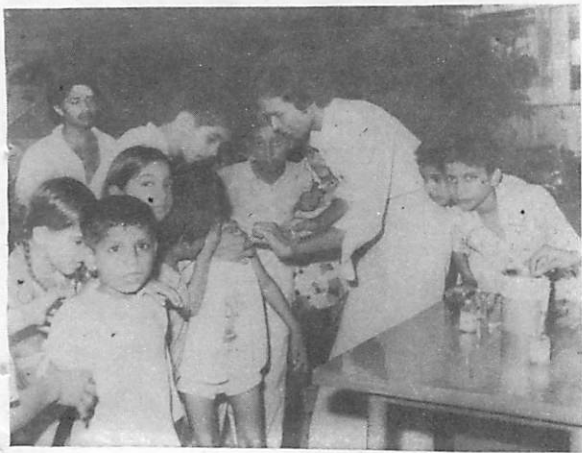
Mr. HANIF.



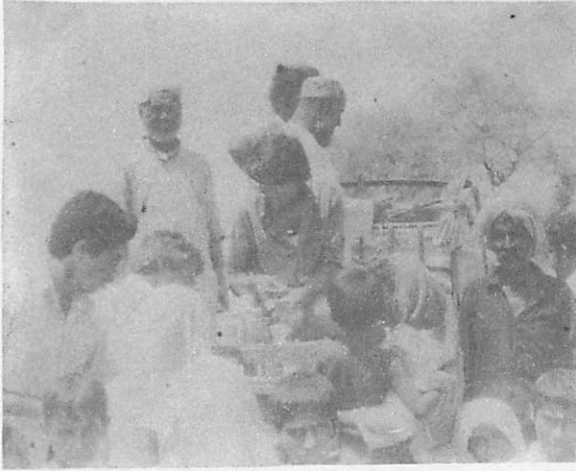
# Vaccination Campaign



# Vaccination Campaign



# Flood Relief

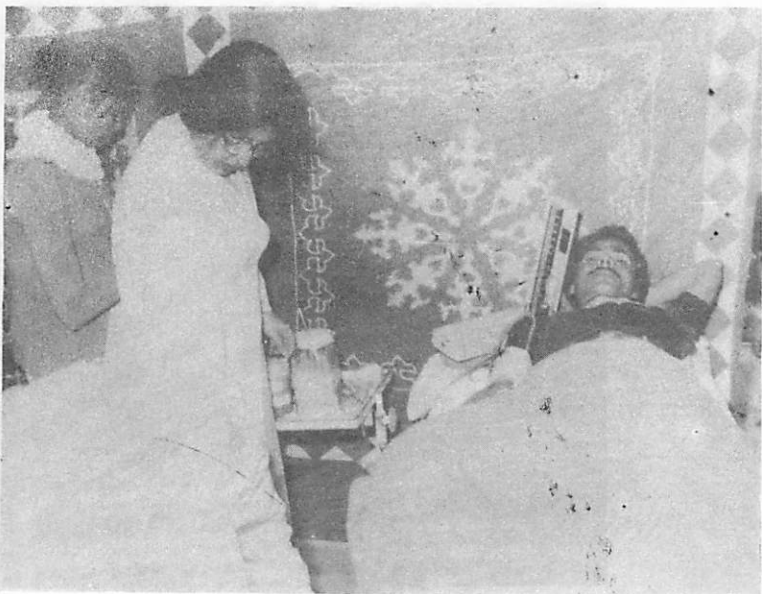


FLOOD RELIEF COMMITTEE.

# BLOOD DONATION CAMPAIGN



SAVE A HUMAN LIFE WAS THE MOTTO.



Dr. JAMAL QIZILBASH SUPERVISING THE CAMPAIGN



# Foreign Students' Get-together

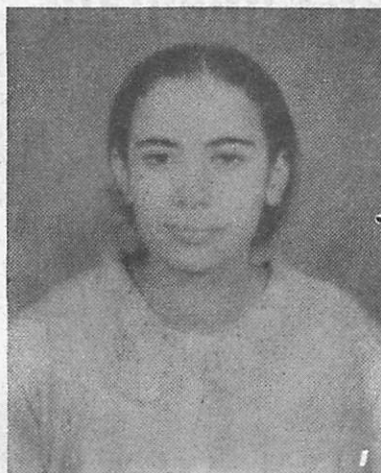


FOREIGN STUDENTS GETTOGETHER.



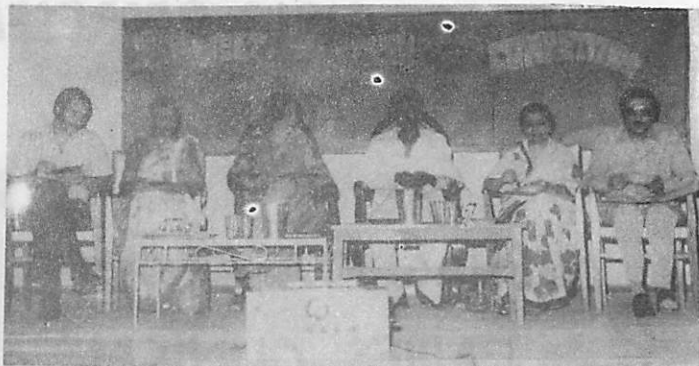
## GIRLS REPRESENTATIVES

SHAGUFTA ABBASI  
LADIES CLINICAL



SEHBA QADEER  
LADIES PRE-CLINICAL

## Inter-Collegiate



## Sweet Dish



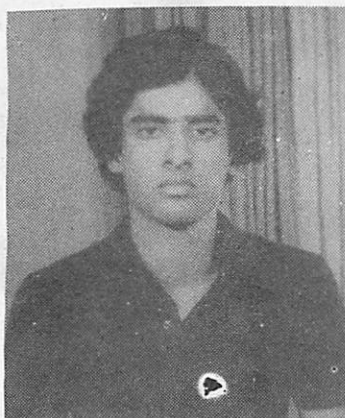
## Competition



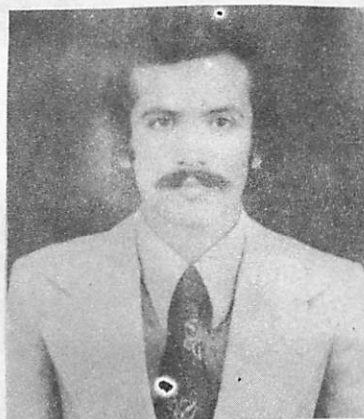
# ADVERTISEMENT COMMITTEE



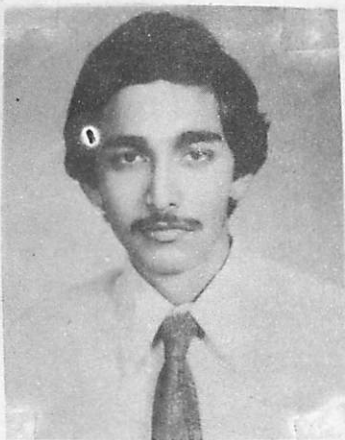
ANWAR-UL-BASHIR



FAIZAN



MAHBOOB



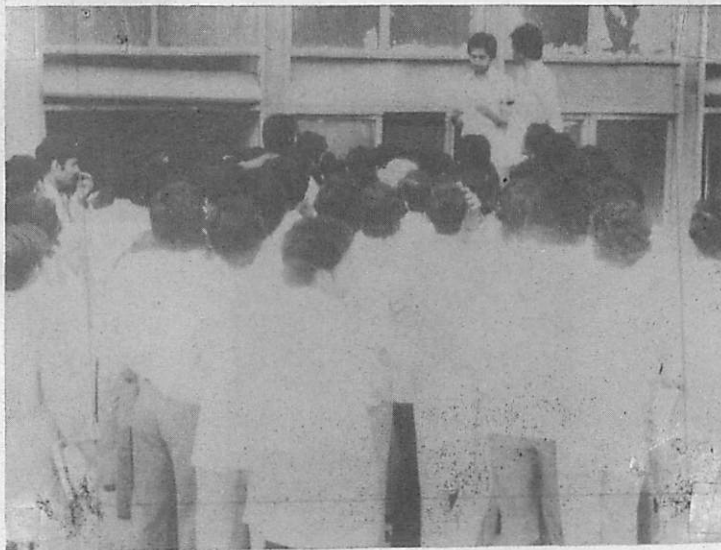
RIZWAN



# Revoke of Degrees

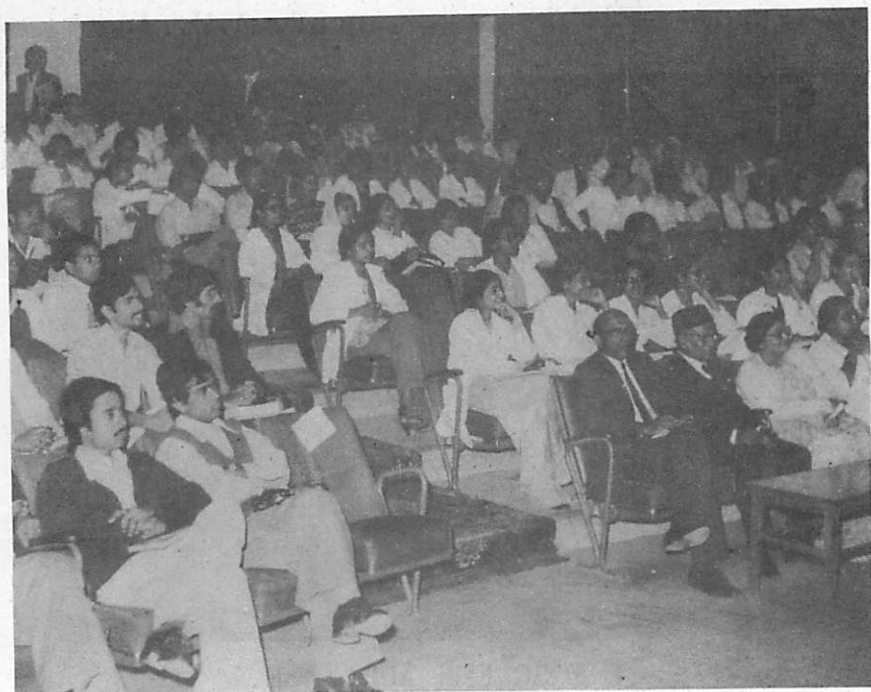
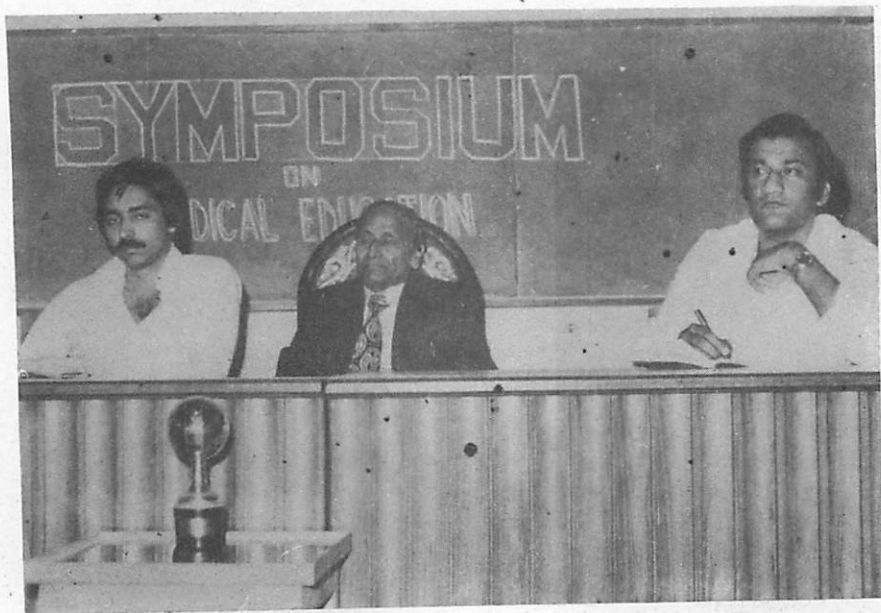


The President speaking at Dow Medical College.



President speaking at Karachi University.

# Medical Symposium



# 11nd. Annual Convocation



Chairman  
Prof. Fazal-e-Elahi



Chief Guest.  
Prof. A.M. Ansari.



THE SOLEMN AUDIENCE.



The out going medicos being sworn in as Doctors



The Doctors refreshing themselves up.





Aziz-ur-Rehman, President D.M.C.S.U.  
leads the new graduates.

# Jawaid Malik Off To England

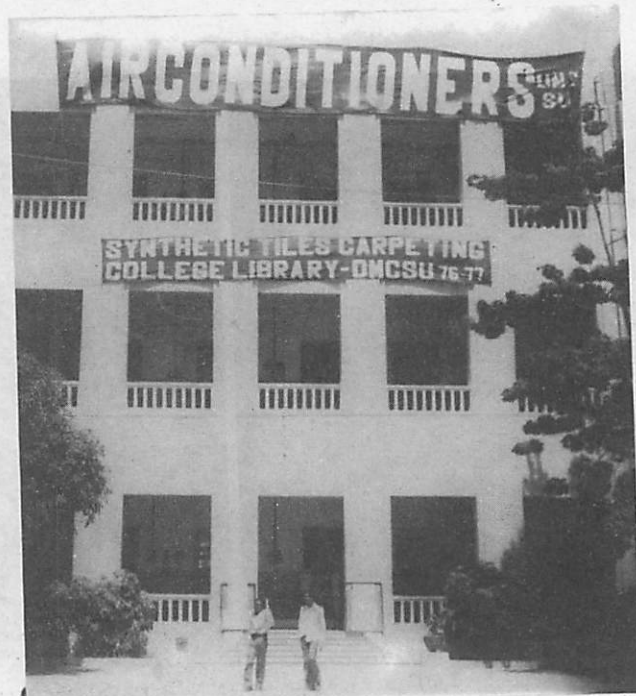


MR. JAWED MALIK, leaving for England for Surgery.



JAWED WITH FRIENDS.

# Airconditioning of Dissection Hall



Aziz handing over the Air conditioners to the Principal



DISSECT IN COOL.



INSTALMENT OF AIR CONDITIONERS IN THE DISSECTION HALL



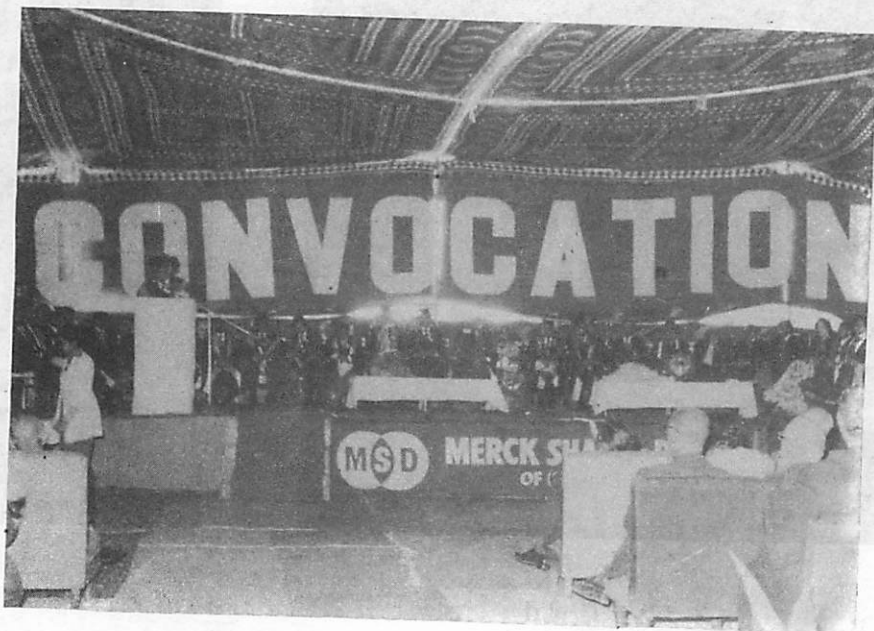
# Synthetic Tiling of College Library



I hope you likke it boys, says Prof. Ansari.



## IIIrd. Annual Convocation



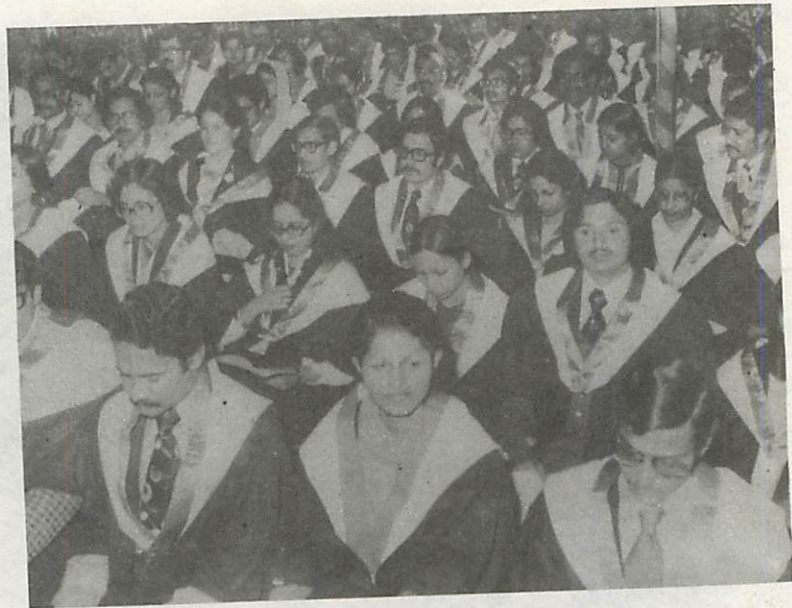
GRADUATES MARCHING IN



Shahide Chisti  
receiving the Gold Metal.



The Chief Guest  
addressing the audience.



The Solemn graduates.





Mr. Azizur Rehman



Prof. Mushtaq Addressing  
the Young Doctors.



on occasion. Young Doctors being sworn in, the  
leading man is Dr. Amin Hoji Karim.





# *Title Cover Competition*



Prof. Saleh Memon Inaugurating

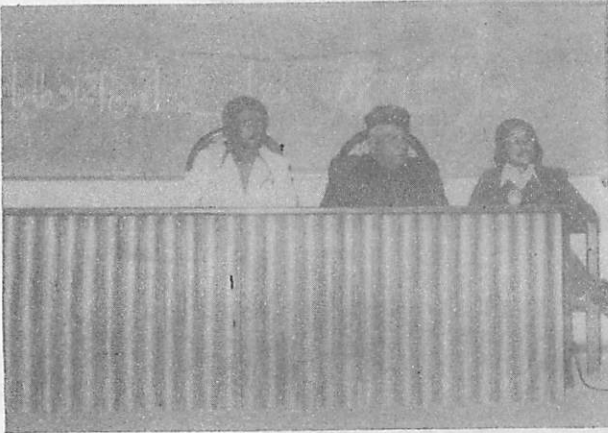


Winners with the judges.



Judges Judging the Titles

# Youm-e-Johar



Syed Hashim Raza Speaking on the occasion.



The Solemn audience.



# Condolence Meeting

## Seerat Conference



Mr. Kamal Farooqui



Saudi Consulate General Mr. Al-Fathani  
addressing the audience.





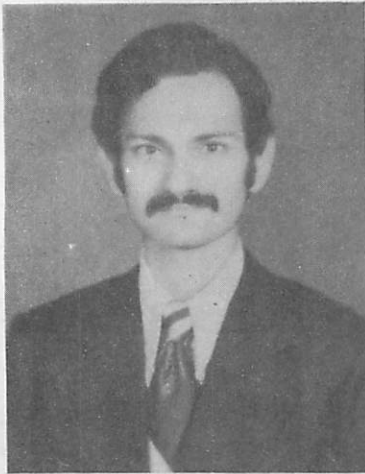
Condolence Meeting  
CLASS REPRESENTATIVES.



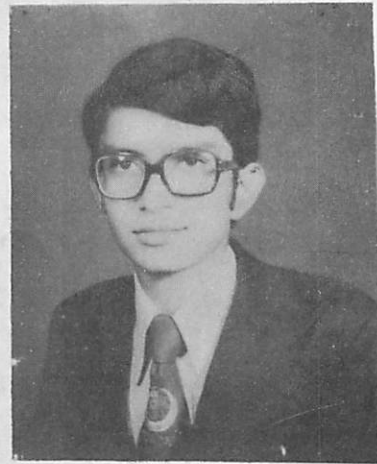
Mr. Aijaz Ahmed V year.



Mr. Wasim Ahmed IV year.



Mr. Ajmal Kazmi III year.



Mr. Maseeh-ur-Rehman II year.

Mr. Tariq Sherani old V year.

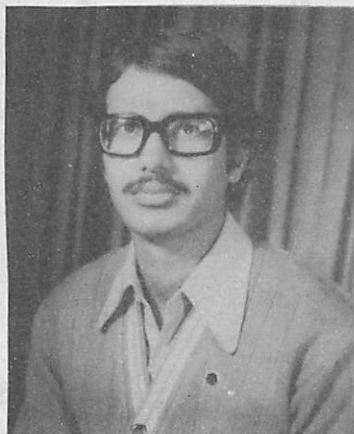
MR. AJMAL KAZMI III YEAR. MR. MASEEH-UR-REHMAN II YEAR. MR. TARIQ SHERANI OLD V YEAR.

# ROLL OF HONOR

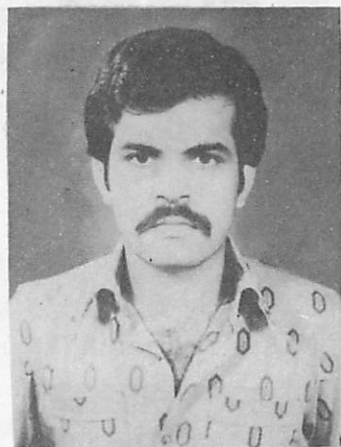
Mr. Mahmood Z. Jilani.



Mr. Shamim Ahmed



Mr. Munir Ahmed.



Mr. Junaid Ashraf.



Mr. Rashid Mazhar.



Miss Rukhsana Asad

# Roll of Honour

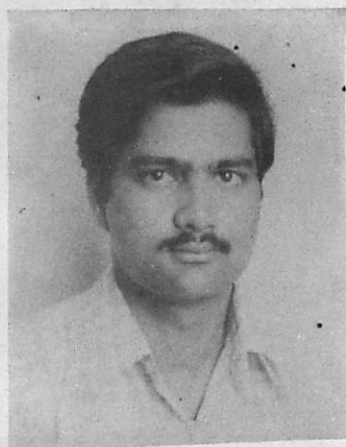
Mr. Tariq Nathani



Rukhsana Baig.



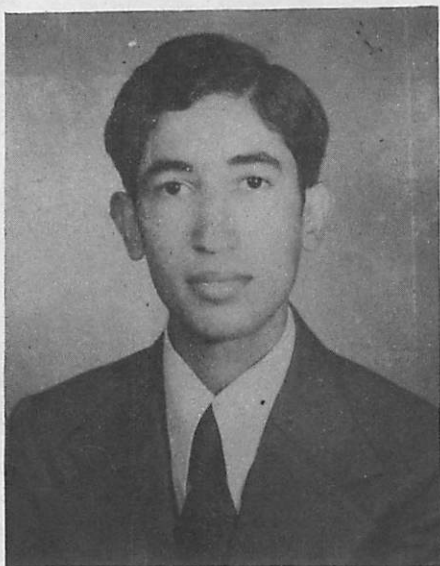
Miss Yasmeen Noor.



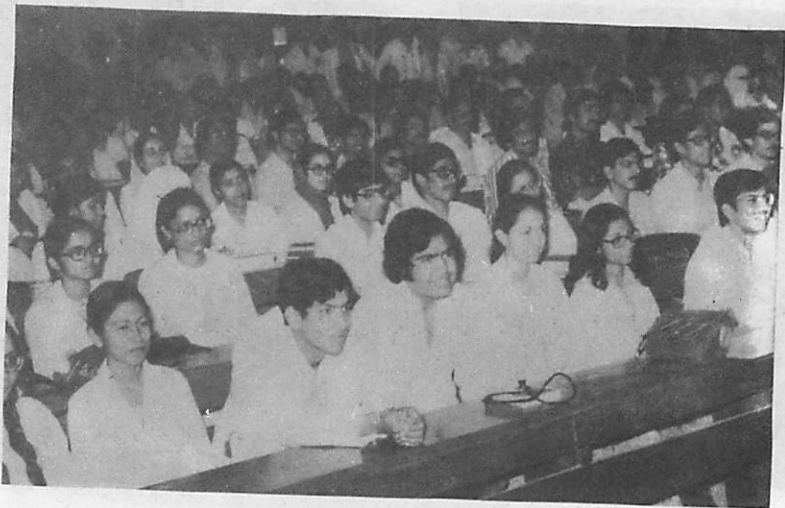
Mr. Akbar Faisal



Neelofar Mahmood.



Mr. Qazi Moinuddin.





# Brother Medicos Being Welcomed



K. E. MEDICOS

President thanking  
for the heart felt  
reception extended  
by D.M.C.S.U.



Reception In Honour  
of  
Qaid-e-Azam Medicos.



Refreshment being  
served.

# Girls Dining Hall

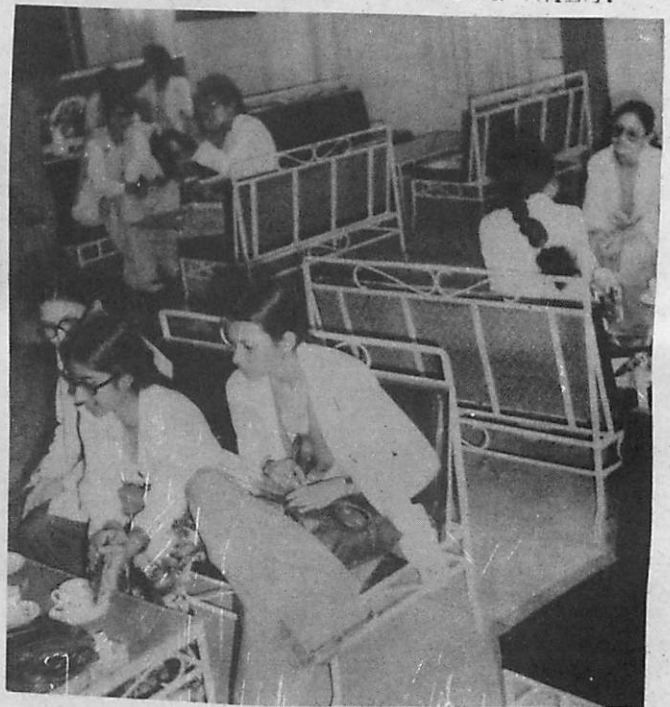
Brother Medicos Being Welcomed



INAUGURATION OF THE LONG AWAITED GIRLS' DINING HALL.

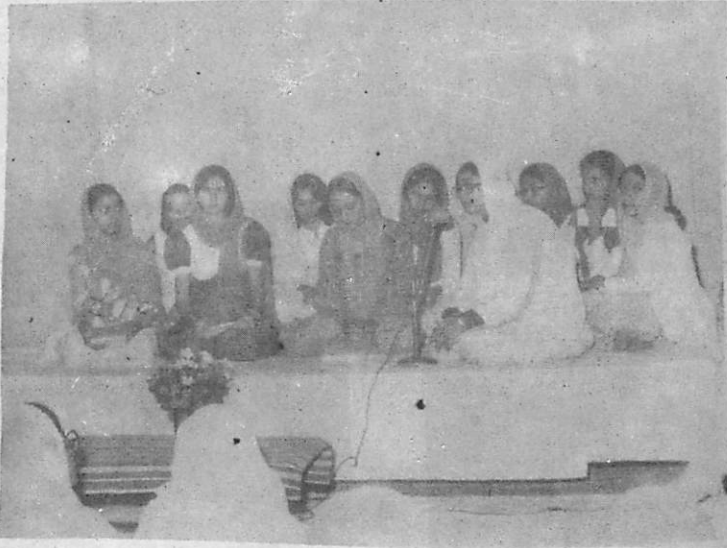


"HOW DO YOU LIKE IT?"



GIRL'S DINING HALL IN FULL SWING.

## Girls Milad



The serene, cherubic sacred versus of God being muned,  
in the Girl's Common Room.



Audience engrossed by the divine Versus.

Is fasting harmful for the health?



Professor Jalisi.

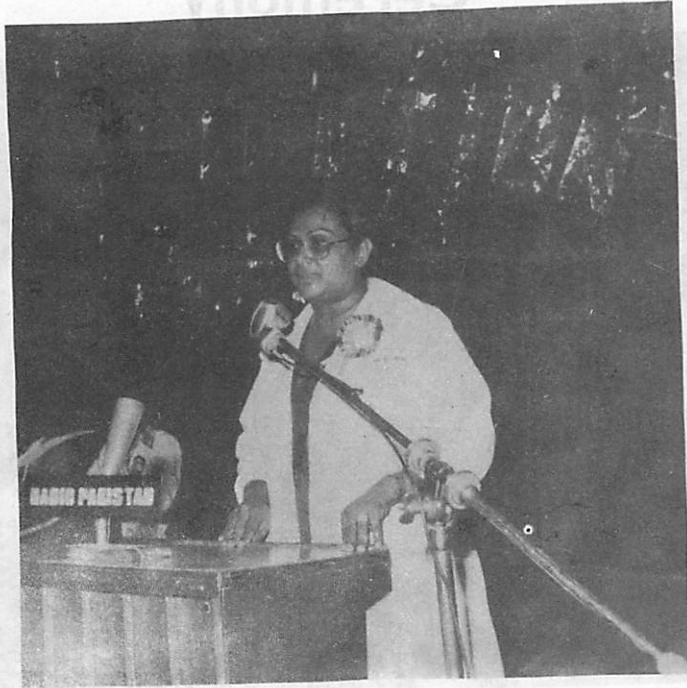


Prof. Zubeda Aziz





## Gold Medal Distribution Ceremony



Madam Nazim Hafiz Anseri addressing the audience.



pro-Vice Chancellor  
Dr. Malfooz Ali



Professor Wajid pouring life  
with his enchantments.

# Gold Medal Distribution Ceremony



GOLD MEDAL DISTRIBUTION CEREMONY



Yes! The unheeding Audience on the occasion of Gold Medal Distribution

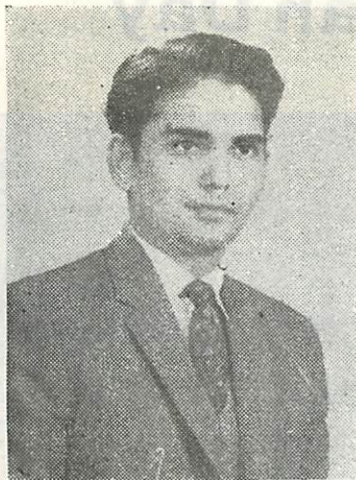
AWARDS AS THE REWARD FOR THE MERITORIAL STUDENTS







# Chairman Literary & Debating Society

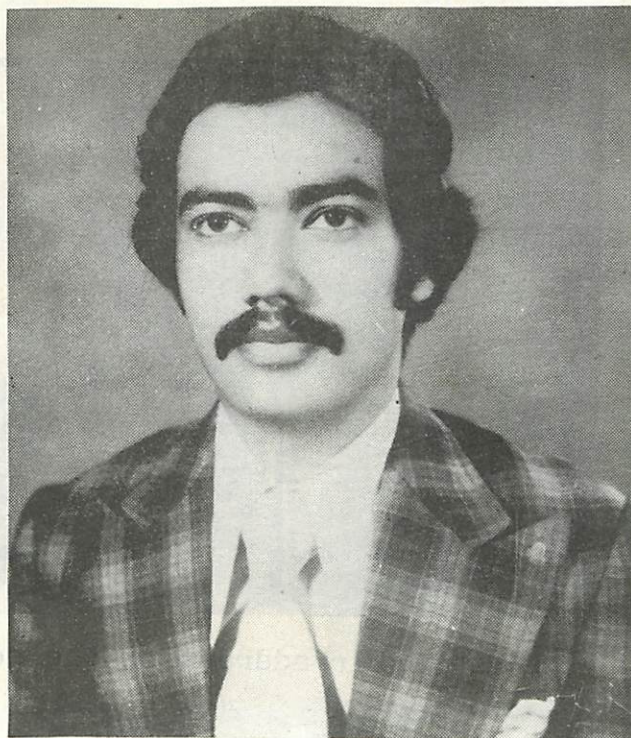


**DR. SHAKIR ALI JAFFERY,**

**M.B.,B.S., M. .Phil, M.Sc. (N'Castle)  
Professor of Biochemistry,  
Dow Medical College, Karachi.**

Mr. Farrukh Abdali

Lit. & Deb. Secretary.



# Pakistan Day



Prof. Shakir addressing the audience.

# Seerat Conference



Mr. Salahuddin

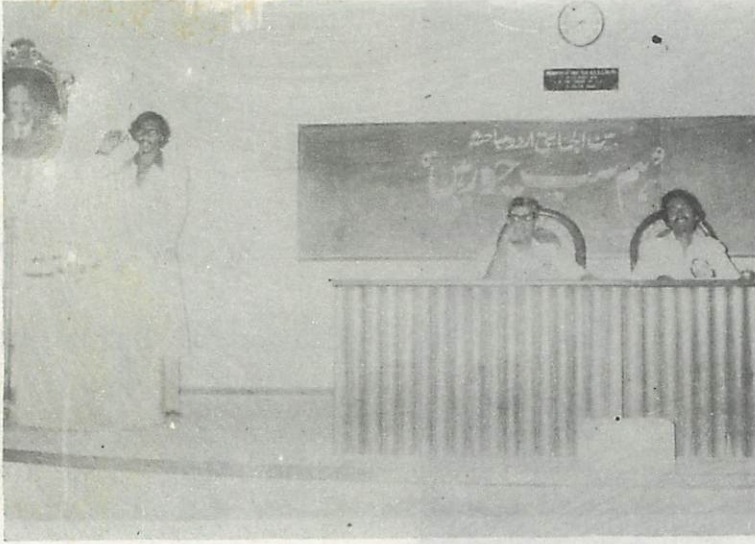
Editor of Daily Jasarat

addressing the Audience.



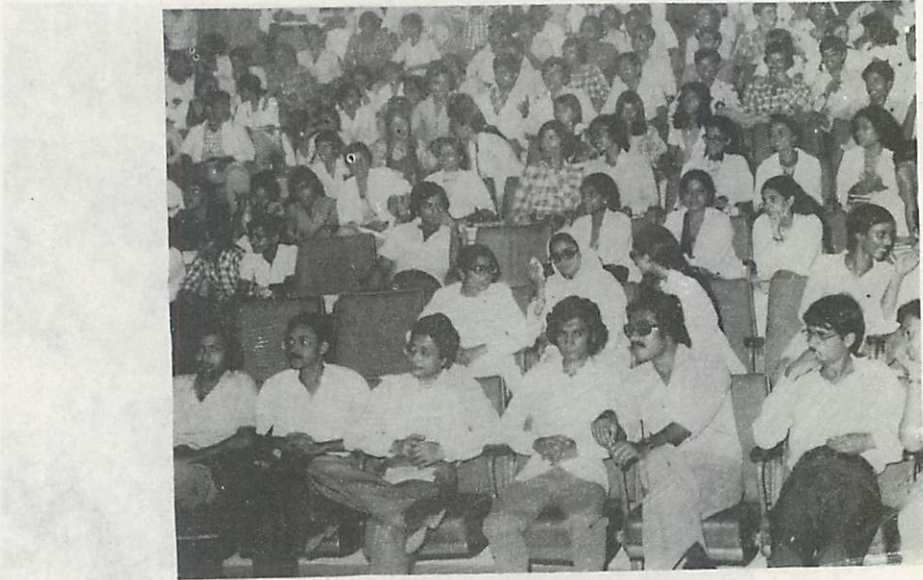


# Interclass Students' Week Urdu Debate



"HUM - SUB - CHOOR - HAIN -

- Mr. Khelid speaking  
for the motion.



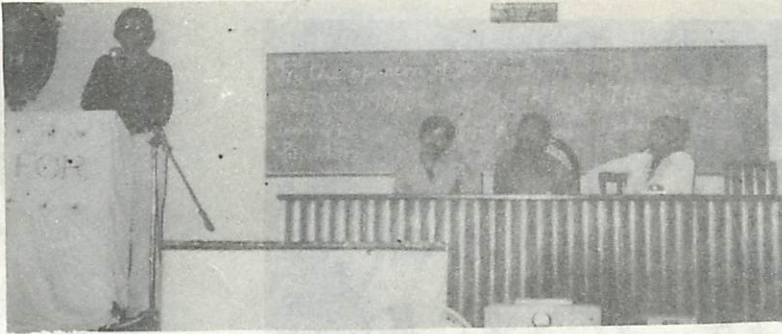


# English Debate



Fahim-ul-Hasan

- Tariq



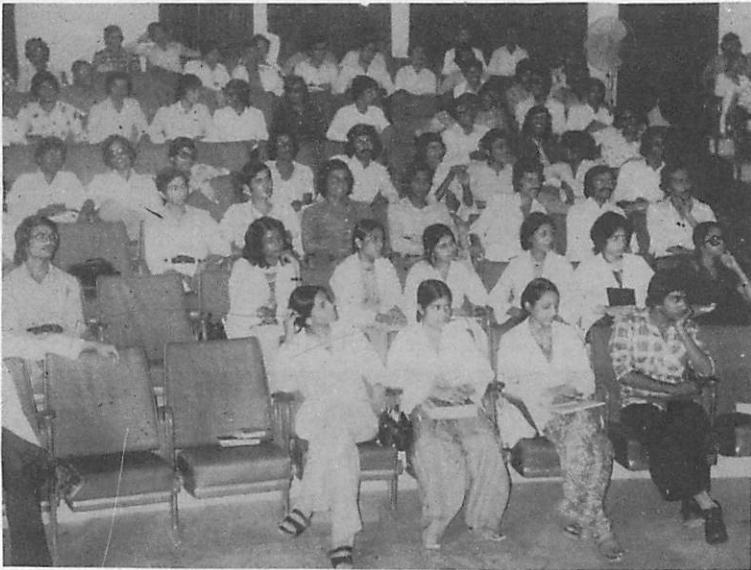
REVCLUTION COMES FROM THE BARREL OF A GUN.



# Poetry Competition



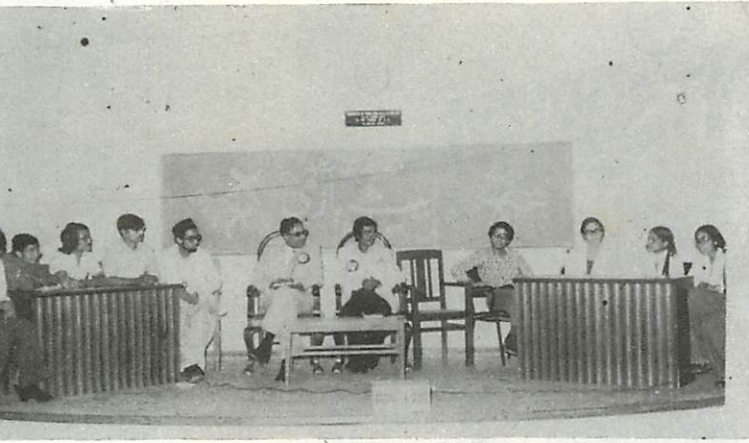
Madam Qizilbash Amused!



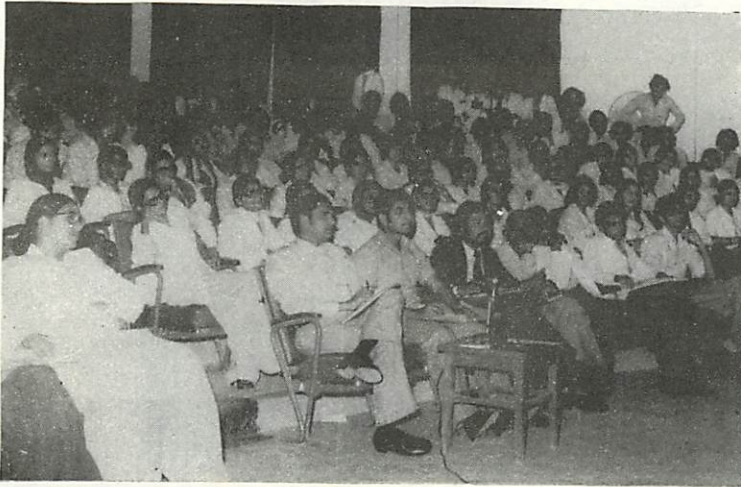
as Shanz Mejeed receiving the prize.



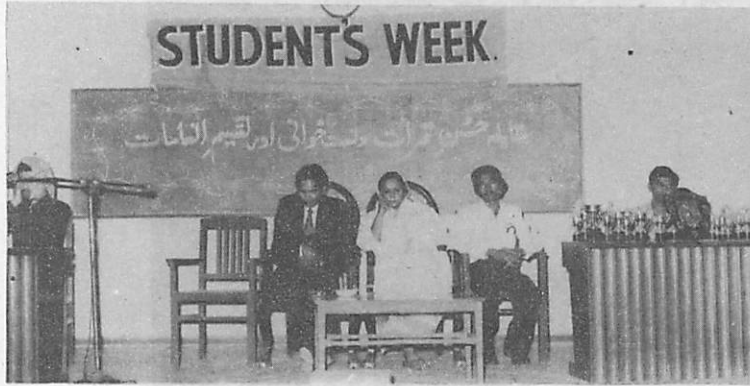
# ***Bait Bazi Competition***



Rehman Mamsa



# Na at and Qirat Competition





# Grand Dow Quiz

Held under the auspices of Lit. & Deb. Section and Televised.



Bird's Eye View.



Prof. Waheed



Mr. Mahmood Ali Addressing the audience.



JAIDI.



Shaista Qaisar



Time for Brain Drain.

# Na'at and Qirat Competition



Prof. Waheed and Madam Zubaida with the prize winner.



# Urdu Debate



The Trophy goes to Sir Syed Girls College.





# English Debate



The motion was: "Inequality is the law of nature".

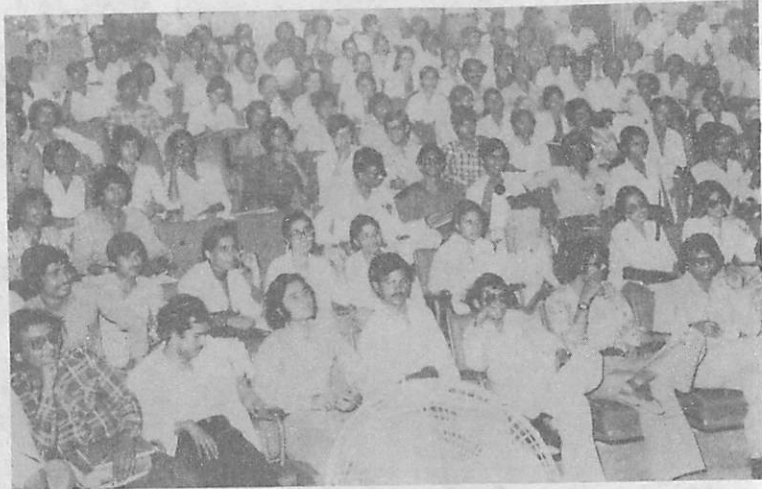


Prof. Irshad Waheed with the prize winner.

# Mushaira



Mushaira in progress.



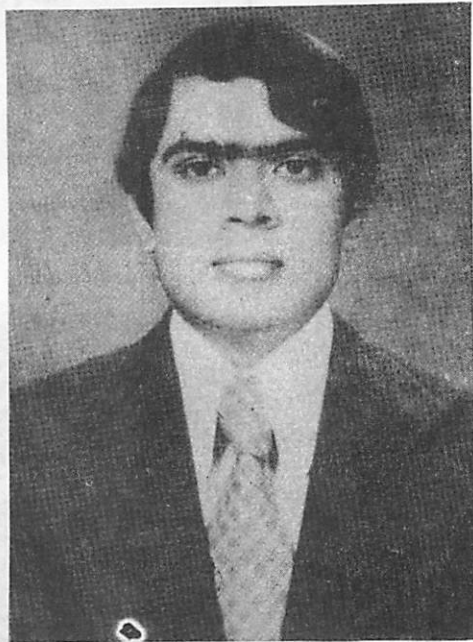
Chief Guest Mahir-ul-Qadiri)

## Chairman of Gymkhana Section



Prof: M.B. JAMALI

Mr. AKHLAQ RIZVI  
GYM. SEC.



**Ghayoor Memorial**



**Throwball**



**Tournament**





# MELA '78



NO COMMENTS !!



# 4th Year class Tournament



Mr. Razak Musa. Miss. Anita Haqani.

Bakhtiar Hussain



Prize winners

with Prof. Waheed



# Mahmood Qazi Road Race

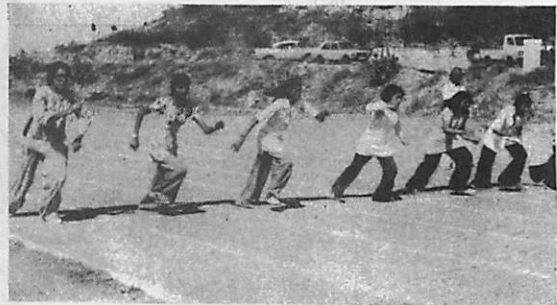
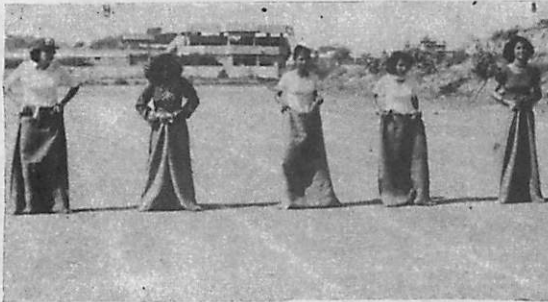
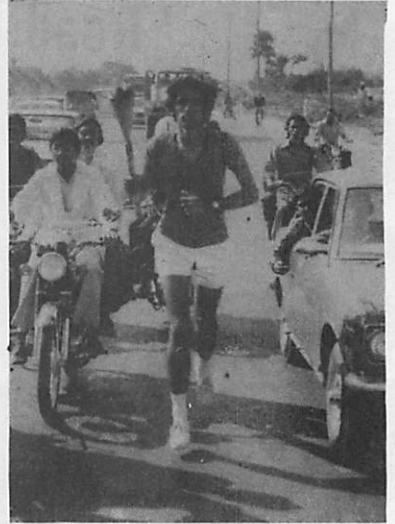
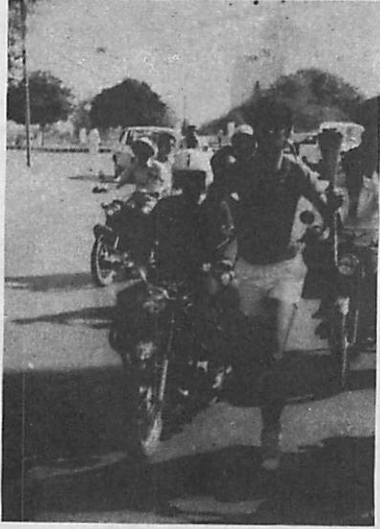


Mr. Khalilur Rahman  
Champion.

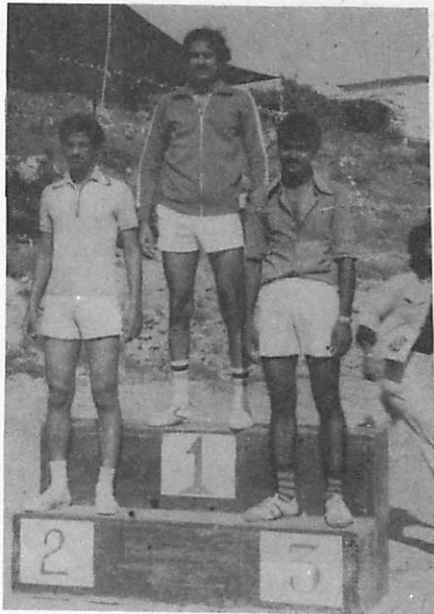
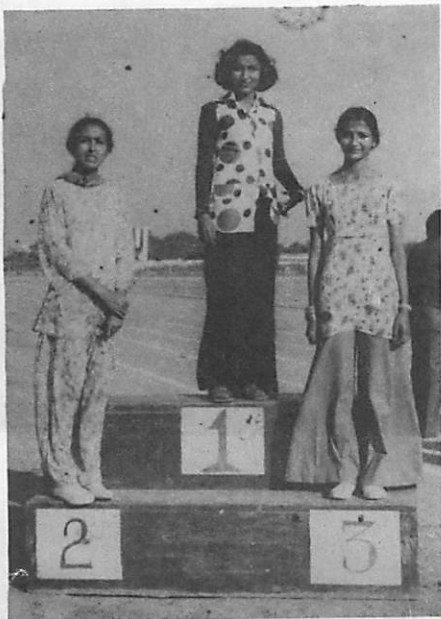




# Annual Sports





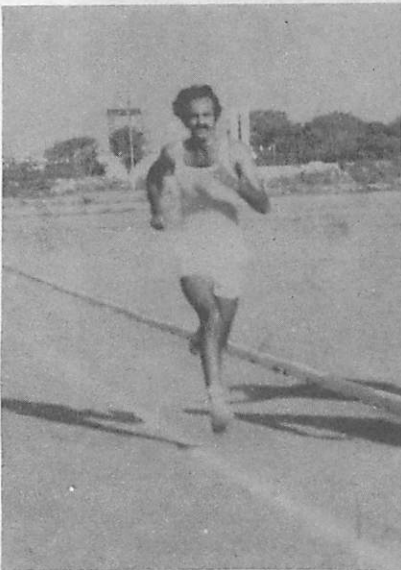


Winners on victory stands.





EVENTS  
IN  
PROGRESS





The cardiologist always wins Well done ! cup for you.



Prof. Saleh Memon giving away the prizes.



Who can hold that huge trophy - Khalilur Rahman and Hashim



I wonder if you can carry that giant trophy.



THE CHIEF GUEST with the prize winners.



# Chairman Clinical Society

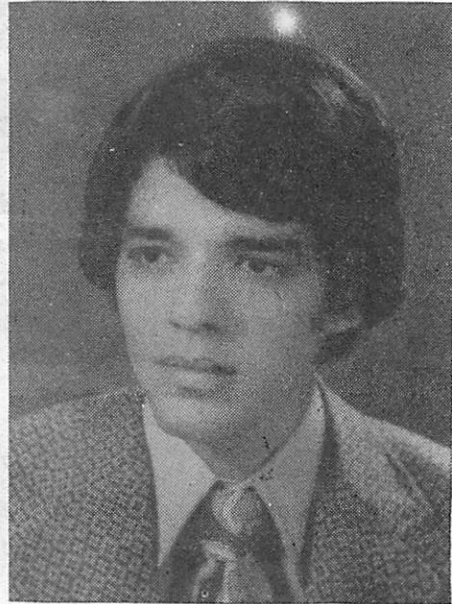


**PROFESSOR KHWAJA MOIN AHMAD**

**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.**



Mr. Mohammad Zahid  
Clinical Secretary.

# Medical Symposium on Thyroid



PROFESSOR  
M.B.S. (K)  
F.C.P.S. D.  
Professor of  
Dow Medical  
Civil Hospital

PROFESSOR  
CLINICAL

# Spring Festival (Final Year)



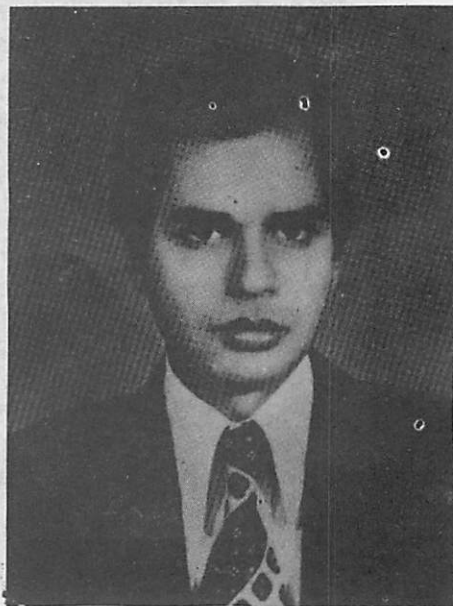
## Chairman of Social Section



**Professor M. A. QAYUM**  
*F.R.C.S., DLO., DO., (Eng.) FACS, FICS,*  
*Professor of Ear Nose and Throat*

Mr. Abbas Zafar

Social Secretary





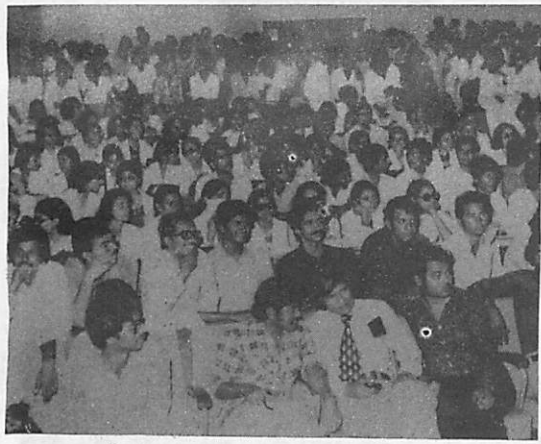
# Interclass Musical Competition



Mr. Badshah Zaidi.



Mr. Allam Lohar.



Audience enjoying.

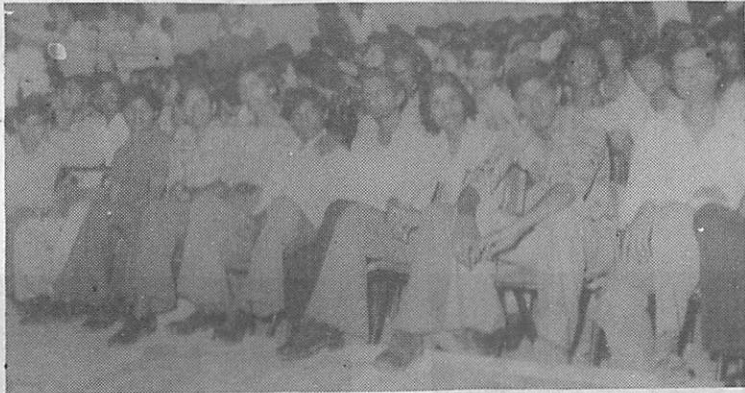


Mr. Nadeemullah.

# Annual Function



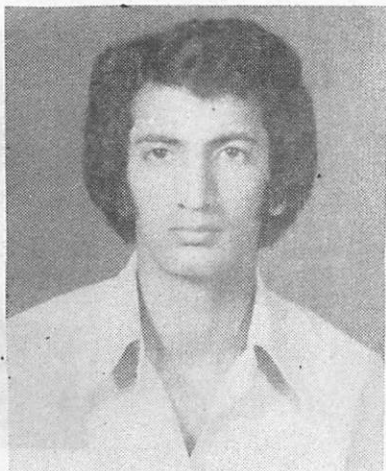
Mr. Abbas Zafer



# OUTSTANDING SPORTSMEN



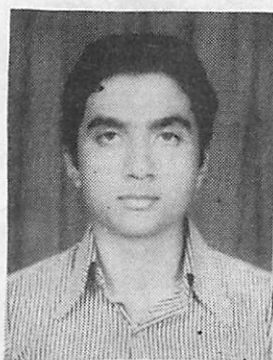
KHALID



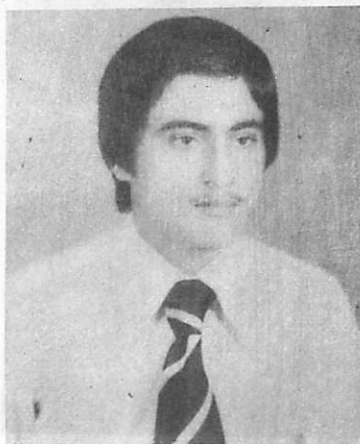
BAKHTIAR HUSAIN



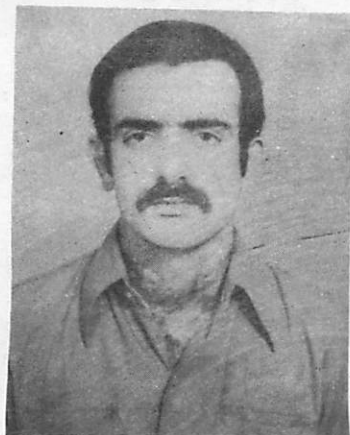
MASID



HASHIM



KHALIL



SOHAIL

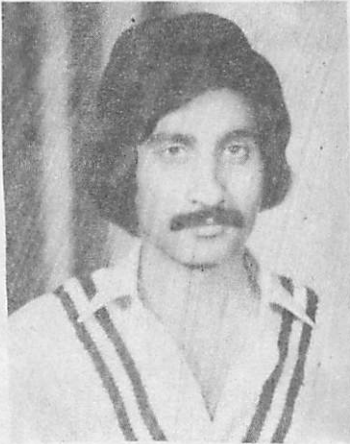
ZARNAZ



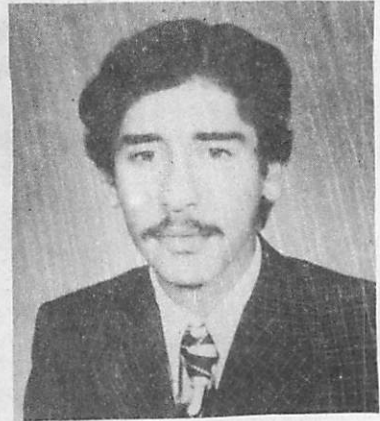
ZARNAZ



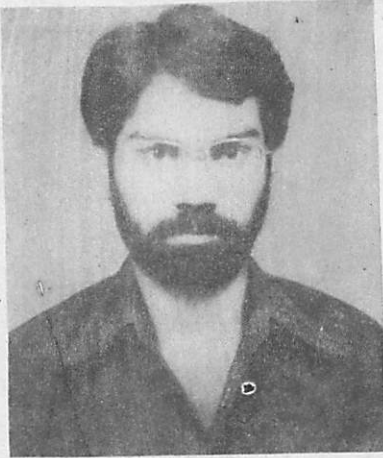
OUTSTANDING SPORTSMAN



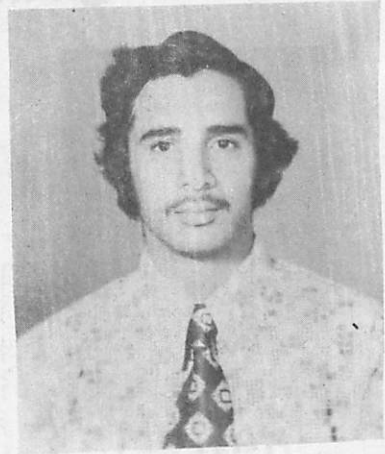
**WASIQ**



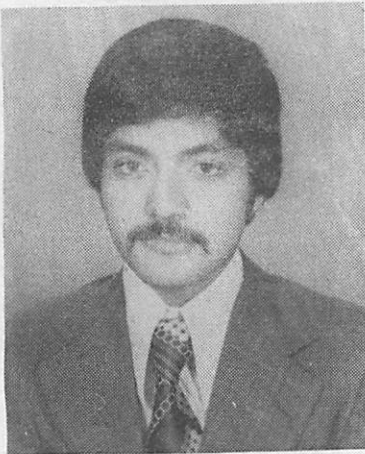
**KHALID**



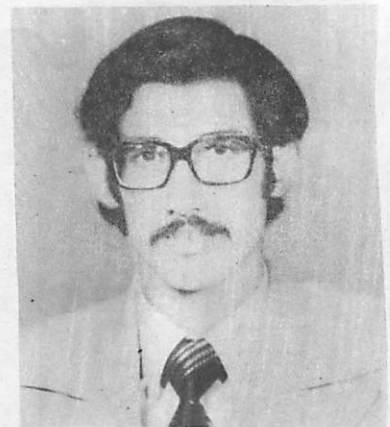
**SHAHID**



**TANVEER**



**WASIM**

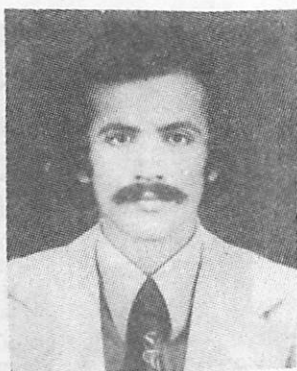


**TARIQ**





**ANWAR**



**MAHBOOB**



**KHALID**



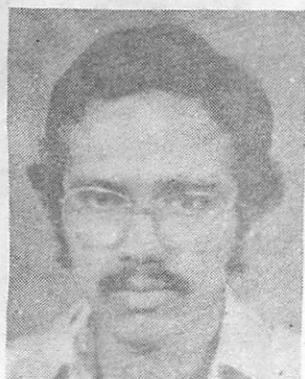
**NAZISH**



**DURE-SAMEEN**



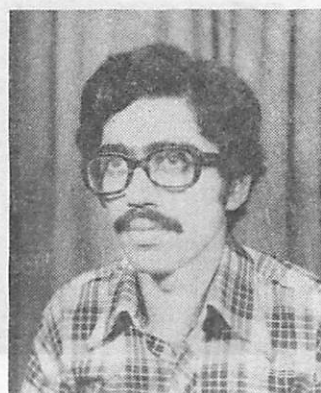
**ANITA**



**MAQSOOD**



**RENNIE**



**TAUFIQ**

# WORKING COMMITTEE - ALBUM



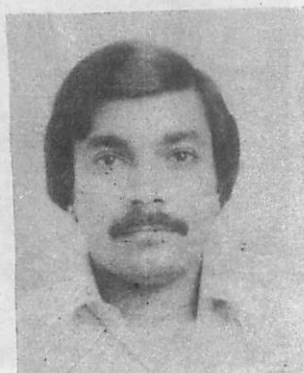
SARWAR



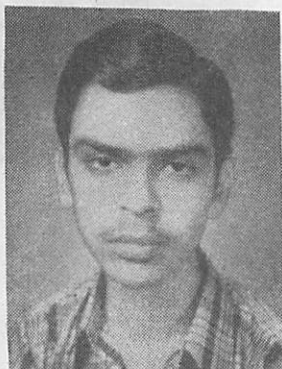
WAQAR



A. HAMEED



SABAHAT



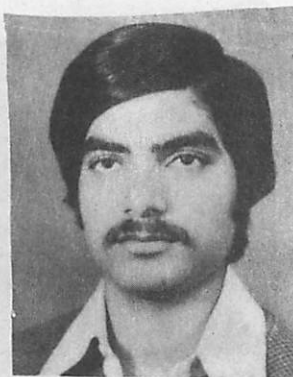
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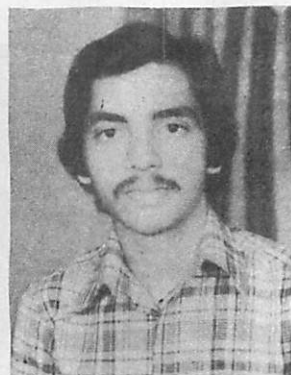
ARZO



IMDAD

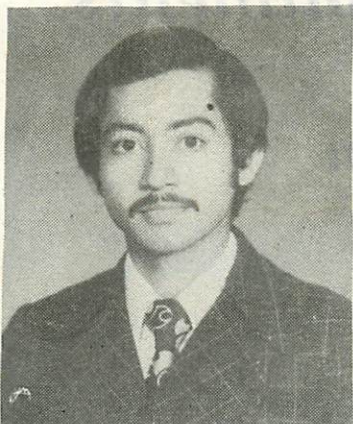


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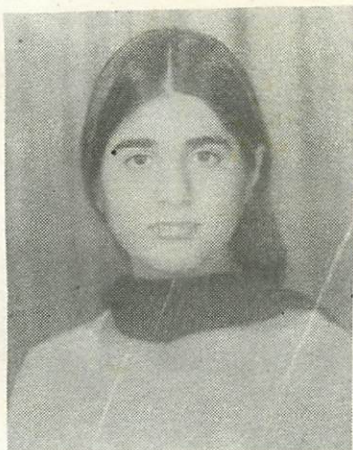


RASHID

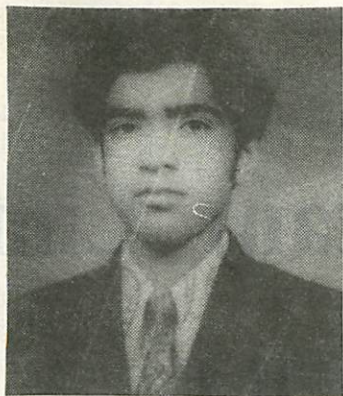




**SHIRAZ HAIDER**

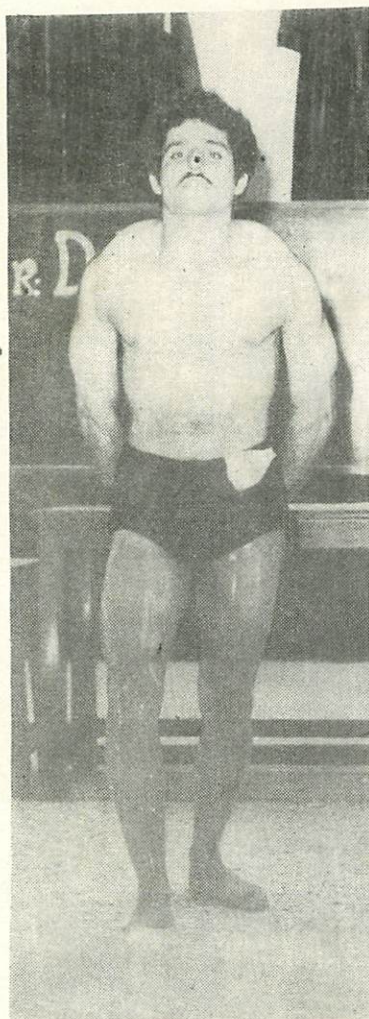


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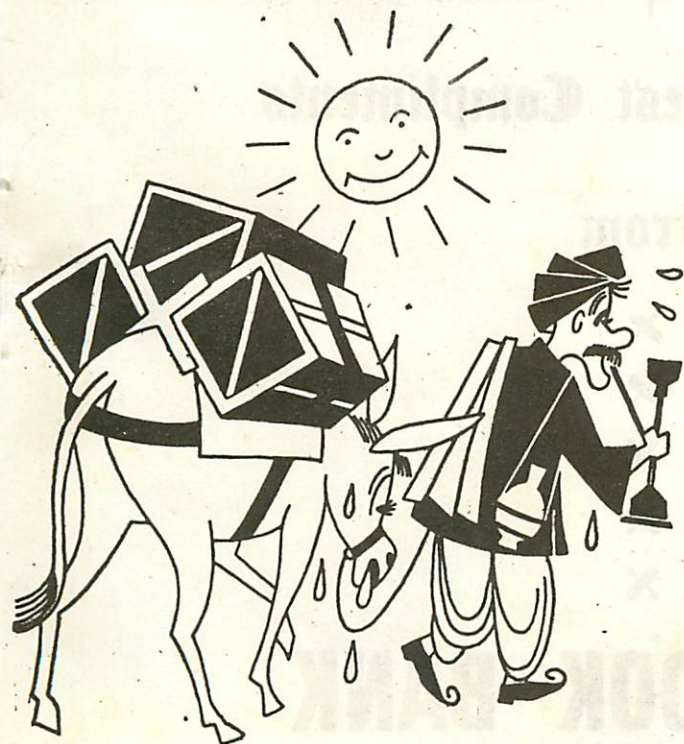


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Credit under this scheme would be available to individuals/institutions engaged in advancement/adaptation of technology in various sectors of the country's economy.

Special emphasis would be on agro-oriented Technology but proposals from other fields will also be considered particularly where innovative technology utilising indigenous materials is involved. This credit facility will also be extended to Pakistani Technicians/Engineers working abroad who wish to return to the country.

Credit will be in the form of medium term Development Loan as well as a regular Revolving Over-draft facility.

Arrangement for technical assessment of the project as well as technical supervision will be made. The projects must, of course, be commercially viable so as to have the capacity to service the loans given and generate sufficient profit. The usual requirements for bank loans will be observed. The applications will, however, not be processed through the routine of bank branches, but through a centralised Programme Office.

Individuals/institutions interested in availing of facilities under the Programme should write direct to:

Director General,  
Supervised Credit for  
Technology,  
National Bank of Pakistan,  
P.O. Box 1201,  
Islamabad (Pakistan)



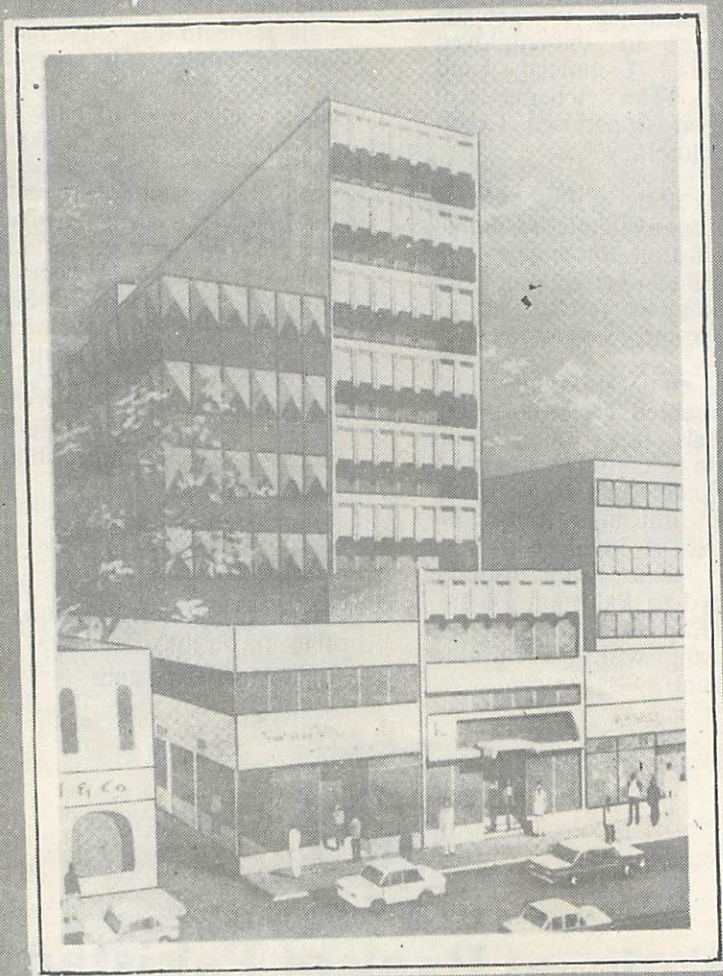
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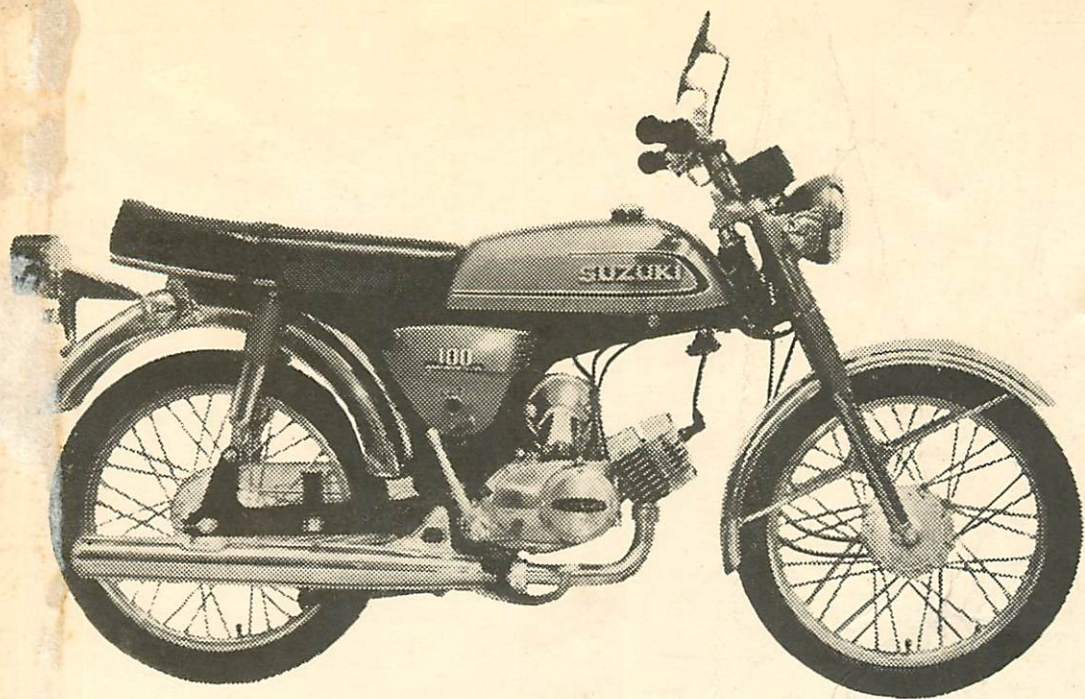
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Meeting today's antibiotic needs in  
respiratory infections



## Faster relief of symptoms – Faster return to work

Amoxil has been universally successful in the treatment of respiratory infections because it offers more effective relief of symptoms and fewer relapses.

## Faster clinical response

"The significant association between the more rapid clinical response and the higher sputum levels of amoxycillin (Amoxil) ... suggest that amoxycillin (Amoxil) may be preferable to ampicillin"

Stewart, S.M. et al. *Thorax* (1974), 29, 110

## More effective relief of symptoms

"Amoxycillin (Amoxil) was statistically significantly more effective than oxytetracycline in the relief of cough and dyspnoea and in reducing the amount and purulence of sputum."

Layes Molla, A. *Practitioner* (1974), 212

## Convenient three times daily dosage that can be taken with food

"The amount of drug absorbed did not appear to be affected by the capsules being taken before or after meals"

Little, P.J., Peddie, B.A., *Med.J.Aust* (1974), 2 598-600

**Presentation:** Capsules: Maroon and gold, each containing 250 mg amoxycillin in 12's, 20's & 100's

Syrup: 125 mg amoxycillin per 5 ml bottle.

Paediatric drops: 100 mg amoxycillin per ml, 10 ml bottle with pipette

**Contra-indications:** Amoxil should not be given to penicillin hypersensitive patients or to babies born of mother hypersensitive to penicillin.

**Side-effects:** In clinical trials so far published involving more than 10,000 patients, no serious side-effects were reported. Those side-effects which were encountered were of a mild, transitory nature.

# Beecham

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