

# DOW GAZETTE

(MONTHLY ORGAN OF DOW MEDICAL COLLEGE STUDENTS' UNION)

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## BUREAUCRATIC RED TAPISM PREVENTS COMPLETION OF DMC NEW BLOCK

The long awaited completion of the five storey DMC new block now seems a mere vision. The staggering progress of work has long since come to a grinding halt and there is yet no evidence to show that the Government is interested in the early execution of this project.

The shortage of laboratories, dissection and lecture halls etc. has been a long standing complaint of Dow Medical College which has been made more acute, with the influx of some 450 new students into the college this year, thereby raising the total number of students to around 2500.

Except for the addition of a new auditorium which in no way conforms to the requisites of a lecture hall, but is yet serving as one, the facilities for the students of this renowned medical institution of the country, has remained the same as it was 10 years ago when the number of students was less than a third of what it is today.

The development and expansion of the college has simply failed to keep pace with the increasing demand. Every available space be it the class or the corridor is

swarming with students and already the weak administrative and educational set up of the college is creaking under the strain.

The proposed new block which was to be completed at a cost of Rs. 25 lacs has obviously fallen a victim to the Bureaucratic Red Tapism on the part of officials of the Provincial Health Ministry.

Uptil date the total funds released for the job is less than 1/5th of the total cost and this has prevented the PWD and the concerned contractors to proceed with the work at a rhythmic pace.

The previous students' Union had made no less than a dozen representation on this subject to the Secretary, Health as well as the Provincial Health Minister Mr. Abdul Waheed Katpar, but on most of the occasion they were offered excuses and given false assurances.

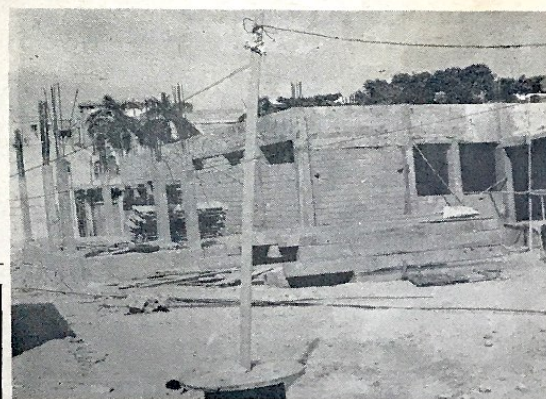
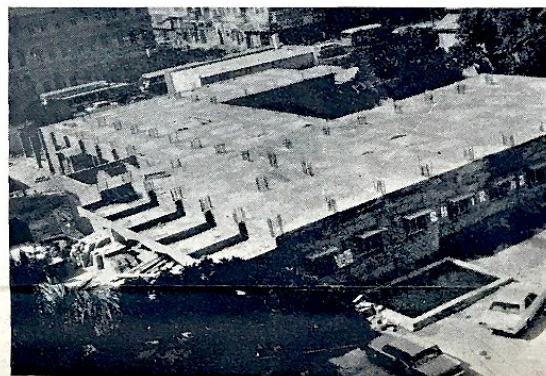
Soon after assuming the oath of office, the newly elected President of Dow Medical College Students' Union Mr. Hamid Zaki, along with the ex-President Mr. Misbah-ul-Aziz and other cabinet members of the Union met the Provincial Health Secretary and Provincial Health Minis-

ter and pressed the demand to get the new block completed without any further delay. They also informed the Minister that the students of Dow Medical College were not prepared to listen to excuses of financial difficulties.

It has been learnt that the Minister had given a firm assurance, that the work would be resumed soon after the new provincial budget was passed by the Assembly.

Talking to newsmen recently the Chief Minister Mr. Jatoi is on record of having stated that the new block of Dow Medical College would be completed soon.

Asked to comment on the statement of the Chief Minister, Mr. Hamid Zaki, President, Dow Medical College Students' Union said "this is probably the first time that the Chief Minister has spoken on the subject and it is a welcome sign. Whether the words are implemented into deeds is yet to be seen and we are willing to wait a little more. If we see positive steps being taken then we will appreciate the efforts, if not, we may just have to consider an alternate course".



DMC new block No sign of progress

### DOW GAZETTE COMMITTEE

- Abubakr Shaikh
- Jawwad Shaikh
- Mohammad Iqbal
- Salman Baghiah
- Schali Shariq
- Zia Moiz
- Khalid Ismail
- Aisha Raza
- Nijhat Faizi
- Rukhsana Siddiqui

### Postponement repelled

The 3rd professional examination started on the 30th June, as per schedule despite a strong movement for postponement launched by certain quarters, who in the past had been successful in getting examination postponed by the Government in total disregard of the wishes of the majority of students for non-postponement.

The failure of this treacherous movement is a great achievement of DMCSU and President Hamid Zaki for it was possible only due to the firm and rigid stand adopted by the students union, to resist postponement at all costs. In a meeting with the Health Minister as well as the Chief Minister Mr. Jatoi, before the commencement of the examination, the Union had made it clear that postponement of exams, were against the interest of the students and hence would

### Congratulations!

The Committee and Editorial Board of DOW GAZETTE wholeheartedly congratulates Prof. Irshad Waheed, FRCS, FICS, FACS, Assistant Professor of Surgery, Civil Hospital Karachi, and Chairman DOW GAZETTE, on being awarded fellowship by the American College of Surgeons, USA.

not be acceptable to the Union.

Interesting to note however, is the fact that people behind the postponement movement, were the one's who had talked of raising the academic standard, even in the event of losing the elections.

### Point bus for Malir Students

Due to the untiring efforts of the students Union the SRTC has finally agreed to run a point bus only for DMC students on the Malir-Korangi-Landhi routes. Previously a so-called "rural" students bus used to make the DMC students wait until it picked students from SMC also. With the introduction of this new route the problem of DMC students living in these places has been solved.

### Final Year results announced

The final professional MBBS results were announced on the 5th of July, according to which the pass percentage was 58.5 per cent as compared to 60.8 per cent of last year, which is indicative of the fact that the standard of education in DMC is on the rise again. According to the results announced by the Karachi University Dr. Saleem Bakhtiar secured the first position, Dr. Miss Noor Jehan Qureshi, the second position and Dr. Shakil Ahmad Khan secured the 3rd position.

We congratulate all those who have passed the final professional M.B.B.S. examination, and wish them the best of luck in their future career.

EDITORS.

# DOW GAZETTE

July 1975

DOW MEDICAL COLLEGE, KARACHI

## The New Block— Growing or Going?

When the ancient building housing the previous College Library and other departments, was demolished in June 1973, to be replaced by the proposed five storey spacious DMC New Block, everyone had heaved a sigh of relief, for it was hoped that the shortage of space which had plagued DMC for quite some time, would be overcome by the addition of this new building.

But Alas!, the smile on the faces of DMC students, was short lived for hardly a few months had passed when the construction came to an abrupt halt and has remained more or less suspended till today.

The new Block was to be completed at a cost of Rupees 25 lacs in December 1974, but more than six months have elapsed since the due date of completion and as yet the ground floor remains incomplete, not to mention the other four floors.

The stumbling block in the progress of work has been the shortage of funds. According to well informed sources the FWD contractors responsible for the construction of the buildings, have not been receiving the necessary funds at the proper time which has forced them to suspend work very often.

Despite repeated requests by the College authorities and the DMCSU, the Health Ministry has failed to expedite the release of funds from the Finance Department, on the plea that adequate finance are not available. Had this been true, it would have applied to all under construction projects of the Health Department, but surprisingly enough the four storey boys hostel of Sind Medical College worth Rs. 37.5 lacs remained totally unaffected, and has been completed recently although its construction had begun much after the foundation of DMC new block was laid. This fact only goes to prove our assertion that the higher officials in the Ministry of Health as in the past, are still pursuing a policy of discrimination against the DMC students for reasons best known to them.

Out of a total of Rupees 25 lacs the funds released so far by the Government are Rupees 87,000 during 1973-1974, and Rupees 4.5. Lacs during 1974-75. This small amount simply fails to justify the good intentions of the Government. On the one hand it has caused hardships and agony to students of DMC and on the other hand it has also proved an additional burden on the Government exchequer. Due to delay in completion the cost of construction has almost gone up by one hundred per cent, so that the project which would have initially cost Rupees 25 lacs will now cost around Rupees 45 or 50 lacs for completion.

In the general interest of the student mass of DMC we strongly urge the authorities to complete the new block without further delay, which under any circumstances, is unjustified. Consequent upon the increase in the total number of students, it is now imperative that more space be provided for the medicos. The Government would be well advised to adopt a realistic approach in the matter.

## Why Dow Gazette?

"If you suppress the truth and bury it underground it will only but grow, and gather to itself such explosive power that the day, it bursts through it will blow up everything in its ways." —Emile Zola, J'accuse.

People at the helm of affairs in Pakistan have in the past failed to appreciate the genuinity of this statement, by trying to suppress the view of truth, the latest example of which is the ban imposed recently, on Dow Bulletin, the monthly organ of Dow Medical College Students' Union.

Men may come and men may go but the struggle for a democratic and Islamic Society in Pakistan shall go on, and Dow Gazette is yet another bold step towards achieving this aim.

It is our sincere desire to make the Gazette a mirror reflecting your wishes and aspiration and in this endeavour we shall need your enthusiasm and support.

This year we wish to highlight the malpractices occurring in the medical profession and it is your duty to write to us about anything which you feel is wrong for you alone can determine whether the ailing humanity in Pakistan, is going to continue suffering or whether the coming years are going to prove an era of health and prosperity to the common man.

It is for you to decide.

EDITORS

# Round & About

By MOHD. INAM-UL-HAI  
Final Year M.B.,B.S.

News is that Pakistan cricket team has been eliminated from the Prudential World Cup. It is indeed a helluva shock that a team consisting of batsmen who were 'no chikken' and 'did not fear bowlers such as Lillee and Thomson, of the Asian Bradman (some say the badman), of the finest wicket-keeper in the world and some of the most ebullient, aggressive, buoyant and fleet-footed young'uns could lose to teams such as Australia and the West Indies.

So it was no surprise when the Government of Pakistan appointed a committee to investigate into the causes of the great debacle (India had done the same when they lost to England last year 0-3). After months of detailed deliberations, the committee has submitted its report to the government. The report has yet to be made public (no committee report is ever made public, anyway) but according to usually reliable sources in Islamabad, the following is the report minus the superfluous portions.

"We, the members of the Special Committee to investigate into the causes of the failure of Pakistan in the First World Cup Cricket, are of the unanimous opinion that the following factors were solely responsible for the team's dismal performance:-

1) Due to a conspiracy hatched by anti-Pakistan elements, our team was deliberately played in the tougher of the two pools. The architects of this conspiracy thus made adequate arrangements for Pakistan to be eliminated in the preliminary rounds, thus making our team incapable of posing a serious threat in the final stages of the Cup.

2) Pakistan's captain, Asif Iqbal, was reportedly suffering from haemorrhoids when he arrived in England in April. He checked on in St. Bartholomew's Hospital and Prof. James Whitaker examined him. Although the diagnosis was established, the doctor refused to admit our captain in hospital. As was later learnt, this was done purposely, so that during the World Cup, Asif Iqbal might suffer from an acute exacerbation. And that was what exactly happened. Asif Iqbal was admitted to hospital for surgery just a day before the match against the West Indies. He was thus unavailable and Pakistan lost the match.

3) A plan was hatched by the examiners at Oxford University to fall pace bowler Imran Khan in his annual exams held in March 1975, thus forcing him to appear in his supplementary exams. The supplementary exams, which are normally held in May, were deliberately postponed by the authorities upto June 1975. This prevented Imran Khan from fully assisting the Pakistan team. There are also reports that Imran Khan after failing in his annual exams, was denied the 7-1/2 per cent grace marks and 2-1/2 per cent condonation marks which, as we have come to know, were awarded to a number of failed British students.

## INTERNATIONAL CRICKET CONFERENCE

4) A rule was framed by the ICC, in collaboration with an eminent Pakistan cricket organizer, which declared any ball passing over the head of a batsman as a no-ball and thus limiting the genuine use of bouncers. Due to the application of this rule, our world renowned express bowlers, Sarfaraz Nawaz and Asif Masood, could not give an exhibition of their tornado-bowling. As a result, mediocre batsmen like Ian Chappel, Ross Edwards and Clive Lloyd scored profusely against Pakistan.

5) Normally during June in England it rains heavily. But the World Cup authorities made special arrangements about weather conditions. As a result, in contrast to the previous eleven years, it did not rain at all in June 1975. As a result of this our world renowned wrist spinner, Wasim Raja, who has frequently been called a Jim Laker and a Gary Sobers in the making, had to bowl on dry wickets. Had a sticky wicket been available to Wasim Raja, he would have definitely wrecked the batting of the opponents.

## SOLEMN AFFIRMATIONS

All the members of the Special Committee do hereby swear on the manifesto of the 3P, that the information supplied in the report is correct to the best of our knowledge and belief.

## SOURCE OF INFORMATION

The Special Committee, in connection with the compilation of this report, tapped the following sources:

- 1) The Ambassador of Pakistan to England.
- 2) Non-white members of the ICC.
- 3) Federal Investigation Agency (FIA) of Pakistan.
- 4) President of the BCCP.
- 5) Editor "Jang" International, London.
- 6) Pakistani doctors working in St. Bartholomew's Hospital.
- 7) Pakistanis studying at Oxford University.

## OBSERVATIONS & COMMENTS

All the members of the Special Committee are of the unanimous and undivided opinion that it was an extremely well-knit, meticulously detailed and superbly executed combined Jewish-Christian-Hindu - Imperialist-Revolutionary and counter-revolutionary conspiracy against the team of the Islamic Republic of Pakistan. Realising that the Pakistan team could not be beaten on the field, all anti-Pakistan and anti-Islam elements joined hands to deprive our team of its well-deserved victory. The morale-sapping propaganda launched by the BBC against Pakistan's team also had a telling effect on the cricketing party. The widespread filthy anti-Pakistan campaign launched by the British Press also contributed to the team's downfall. The members of the Special

## Letter to the Editor

### COLLEGE BUSES

Sir,

Is there any means of knowing, how long the commuter students of DMC will have to suffer the agony of utilising the bus service, particularly of the society route. The bus is packed to the extent that the human mass just about spills over the emergency exit which has therefore to be kept open. This is one up on the public transport buses, the emergency exit of which is not a thoroughfare. Passers-by gape at the scene. What an impression of their would be messiahs. For the dignity of the profession (whatever is left), I suggest that the name of the college be erased from the side of the bus, or are the concerned people waiting for someone to fall over and make a martyr of him?

SALEEM ISMAIL

IV Year

### COLLEGE CANTEN

Sir,

I would like to draw the attention of the concerned authorities to the deplorable condition of the college canteen.

This small canteen is now unable to cope with such a massive number of students with the result that many students have to either wait or eat standing at the bar. The service too is far from satisfactory and the dishes offered, though cheap, are not available especially after 3'0 clock. Not only this but the adjacent toilet stinks like hell, thus making conditions even worse.

It is high time that the Union looked into the matter and did something to relieve the plight of the student.

IRFAN AHMED KHAN

IV Year

### LOCKERS

Sir,

Use of lockers in the college premises is a right of all students. That this facility has never really existed for the male students cannot, but point to discrimination. With the shifting of the lockers to their present location a rudimentary facility has been regressed into oblivion. It is hoped that the old benches will be repaired and new ones will be added. A separate locker room should be provided in the new block with a regular attendant, to ensure safety of the lot. It is hoped that the Union will review the matter.

DAWOOD AHMED

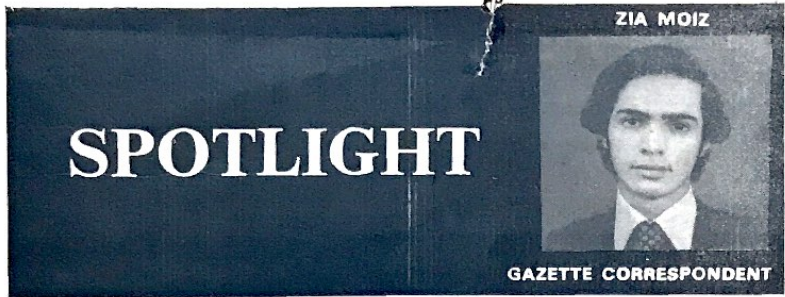
III Year.

This column is introduced with an aim of finding your views, good or bad, on different subjects, concerning you and your profession.

Letters to the Editors should be brief, precise and neatly written on one side of the paper.

(Contd. on page 3)

EDITORS



# SPOTLIGHT

ZIA MOIZ

GAZETTE CORRESPONDENT

Hi there! Everybody, I'm new in DMC and we haven't met before, but I think we'll get on real fine. The ball's really been rolling since the new cabinet came to office, despite the fact that all the secretaries except Shahab are upto their necks in exams. I suppose its the coordinated team-work that really counts, but any how lets start moving.

### SPORTS SCENE

Activity on this front has been just hectic due mainly to Aslam Siddiqui the acting Gymkhana Secretary. He's really been working like a machine. Selection of the first year teams has been completed and the college teams participation in the various Inter Collegiate tournaments has been ensured. Due to negligence on the part of the outgoing Gymkhana Secretary, DMC teams had not been entered in the tournament four months ago, whereby the University barred us from participation unless we could produce a no-objection certificate from all the colleges taking part in the tournament. This took a lot of running around but at last the job was done and DMC was saved from a nasty dilemma.

### INTER COLLEGIATE TOURNAMENTS

**Swimming:** DMC were runners up due mainly to Hasan Ali, but this year they have another champion in Hashim Raza of first year. The winners Government Commerce College got only five points more than the home team and I can't help feeling they would have won if Khalid Ibrahim of 2nd year would not have fumbled with his dives. Anyway better luck next time.

**Volley ball and Table Tennis:** DMC was eliminated in both these games, the victors being Government Commerce College in table tennis and the Faculties in volleyball.

**Squash:** Squash is one game in which DMC can boast of. We

really have some brilliant players in Umer-ul-Islam (4th year) and Umer Khan (2nd year), and it was not surprising that DMC easily got through to the finals.

Meher-ul-Islam with his bullet like smashes together with Umer Khan made short work of Government Commerce College in the finals. Hat's off to the champions.

### Soft Ball and Throw Ball:

The DMC girl's team was knocked out of the tournament by St. Josephs' College, but in the throw ball match against Karachi College for Women they proved the better team. However I

the programme throughout its length. After presentation of the case by final year students, Prof. Waheed and Assistant Prof. Akram highlighted the anatomical and pathological aspects of the case. Later Prof. Naseer Shaikh explained the surgical procedure adopted in this particular case and answered various questions put up by the students.

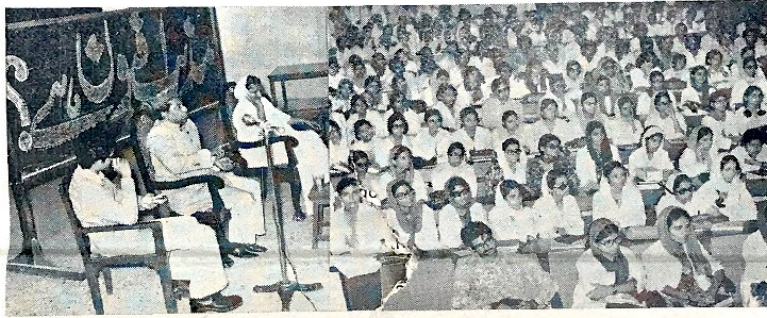
All in all the programme was a success but it is hoped that in future the presentation of the case would be done in a more appropriate manner and details of the case should be made public at least three days before

The honours brought to DMC by the present Lit & Deb Section have no parallel in the history of DMC. The details are as follows:

**S. M. Aris College:** Inter Collegiate Qirat & Naat competition, 3rd prize Abdul Rauf (4th year).

**Govt. Degree College Landhi:** Inter Collegiate Qirat & Naat competition, 1st (Qirat) Abdul Rauf (4th year), 3rd (Naat) Abdul Rauf (4th year).

**S. M. Science College:** Inter Collegiate Quiz competition, 3rd prize Amir Mohammed Khan (1st year), Abdul Ghaffar (1st year). Inter Collegiate Seerat speech



Shah Baliguddin addressing DMC students.

feel that they still need a lot of practice.

### Friendly matches:

First and second year girls played a soft ball match behind the girls common room. Both teams played equally well, but second year had a slight edge and they won after a well fought game.

### CLINICAL CONFERENCE

Within a fortnight of taking oath the Clinical Secretary Mr. Saleem Asghar arranged a Clinical Conference which marked the beginning of activities of the clinical section. An operated patient of Carcinoma bladder, Ca rectum and Vesicocolic fistula was presented before the students who showed a keen interest in

the conference, so that students may have some time to study the case.

### LITERARY & DEBATING REPORT

This is another front which has been really buzzing with activity. DMC has been regularly represented in all the colleges and many prizes and trophies have been won. First year deserves special applause as most of the teams comprised of first year students.

competition, 2nd prize Syed Umer Nazim (1st year), Inter Collegiate Urdu debate, 2nd prize Syed Umer Nazim (1st year).

**St. Josephs' College:** Inter Collegiate Eng. Deb. 1st prize Sehba Qadeer (1st year).

**Adamjee Science College:** Inter Collegiate Eng. Deb. (trophy) 1st prize Zia Moiz-uddin (1st year), 2nd prize

(Contd. on page 4)

### ROUND AND ABOUT

(Contd. from page 2)

Committee are thoroughly convinced that minus these factors and conspiracies, Pakistan stands out as the best cricketing nation on earth, fully capable of beating all opposition on the field.

### PROFOSALS & RECOMMENDATIONS

1) A very strong protest should be lodged with the British Government against the conspiracy hatched by British elements, the attitude of their teachers, their doctors, their press and the internationally-hated BBC.

2) In absence of a convincing reply to the protest, diplomatic relations should be broken with the imperialist-neo-colonialist and paper tiger government of Britain.

3) Efforts should be made to form a black-brown-yellow bloc to counter the overwhelming influence of the white bloc in the ICC.

4) International opinion should be mobilized against the social-imperialism of Britain.

The members of the Special Committee are confident that the present People's Government, under the dynamic, zealous, arduous, patriotic, democratic, and highly intelligent leadership of the Prime Minister, Mr. Z. A. Bhutto, will take a revolutionary step in the light of this report. The Prime Minister is the only person who can reply to the challenge thrown by the white social imperialists. We pray for his and his Government's success.

Long Live Pakistan  
Long Live the People's Government.

### Boxer in distress!

Plagued by insomnia, a young man decided to see a doctor, "count to ten and repeat it until your eyelids feel heavy", advised the doctor. A few days later, the man returned to the doctor's surgery. "You seem to be the worse for wear" said the doctor. The young man replied that it was the effect of the advise. "I count", he said, "but when I reach eight I always jump out of bed".

"Why?" asked the doctor. "I am a boxer" he replied.



Anita serves, First Year outplayed.

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# An interesting surgical case

By ABDUL RAZZAK  
Final Year

Prolonged negligence of evident symptoms, on the part of patient and certain inexperienced medical practitioners, can often give rise to very interesting but unfortunate medical and surgical cases. Unusual surgical procedures might save the patient's life, but can also change his entire personality and mode of living as is evident from the following case.

On the 22nd of April, 1975, a 46 year old patient, rather weak and anaemic was admitted into the Male Surgical Ward III of CHK, with a very peculiar complaint — "passage of faecal matter and air bubbles per urethra since 15 days".

The patient informed the examining doctor that over a period of 2 years he had lost some 35 lbs. in wt. but his main complaints started six months ago with pain in both the lumbar regions, burning and frequent micturition, accompanied by passage of blood and semi-formed faeces per rectum.

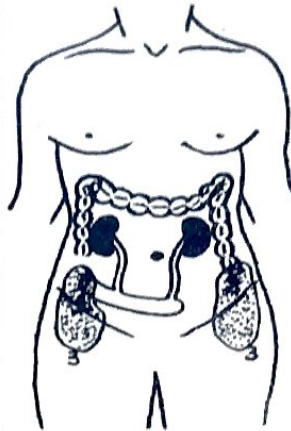
A month later blood appeared in the urine (haematuria). This was not accompanied by pain, and it subsided after treatment by a private practitioner, who ob-

viously did not investigate the entire case thoroughly. As a result two months later the patient again developed haematuria with passage of blood clot but this time there was severe, piercing and localized pain in the hypogastric region.

The climax however was reached 1-1/2 months later when the patient started passing faecal matter and air bubbles per urethra, and urine and blood per rectum, both very rare phenomenon. The frequency of defaecation and micturition was increased to 10-15 times in 24 hours.

Laboratory and X-ray investigations revealed that the kidneys were functioning normally but there was a filling defect in the bladder as well as retention of urine which suggested the presence of cancerous growth in the bladder.

Another interesting fact was revealed when the injected I.V.P. dye was seen passing from the bladder to the sigmoid colon, descending colon and then showing its way to the transverse colon, which was a clear suggestion of the presence of "Rectovesicular Fistula".



Ileal Conduit (1)  
Colostomy (2)  
Opening into plastic bags (3)

(Direct communication between rectum and urinary bladder).

The only hope for the patient was "surgery", and a difficult but interesting surgery was performed by Professor N. B. Shaikh of Surgical III CHK.

When the patient's abdomen was opened, the entire bladder, rectum and part of sigmoid colon were deeply enveloped by carcinomatous growth which had penetrated the walls of the above mentioned viscera. The solution lay in the complete removal of these viscera as the growth was widespread and there was every possibility of recurrence of growth if the viscera were not removed.

In the course of surgery, first the inferior mesenteric vein and artery as well as the lymphatic drainage were separated from the urinary bladder and the bladder was removed (complete Cystectomy). Later on an artificial bladder was made by isolating a segment of ileum and implanting each ureter to this conduit. One end of this ileal conduit was closed and the other end was fixed

to the right side of the abdomen with a circular opening which led into the ileostomy bag, a plastic bag into which the patient's urine will collect and will be removed throughout the rest of his life.

The rectum, sigmoid colon and part of the descending colon were also removed. The distal cut end of the colon was brought to the surface on the left side of the abdomen (Colostomy), and it led into a hanging plastic bag (Colostomy bag) into which the faeces will be collected.

Thus the operation involved, colostomy, cystectomy, resection of rectum and implantation of ureter with ileal conduit.

To sum up, the two natural reservoirs in the body for faeces and urine i.e. the rectum and bladder were removed and in their places two polythene bags became the life partners of the patient.

This surgical procedure involves social as well as medical complications but it will all be worth, because the patient shall continue to live.

## Islam, the quest for knowledge & present day upbringing of Muslim Youth

By RASHID HUSSAIN  
II Year

Think of a child who from his earliest days is systematically trained to hear perfectly rendered musical tunes. He grows accustomed to tune, rhythm and harmony and in his later age he is able, if not to produce and to render, at least to understand the most difficult music. But a child who during the whole of his early life never heard anything resembling music, would afterwards find it hard to appreciate even its elements. It is the same with religious association. There are some individuals to whom nature has completely "denied" an ear for music, so possibly but not probably there are individuals who are perfectly "deaf" to the voice of religion. For them belief and unbelief is decided by the atmosphere in which they are brought up. Therefore the Prophet (Peace be upon him) said:

"Every child is born in original purity, it is his parents who make him a Jew, a Christian, or an idol worshipper". The term "parents" used in the above Hadith can logically be extended to the general environment—family life, school, society etc., by which the early development of a child is determined.

It cannot be denied that in the present state, the atmosphere in many Muslim houses is of such a low and degraded type that it may produce in growing youth the first incentive to turn his back on religion.

Today Islam has become a mere ritual to youth. Boys at least pray once a week, but girls do not even do that much. Islamic knowledge is

alarmingly scant. Students hardly ever bother to read the Holy Quran. Even if they do, they only read the Arabic Text i.e. Qirat, they never bother to read the translation or interpretation. Whatever meagre knowledge they have is from their parents who never themselves bothered to seek authentication but learned it from the village Maulanas. They never learned by reading the Holy Quran themselves. The students in their turn never challenge the authentication of their parents' teachings. "Whatever they said is the truth. How can they possibly be wrong, they think. What shere fully? It is for this reason that today's youth is slowly drifting away from Islam in spite of the fact, that the number of educated people today is far greater than it ever was. But they are all blind followers. They never stop you and say why, why did Islam forbid interest and usury? Why must Muslims not pray to other deities? Why did Islam not give woman the right to divorce? Because they never get the answers or seek a deeper insight into Islamic principles they become disillusioned. Consequently they fall a prey to the myth of Westernization.

In such a state of affairs the education of young Muslims on Western lines as is prevalent in our country will lead to an anti-religious attitude in late life. Muslims at least during their student life as the privileged class are liable to develop a sort of complex "Is Islam right or wrong? How come the Muslim countries are all backwards economically? A protest against the Western education of Muslims does not

mean... that Islam could be opposed to education as such. It is said in the beginning of the Holy Quran:

"And He "Allah" taught Adam all the names" (Sura 2:31)

In order to make a systematic use of his thinking man must learn. He must believe in "trial and error". He must seek the truth. Therefore the Holy Prophet (SAWAS) said:

"If anybody goes on his way in search of knowledge, God shall make easy for him, the way to paradise".

In fact to a Muslim the acquisition of knowledge is a sacred duty. When Hazrat Jibraeel came to the Prophet (SAWS) in the cave of Hira, he was an illiterate. The first thing he said to him was "read" the Prophet (SAWS) said "I cannot read" again he told him to read, again he replied "I cannot read" Then he said "Read" "Read" in the name of Thy Lord, who createth.... Createth man from a clot. Thus every Muslim is bound by the Holy Quran to "read" i.e. to learn, to seek the truth, to acquire knowledge.

History proves beyond any shadow of doubt that no religion has ever given a greater stimulus to scientific progress, similar to that of Islam. The encouragement which science and learning received from Islamic teachings resulted in one of the greatest civilizations man has ever seen. When the Europeans lived like barbarians in the "Dark Ages" the Muslims lived a life of luxury in Muslim Spain and later during the Abbasides and Umayyad rule.

The greatness of Islam as the complete system economic, social, political or scientific can never be undermined by anyone. Great men of all times have learned not only to respect but to admire the greatness of Islam. The pinnacle of learning and science attained in the "golden rule" of Muslim Spain shall remain an example to those yet unborn.

We must have the wish to learn and to progress and to become scientifically and economically as efficient as the Western nations—but the thing, Muslims must not wish to see with Western eyes, to think in Western thoughts. Knowledge itself is neither Eastern nor Western—if it is universal—just as natural facts are universal.

If we wish to preserve the reality of Islam considering the cultural factor, we must guard against the intellectual atmospheres of Western civilization which is about to conquer our society and our inclinations.

### Spotlight

(Contd. from page 3)

Sehba Qadeer (1st year), Inter Collegiate Urdu Deb. (trophy) 1st prize Pervaz Khalil (1st year), 4th prize Tariq Masood (1st year). Inter Collegiate Mushaira, 1st prize Shameem Azar (4th year), 2nd prize Shahab Javid (3rd year).

#### St. Lawrences' College:

Inter Collegiate Eng. Deb. 3rd prize Zia Moizuddin (1st year), Inter Collegiate Urdu Deb. (trophy) 1st prize S. Umer Nazim (1st year), 3rd

prize Yasmeen Suleman (1st year).

#### Aisha Bawany College:

Inter Collegiate Quiz competition 2nd prize Amir Mohammad Khan (1st year), Mohammad Younus (1st year).

#### Sir Syed Girls College:

Inter Collegiate Eng. Deb. 1st prize Sehba Qadeer (1st year).

#### Govt. College for Women:

Inter Collegiate Eng. Deb. 1st prize Sehba Qadeer (1st year), Urdu Deb. 2nd prize

#### Pakistan National Centre:

Inter Collegiate Quiz competition 3rd prize Amir Mohammad Khan (1st year), Abdul Ghaffar (1st year).

#### ISLAMIC STUDY CIRCLE

"Mazhab Atyoon Hai?" was the topic of the lecture by veteran orator on Islamic Ideology Shah Bateeghuddin, arranged by the Islamic Study Circle. The lecture was held in the new auditorium which was crowded to capacity. It was presided by Prof. Zubaida Aziz. Throughout the entire programme the students maintained pin drop silence and showed their keen interest by putting up different questions after the lecture. Another lecture on "the significance of Hadith" was arranged on the 9th of July by the Islamic Study Circle, the speaker being Maulana Yousaf Banori, the champion of the "Khatam-e-Naboo-wat Movement". The large attendance of the students in both the programmes clearly proved their interest in religious programmes and it is hoped that similar lectures shall be arranged by the Lit. & Deb. Sec. in the near future.

#### PRE-CLINICAL GIRLS MILAD

The newly elected PCR Miss Asma Siddiqui arranged a Milad for the girls in the girls Common Room. After several speeches by different girls on the life of the Prophet Muhammad (PBUH), sweetmeat was distributed, in which even a few lucky boys got a share.

# Elections '75

ABUBAKR SHAIKH  
IV Year (New)

DMCSU elections' 1975 may quite accurately be described as just another students union election in one of the scores of colleges in the provincial capital of an underdeveloped country. Yet there was a difference—difference in the sense that the elections signified the true democratic principles prevailing in Dow Medical College. Never before in DMC have the elections cast such a magnificent impression. Orderliness of the election campaign, issues raised, ideologies and personalities projected, points raised, conduct of the elections themselves, political maturity in the student body, pre and post election spirit, were of a standard that would do credit to our own politicians to come up to.

Months before the election, political pundits began forecasting election alliances, chances of various parties involved and the ultimate results themselves. Tempo built up slowly, because of uncertainty of the election date, which was finally decided as May 17, 1975.

In a totally peaceful manner, nominations were filed and withdrawn and panels of various parties announced. It was clear from the start that the Islami Jamiat-e-Talaba would have a panel of candidates all its own. Coming into power in 1973 with only the presidency, the foothold was strengthened in 1974 when several other key posts were also captured.

In sharp contrast to previous unions, Jamiat with a clean record of two year in the union, sought a vote of continuing confidence.

The leftist NSF (Rashid group), on the decline for the last two years was however not to be taken lightly. In sharp contrast to previous years it chose to enhance the personality cult, as well as to make the falling academic standard the challenging issue (this was readily accepted by the Jamiat).

YMO found a willing partner in KMA and a single panel of candidates was announced.

The usual colourful DMC election campaign was witnessed. Banners, tents, loudspeakers slogans, announcements and projection meetings were all part of the hustle bustle that was a treat to watch. Verbal attacks and counter attacks were made and documentary proofs were produced to back them. The level of canvassing was indeed high, but it was quite apparent that ideology and solid grounds on which the party stood would be the deciding factor.

Come election 75 and DMC was caught in a frenzy of excitement. Anxiety and uncertainty mounted on the election morning but was shortlived. In the crucial moments Jamiat pulled a fast one which brought the personality cult of the opposition crashing to the ground. The impact of the blow was according to the expectation of some, surprising to many and demoralizing to others.

After a peaceful day of polling results began trickling through as counting continued throughout the night. By noon on Sunday

May 18th 1975 the results were announced. Jamiat's Hamid Zaki scored a convincing victory of more than 200 votes over Salman Faridi of NSF. For the first time ever all the other secretaries were also from the panel of Jamiat which had completely swept the polls.

The students had given their verdict. It was a vote of complete faith and confidence in the Jamiat and what it stood for. Islamic ideology and honest work was approved and accepted by the students.

Socialist ideologies, personalities and lip service to the student's cause was totally rejected by the students. Election 75 had proved this point aptly.

**FROM HERE & THERE**  
(Contd. from page 6)

According to a policy paper on health issued by the World Bank.

The report, as quoted by a local medical journal, said that over 18,000 doctors from developing countries are now working in the United States, Britain and Canada.

The countries of emigration are Pakistan, India, Philippines, Thailand, South Korea, Argentina, and Columbia.



DMCSU cabinet '75 with the Professors at the oath taking ceremony.



The Jamiat Panel in the projection meeting, Victory in the offing!



The voters at the meeting—A change of conscience.

**Hail! The Victors**



**Enter Hamid**

**Exit Misbah**



# Doctors—Health Policy and Hakims

By ABUBAKR SHAIKH  
IV Year New

Along with the various "reforms" enforced by the present Federal Government on coming into power, two reforms concerning the medical profession are (1) The Generic Scheme as embodied in the Drugs (Generic Names) Act and (2) the intention announced in March, 1972 to enforce a new health policy. Here I intend to point out the course the paper-work of the policy has taken since March, 1972. A discourse on the Generic Scheme is deferred till later.

In the past, the health facilities provided to the people were highly insufficient. This was evident not only in the big city hospitals but also in the villages where the majority of our people live. There, due to scarcity of health facilities and due to miseducation, people were forced to turn to practitioners of unscientific medicine.

Due to ever-increasing population and other factors, the situation today has much worsened. Thus there is a dire need for major reforms to be implemented practically mere announcements and propaganda will not solve the problem.

The present Government, it seems, realized early that the situation needed a remedy which was far from an instant solution of the immense health problems faced by the people. The most pressing problem appeared to be the scarcity of qualified personnel, the doctors. This it must be mentioned is a worldwide problem. The world population doubled between 1959 and 1970, but the population ratio rose only from 5.7 doctors per 10,000 population to 7.9 doctors per 10,000 population. During 1950-1970, population growth rate was 4 per cent a year while the medical personnel density increased at only 1.5 per cent a year. Now Africa has 1-12, Asia 3, and Latin America 6-12 physicians per 10,000 population. In exact figure, the physician population ratio in Pakistan now is 1:4329 (in India, it is 1:4805). However, in the United States where medical schools are graduating about 11,000 doctors a year, the physician population ratio is approximately 1:700.

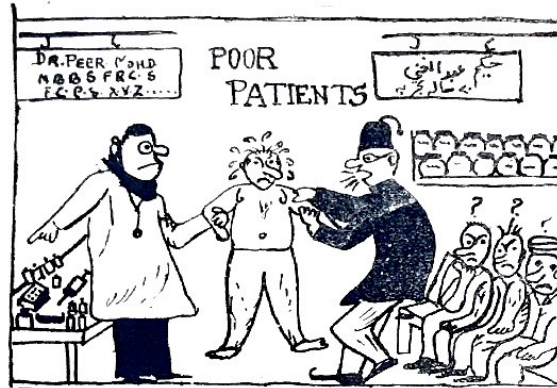
To overcome this shortage, the provincial governments set about creating the requisite number of doctors in the country. Almost overnight medical colleges sprang up like mushrooms. Chandka, Sind, People's, Bolan, the Punjab, and Rawalpindi Medical Colleges came into being as if by the waving of a magic wand. Not only this, more would be doctors were accommodated in the existing institutions, stretching the facilities very near the breaking point. Even last year in March, the Federal Government approved the establishment of an ultramodern medical university with a 1000-bed hospital in Hazara district of NWFP on the pattern of universities in Europe and the United States. Later it was decided to raise Chandka Medical College, Larkana to the level of a medical university at some future date. Now there are 13 medical colleges in the country, excluding the proposed Lyallpur

Medical College, Aga Khan Medical College, Karachi (which was originally expected to function from 1974-75) and the proposed medical university. These are giving admission to 3000 students each year. F. J. Medical College alone gives admission to more than 500 students in the first year. This is in sharp contrast to the situation in the academic year 1970-71 when the students admitted in the first year M.B.B.S. in all medical colleges in Pakistan was only 920. In other words, in a five year period the number of seats in the medical colleges has risen more than three-fold. It will be at least three years before the government can harvest the crop of doctors it has sown. By 1977 medical colleges in Pakistan will be producing 3000 doctors per year.

In the meanwhile the health policy has followed a tortuous course. For one thing, in the unofficial circles, its name has been varying constantly from People's Health Scheme to Country Health Programming (CHP) depending on the emphasis. For another thing, scarcely a month or two goes by before we hear from ministers or health officials that the health policy is about to be announced in its form.

Anyway, after the first announcement in March, 1972, the Health Scheme was sent by the Federal Health Ministry to the provincial governments to elicit proposals. In the meanwhile many changes occurred. As described above many provinces opened new medical colleges and expanded their medical facilities at district and tehsil levels. Also certain important suggestions in the scheme were implemented by the provincial governments after modifications and without financial assistance of the Federal Government. The Provincial Working Groups duly sent their suggestions back to the Federal Health Ministry. In April, 1974, Prime Minister ordered the Federal Health Ministry that before introducing any changes it should take the medical profession into confidence. Accordingly the Pakistan Medical Association reviewed the draft of the scheme and submitted recommendations and suggestions to the Federal Ministry a few months later. In October-November, 1974, the country wide strike by the junior doctors working in Government hospitals for better working conditions, and the strike in support by the medical students finally led to an agreement which will probably find its place in the new health policy. On the basis of these new developments many changes were made in the health policy which is to be incorporated in the next five year plan (1975-80).

According to the medical circles the problems identified in the health policy and a prevention-oriented health scheme and provision of medical cover to the common man, are correct but the mechanism proposed for it is defective. Insufficient funds have been allocated for prevention of diseases despite the Health Minis-



ter's stress on disease prevention. The plan envisages the recruitment and appointment of Health Assistants and Health Workers whose education may even be of sub-matric level. Also Hakims and Homeopaths would be appointed in Government hospitals. That there is serious thinking in Government quarters about the unscientific systems of medicine and that this is no mere conjecture, is manifested by the institution of Commission on Indigenous System of Medicine about four months back by the Federal Health Ministry. The Commission was to investigate the theory and practice of indigenous system of medicine, and to report its findings within one month. Among the 24 members of the Commission, 8 were Hakims and Homeopaths and 7 doctors. Professor Abdul Aziz, President, Pakistan Medical Association (Centre) declined membership of the Commission due to inadequate representation of the PMA. That the PMA should resist the integration of unscientific indigenous systems with the scientific system to its utmost is the demand of all concerned. Recommendations of this Commission are likely to be incorporated in the Health Policy and made a part of the Fifth Five-Year Plan. Indicative of the conclusions of the Commission are certain actions like the appointment of Hakims and Homeopaths in the health delivery systems of KESC, State Life Insurance Corporation of Pakistan, WAPDA and the Central Government Hospital, Rawalpindi.

It is generally believed that the participation of unscientific system of medicine has been proposed on the plea of propped up illusion that there is a shortage of doctors in the country. It is estimated that in the next Five Year Plan the Basic Health Units and the Rural Health Centre will need 4,100 doctors. We have seen that the Government has already set the ball rolling in this field. In fact by 1979 or 1980 there will be unemployment of doctors on a large scale, as has been of the engineers in the past, particularly in the Punjab. Health Planners should decide now the number of medical graduates the Government schemes would be able to absorb and thus forestall the gigantic unemployment among doctors that is bound to occur due to lack of resources even though the

physician population ratio is far short of ideal.

Some medical circle point out however that the participation of unscientific systems of medicine has been prepared to give a facade resembling the health delivery system in China where the indigenous methods have not only contributed acupuncture and anaesthesia but also the "village" or "bare-foot doctors" play an important role. Anxious to mimic the health bureaucrats have overlooked the fact that the indigenous system in China was first subjected to critical scientific tests, and developed to a high degree before being used in a manner beneficial to the people. The same they suggest should be done first in Pakistan and for this purpose a Research Institute for Indigenous Medicine should be established. These medical circles are also of the view that for implementing any radical health scheme the Government would have to wait for the new breed of doctors to come up. Until then the Government should try to expand the existing health facilities with all the resources at its power and should refrain from any hasty decision in imitation which could jeopardize the health and lives of millions of people of the country.

## CLIMATERIC (Contd. from page 7)

metriosis, myoma, mastopathy, the Rotor syndrome and the Dubin-Johnson Syndrome, severe diabetes, as well as cardiac and nephrogenic Oedema. Oestrogens should not be expected to have any beneficial influence on carcinogenesis, even after a long term treatment.

## FINAL REMARKS:

It is illusory to imagine that oestrogens will give a woman "eternal youth". However, it may be taken as proven that there is a range of effective therapies for the complaints which usually accompany the "change of life" oestrogens have a stimulating effect on regeneration and activating processes at the metabolic and tissue levels and extend, a psychotropic effect. The patient therefore often feels young again and better adapted. This knowledge may be a reassurance for all women and their families, and, last but not least for the attending physician.

## From here and there

### CORRECTION OF ATRIAL SEPTAL DEFECT:

Sometimes a congenital hole is found in the inter-atrial septum resulting in the improper channeling of blood. Uptil now the only remedy for this defect was open heart surgery. Now doctors in the United States have developed a new technique for repairing this abnormality, which does not require an intricate piece of surgery. The surgeons decided to plug the leak with 2 tiny round patches without surgery.

They made 2 circular patches 1-1/2" in diameter out of a bacteria proof material, folded them like umbrellas and fitted them into a capsule 1/4" in diameter. Capsule was attached to a catheter placed inside another catheter. This, then was inserted through one of the large veins of the thigh and worked through a complex passage-way of venous network to the heart. The doctors then pushed the capsule and outer catheter first into right atrium and then through the septal window into left atrium. They then extended the first umbrella and pulled it back against the edges of the septal opening. They then drew the catheters back through the hole in the right atrium and opened the second umbrella, locked it to the first and sealed off the hole.

The whole procedure is of 90 minutes duration and the credibility of the system is yet to be universally tested and proved. Yet this method besides saving the patient a lot of complications is relatively easy to perform.

### ARTIFICIAL WOMBS

Premature babies or premier are always a source of concern. Scientist have devised artificial wombs, complete in all sense. They contain the necessary fluid, they rock gently as if a walking movement is produced, a small motor produces a noise similar to heart and gut sounds of normal wombs; scientist still have gone further by installing a miniature tape in which the recording of the heart beat of a pregnant mother was taped before hand. This artificial womb provides more or less the same atmosphere as in a real womb till full term is reached.

### 71 PC OF KARACHI SCHOOL CHILDREN HAVE WORMS

KARACHI: Seventy one per cent of the schoolgoing children have worms according to a survey conducted by Health Department of Sind Government.

The startling fact was revealed in a survey conducted on schoolgoing children, both boys and girls, of varying ages in 80 Karachi school.

It says that helminthiasis is a major health problem in urban areas.

Administration of a single dose of pyrantal pamoate showed that 78 per cent of those with history of having worms expelled them while 59 per cent of the children gave no history but expelled worms.

### PAKISTAN HAS ONE DOCTOR FOR 4,329 PERSONS

KARACHI: The physician-population ratio in Pakistan is one to 4,329 as against one to 4,805 in India, according to a survey conducted last year.

(Contd. on page 5)

# The treatment of Climacteric

(Condensed from an article by Dr. H. Kopera, Institute for Experimental & Clinical pharmacology, University of Graz, Austria)

## NOMENCLATURE:

By climacteric is meant the period between complete sexual maturity and complete loss of ovarian function.

Menopause occurs about halfway through the climacteric, and is the last uterine bleeding which is governed by the ovaries. The date is established retrospectively after amenorrhoea of one years duration. The pre-menopause (a period of 5-6 years) is the part of the climacteric which falls before the menopause. The post-menopause, is the period of about 7 to 8 years after the menopause, when oestrogen production, falls to a minimum.

## CAUSES:

The real cause of the loss of fertility is unknown. For the present we will have to make do with observable facts, which are:

1. Ovarian weight starts to decrease around the 30th year, but loss of function can not be observed.
2. Supply of follicles is exhausted in the next two decades.
3. Increase in the connective tissue in the ovaries.
4. Decreased capacity of the primordial follicles to respond to gonadotrophic stimulus.
5. Sclerosis of ovarian blood vessels take place.

## THE ENDOCRINE CONSEQUENCES:

The hormonal changes which take place in the climacteric can be ascribed almost exclusively to the progressive loss of gonad function. The production of oestrogen and oestradiol falls from about 300-1000 mg/24 hours to 50-200 mg/24 hours. Ovulation does not occur and corpora lutea are no longer formed. The negative feedback of ovarian steroids on the pituitary, which releases gonadotrophin secretion, disappears. Consequently, LH and FSH levels in the blood and urine increase to such an extent that at the age of 50-60 years, the average serum LH level is about four times higher than in the reproductive stage, and the serum FSH level is even ten times higher. It is possible that this abnormally high gonadotrophin secretion further exacerbates the sclerosis of the ovarian vessels.

In exceptional cases the ovaries still react to stimulation by gonadotrophic hormones, even 5 years after menopause.

The age at which menopause occurs depends on many functions—including heredity, age, environment, nutrition, etc. However historically speaking, menopause has shown a clear tendency to occur later and later. Towards the end of the middle ages the average age at menopause then was around 40; it now occurs between the age of 48 and 52.

## CLINICAL SYMPTOMS IN THE CLIMACTERIC:

**1. Cycle and menstrual phase disturbances:** In the pre-menopause the clinical picture is dominated by cycle and menstrual phase disturbances, generally menometrorrhagia or oligo-

menorrhoea. These can be due to disturbed hormonal balance, or the bleeding may well be a sign of a benign or malignant process (polyp, myoma, cervical carcinoma). Bleedings from the genitals are comparatively rare in the post-menopause.

**2. The vegetative menopausal syndrome:** This complex of symptoms, also referred to as "Climacteric deficiency symptoms", are paroxysmal ergotropic sympathetic phenomena with hyperemia, sensations of heat and heavy perspirations. These "hot flashes" are the characteristic symptoms of the climacteric. In addition to the hot flashes the syndrome includes paresthesia, perspiration, palpitation, paroxysmal tachycardia, dizziness, hypertension, peripheral circulatory disturbances, meteorism, constipation, colic of the urinary and gall-bladder, depression and sleep disturbances. The cause is generally assumed to be inadequate adaptation of the organism to oestrogen deficiency.

**3. The organic post-menopausal syndrome:** Decreasing oestrogen production leads to atrophy of the target organs. There is an increased incidence of kraurosis vulvae and vaginae, dyspareunia, pruritis, vulvitis, and urinary and faecal incontinence.

**4. The metabolic post-menopausal syndrome:** Cholesterol and lipoprotein levels in the blood increase, there is a tendency to obesity and the connective tissue weakness, resulting in prolapse of uterus and vagina. After menopause, disorders occur such as arteriosclerosis, ECG abnormalities, coronary sclerosis, hypertension and heart infarction—the latter occurs 10-20 times less in women in the reproduction stage. Oestrogen deficiency is regarded as one of the most important causative factors in these multiconditional changes and involutinal osteoporosis.

**5. Psychic post-menopausal changes:** Complaints which have been reported are: Listlessness, loss of concentration, diminished mental performance, irritability, aggressiveness, fatigability, emotional instability, tension, depressed moods, frustration, feelings of uselessness, and a fear of being alone. These varied psychic changes cannot be ascribed solely to progressing oestrogen deficiency. They are also certainly due to fundamental changes in a woman's social and private life to which she had to adapt herself.

## THE TREATMENT OF CLIMACTERIC DISTURBANCES:

Many forms of treatment are available. They range from physiotherapy and psychotherapy to various drugs, including sedatives, tranquilizers, sympatholytics and parasymphatholytics, vasodilators, androgens, progesterone and oestrogenic substances. As far as the hormonal treatment is concerned, preference is given to the administration of oestrogens, which are applied as both preventive and curative therapy. As far as the remaining therapeutic

measures are concerned it would seem sufficient to state that most of them aim at only symptomatic relief.

## OESTROGENS:

They produce remarkably better results in the therapy of climacteric symptoms, than all other forms of drug treatment. Various properties are held responsible for the beneficial effect which oestrogens have. These are: Stabilization of the vegetative centres in the hypothalamus, parasympathetic tonic and vasodilatory effects, stimulation of the reticulo-endothelial system, enhanced proliferation and mitosis in the skin and mucosa, anabolic effects and lastly a tonus-increasing influence on organs with smooth musculature.

## ADMINISTRATION:

Instituting oestrogen therapy requires special care. Oestrogens are generally used to compensate decreasing oestrogen production. On the one hand, this supplementation of a hormonal deficiency should be enough to eliminate pathological climacteric complaints. On the other hand, oestrogen should not be given in the post-menopause in such large amounts that the endometrium starts proliferating and is possibly shed in a bleeding. Therefore, the problem of choosing the preparation and the optimal dosage is very complex. Meanwhile, however, the most practical solution is to adjust the dosage empirically on a patient to patient basis, bearing in mind the therapeutic aim of freeing the patient from complaints without burdening her with side effect.

The following basic treatment schemes may be proposed for hormonal therapy:

**A:** In the pre-menopause use: (1) Continuous administration of one of the conventional oral contraceptives of oestrogen-progesterone combination types or cyclic administration of a relatively strong endometriotropic oestrogen, combined with a progestational substance in the last days of the "cycle" to induce a withdrawal in bleeding.

(2) Continuous administration of an oestrogen with a relatively strong endometriotropic effect, combined with cyclic administration of a progestational substance for a short period to induce withdrawal bleeding. In this case, too, regular bleedings will occur.

**B:** In the post menopause: Continuous or cyclic treatment with an oestrogen with a weak effect on the endometrium. Uterine bleeding need not occur if the correct dosage is used. There are many indications that the use of an "impeded oestrogen" i.e. with a weak endometriotropic effect, offers more advantages that treatment with other oestrogens. It has not been, yet agreed as to what is the most suitable duration of treatment short-term, for a period of years, or for an unlimited period for prophylactic reasons.

## CONTRAINDICATIONS:

Contraindications for Oestrogen therapy include Porphyria, endometrial carcinoma and mammary carcinoma. Caution should be exercised in the presence of endo-

(Contd. on page 6)

# La Entrance

By KHALID ISMAIL  
First Year

My admission to DMC dawned bags of new experiences upon me. I was dazzled like a person who suddenly comes into bright light from the dark, or was unable to see any thing at all like a person who steps from a bright expanse into darkness? Well, I am unable to differentiate, but when I was able to see and feel, I saw and felt so much so, that I was a changed personality in a fortnight. Don't you worry. I am not the type who loves talking about the triumphs and deeds he had never performed and I assure you, I will stick to my experiences alone.

Soon after my admission, I was very much impressed by the fact that everybody, especially the old students, showed so much courtesy that at times I feared myself being uncourteous.

But Ah! those days did not last long, just as spring does not last for ever and those golden days went away with the elections. Now, no more "treats for nothing and no more Salams and handshakes.

And I curse the day I had so convincingly advocated my only idea (which I had picked up from a group in the canteen) that bodies had not been placed in the dissection hall due to which our time was being wasted all the more. I was very much acclaimed "he is intelligent... a genius no doubt... studious" and what not. The same day in the evening, news spread, like a fire, that bodies had been placed in the dissection hall.

I gathered my group of friends and marched to the dissection hall.

Shahabuddin confronted us at the entrance and I pushed him aside, ignoring him at the same time. Head high up in the air, chest out and with dignified steps I entered the dissection hall. In the next few seconds I was retreating my steps, with a dizzy head, lungs striving for oxygen, heart pounding like a hammer and that sixth sense stimulated to the last degree, for having seen the dreary condition and weird faces of what once would have been living subjects. And news spread, as I have told you it spreads, like a jungle fire, about my untimely and unexpected retreat. Do you know how a defeated general is treated? Ah! my friends treated me like that. Depression set in for a couple of days but I was encouraged by an event, which like the stars affected my relations with friends.

As I was leaning against the railing, watching the doctors below, through the glass panes, getting ready for operating, a girl and a boy entered. Just as the Surgeon made an incision blood gushed out. Reddish muscles appeared and I remembered the smeared lips of the girl who had just entered. In a split second... Thud... and then a loud crash... I was startled and wheeling around, there she was! Prostrate on the floor with a broken glass pane about her head, she had fainted! "At least I did not faint," I thought gladly, and made such a fuss of this tale

that now I have to some extent regained my lost position.

Laboratories are meant for experiments and friends never let a moment pass doing nothing in the lab. A few of them have been experimenting with cigarettes. They soak the cigarettes in absolute (95 per cent) alcohol and then smoke. How does it feel, whenever I ask them intending to claim their discovery, they bypass the question. Perhaps they are yet to conclude or perhaps they are waiting for a proper time to announce their discovery!

It is a pity that we the medical students, I mean most of us, did not get the opportunity to have the NCC training. But some of my friends are very much aware of the "no war and no peace" situation and practice themselves. Some of them can handle the crackers so nicely that when there is a blast in the dissection hall no body can trace the source well done!

Lastly a word about the new auditorium or better still visit the new auditorium yourself when the first year class is going on. Close your eyes and imagine. If you imagine you are in a play ground you will feel so, if you imagine you are at the railway station, you will feel so.

And the sounds where did you hear them last? Ah! At the Zoological Gardens of course!

## JOKES!

Woman to her neighbour,  
"My son has successfully completed his university pre-dental course and was leaving for a distant city to begin his dental training. My big worry was that he might become seriously involved with girls and so neglect his studies when he arrived home for the holidays, his first words upon entering the house were, "I met a girl!"

My alarm increased as he added, "I have never seen anyone in my whole life...". But my mind was put at ease when he finished the sentence "...with such a prominent pair of bilateral incisors".

Doctors have noted that women's feet are getting longer—

Presumably that because they are trying to fill men's shoes.

Said the big brown cock  
To the little red hen  
"You haven't laid an egg since I don't know when"  
Said the little red hen  
"You dear old soul  
Haven't you heard  
about the birth control!"

DAWOOD AHMED  
IIRD Year

The Editorial Board is indebted to Wajid of 2nd Year for designing the banner of DOW GAZETTE.

# HERITAGE—at the doorstep

By AISHA SIDDIQUI

The smell sights and sounds, that we are going to mention of are the very familiar ones for those who have passed through the arch of knowledge. It is none other than the gateway to knowledge—our college gate.

It seems that there are all sorts of everything both inside and outside the college premises and the boundary line marks no demarcation for change of events—infact the boundary line is a special site for action. Perhaps the Pakistani cricketers at the World Cup didn't find so many interesting things at the boundary line as we do.

First of all lets talk (also think) about the section of boundary between the Habib Bank and KESC sub-station building. Its a real stink, which blasts through our nostrils every morning and makes sure that we are wide awake before entering the college. For those of us who spray talcs and after shaves in order to stay fresh, this added spray not only of the stinking smell, but also of the shining dark grey fluid flowing all over the footpath, gives us the "hail thy college has come" signal.

Even if you want to avoid the footpath you can't, for there is no alternative to get

inside the boundary wall except for the road, but then you yourself can be a casualty case.

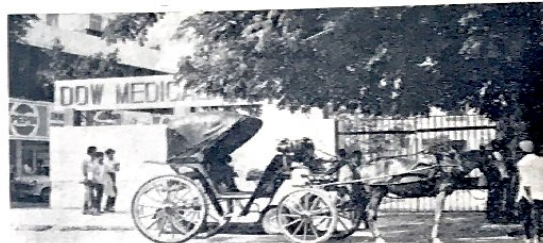
Beyond the KESC building the hurdle is not yet over, for here stands the ultimate co-ordination between man, animal and machine—the Victoria. Not queen Victoria but surely a dedication to her, and my word if ever there was any meaning to dedication it lies here! It just so happens that the Victoria's should be washed and cleaned and polished and of course one should never forget to wash, scrub and clean the horses for after all "Safayee Nisf Emaan hai". Such hygienic people—always striving to please the department of hygiene, but at whose expense—ours of course, for the after effects of the wash do not wash out the nasty stench and the decorated attire of the passer-by's.

The tragedy does not end here, for beyond the gate there is a real "Gypsy Extraganza", this being another example of complete dedication, this time to the footpath. Eat, live, earn and be merry. No housing problem, no employment problem "Roti Kapra aur Makaan" everything is right there on

the footpath. The problem begins when after a tiring day we step out of the college only to be mobbed by this strange species, for a few tinkling coins. Gestures of goodwill and friendship are abundant, for they even grab your arms and feet. Arms for cash, and feet for shoes if they happen to be at ractive ones. If you are easily overcome by the mob, pay the fine and regain your freedom, if you are the bold type, wrestle free and run. No question about one thing though—its a unique experience.

Not that we are biased or anything but its a simple case of misfit. Wrong things at wrong places. After all the Victoria, Gypsies and of course the dirty sites are all part of our cherished, heritage, and the National Museum being only a walking distance ahead, we suggest that these treasures should be shifted there so that humanity at large might extract the maximum benefit, and not just the poor students of DMC.

P.S.—The KMC and the National Museum authorities need not approach us for a formal handing over of these unique treasures. Let this be our very humble contribution towards preserving the national heritage.



## The fall of Jerusalem

Can thou recallest the eons past?  
When the Muslim empire was ever vast.  
When in creed the people were but one.  
Thus! were victories unobdient won.  
Above all, can thou recallest Jerusalem?  
By Muslim hands has ever it been run.  
It is here where God's First house stands.  
Built by the Prophet Ibrahim's own hands.  
After this unforgettable event  
Never by Saladin was it lent  
How could it be then? that it would fall.  
And be made by the Jews a rampaging hall?  
Surely, this is a sign that GOD is  
With the Muslims weary  
And the tragedy but dep.cts, His wrath, His fury.  
For in Religion no longer are  
His people pure.  
But look forward to the World alore.  
When the horn of Israfoel shall we hear.  
The Day of Judgement shall he proclaim.  
In the Almighty's name  
Then! shall the unworthy for their errors pay  
And be banished from the light of day.  
But the true shall be one in fraternity.  
But this time for all eternity!

JAVED MALIK

## Inside CHK!

By MOHAMMAD IOBAL  
Third Year

We often read in the papers about the deploring standard of patient care in Civil Hospital, Karachi. Neglect on the part of doctors, nursing staff, para medical personnel, and the extremely acute shortage of facilities have been highly publicised in several reports by all the mass media.

It usually takes a dramatic happening to arouse not only the conscience but also the consciousness of reporters, who after their report glorify themselves on having done the public a great service, when actually their real concern is centred round their pay packets. These dramatic happenings have provided good raw material to the politicians who have used them effectively in an effort to gain public support by degrading the medical profession.

In order to assess the truth let us take a look at a few things that happen everyday in CHK, causing infinite misery to a people who have been persistently tortured by the vagaries of life. These may not be dramatic enough for the press but are nevertheless part of a human drama of neglect and selfishness, greed, corruption and megalomania on the one hand, and poverty, fear, helplessness and despair on the other.

This drama is enacted in CHK every second of the day—everyday of the year. Let us visit the casualty department first. Housed in a small cramped building, the casualty department has neither proper ventilation nor sanitation. Seated here are one or more CMO's disinterested and looking tired and

fed up. They hardly give more than a minute to each patient irrespective of whether there are two or twenty patients at a time and during rush hours it is only too easy to dismiss a patient of myocardial infarction as a case of muscular pain and to have him sent home with a handful of APC tablets.

Carelessness is the hallmark of this department. Recently a patient was given a large doze of ardenaline intravenously. The patient died within three minutes. At times no drugs are available to treat even common conditions like diarrhoea or cough.

In the injection room, glass syringe and adequate needles are never present. Disposable plastic syringes and their needles are freely used again and again, despite the warning inscribed on them "disposable not to be reused".

Very often no stretcher is available for a patient to be transported to the X-ray department or the Orthopaedic department to have a plaster cast made. It is often likely that the technician in the Orthopaedic workshop has gone for a stroll, (the doctor on duty being more difficult to locate), so the patient has to wait till long hours. This causes a great deal of anguish to persons suffering from fracture.

Attendants in the Casualty department are known to be charging money for carrying patients from the Casualty department to the wards. They simply refuse to perform this service unless a hint of some reward is made by the relatives present. A good majority of them cannot

afford to pay and therefore resort to carrying the patients slung over their shoulders or in typical horse-back fashion. It is a disgracing sight when a patient happens to be a lady and has to be carried up and down several flights of stairs and through dark gloomy alleys, which often have dead ends. The psychological trauma and the physical discomfort as well as the risk of further injury that such patients have to undergo can well be imagined.

Inside the wards the patients have another long list of hazards to put up with. Their treatment is often delayed or withheld because the Laboratory Examinations are not done promptly. Proper case history is not maintained. If a patient happens to develop a sudden, serious attack of dyspnoea with bronchial spasm, a junior doctor who is unfamiliar with the case would find it very difficult to manage the case.

The patients admitted to the wards are usually very poor. Apart from a few ordinary and sub-standard drugs provided by the hospital, all other drugs have to be bought by the patient himself. Patients are told to buy expensive and sometimes life saving drugs. If they can afford it, then well and good, but in most of the cases patients fail to buy them and so are discharged untreated.

There are certain wards where most of the drugs used are samples distributed by pharmaceutical firms. Infact some senior doctors are known to distribute their

personal stock of medicines among the patients of their wards. In certain other wards, drugs donated by pharmaceutical companies are retained for the use of friends and family members and even sold to the patients, secretly.

Patients who are incapacitated have to be provided with Urinals and bed pans to empty their bladder and move their bowels. The Jamadaars and sweepers who are supposed to provide and clean these utensils are often missing. They function only when properly tipped. Patients have been seen to urinate on bed because no jamadaars are around to provide the urinals. The compulsion that drives a man to urinate on bed is so demoralizing that it insults the very dignity of man.

Life is cheap in the wards too. One night recently in one of the wards, a nurse gave an injection of penicillin to a patient and then ran off to have a chat with her boyfriend. The patient developed anaphylatic shock and died. Well done sister! The drug store of Civil Hospital, Karachi is a reflection of corruption in its worst form. Here drugs and other items in the material medica seem to disappear into oblivion. Sub-standard medicines are gladly dispensed but effective and genuine

drugs like certain antibiotics and injections are never available though purchased in large amounts by the hospital authorities.

Quality drugs pilfered through to the chemists who pay handsome dividends on these transactions. These very drugs could have saved the lives of many a breadwinner, preventing despair and destitution to so many families.

Medico-legal cases are unnecessarily prolonged, so that choice patients can demand for more compensation and costs in the courts. These cases have vicious network of connections which can baffle even the most sophisticated of detective agencies.

The inside story of Civil Hospital is never ending and can go on and on and the above facts are just a reflection of what is actually happening every day in the hospital.

Not all doctors, nurses, technicians and administrative staff are to be blamed of inefficiency and corrupt practices but a few from all ranks are definitely involved and are doing everything but justice to the medical profession. The need of the hour is to point out these black sheep for without it this profession can never be noble again.