

COUNCIL OF POPULATION PLANNING SET UP

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The government has set up a Council of Population Planning following the reorganisation of the Population Planning Department, an official source told The Muslim here today.

President Ziaul Haq is the Chairman of the Council while the Provincial Governors have been nominated as its members. The senior officials of the federal and Provincial Governments will also be the members of the new organisation.

The source said an official announcement in this regard will be made by the end of this month. The source said a five-year population plan was being worked out by the experts.

The source said the Chairmen of the various municipal institutions will also be included in the Council.

CHIROPRACTORS SEEN CAUSING MANY STROKES

Even the physician requesting the informal poll was surprised when one-third of the physicians attending the American Heart Association's stroke conference said they had seen patients who suffered strokes after chiropractic neck manipulations.

There must be a lot of them (chiropractic-related strokes) out there," Dr. James T. Robertson said after the show of hands. He estimated that at least 75 physicians indicated they had seen such cases.

The audience poll was requested after two reports from the University of Missouri and the Mayo Clinic—increased the number of reported incidents by more than 50. Before the 15 cases reported here, there were literature references to 28 reports of strokes possibly caused by neck manipulation.

"What is our responsibility to the public and to the chiropractors to inform them about this danger?" asked Dr. Robertson, chairman of neurosurgery at the University of Tennessee in Memphis.

When informed of the two reports, a spokesman for the American Chiropractic Association (ACA) said the total incidence of stroke was tiny compared to the 10 million Americans who undergo chiropractic manipulation each year. Dr. David G. Sherman and Bruce R. Krueger, made similar observations.

INDUCE SPASM, SHOW THE RISK AT WHAT RISK:

Sustained vasospasm of the coronary vessels, leading to ischemia of the myocardium, is a major contributing factor in a substantial fraction of patients with angina or myocardial infarction, several studies show. The identification of patients whose ischemic symptoms are caused by vasospasm was an area of controversy raised at the annual meeting of the American College of Cardiology.

Dr. Burton Sobeli, professor of medicine and director of cardiology at Washington University, St. Louis, said episodic resting angina (Prinzmetal's or variant angina) is caused entirely by spasm occurring in the same segment of a coronary vessel. In patients with classical angina, atherosclerotic plaques may be the more important cause of ischemia, but he believes the two factors often coexist. Spasm has been occasionally identified by angiography during an attack, but positive identification usually comes after administration of an agent that induces symptoms in a susceptible person.

The drug used for this test is ergonovine maleate a derivative of ergotamine. Dr. Carl J. Pepine, associate professor of medicine at the University of Florida College of Medicine, noted that a low dose of ergonovine (0.2 mg) is administered i.v. after coronary angiography. Susceptible patients develop spasm and angina accompanied by ST segment elevation on ECG. The spasm is then rapidly reversed by sublingual nitroglycerin.

3RD WORLD TO HAVE 80 P.C. OF WORLD POPULATION

Eighty per cent of all mankind will live in third world countries by the end of this century according to a UN report.

Ralael Salas Executive Director of the U.N. Fund for Population Activities (NUFPA) between 1950 and 1980.

He said by the end of the century the population of the third world would almost equal the 1950 global

total.

"Given these facts, there is no cause for complacency even though we have entered a phase of declining world fertility Mr. Salas said in his annual world population raised two billion people would be added to the world's population in the 1980's and 1990's almost as many as were added. The countries and regions where the greatest population growth would occur were the poorest areas he said.

Unless urgent measures were taken to alter their living conditions, deprivation and poverty would worsen, he added.

The flood of people from rural areas to cities would increase the centres of concentrated urban poverty Mr. Salas said.

AFP adds an average daily 300.000 women in the world have child and 120.000 others have an abortion according to a United Nations funded study on world fertility. Preliminary results from the study the first large scale inquiry of its kind show that in developing countries half of the married women between the ages of 15 and 49 do not want more children.

But only 50 per cent of the women in this category use contraceptives.

The report published by the UN population study division, notes a reduction in world fertility but predicts that the current world population of 4,500 million people will reach 6,500 million by the end of the century-Ninety per cent of the 2.000 million additional persons will be born in developing countries the report foresees.

Although the overall level of fertility in these countries has begun to decrease slightly with a reduction of 13 per cent between 1965 and 1975 reported in a study of 94 countries 10 of each children born daily are in developing nations.

SOLVING SOME MEDICAL EDUCATIONAL PROBLEMS IN BRAZIL

In the last ten years there has been a 100% increase in the number of medical schools in Brazil (to a total of 75) increasing further the challenge already existent in the adequate preparation of physicians. In the last three years at the Medical School of the University of Campinas some progress has been made by the following measures:

1. The first measure taken was to interview each teacher in order to be better informed of his or her problems, methods and teaching materials, and sell the idea of emphasis on bedside and outpatient teaching, and student self-instruction when feasible. The second measure was to establish an orderly How of decision making. Thirdly a Curriculum Committee was established to continuously review and upgrade the teaching quality. Lastly a permanent student representation was formed to convey suggestions, feedback and criticisms of the educational system.
2. Up to two years ago federal legislation permitted the 6th-(and last-) year medical student to miss up to 25% of the classes or days during the year. There has been an attempt to make the last year in the medical school an Internship. Up to recently this was not possible because of the right of the students to miss one quarter of his work. The problem was solved by internal arrangement within the University by which the last year in the Medical School was not considered as formal teaching anymore but as an intenship in the real sense of the word.
3. Up to the present the student approval system has been at the department level. In 1978 a yearly examination to test the ability of minimal medical knowledge was initiated at the end of the 5th year. Approximately 10% of the students tested showed unacceptable low performances. It is thought that a general medical examination at the end of the 5th medical school year will not only inform the student of his knowledge in different areas of medicine, but will also permit the medical school to know approximately what level of teaching and knowledge that is being retained by the student, as well as tail incompetent ones.
4. Only approximately 20% of the medical graduates of Brazil this year will find a vacancy in an accredited residency. For this and other reasons a Continued Education Program was established and is operational. Letters were sent out to approximately 3.000 physicians with in a 100 km radius and on the

basis of the answers received a program of continued education outlined and carried out 4 times each year. Other courses given out by different professors of the Medical School have been adapted and included in this program.

5. At the end of each subject the student answers a questionnaire on the course that he has just finished and grades the course and his teachers. This has been useful in permitting the Medical School to detect problems early during the school year as well as increase the awareness of the teachers to their own performance.

6. There is a continuous tendency on part of the individual faculty members to request an increase in the number of formal credit hours allotted to their area. Through personal discussion with each department, a total of 500 formal credit hours were cancelled from the medical curriculum and replaced by more and better teaching at the patient's bedside, and principally in the outpatient department.