Letter from . . . Bombay

Yearning for baby boys

SUNIL K PANDYA

Most Indian couples yearn for sons—to help on the farm, to support them in old age, to perform their last rites. At times this yearning leads to irrational acts.

The availability of amniocentesis for the determination of fetal abnormality led to an unexpected development. Anxious parents to be demanded the test primarily to know whether the fetus was male. Between 1978 and 1983 78 000 female fetuses were aborted throughout the country. In one study of 1000 abortions 97% of the fetuses were female (*India Today*, 31 January 1988). The legally permitted use of abortion as a means of restricting the population was perverted to prevent the birth of girls. A large number of the 260 or so clinics in Bombay abetted this practice, catering not only to those living in this city but also to those in far off towns such as Jalgaon, Amravati, and Dhule. Amniotic fluid samples were transported to Bombay whence reports were sent back in 24 hours. On 31 December 1987, in response to widespread agitation, the government of Maharashtra in Bombay decided to introduce legislation to ban prenatal sex determination tests. If the proposed act becomes law amniocentesis will be permitted only at recognised medical centres and for the purpose of detecting genetic disorders. It remains to be seen how effectively such practices will be regulated.

On 30 January 1988, in a teaching hospital in New Delhi, 23 year old Rajbala was outraged at being handed a baby girl a couple of days after she had given birth to a boy. When she refused to accept the unsatisfactory explanations offered by officials in the hospital a major controversy resulted. The crime branch later recovered her son from the neighbouring state of Uttar Pradesh from a woman who had delivered a girl at the same hospital in Delhi and had swapped babies.

* * *

Poverty is often the principal reason why many cannot avail themselves of modern medical facilities. Thousands remain blind for want of means to travel to an ophthalmic surgeon for the removal of cataracts. Moved by their plight, Dr M C Modi took ophthalmic surgery to the villages, helped large numbers, and, incidentally, gained international renown. Between 1943 and 1987 he has performed 464 234 operations in rural eye camps. His score of 833 operations for cataract in a day has earned him entry into the *Guinness Book of Records*.

Village camps can, however, also bring dismay. Not everyone is able to maintain the standards set by Dr Modi. In February 1988 there were at least two reports (from Chairawa in Rajasthan and Chintamani in the Kolar district of Karnataka) of disastrous sequelae to operations at eye camps. In the first instance a quack fleeced villagers of their meagre holdings and, in addition, left six of

them blind. In the second instance 16 people operated on at a rural camp were blinded by infection. The tragedies are compounded by the fact that these camps are organised by individuals and groups after obtaining the approval of "the concerned authorities."

* * *

While most successful candidates at postgraduate medical examinations pass on merit, now and again there is an instance of an unworthy one passing by unfair means. Some time ago the then chief minister of Maharashtra had to resign when his underhand attempts at getting his daughter qualified as an obstetrician and gynaecologist became public knowledge.

On this background, readers of the *Times of India* (23 January 1988) were intrigued by the report of the attempted suicide by a doctor in Jaipur. As the doctor lay in hospital, recovering from the episode, he alleged that his wife, the minister of health in the erstwhile cabinet of Rajasthan, had exerted pressure on the medical authorities to ensure his *failure* at the examination leading to the degree of master of surgery. The news report noted that the relationship between the doctor and his minister wife were strained.

* * *

Minerva—and her readers—may be interested in the recent notices spread all over Bombay of the first national seminar of "The Brassiers (sic) Manufacturers Association of India," where the topics for discussion included "points on overall developments."

(Accepted 21 March 1988)

What advice should be given to a teenager who wishes to swim but who has moderately severe eczema that is irritated by water?

The teenager should seek adequate treatment for the moderately severe eczema. Water irritates eczema, especially when the skin is cracked, and this action may be enhanced by the addition of antiseptics to the water of swimming pools and by the salt in the sea. Emollients and mild topical steroid ointments should heal the cracks so that water no longer stings, otherwise referral to a dermatologist is recommended. No one with moderately severe eczema need put up with it because there are effective remedies to control eczema of whatever severity.

The principle of resting an inflamed organ to speed recovery is no less true for the skin than for other tissues. Bathing is usually beneficial for eczema because of its hydrating effect, but swimming, because it is a vigorous exercise, may be harmful. How exercise impedes the recovery of skin inflammation is unclear; its effect may be similar to that of alcohol, which also delays recovery of widespread eczema. Raising the blood flow through the skin and therefore its temperature seems to enhance the eczematous process.

If a teenager wants to swim, however uncomfortable it may be, he or she will go swimming, regardless of medical advice. Only by swimming will the teenager find out if it is deleterious: if the hydrating effect exceeds the exercise effect it may even be beneficial.—ALAN SHRANK, consultant dermatologist, Shrewsbury.

Seth GS Medical College and KEM Hospital, Bombay, India
SUNIL K PANDYA, MS, professor of neurosurgery

Correspondence to: Department of Neurosurgery, Seth GS Medical College and KEM Hospital, Parel, Bombay 400 012, India.