

Letter from Chennai

WHAT ARE LITTLE BOYS MADE OF?

The old nursery rhyme would have it: 'frogs and snails and puppy dog's tails' as against little girls who are made of 'sugar and spice and all that's nice'. In recent times, an Indian firm offers to analyse your genome for a sum, I believe, of around ₹25 000, and to give you a report with advice on what you should do to keep yourself healthy. A childhood friend of mine, now an octogenarian like me, after retirement works sporadically as consultant to a few companies. One of them offered him a free medical check along with its other employees, and the test included genome analysis. He showed me the report, which consists of a neat booklet, at the end of which are 'Personalized recommendations based on red and orange markers'. The report points out that 'this is not a diagnosis and the report must be clinically correlated by qualified medical professional' (sic).

I give you the findings of this one subject:

1. Alzheimer's disease: slightly increased risk.
2. Asthma: slightly increased risk.
3. Chronic kidney disease: slightly increased risk.
4. Diabetes mellitus type I: increased risk.
5. Peripheral arterial disease (atherosclerosis): slightly increased risk.
6. Rheumatoid arthritis: increased risk.
7. Venous thromboembolism: increased risk.
8. Lung cancer: slightly increased risk.
9. Caffeine metabolism: slow caffeine metabolism.
10. Lactose metabolism: ineffective metabolism.
11. Response to carbohydrates: unfavourable response.
12. Sodium: high sensitivity.
13. Vitamin B12: low level.
14. Achilles' tendon: higher tendency for injury.
15. Biological ageing: faster ageing.
16. Oxidative stress: higher exposure to oxidative stress.
17. Resistance to infection with notoviruses: you are not resistant to the infection.
18. Resistance to malaria (type Duffy): you are not resistant to infection.

Each item was followed by a piece of sound advice, though in one instance at least (intake of milk) conflicting. He was told to maintain a regular intake of fruit and vegetables, to avoid smoking and pollution, to control his blood pressure and sugar, to watch his cholesterol, to avoid obesity, to be moderate in his intake of alcohol, to reduce his intake of coffee and milk products (in view of ineffective lactose metabolism), to take more eggs and milk (for low B12), to take care while exercising lest he damage his Achilles' tendon, to avoid stress and to ensure adequate sleep, to avoid polluted water and food and to use mosquito repellents. He assures me he has lived a normal life without particular care about any of these bits of advice, and has attained this age with just hypertension and coronary artery disease (both well controlled by his cardiologist). He has no diabetes, arthritis or thromboembolism despite his supposed increased risk.

At the age of 80, I suppose he need not modify his lifestyle or diet in any way, nor bother in the least about what fate his genes have in store for him. However, the question that has been debated all over the world is whether it would be advisable for a young

person to go through this analysis. Clearly, if he were one who tends to worry, he could spend a lifetime anticipating with dread what the future would hold for him, and that worry might increase the risk of developing some of these illnesses. Perhaps if there is a family history of some dangerous disease, and genetic testing could predict whether he is a candidate for this illness, and if there is some definite way of either preventing or greatly delaying the onset, it might be worthwhile. In all other circumstances, we would be better off to save our money, keep slim, avoid tobacco, record our blood pressure and sugar once a year, and enjoy life within these limitations.

SLIMMER POLICEMEN

One policeman who inspires confidence is Mr Vijaykumar, the man who rid Tamil Nadu and Karnataka of the dreaded bandit Veerappan. He presents a trim and athletic figure. However, the vast majority of his colleagues in the Tamil Nadu police look as though they are in an advanced stage of pregnancy. They waddle ponderously through their duties, and I wonder how they will cope if they are ever called on to act vigorously, to chase or subdue a criminal. I was impressed by the action of a Superintendent of Police (SP) in Chikkamagaluru district of Karnataka, reported in *The Hindu* of 8 June 2017. He offered policemen a posting of their choice if they would reduce 5 kg in weight during the first 6 months of 2017. Sixteen policemen made the cut, losing an average of 7 kg, some even shedding 10 kg. The SP installed a weighing machine in his office to help them to watch their weight.

This is an example Tamil Nadu could well emulate.

PICK YOUR POST

When S.M. Krishna was chief minister of Karnataka at the turn of the century, he organized a number of task forces to guide the government in more efficient administration of the state. There were 400 positions vacant in the State Medical Service, and the Health Task Force under Dr H. Sudarshan filled 398 of them by the simple expedient of advertising the vacancies and calling for doctors to indicate their desire to work at any of them, and then posting them to the place of their choice. Apparently, the scheme was not continued, for now there are 1400 vacancies in the service. The state health department returned to the idea of recruiting doctors to the position of their choice, either on contract at a salary of ₹1 to 1.2 lakh per month, or on call when they would be paid a fixed amount for each procedure they performed. These positions were advertised in March, and the early response was promising.

It seems clear that more doctors would like to enter government service if they could choose where they should work. There are many parts of the world where people would apply for a post in a particular hospital, and remain in that post as long as they and their employer are satisfied and see no reason to change. Why should our governments insist on periodic transfers, moving people to places they do not wish to go to? This is what leads doctors to resign from service, or, more often, ignore the transfer order and pull strings to get themselves posted elsewhere. If there are places where no one wants to go, there must be some disadvantage associated with that posting, and an extra incentive must be offered—perhaps a higher salary, or a commitment to admit the candidate to a postgraduate seat after some years in the post.

The salary offered to the contract doctors is more than that earned by doctors in regular state service, and the latter grumble about this. They could supplement their income with private practice, which is permitted, but this is also available to the contract doctors. I am in sympathy with service doctors on this aspect, except for the situation I mentioned in the paragraph above. If no one now in service is prepared to take a particular post when offered the choice, the higher pay may be justified, but this offer should be made to the current staff before being made to a new entrant.

NEET IN TAMIL NADU IS NOT SO NEAT

Tamil Nadu students remain diffident about competing with the rest of the country for medical seats via the National Eligibility cum Entrance Test (NEET), and have been pressing the authorities to get them exempted. The courts have insisted that we should go along with the rest of the country, and finally the government thought they could get out of it by saying they would accept the results of NEET, but reserve 85% of seats in the state for candidates who had done the state board examination. Some Central Board of Secondary Education (CBSE) students filed an appeal against this decision, and on 14 July 2017 a single judge of the Madras High Court struck down that order, and said there could be no such reservation. The state government appealed against this decision, but on 31 July 2017 a division bench of the high court upheld the order of the single judge, and said there was no merit in the government's appeal. The court held that NEET was the only fair method of distinguishing between students trained in different systems, and the state should abide by it.

There is no reason why students of Tamil Nadu should not compete on equal terms with those of any other part of India. The state government should look for ways to bring us up to the mark, not ways to protect us from competition. It would be in the interests of our students to improve their own education, not keep asking government to shield them from their better peers elsewhere.

WHAT IS IN THE PIPELINE?

For decades I have been arguing that Chennai's water supply is contaminated with sewage. It stands to reason that, when you have water and sewage flowing side by side in old and rusted pipes, with water flowing for 3 hours in the day and sewage round the clock, sewage would get into the water pipes. Add to that the fact

that we are permitted to have hand pumps drawing water from the water pipe even when Metrowater is not pumping. That creates a vacuum which gets filled by replacement from sewage pipes. Metrowater invested in machines that tested the pipes and confirmed that there were leaks in the system. The diagnosis was made, but treatment was more difficult, and nothing was done. Of course, we took other measures to purify the water we drank, but we continued to 'clean' our persons with the water provided by Metrowater, having no alternative.

Matters came to a head in March 2017, when the residents of our locality began receiving muddy brown, foul-smelling slush from the Metrowater pipes. I collected water samples from my house and from some of my neighbours, and had them cultured. Our microbiologist grew *E. coli*, *Proteus mirabilis* and *Klebsiella pneumoniae* in what he reported in print to be an 'unsatisfactory' colony count, and what he told me on the telephone was alarming. I communicated the report to the local office of Metrowater and to the corporation health officer. Meanwhile, I closed the Metrowater pipe and began buying water in lorries. This is easier said than done. Metrowater supplies water in lorries to areas where there is no water supply through its mains. I was not eligible for that since something was coming to my house from Metrowater. I had therefore to resort to private suppliers, who go to the farming areas around the city and buy water from people there who own wells. Thousands of us are trying to buy water, and with the monsoon deficient for years together subsoil water is badly depleted, and now the farmers, quite understandably, want to keep the water for themselves and their crops. I do not know what source my supplier uses, but it is only quantitatively better in colony counts than Metrowater. It is still a source of pathogens.

Self help is the best help, and so I now have a slow sand filter, a charcoal filter, a bacterial filter, and an ultraviolet lamp installed on my roof, so that I purify the water that comes to me from whatever source, and I have crystal clear and bacteriologically highly satisfactory water. So have a few of my neighbours. Metrowater several years ago disconnected the water meters from all Chennai houses, and now charges a flat rate based on the size of the premises and not on the quantity of water or whatever comes through its pipes. You should admire our bureaucracy for advanced planning.

M.K. MANI