

Letter from Chennai

ZERO POPULATION GROWTH (ZPG)

The southern states have done well at reducing the growth of the population. It has been calculated that at a total fertility rate (TFR) of 2.1 (the average number of children that would be born to a woman over her lifetime if she were to (i) experience the exact current age-specific fertility rates through her lifetime, and (ii) survive from birth through the end of her reproductive life), the population will stabilize with no increase or decrease. Karnataka achieved this figure in 2010, according to the Secretary for Health, and plans to bring it down to a rate of 1.8, thereby reducing the population. Andhra Pradesh claims to have achieved a TFR of 1.8 in 2005–06, at which time the national average was 2.7. I do not know how reliable all these figures are, but more reliable results have come from the 2011 Census data as reported in *The Hindu* of 17 April 2011. The southern states have indeed reached a TFR of 2.1, but the 4 large BIMARU states (Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh) score over 3.

At first glance, we of the South would appear to have the advantage. Existing resources would be shared among fewer people, and that should make us richer. But is this too simplistic a view? Opponents argue that ZPG would change population demographics. Restricting the birth rate would lead to a change in the age distribution, with fewer young people and more elders, who would be less productive. Also if we restrict our numbers and others do not, we will become an ever smaller minority in the country. This may not make a difference in a parliamentary democracy, unless the larger states ask for greater representation in Parliament based on the population. When Chandrababu Naidu was Chief Minister of Andhra Pradesh, and Andhra reported a TFR of 1.8, which would lead to a decline in population if it were sustained, he specifically requested the Prime Minister that there should not be such a change in constituencies.

MEDICAL COUNCIL MATTERS

Citizens of Tamil Nadu are always avid for change. We have hundreds of political parties, but only 2 of them matter, and we vote them to power alternately. True to form, this time we voted out the DMK under Dr K. Karunanidhi, and voted in the AIADMK under Dr J. Jayalalithaa. I hasten to assure you that I have not descended to political commentary. The subject I am driving at is that the Health Minister also changed, and the portfolio went to an orthopaedic surgeon, Dr V. S. Vijay. There have been medical doctors in the cabinet earlier, and some have been health ministers too, but this time the Indian Medical Association (IMA) of Tamil Nadu thought fit to place an advertisement in colour in *The Hindu* (I do not know whether other newspapers in the state were also patronized), no less than 10.5 cm × 9 cm, with a photograph of the Chief Minister. It reads ‘the Indian Medical Association Tamil Nadu thanks our Hon’ble Chief Minister’ (here the photograph) ‘Selvi J. Jayalalithaa for appointing Dr V. S. Vijay, Member of IMA Vellore as our Hon’ble Health Minister’. The names and designations of the State President, Secretary and Finance Secretary are entered below.

Perhaps it is acceptable for the IMA to express its happiness at one of its members being so elevated, but just below this advertisement was another, with a larger picture of the Chief Minister, and the words: ‘Our humble thanks to Hon’ble Chief

Minister Dr Selvi J. Jayalalithaa for appointing Dr V. S. Vijay, MS Ortho, D Ortho, as Minister for Health and Family Welfare.’ And here comes a smaller photograph of Dr Vijay, and further ‘on behalf of Tamil Nadu Medical Council, Chennai, Dr K. Prakasam, MS Ortho, D Ortho, President and Members.’ Alongside this was a photograph of Dr Prakasam.

To my knowledge, the duties of the medical council extend to inspecting and granting permission for medical colleges to admit candidates for various degrees, recognition of qualifications granted by Indian and foreign medical institutions, maintaining a register of appropriately qualified medical practitioners, inspection of examinations, prescribing and enforcing a code of conduct, and laying down rules for all the above. How ethical is it for the Medical Council to spend its funds on expressions of gratitude to the Chief Minister? Should it matter to the Council who holds the health portfolio?

On the subject of advertisements, I am mystified that every now and then the Government of Uttar Pradesh takes a full page advertisement in many Chennai papers, packed full of closely printed matter, relieved only by a passport sized photograph of Ms Mayawati. The average Tamilian has as little interest in Uttar Pradesh as the average Uttar Pradeshi has in Tamil Nadu, and I wonder whether anyone reads this advertisement at all. Could not government funds be better spent?

The present government has reversed a number of decisions of its predecessor. I heartily welcome one such reversal. My readers might remember that, when he was Chief Minister, Mr Karunanidhi very openly told the Chennai Police not to ‘harass’ two-wheeler riders for not wearing helmets. This was taken by the public and the police to mean an unofficial repeal of the law, and after a few days of profusion, the helmet again adorns only occasional heads. The new government withdrew this unofficial permission. The police made a public announcement that, with effect from 28 May 2011, the law would be strictly enforced. Too many two-wheeler riders end up as organ donors because they do not protect their skulls. It is but common sense to take precautions against serious head injury, and people who act against their own well-being should be forced to take care of themselves.

RURAL OUTREACH

Of all the medical camps organized in India, the most successful are the ophthalmic camps. With the exception of glaucoma, every eye disease makes its presence felt early. People flock to the camps and seek attention. However, the eye is prone to infection, and numerous instances of infections and loss of eyes have been reported when people are operated under camp conditions. The Aravind Eye Hospital in Madurai developed what is perhaps the ideal way to tackle this problem. Its staff conduct camps, detect patients who need surgery, and transport them to the hospital where they are operated as a day-only procedure and returned to their homes. This has become standard practice and many other hospitals do it too, but of course it does disrupt the domestic routine to some extent since the patient usually needs someone to travel with her to the city.

Sankara Nethralaya has different ideas to reach out to the rural area. It has placed orders for a van modified to be a mobile operation theatre, so that its staff can take the ideal conditions to

the villages and operate on people near their homes. I tried to get a preview of this vehicle but it is not yet ready and I might write about it in my next letter. It would be easy to maintain sterility in a properly enclosed van. On the other hand, I wonder whether it would be cost-effective. The van would need a mobile generator for appropriate lights and air conditioning and this would be far more expensive than the relatively simple task of driving a bus load of patients to a functioning city hospital and back.

INFLATION OF MARKS

It is that time of year again. We were distracted from the examination results by the elections and the Indian Premier League (IPL), but with a long wait between the elections and the announcement of the results, we had some excitement about the examinations. The formula followed by the powers that be for medical college admissions is $B/2+P/4+C/4$. Translated for the common man, this is half the marks scored in biology and a quarter each of the marks scored in physics and chemistry. It adds up to a total of 200, and the number of people who scored a perfect 200 has moved up from 9 in 2009 and 14 in 2010 to a staggering 65 this year. There are 1653 seats in government medical colleges, and the government also has a lien on 635 seats in the various private medical colleges, 2288 in all. 3317 students have scored over 195/200, as against 1553 students in 2010. Assuming half the toppers opt to go into medicine, the competition will be fierce, with hundreds of people scoring exactly the same, down to a quarter mark. How will the selection be decided? This will outdo the IPL in exciting matches.

Can one really distinguish between someone who scores 196 and one who scores 195? When I entered the medical college in 1953, the rupee and the examination mark were both worth more. The first rank holder among the medical college entrants had 408 out of 450, and the next in the list had 391. Even with multiple choice questions, it should be possible to frame some of such difficulty that we could separate the exceptional from the excellent.

The first and the second rank holders, and 2 of the 4 students who tied for third place, want to study medicine, while down the ranks the numbers are almost equal for medicine and engineering. These ranks are decided on the total marks, not just the science subjects. It is encouraging that those at the very top prefer medicine to engineering, and we hope the colleges will inspire them to reach their full potential, not bring everyone down to the same dull average.

THE DEATH OF BASIC SCIENCES

While just a moment ago I expressed happiness that the cream of the cream seems to be opting for medicine as a profession, on reflection I see a disadvantage. The best these days all move to one of three streams: medicine, engineering or commerce. It is only the leftovers who are forced to enter the colleges offering arts and sciences, and that would automatically lower standards in those institutions. Not all entrants to these colleges choose them as a last resort. There must be some who desire to pursue pure chemistry or physics or mathematics, and surely it is necessary for the arts and science colleges to maintain a high standard to give them the education they seek.

One of the most famous colleges of Madras was the Presidency College, a government institution. Among its alumni are Nobel laureates C. V. Raman and S. Chandrasekhar. Presidency has a magnificent building facing the sea across our famous Marina. I have been there when I was a medical student, and it was worth visiting the place just for the grandeur of its staircase. My last visit as a student was in 1958. I often drove past, but never went in again till I went there last year for a function to unveil the portrait of another famous alumnus, mathematician Alladi Ramakrishnan, the founder of the Institute of Mathematical Sciences in Chennai. I wish I had not gone. I had to climb that famous staircase to get to the hall, and it was more dirty than a public road during a municipal workers' strike. The plaster was peeling off the walls, cobwebs hung everywhere, and perhaps it had not been painted for half a century. I reproached the Principal, who was at the meeting. How will you inspire students if you keep them in this squalor, I asked. He agreed with me, but pleaded helplessness. There are no funds to maintain the buildings. This at a time when the government was doling out thousands of free television sets to fulfil election promises. You can see where its priorities lie.

You would not imagine things getting any worse, but I am afraid that is what is going to happen. The Vice Chancellor of the University of Madras announced a few days ago that he would transform affiliated arts and science colleges into institutions offering job-oriented training. He would involve representatives of industry in every sphere, invite them to deliver guest lectures, take part in the evaluation process, and so on. Perhaps this would draw some money, and the buildings may be maintained with the dignity that is their due, but will it not destroy the basic sciences altogether? If the focus is on applied science all the time, how will the pure sciences be nurtured?

M. K. MANI