

Masala

In France, 46% of women seeking abortions prefer medical termination with mifepristone and misoprostol to surgical termination. However, political and social considerations have delayed the use of mifepristone in the USA as well as in India. Hausknecht (*N Engl J Med* 1995;333:537-40) used intramuscular methotrexate (50 mg/m²) which is toxic to trophoblastic tissue and 800 ug of misoprostol administered vaginally to induce abortion in 178 women who were in their first trimester. They were successful in 171 (96%) cases. Only 7 required suction curettage and there were no complications. The method is effective, safe, easily implemented and permits privacy. It deserves wider application.

The juggernaut of minimally invasive surgery rolls on pulled by patients and pushed by interested doctors as well as their industrial backers. However, few studies show that it is actually cost-effective in western countries leave alone in India. Richardson *et al.* (*Lancet* 1995;345:36-41) compared laparoscopic hysterectomy with vaginal hysterectomy in 45 women and found that with the laparoscopic procedure the operation time was increased (131 minutes v. 77 minutes) but complication rates, blood loss, analgesia requirements and recovery were similar for the two techniques. They conclude that laparoscopic hysterectomy 'seems to be a waste of time for most patients'.

The Indian Transplantation of Human Organs Act, 1994, unlike similar legislation in other countries, allows live organ donation from persons to their spouses without seeking permission from an official body called an Authorization Committee. This clause was retained against strong objections from feminists who felt that undue pressure would be put on wives to part with their kidneys but if this can be checked it seems spousal donation has other advantages. Terasaki *et al.* (*N Engl J Med* 1995;333:333-6) have now found that despite poor HLA matching, the three-year survival rates for kidneys from spouses was 85%, it was 82% for kidneys from parents and only 70% for cadaveric kidneys.

The waist:hip ratio and the body mass index (weight/height²) reflect the proportion of intra-abdominal to subcutaneous body fat. People who have a high waist:hip ratio and a raised body mass index, i.e. have a central fat distribution, including a large number of pot-bellied Indians, tend to carry major metabolic cardiovascular risk factors like high blood pressure, raised plasma lipids and insulin resistance. Lean *et al.* (*BMJ* 1995;311:158-61) have found that an even simpler measurement, a single measurement of the waist circumference, identifies British at health risk from being overweight and having a central fat distribution. Men with waist circumference ≥ 102 cm and women with waist circumference ≥ 88 cm were appreciably overweight. Perhaps a postgraduate in medicine or cardiology could repeat this rather ingenious study here and establish some Indian norms.

During 1992-93, 2.3 million Australians travelled overseas and 421 (0.1%) died (*Med J Aust* 1995;163:27-30)—four times as men died as women with heart disease being the leading cause of death in older travellers and traffic accidents and infections in younger people. New Zealand was the safest destination.

Fifteen thousand children attend residential schools for the blind in India and 5000 are in integrated education. They represent 10% of the estimated 200 000 blind children in this country (*Arch Dis Child* 1995;72:330-3). A team from the Aravind Eye Hospital, Madurai and the Institute of Ophthalmology in London, UK examined 1400 severely visually impaired (SVI) or blind children in 22 schools in 9 states. They found that in 19% SVI or blindness was due to vitamin A deficiency but ranged from 8% in Kerala and 12% in Karnataka to 25% in West Bengal and 27% in Madhya Pradesh. It was also 8% in the town of Madurai and 30% in the rural areas of Palayamkottai. The authors suggest that more such surveys may be useful to target public health measures to combat vitamin A deficiency as well as to monitor their impact.

In November this year it will be one hundred years since Wilhelm Roentgen discovered X-rays. An editorial in the *BMJ* (1995;310:614-15) commemorating the event, commends Roentgen's foresight in not patenting his new discovery, which ensured that it became freely available to patients all over the world. This is a far cry from today's narrow-minded calls for intellectual property rights and is an object-lesson in the principle that public good must always precede personal gain.

On 27 April 1994, all South Africans were restored their dignity, given social equality and promised a better life. This includes improvement in health care which will be done by restructuring of health services by amalgamation of 14 health districts into a single national health system. Primary health care will be provided to underserved areas, health managers will be given training and special programmes will tackle maternal and child health, nutrition and oral health. There will be less money for tertiary care and for academic complexes. Medical students will receive a larger part of their training in secondary and community hospitals. Professor C. J. C. Nel, Dean, Faculty of Medicine, University of the Orange Free State in Bloemfontein, says (*Medical Audit News* 1995;5:74) that the medical schools with their history of producing excellent health care workers are all involved and determined both to have a vital role in the process of change and maintain the standard of their end products of whom 'we want to be as proud as before'. We are watching the South African health care experiment with interest and admiration.