

## Masala

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An 18-year-old American girl suffered brain injury following a motor accident and passed into the vegetative state, i.e. her eyes were open, she was 'awake' and breathing spontaneously but there was no evidence that she was aware of her environment (*N Engl J Med* 1996;334:24-5). She remained in this state for 12 months when she passed into the so-called permanent vegetative state (PVS) from which recovery has only been reported once previously. However, her mother insisted that supportive care be continued and after 15 months the girl started closing her eyes in response to command. There was continuous but minimal improvement so that after 5 years she could be transferred from an acute to a long-stay facility. She was wheelchair-bound, could communicate by mouthing words and short phrases and was totally dependent for all care. The cost of her care has exceeded one million dollars. Was her mother right in insisting that treatment be continued? Should PVS patients have their life-support systems discontinued like those who are brain-stem dead and perhaps even be organ donors? In the USA, there are 35 000 adults and children in this state. What is the situation in India and how should we deal with it?

Migrants from India to the United Kingdom have an increased risk of developing coronary heart disease. Bhatnagar *et al.* (*Lancet* 1995;345:405-9) compared coronary risk factors in 247 Punjabis living in Southall in West London with 117 of their siblings in India. The immigrants had a greater body mass index, higher levels of serum cholesterol, apolipoprotein B, fasting blood glucose and a lower high-density lipoprotein cholesterol concentration. Both groups had more insulin resistance and higher lipoprotein A levels than Europeans. The authors suggest that their findings would be helpful in designing public health strategies to reduce the occurrence of coronary heart disease. Not only are these findings of interest to people of Indian descent everywhere, what we found more exciting was the extent of international cooperation which was involved in this investigation. The authors are from Uxbridge, Middlesex and Manchester in the UK; Charleston, South Carolina in the USA; and the Postgraduate Institute of Medical Education and Research, Chandigarh.

The poor quality of research in Indian Medical Colleges continues to be written about. Perhaps we do not encourage research early enough, i.e. at the undergraduate stage. In Stanford, California the stated goal of undergraduate training is to 'provide an educational environment that encourages intellectual diversity and offers stimulation and opportunity for self-motivated students who are interested in developing a scholarly, investigative approach to problems in medicine'. Jacobs and Cross (*Med Educ* 1995;29:342-6) questioned the Stanford graduating class of 1991 as well as their teachers to determine the value of the student research experience and staff satisfaction. Ninety per cent of the students had performed research, 75% had at least one manuscript published and 52% had presented a paper at a national meeting. Both staff and students thought that research had taught them to ask questions, review the literature critically and to analyse data. As a result, most of them wanted to pursue a full-time academic career in spite of the attractions of private practice.

Rolfe *et al.* of the University of Newcastle, New South Wales, Australia studied two graduating classes of medical students to identify criteria that might predict their performance as interns (*Lancet* 1985;346:1329-33). They found that age, gender, academic marks and psychometric test scores were not predictive of performance but a background in the humanities was. It is time to re-evaluate the criteria by which medical students in India are selected. We are producing too many narrow-minded doctors who are only interested in making money or getting to the top of the academic ladder using any means—fair or foul.

In November 1995, it was one hundred years since Wilhelm Röntgen discovered X-rays. An editorial in the *BMJ* (1995;310:614-15) commemorating the event, commends Röntgen'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 calls for intellectual property rights and is an object-lesson in the principle that public good must always precede personal gain.

Should herbal medicines be licensed? So asks an editorial in the *BMJ* (1995;310:1023-4). The author, a clinical pharmacologist from the Netherlands, argues that since 80% of herbal sales are accounted for by unlicensed preparations (European Union regulations only require licensing for those which are industrially produced), there are little data on their efficacy, safety and quality. Although most preparations have an excellent safety record, there are dangerous ones like broom and yohimbine and some may be contaminated with heavy metals and undeclared toxic botanicals. He advocates a special licensing system which would screen for the declared constituents, examine proof of the quality of the product and the level of hazardous constituents, and enforce warning about use. We have carried correspondence on the dangers of indigenous medicine in this journal (*Natl Med J India* 1994;7:252) and should also perhaps be considering a special licensing system here.

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 trained and special programmes will tackle maternal and child health, nutrition and oral health. There will be less money for tertiary care and academic complexes. Medical students will receive a larger part of their training in secondary and community hospitals. Professor C. J. C. Nel, Dean of the 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 are determined both to have a vital role in the process of change and not to budge from 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.