2003. Not only are the number of nurses grossly inadequate, but also specialist nurses, e.g. those with post-basic qualifications such as matrons, sisters and nursing teachers, and others with special training in ophthalmology, orthopaedics, intensive care, neurology, cardiology, oncology, mental health, community health, paediatrics and so on, are in unbelievably short supply. The present nurses’ training schools are ill-staffed, ill-equipped and insufficient to cope with the present and future requirements of the nursing service.

What has led to this dismal situation? I believe that the pressure exerted on the Minister of Health and other politicians and policymakers by hordes of parents, whose glorious dream is to make their sons or daughters medical doctors, has been the most powerful determinant. Politicians love the ceremonious opening of new medical faculties, and declaring self-importantly on such occasions that when they start churning out medical doctors, the nation’s health problems will vanish. The public has been led to believe this, partly because that is what they have been told repeatedly over the years and partly because of the subservient role the other staff appear to be playing in the health care team. Besides, the management and administration of the ministries and departments of health in Colombo as well as in the Provincial Councils is still top-heavy with medical doctors, and the government doctors’ trade union wields power by virtue of its stranglehold on patients’ lives. So do not expect major changes in the near future, although it is high time that the quality of nursing and rehabilitative care in state hospitals is enhanced. Are things regarding human resource development in the health sector as bad in other countries of the region?

PERIMENOPAUSAL SYMPTOMS
An overwhelming majority of Sri Lankan women (87.1%) experience one or more perimenopausal symptoms (PMS), according to a recent cross-sectional descriptive study of 403 women from all socio-economic and educational groups. These women were surveyed by trained women medical students, using a pre-tested self-administered questionnaire in the native languages. The commonest symptoms among the 351 women who reported having PMS were insomnia (reported by 57.8%), joint pains (55.8%), night sweats (55.6%), hot flushes (40.2%), irritability (35.3%) and headaches (33.3%). Two PMS were reported by 35.9% while 28.5% had three or more symptoms. PMS seems to cause much distress to those who experience them. Nearly all of them seek help from a ‘western’ or ‘indigenous’ health professional, 68.9% reported interference of PMS with household work, and of those who were employed outside their homes, 38% had trouble with their employment duties. Unfortunately, only 2% of the victims had tried hormone replacement therapy. The duration of PMS varied from 2 to 7 months. The mean age of natural menopause in Sri Lankan women was found to be 49 years, with 82.3% reaching it between 46 and 55 years of age. 

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Book Reviews

Handy Guide for Good Sex and Family Life. V. P. Reddaiah and Bir Singh. AIDS Education and Training Cell, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 2000. 82 pp, price not mentioned.

This book contains basic information in a user-friendly question–answer format. One of the stated aims of the authors is to give authentic, comprehensive knowledge regarding sex, sexuality-related issues of sexually transmissible diseases (STDs), HIV/AIDS, pregnancy and contraception. This book adequately meets this aim.

The topics covered in this book include basic information on sex and sexuality, basic human anatomy and physiology, sexual intercourse, STDs and HIV/AIDS, pregnancy and contraception, and sex education. These topics are considered taboo in our society. It will help adolescents and teenagers to clarify doubts on various issues, especially sex and sexuality, and basic reproductive physioloogy. Young adults and newly married couples will also benefit from the chapter on pregnancy, family planning and contraceptives for planning small families. It is also a good reference book for health care workers and non-governmental organizations (NGOs) dealing with health issues in various communities.

However, I feel uncomfortable with the judgemental attitude of the book regarding sexuality. For example, on page 5, to the question on ‘what is sexuality’, the answer states that the essential characteristic of romantic love is the bond of affection between two members of opposite sex... whereas romantic love may also be between members of the same sex—between men (gays) and between women (lesbians).

On page 6, on the question of gender identity, the book states ‘for some like trans-sexuals, there is a painful disparity between the two’. I know of a number of transvestites who are comfortable with their sexuality and are not psychologically limited by their gender identity.

Page 8 states that ‘Youngsters should know promiscuity is addictive and can ruin life...’ I am not sure that a psychologist would agree with that.

On page 23, the answer to the question ‘what is sexual intercourse’ states that it ‘involves erection of the penis in the male, its penetration into the vagina, ejaculation of semen inside the vagina’. Again, I feel sexual intercourse should also include sex between two men (anal sex), use of sex toys or rubbing the clitoris/vagina between two women (tribadism).

On page 66, to the question ‘what is extramarital sex’ the answer states that it is widespread in some lower socio-economic
classes, whereas demographers and social scientists would argue that it was and is widespread in all social classes. It is an individual behaviour conditioned by circumstances.

On page 67, for the question 'who are lesbians and how do lesbians indulge in acts of sex', the answer should include the use of sex toys and rubbing of the clitoris/vagina or mutual masturbation.

On page 70, to the question of 'who is homosexual', the answer shows a stereotyped image where it is accepted as a sexual identity seen not only among adolescents who are experimenting but with older men and women who are comfortable with their feelings. To the question 'what is prostitution', the answer reads 'rarely they reform' which is judgemental.

There are certain gaps in content:

1. In the chapter on sex education, there should also be a question on 'Bisexuality' as in the Indian social context, studies have shown that there are many men who are bisexual (married but prefer men as sexual companions) and there are very few homosexuals.

2. There should be a question on 'counselling', as we know that counselling has both a preventive as well as a supportive role in HIV/AIDS and STDs. In addition, changing of risk behaviour by providing options is the central core of counselling.

3. There could also be a list of referral services available in Delhi other than the 'Shuchintak' help-line.

This is a small and easy-to-carry book. The typeface is legible though some terms could be put in italics to make them prominent. I wish to make two suggestions to improve the illustrations.

1. There could be separators between the specific chapters/issues.

2. The diagrams should have an explanatory note, e.g. on page 32, a diagrammatic representation of HIV/AIDS should be explained in a note.

There are a number of other errors which need to be corrected in a subsequent edition.

The strength of this guidebook is its easy-to-read format, which allows lay persons to understand it. The information is comprehensive without being too technical. The other strength of the book is the chapter on myths about sex which deals with day-to-day questions asked by young people at counselling centres and helpline services.

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Managing a Modern Hospital. A. V. Srinivasan (ed). Response Books (a division of Sage Publishers), New Delhi, 2000. 345 pp, Rs 495.

This book is essentially a conglomeration of 17 original papers, focusing on a wide array of issues which are of importance and relevance to modern hospital managers. These papers have been arranged into 17 chapters and contain practical information and case studies to illustrate the issues.

The first chapter on health care in India gives an overview of the rapidly growing health sector, and extensively quotes Peter Berman from his chapter in Health, Poverty and Development in India as well as the National Council of Applied Economic Research (NCAER) household survey of health care utilization and the Technology Information Forecasting Assessment Council (TIFAC) prediction for Vision 2020.

The second chapter on planning a modern hospital covers the usual aspects such as feasibility report, detailed project report, location, etc. In addition, some important aspects such as market survey and sponsors' obligation have been lucidly explained and will be useful for the private sector. For norms and parameters the book relies upon the BIS standards for 30-bedded hospitals. Planning considerations for larger hospitals, which will require more details and inputs, have been left out.

The third chapter on hospital organization structure is applied to four different types of hospitals (based on ownership)—a large government-run hospital, a university teaching hospital, a trust managed hospital and a corporate hospital. The approach is pragmatic, the content useful and the bibliography exhaustive.

The fourth chapter on financial management for hospitals deals extensively with investment, financing activities and sources of finance, including long term loans from Indian financial institutions. Operational activities aimed at increasing revenue and cutting costs have also been elaborated with examples. The chapter ends with a section on the measurement of efficiency of hospitals.

The important aspect of human resource management is addressed in the fifth chapter. In addition to an overview of human resource planning in India, the various aspects of planning (estimation), procurement, recruitment, selection, induction, placement and training have been covered lucidly. Statutory provisions relating to industrial relations, trade unions and the Factories Act have been covered, albeit sketchily.

Chapters 6–9 deal with the issue of material management in hospitals. While the sixth chapter gives a broad overview of the selective management principle and the various classifications of inventory control, the seventh and eighth chapters contain illustrative case studies using live data. The ninth chapter depicts an interesting and novel approach for determining the inventory systems for drugs in the hospital pharmacy. The prerequisites include computerization and computer-literate staff.

Chapters 10 and 11 deal with hospital information systems (HIS) and medical records. These are gradually becoming frontier areas with state-of-the-art technology, and the chapters describe in detail the various approaches, key elements, modules and implementation strategies. A valuable addition is the list of software firms in India which provide HIS solutions. The chapter on medical records is a judicious mixture of theoretical aspects and practical applications.

The chapter on operational research (OR) in hospitals provides an useful insight into the evolution, concept and the various mathematical models/research techniques such as queuing models, allocation methods, networking techniques, etc.

A chapter on hospital waste management has been included, but is rather sketchy and outdated; especially in view of the implementation of the Bio-Medical Waste (Management and Handling) Rules, 1998, and the deadline of 31 December 1999 for its implementation. The colour coding scheme in the book is not in accordance with the statutory provisions in existence in India and needs to be rectified at the earliest.

Patients are the cornerstone of hospital services and their satisfaction with the services can make or mar the reputation of a hospital. The issues of patient vis-a-vis support services have been covered lucidly and will be of help to hospital administrators.
The last three chapters deal with the concept of medical audit, ISO 9002 certification and a case study on the same aspect. The coverage of these chapters is commendable with useful information and insight on how to develop and implement quality parameters in any hospital setting.

Overall, the book is eloquently written and organized in a systematic manner. The printing in bold type is pleasing to the eye. The language is simple and lucid.

However, some illustrations and schematic diagrams could have been incorporated at strategic places. One of the shortcomings is the non-inclusion of chapters on various support service areas such as linen and laundry services, dietary services, etc. The chapter on waste management is an eyesore and needs to be entirely revamped.

This book will be of interest to all hospital administrators, directors of private hospitals, nursing homes, clinicians with administrative responsibilities, entrepreneurs in the health care business and, most importantly, students of hospital administration. The price is a bit too stiff for individuals. A soft paper cover edition at a more affordable price would be definitely welcome.

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Myelodysplastic syndrome terminating in leukaemia in spouses

Though the simultaneous occurrence of cancer is reported in spouses,1 simultaneous leukaemia is rarely seen.2,3 The simultaneous occurrence of acute leukaemia in marital partners was reported on two occasions,2,4 and also, acute non-lymphocytic leukaemia and acute aplastic anaemia.5 Although adult leukaemia is not contagious, the possibility of contact with an unknown similar leukaemogenic agent has been considered.

Our report concerns a 50-year-old man employed in an iron ore pelleting factory for more than 5 years, who complained of weakness and mild jaundice of 2 months' duration. Marked pallor, mild jaundice and splenomegaly were seen on physical examination. Investigations revealed the following—haemoglobin 7.6 g/dl; WBC count: 4200/cmm; 10% reticulocytes; platelet 40,000/cmm; indirect bilirubin fraction 1.6 mg/dl; and a negative Coombs' test. The peripheral smear showed dimorphic anaemia, 8 erythroblasts/100 WBCs, Pelger-Huet and hypogranular leukocytes, and 7% myeloblasts. The marrow was hypercellular with a trilineage dysplasia and showed 80 blasts per 1000 nucleated non-erythroid cells. As the AUER rod was seen in only one blast, a diagnosis of myelodysplastic syndrome (MDS)—refractory anaemia with excess blasts in transformation—was made.

After 2 months of low-dose C-arabinoside (200 mg/m²), the patient was placed on a maintenance regimen, to obtain an optimal granulocyte response and haemoglobin count. This was supported by antibiotics and blood transfusions. Myeloblastic transformation occurred eight months later with 90% blasts in the marrow, for which high dose C-arabinoside was initiated. He developed high-grade fever and multiple perianal abscesses, and died of bone marrow failure. The immediate medical cause of death was cardiac arrest.

Six months after his death, his wife presented with complaints of weakness and pallor. She had no history of consanguinity, and was a housewife. The couple used to live away from the factory. The smear was pancytopenic and the marrow hypoplastic, with trilineage dysplasia and 6% myelomonoblasts. A diagnosis of MDS—refractory anaemia with excess blasts—was made. She refused hospital admission and took ayurvedic treatment. Two months later, she developed severe oral ulceration and high-grade fever, and died. Investigations at the time of her death revealed the following—haemoglobin 2 g/dl; WBC 2200/cmm; platelets <5000/cmm; and more than 90% myelomonoblasts in the blood and bone marrow. The blasts were weakly myeloperoxidase-A and Sudan black B-positive.

Cancer in the relatives of children with myeloid leukaemia has been documented,8 and the first-degree relatives of adults with MDS have a 15 times greater risk of developing MDS. Epidemiological studies suggest the possibility of a transmissible agent playing an aetiological role in acute leukaemia. Schimpiett et al.9 reported close personal associations in 61% to 75% of leukaemia or lymphoma patients in defined areas. Timonen and Ilvonen9 found that 40% of leukaemia patients were in close contact with the hospital haematological personnel prior to their illness, compared to 13% of controls. List and Jacob9 concluded that multiple factors including host susceptibility, age and cumulative exposure to leukaemogens influence the risk for MDS. Rigolin et al.10 showed that occupational exposure to myelotoxic agents results in an increased risk of MDS. Occupational activities entailing the frequent use of pesticides and organic solvents may act in a cumulative manner, preferentially targeting some specific chromosome regions. As there is a similarity between the cytogenetic patterns of MDS in 'exposed' patients and of therapy-related MDS, it is reasonable to assume that similar molecular events may underlie the transformation in myeloid neoplasias.

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