therapists and various other expert therapists to provide counselling for parents of the differently-abled, as well as efficient diagnosis and treatment for the subjects themselves. The Centre would also give them the necessary equipment to enable rehabilitation. The budget was ₹41 crore; 15 888 disabled persons had been identified at 601 health camps all over the state; and 4010 special teachers, 17 life-skills trainers and 719 volunteers had been appointed. More power to her.

WHO WILL SWAT THE MOSQUITOES?
As long ago as the 1990s, the Corporation of Chennai had some 25 000 employees. I have been unable to get more up-to-date figures, though I had asked the Public Relations Officer of the Corporation. I hope they are working hard, but I see no evidence of this anywhere. Our streets are dirty. A former IAS officer recently wrote that this is the dirtiest city in India. We have mosquitoes in hordes, and the Corporation’s health department admits that malaria has become endemic, and that other mosquito-transmitted diseases are rampant. The website of the Corporation lists many reasons for the growth of mosquitoes. I thought it was the job of the Corporation to eliminate all those reasons. What else are tens of thousands of staff for?

The newspapers of 21 September 2012 announced that the Corporation has asked private companies ‘with experience in mosquito and rat control’ to contact the Corporation Health Officer, and take over the control of mosquitoes from him. I thought there should be more expertise with the Corporation than with anyone else. Why not privatize everything and abolish the Corporation altogether? We already have some private companies running the conservancy, cleaning the streets and removing garbage. While the first company to take up this task, which we are told has its roots in Singapore, did an excellent job, for some reason it was removed and another introduced, which was as bad as the Corporation itself. How sure can we be that the private mosquito swatters will do any better than the public sector? Either way, I see no need for duplication. Let it be either the private sector or the public sector. If it is the former, we should see a reduction in the number of Corporation staff, and a reduction in the Corporation’s budget.

THE PUBLIC SECTOR SCORES
There is one area where the public sector is unrivalled. A cameraman for the film industry was bitten by a poisonous snake a few days ago while he was on location near a suburban railway station in the city. His colleagues rushed him to no fewer than five private hospitals in the locality in succession, but none of them had anti-snake venom serum, and he was passed from one casualty department to another, till at last he was taken to the Government Royapettah Hospital where he was treated, and fortunately recovered. A member of a private hospital said the shelf-life of the serum was short and they had too few patients, and could not afford to stock the serum.

Time was when everyone automatically went to a government hospital for emergency care or serious illnesses. When a close relative of mine had a bad myocardial infarction in 1971, when I was myself in the Madras Medical Service, I took him to the Government Royapettah Hospital without delay, and he received the best treatment available in the city at that time. It is sad that we have allowed these hospitals to decline, and surely, government should strive to restore them to their former position at the helm.

M.K. MANI

Letter from Glasgow

TWO THINGS AND SEVEN HABITS
Public health physicians love numbers. Indeed, numbers are important to health professionals in general, but they are close to the heart of public health professionals, with its variety of numbers, is a tool integral to public health. Numbers are used to describe and analyse health and ill-health and to evaluate public health interventions. Examples of this from Lanarkshire where I work are: there were 5916 deaths in 2010; the three-year average stillbirth rate for 2008–10 was 5.8 per 1000 births; and 98% of children underwent the universal newborn hearing screening test in 2010. At a personal level, I also find numbers useful in helping me to remember things, which brings me to the title of this letter.

I am always amazed at how people make things complicated. I am a simple soul. I can understand (and ‘do’) complexity, but very often complex issues and concepts can be described simply. Therefore, it was interesting to read an article in The Guardian by Oliver Kurkeman where I first came across the concept of the ‘Two things’.

An academic economist called Glen Whitman plays a game with people called the ‘Two things’. Whenever he meets someone who works in a different occupation or talks about something with which he is unfamiliar, he asks them what are the two things one needs to know about the occupation/subject. This is done on the basis that everything else is an application of those two things, or it is just not important. Although the website has not been updated for some time, Glen Whitman still receives many suggestions for the list. An example from his website is the suggestion for the ‘Two things about driving’, which I think is succinct, elegant and witty:

1. Don’t hit anything.
2. Don’t let anything hit you.

For the medical community there is an entry on the ‘Two things about medicine’, which I particularly like:

1. Do no harm.
2. To do any good, you must risk doing harm.
Whitman found that people liked to play the game but rarely did people agree. I have not played this game with other people but it is my intention to start because I think it tells you something about what people do or know about a particular subject, and it also tells you something about the persons themselves. All of this got me thinking about public health and what are the ‘Two things about public health’?

After much thought and not a few false starts, the ‘Two things about public health’ I came up with were:

1. The population’s health is more than the sum of the health of its individuals.
2. Prevention is not always better.

However, on further reflection, I thought this should be:

1. The health of the population is not simply the sum of the health of individuals in the population.
2. Prevention is not always better.

I do appreciate this is not in the same league as the ‘Two things about driving’ or the ‘Two things about medicine’ and I am pretty sure someone will come up with something that is better, and I daresay, more elegant and wittier. However, it has made me think a little bit more about the fundamentals of public health and to try and encapsulate those. I also tried my hand at the two things on other, more general, issues in my work as a public health physician—managing people and attending meetings—that I offer for your perusal.

The ‘Two things about managing people’ are:

1. Create synergy between individual work and teamwork to achieve organizational objectives.
2. Not everyone works to the best of their ability, or wants to work in a team.

The ‘Two things about meetings’ are:

1. Prepare for the meeting, read the agenda and papers, and know what you want to get out of the meeting.
2. Not everyone attending a meeting prepares for it, reads the agenda and papers, or knows what they want to get out of it.

This need not be a pastime for me alone; what of your own specialty or interest? Whitman’s website includes another listing for medicine and one for neuroscience, but my challenge to you is—what are the two things about, for example, paediatrics, emergency medicine or obstetrics (to name just a few)? Are they simply variations of the ‘Two things about medicine’?

Just as the ‘two things’ condense the essentials about a subject and keep things simple, there was another person who succeeded in keeping it simple: Lester Breslow, an American public health doctor, who died recently.3 His proposition, based on his extensive research, was that there were seven things which contributed to healthy living—Breslow’s ‘seven healthy habits’. These were:

1. Drink only moderate amounts of alcohol (if you do drink)
2. Do not smoke
3. Take regular exercise
4. Sleep seven to eight hours a day
5. Take regular meals with no snacks
6. Maintain moderate body weight
7. Have breakfast daily.

We should also remember that Breslow’s ideas were thought to be so outlandish that he had extreme difficulty initially in securing funding from the US government for his study of nearly 7000 people in California.

The reason why the seven healthy habits appeal to me is because they (i) are evidence-based (important to public health physicians if not to all health professionals); (ii) are easily remembered and understood by people; (iii) cut through the myriad of advice about healthy living (some of which is simply quackery or charlatanism); (iv) appear to have stood the test of time so it is not simply a ‘new age fad’; and (v) embody a sense that the habits are realistic and achievable.

That does not mean that I underestimate the difficulties in implementing the seven healthy habits given the pressures of life, whether people live in urban or rural areas, in high-, medium- or low-income countries, or face discrimination or prejudice based on gender, or socioeconomic, social, religious or other characteristics. I understand fully the complexity of the social, cultural and financial milieu in which people live, work and play today and the barriers that exist to achieving the seven healthy habits.

I decided that the two things and the seven healthy habits need a wider audience. So in addition to this article, I am putting the ‘Two things about public health’ on my board above the desk—next to the list of the ‘Seven healthy habits’, lest I forget to mention it to people when they come to my office.

REFERENCES

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