

## News and Notes

### SEMINAR ON HYPERTENSION IN HYDERABAD

The PMA, Hyderabad, organised a seminar on Hypertension on World Health Day, 7th April, 1978 at Board's auditorium, Latifabad. The hall was full to capacity since it was open to elite of the city. The president, PMA, Hyderabad, chaired the session in the absence of the Chief Guest, Dr. Mohammad Saleh Memon, Secretary, Health, Government of Sind. The proceedings started at 5-30 p.m. with recitation from Holy Quran by Dr. M.M. Haroon.

Dr. Karim Abbasi introduced the subject and described the etiology of hypertension. He emphasised that in Pakistan about 40% cases are of secondary hypertension. He said strain and stress of life is the primary factor in the causation of the disease.

Dr. Ali Muhammad Choudhary spoke on "Work-up of a newly discovered hypertensive subject". He suggested that detailed investigation is only indicated on following categories of patients: (a) hypertension in young patients under the age of 30, (b) onset of hypertension in middle age or sudden aggravation of already present hypertension in middle age, (c) failure of hypertensive to respond to conventional treatment, (d) history of weight loss and episodic catecholamineaemia suggesting investigation for pheochromocytoma, (e) marked weakness-polyuria, polydipsia, hypokalaemia and alkalosis suggesting primary aldosteronism.

Dr. Abdullah Jan Pathan described clinical features of hypertension. He emphasised the ominous nature of this apparently asymptomatic disease in early stages. He discussed in detail the neurologic, ocular, cardiac and renal complications of the disease.

Dr. Azeem Mirza gave details of investigations of hypertension. He thought there was higher percentage of secondary hypertensives in Pakistan as compared to European countries.

Dr. Ali Nawaz Choudhary discussed drug treatment of hypertension. He said with proper combination of drugs most of the hypertensives can be brought under control. Drug compliance, he emphasised, was a factor in increasing failure rate of anti-hypertension therapy.

She said the toxemia of pregnancy may be due to auto-immunity because changes in the kidney in women suffering from toxemia are very similar to the changes seen in rejected renal transplant. She pointed out that in toxemia

control of hypertension should not delude the doctor or the patient and the only worthwhile treatment is the evacuation of uterus.

Dr. Zafar Iqbal, eye specialist, spoke on "ocular changes in hypertension". He thought that Keith and Wagenor classification of hypertension is obsolete and the fundal changes in hypertension would be divided into three categories—mild, moderate and severe.

Dr. Allahwaraya Muhammadi, radiologist, showed many interesting films on radiology of hypertension.

Dr. Munir Siddiqui, a specialist in nuclear medicine, gave illustrated lecture on Radio Isotopes in hypertension. He discussed in detail renal scanning and reno-gram as ideally suited non-invasive investigation technique with higher diagnostic information.

Dr. Ismail Agjee, surgeon, Rajputana Hospital, spoke on hazards of hypertension in surgery. He thought that hypertension posed no surgical risk.

Surgeon Masood of Rajputana Hospital, briefly discussed the surgical treatment of hypertension. He described surgical indications in renal artery stenosis.

The lectures were followed by lively panel discussions.

### ELECTRIC CURRENT STIMULATES BONE GROWTH

An Australian medical research team has found that electric current stimulates bone growth. The technique, developed in Adelaide, is expected to be used in the treatment of handicapped children born with bone defect and in repairing difficult bone fractures.

For more than two years, Sir Dennis Paterson, 46, head of orthopaedic surgery at the Adelaide Children's Hospital and president of the Crippled Children's Association of South Australia, has been leading the research team.

Tests using implanted electric bone-growth stimulators in dogs were 90 per cent successful. They provided sufficient scientific evidence to warrant their use on humans.

"Even if human trials indicated a 75 per cent success rate, this would be a tremendous help in reducing human suffering and the number of days or even weeks spent in hospital by some patients," Sir Dennis said.

## INTERNATIONAL SUPPORT FOR PRIMARY HEALTH CARE REVIEWED

Sudan's broad-based action to provide basic health care to its underserved rural dwellers through community participation, is among the subjects singled out for a review of current activities in primary health care at an inter-agency consultation being held here shortly.

The consultation is jointly sponsored by the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF), bringing together key advisers from the two agencies and other UN and international bodies to set concerted policies of support to primary health care projects in the Middle East.

The meeting is part of WHO's sweeping new programme for getting basic care to the least served and most deprived groups of the world's population, its rural dwellers.

Up to 80 per cent of the population in rural and marginal areas of the Middle East remain uncovered by conventional health services, according to WHO estimates. To bridge the gap, WHO is advocating the primary health care approach which aims at promoting a high degree of community self-reliance and participation in health and development.

This community-based system of care drawing up on local manpower and providing a package of social, preventive and curative services all rolled into one, is being introduced in seven Middle East countries, including Iran and Sudan, to extend basic health care to their underserved communities.