

REHABILITATION OF CRIPPLED CHILDREN

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Physical disability with the children who have become victims of Poliomyelitis or Cerebral palsy or some other congenital anomalies, need treatment by physical medicine as well as, in some cases, corrective orthopaedic procedures. In these cases drug therapy alone can not cure the patients. All these conditions undoubtedly demand a prompt medical attention to accomplish a successful and early rehabilitation. There is a great number of crippled children in our country who could be of much use to the society if they were not neglected for the dearth of rehabilitation facilities. The role of Physical Medicine for the rehabilitation of these crippled children has been discussed in this article,

EFFECTS OF WEIGHT AT BIRTH ON INFANT MORTALITY

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In East Pakistan more than 85 percent of the population live in rural areas where proper medical care is difficult to obtain. Infant mortality accordingly is quite high. The causes of death in infancy are many. Improper prenatal care and lack of medical supervision at the time of delivery and immediately thereafter give rise to many serious complications resulting in death of the baby and often the mother as well. Many studies conducted in the western countries have shown that there is a direct relationship between the body weight at birth and mortality in the prematurely born infants. The infants born in East Pakistan even at full term are usually under-weight though not necessarily premature, compared to infants born in the western countries.

The weights and clinical data of over 1100 infants of Balishera Tea Garden, Sylhet were recorded from birth to 5 years of age. They were the infants of the tea garden workers. Most of the deliveries were made under medical care. The

infant mortality during neonatal and post neonatal periods were 18 to 32 respectively per 1000 live births. These rates are quite low compared to published figures of East Pakistan. It was found that in these gardens during the year 1963-1964 the rate per 1000 of infant mortality was 460 for infants born with 3 lbs body weight ; 130 for infants born with 3/4 lbs body weight and only 30 for infants born with 4 lbs or more body weight.

Considering this relationship between the rate of mortality and the weight at birth, it may be postulated that a body weight at birth of less than 4 lbs of this population is associated with a high risk of mortality during the period of infancy in this population. Whereas the first World Health Assembly in 1948 proposed that prematurity be defined as birth weight less than 2500 gms (5.5 lbs), the mean weight at birth in this population is only 5.1 lbs.

Low body weight at birth has a significant effect on infant mortality figures. This effect is greater during neonatal period and decreases with age. After the completion of one year of age, this effect becomes negligible. The findings of Sylhet tea gardens will be presented in greater detail along with its significance in relation to the rural population of East Pakistan.

MALNUTRITION AS A CAUSE OF CIRRHOSIS OF LIVER IN EAST PAKISTAN

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Considering the factors presumed, so far, to be responsible for the causation of "Cirrhosis of liver", it is observed that "Malnutrition" is directly or indirectly related to many of them. The majority of population in East Pakistan, are ill-nourished, have inadequate body resistance and as such are liable to be victimized easily by many diseases. Malnutrition appears to be greatly responsible for the incidence of cirrhosis of liver in East Pakistan ; and much attention should be attributed to improve nutritional condition of the general mass of the country in order to avoid suffering from the undesirable disease like cirrhosis of liver.

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