

ANNIVERSARIES

Celebration of Days : A New Paradigm

by Dr M Zakir Husain

The best celebration of any worthwhile and nationally important 'day' is large scale mobilisation of political will and national resources principally led by the government and largely supported by the people's organisations to realise what underlies the 'day'.

those whose reproductive potential will remain a significant determinant. We have lessons to learn from the present world situation where countries with high population growth without adequate social and economic development are unstable, troubled with political and civil unrest and disorder further arresting or eroding their social and economic resources. This need not be an inevitable consequence.

It is for this reason that a new paradigm of celebration of 'days' comes to mind. It is a common sight how ceremoniously 'days' are celebrated yet it is also common experience how quickly celebrations fade into oblivion with no follow up for the rest of the year to give real meaning to the lofty intentions expressed. More than mere celebration, what is needed is determined and disciplined action. The best celebration of any worthwhile and nationally important 'day' is large scale mobilisation of political will and national resources principally led by the government and largely supported by the people's organisations to realise what underlies the 'day'.

In the case of World Population Day, one would expect a welcome departure from the culture of colourful and wasteful ceremonies which should be abandoned. Rather, on these occasions realistic pledges should be made and publicised to inform and educate the public on how population issues affect them, how they can individually and collectively be a part of the solution. The youth of today shall better shape their own lives and destiny by informed and educated choices and behaviour. It is the youth of today who in turn will determine the quality and security of their children in the coming decades by adopting informed, respon-

ideas, systems, and culture in the international community as its right and not as a political or demographic concession.

This year's Population Day can, and should, be an occasion to establish a new paradigm for celebrating not merely the 'day', but also by demonstrating the national will and actions on a subject of such great national importance for weeks and years in Bangladesh. Specifically, the youth and adolescents of Bangladesh should enjoy the freedom of information and education on reproductive and personal health to live meaningful and rewarding lives, to show responsible and safe sexual and parental behaviour, and secure for the future generations a healthier, safer and happier lifestyle.

It is heartening to not that in his message to his year's 'Population Day', the Prime Minister of Bangladesh directed that the health education for the youth of Bangladesh be made stronger and help make them aware of their health needs. While this by itself should give greater impetus to the department responsible for health education, it will be essential that all other departments and sectors, especially relating to youth and women's affairs, are involved and give solid and practical help to health education efforts through their normal activities whenever and wherever there is an opening and opportunity. The government alone cannot do this alone. It is a matter of national priority with far reaching impact on the quality of life of future generations. All non-governmental and voluntary organisations have a duty and responsibility to help and contribute in this great national endeavour.

The international organisations, particularly the UN agencies like UNFPA and WHO are committed to the Goals and Plan of Action adopted by the international community in Cairo Conference on Population and Development in 1994. Dr. Naif Sadik, the Executive Director of UNFPA, quite clearly drew attention to the promise that the present policy makers in government and the international community have pledged and must keep by implementing the Plan of Action.

sible and competent parenthood. It is one of the most important tasks of today's adult and elderly policy makers, economists, educators, health professionals, and civic and public representatives to shape the present through policies and actions to lay the foundation for a secure future through enhancement of education, empowerment, and employment, and through assurance of reward for work, discipline, social ethics, and loyalty individually to family and collectively to the community.

Contrary to the doomday scenario predicted by some, the writer is convinced that the youth of today in Bangladesh as elsewhere are capable of rational choice by intelligent use of information and education far more readily and effectively than those of a generation before. There is every reason and considerable evidence to suggest that given the freedom of information and education, an even and fair chance of advancement, a helping hand in work and skill generation and stability with equal opportunity, the youth of Bangladesh will grasp and prove no less or no different from those in East Asia in the past 50 years of progress and development. A nation with human development index rank as Bangladesh has absolutely no time to lose or no resources to squander on empty celebrations let alone with any fanfare or pomp. It is not betting either to the time or the solution.

Population issues are often viewed in too narrow or too parochial perspective. In fact, broadly stated population issues are at the core of a nation's present and more significantly its future survival as a stable, prosperous, and progressive nation that can project its

HEALTH

Liver Surgery : Lagging Behind

by Dr Mohammad Ali

It will be unfortunate to remain yet much behind even of our regional neighbours in treatment of such vital organ as liver. Something must be done for the suffering humanity in the country.

THE modern era of Liver Surgery (Hepatobiliary) is ever evolving and has revealed a new horizon in the rapidly advancing surgical sphere. Liver is the largest internal organ of the body. It has a difficult and extraordinary anatomy and complex physiology. Since long it is regarded as a mystical organ full of blood and fearsome to operate upon. It has a difficult location under cover of the lower ribs which is unfavourable for diagnostic imaging and surgical exposure. Due to all these facts the liver became the last organ in the human body to be acquired by the surgeons.

In the past twenty years the world has witnessed a tremendous development in the field of imaging and surgical techniques. Liver was not exempted from that. Scientists of the world have understood the complex and vascular segmental anatomy and invented many methods and manoeuvres to control the haemorrhage from liver. Physiological concept has revealed that about 75 per cent of the liver could be resected safely and a healthy liver regenerated close to its original weight. Advanced techniques have allowed not only preoperative imaging but also imaging during operation which exposes the real anatomy and the exact extent of the diseased condition of liver. Different modalities of technical tools and methods for managing the liver conditions have been added to the modern surgical armamentarium. Lastly, liver transplantation is added to the management of endstage liver disease. This has been possible due to the better understanding of organ preservation, donor and recipient selection and development of immunosuppression protocols. Various types of liver transplantation have given a new hope to the sufferer of the deadly disease.

Dedicated and well versed knowledgeable surgeons of different developed countries have organised many specialised centres for liver surgery and its study and research. More research has given a momentum to the new advancement in this complicated field. Now-a-days the Hepatobiliary surgery is one of the most fast advancing surgical field in the medical discipline.

The leading countries in this field are United States of America, Japan, France, United Kingdom and Australia. Apart from organising the centre for their own country, they also have set up training programme for other countries so that the technical expertise could be transferred to different parts of the world. This is highly humanitarian attitude and thus the technology is being transferred in a very rapid manner. Our regional countries like Singapore, Malaysia, Thailand, and India have started such centres after completion of training of their fellows in the

developed countries. These newly formed centres are in turn providing training to their own doctors and paramedics in this very special branch.

It is very unfortunate that in our country, Bangladesh, there is no such centre to manage the surgical conditions of liver, biliary tree, and pancreas. The sufferers do not get any well planned guideline for treatment of the complicated disease conditions. Most of them remain untreated or improperly treated, except a fortunate few who could afford to go abroad for the treatment. Even going abroad also may not solve the problem properly. Most of the time they are not aware of the facilities and expertise of that centre. Again only some fortunate ones get proper treatment, others not. This is another setback which renders much financial involvement and endless physical suffering.

Liver surgery (Hepatobiliary surgery) doesn't mean to cut the liver only. It is a highly organised team-work which deals with all the management modalities of the surgical conditions. In addition, it also deals with the liver transplantation if the facilities and expertise permit. The concept of a Hepatobiliary centre may be expressed in the following manner:

1) This centre organises the diagnostic procedures of the liver disease. This includes the modern imaging, endoscopy, and laboratory facilities. The

surgical conditions of the liver, biliary tract and the pancreas could be diagnosed properly.

2) Proper planning of the surgical condition: so that surgical intervention should be well planned, safe and adequate in manner. There are certain conditions which are completely curable by the surgery alone but other conditions may require involvement of more many and other modalities of treatment like interventional radiological interference, endoscopic involvement, percutaneous technique, radiotherapy, chemotherapy, and immunotherapy.

3) Liver transplant is a very fast developing aspect of Hepatobiliary surgery. This is needed for those developed end-stage liver diseases, that is, when liver is badly damaged by disease and thus is beyond the scope of any medical treatment or surgical intervention.

Liver is transplanted from brain death patients (after proper consent of the relatives), or part of the liver of a living donor can also be transplanted. Most of the patients get their life back with newly transplanted liver but it needs a life-long follow-up. Liver transplantation needs established centres and highly skilled experts and financial involvement. The financial situation is not ripe enough to start liver transplant right now in Bangladesh. But the end-stage liver disease patients could be assessed properly and sent to a

suitable centre if the patient can afford expenses, so that the patient is in the right hand, in the right centre and at the right time.

4) The training of the doctors and the paramedics in the modalities of management system; this will help proper functioning of the centre.

5) The concept of modern surgeon at work is the academic surgeon. He should be involved in some research activities, in addition to the surgery; clinical and patient oriented research activities is possible in Bangladesh.

6) Contact with other established centres in the developed countries will help the centre to exchange technology, opinions, and suggestions. Doctors and paramedics can be sent to those centres from time to time to update their experience.

There should be follow up protocols of the patients involved in the management. Community should be advised regarding the risk factors of the Hepatobiliary disease, which will be helpful to early reporting of the conditions and treatment, accordingly. The high risk group should be under regular observation.

Overall surgical conditions of the liver biliary tree and pancreas could be divided in two categories. One group could be managed by the experienced general surgeon. Another group which constitutes complex, complicated and advanced patients need management by the experienced personnel in well equipped centre. The expertise and equipment should be organised in that centre to deal with the specific problem adequately and efficiently.

Problems of liver disease is very common in our country. Some are linked to medical conditions and others to the surgical conditions. Some conditions develop out of complication of medical condition. Most of the surgical conditions are curable by adequate surgery; some conditions need long-term follow-up and management.

As we know, the financial situation and health facilities are very limited in Bangladesh. Even with the existing facilities one Hepatobiliary surgical centre could be opened in here. But it will need organisational support and cooperation of the health authorities concerned. Support from other countries and centres could be expected only when a centre is formed and functioning. We are far behind of the medical development in the developed world, even from that in our regional neighbours. It will be unfortunate to remain as such. Something effective and fruitful should be done for the suffering humanity in Bangladesh.

The writer, an FCPS, FRCS, is working as a Fellow in the Hepatobiliary Surgery and Liver Transplant Unit of the Princess Alexandra Hospital, Brisbane, Australia.

The Grape Cure

Research just published in Science shows that grapes are a good source of resveratrol, which is a cancer-preventive agent. Resveratrol (3, 5, 4-trihydroxy-trans-stilbene) is a potent cyclooxygenase (COX) inhibitor. COX catalyses the formation of prostaglandins, which in addition to stimulating tumour cell growth, also suppresses immune surveillance.

Research had earlier shown that resveratrol can inhibit all three stages of chemical carcinogenesis — tumour initiation, promotion and progression. Resveratrol is found in as many as 72 plant species including grapes, where it is present in concentrations up to 100 microgram/gram of fresh fruit skins.

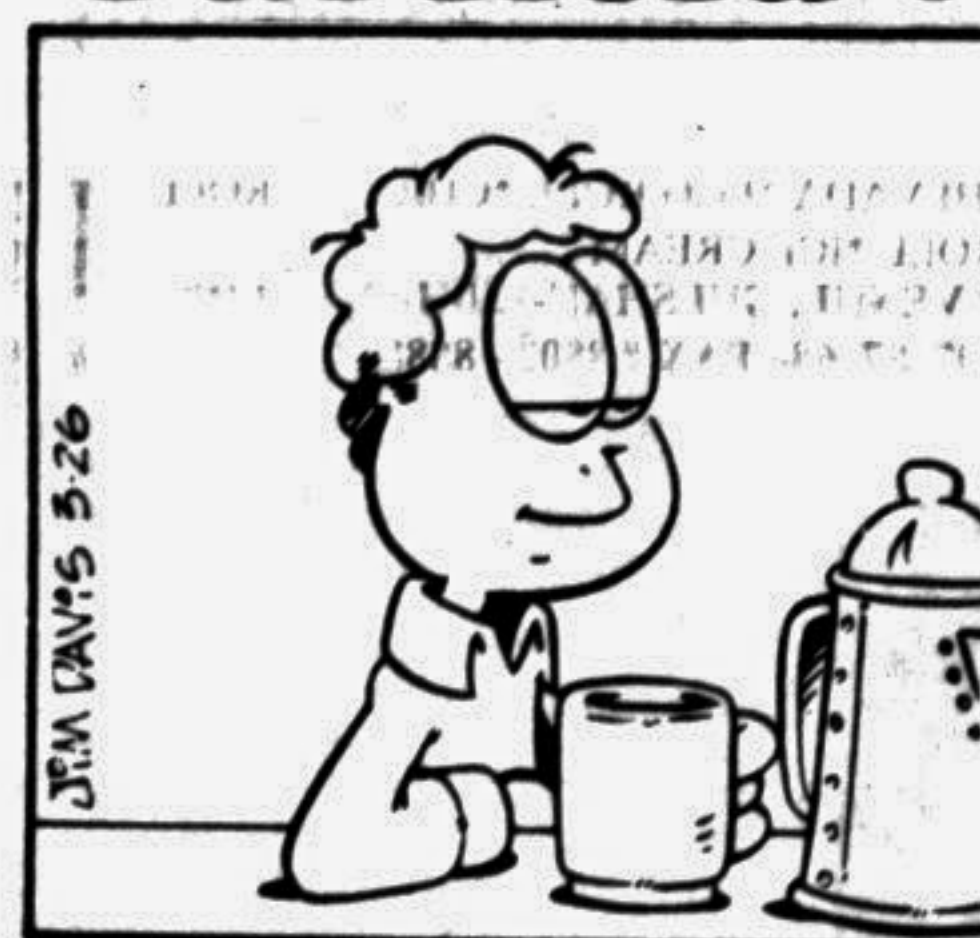
CSE/Down To Earth Features

Smart Connection

Computers could soon quadruple in speed, thanks to a new way of manufacturing silicon chips. Plasma and Materials Technology, a New York-based company, claims to have found a method of increasing the amount of insulation between the microscopic wires that make up a computer chip. This means manufacturers should be able to shrink their designs and increase the number of wires the use, without fear of circuits overheating. Traditionally, silicon-chip manufacturers use gases containing silicon dioxide to create insulation between a chip's circuits. When heat is applied to the chip, the gas hardens to form an insulating covering. The new method, called Flow-fill, applies the insulation when the gas is in a liquid state.

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Metropolitan

What's on today . . .

Asiatic Society of Bangladesh: The Professor Mufassilluddin Ahmed Trust Fund Lecture will be held. Time: 5 pm. Venue: Seminar Room of the Society.

Discussion: A discussion meeting on the occasion of UN Disarmament Week organised by Bangladesh Santi Parishad will be held. Time: 4:30 pm. Venue: Russian Cultural Centre.

Recitation: On the occasion of 1st founding anniversary of Muktabuk a recitation programme will be held. Time: 6:30 pm. Venue: Bishwa Shahitya Kandro.

Rotary Club of Dhaka Buriganga: Weekly meeting of the club will be held. Time: 5:30 pm. Venue: Sonargaon Hotel.

Symposium: On occasion of UN 'Week for Disarmament and Development' a symposium organised by Dhaka Ahsania Mission will be held. Time: 4:15 pm. Venue: Conference Hall of the Mission's Head Office.

Rotary Club of Dhaka North West: Weekly meeting of the club will be held. Time: 5 pm. Venue: Dhaka Club.

Rotary Club of Dhaka South: Weekly meeting of the club will be held. Time: 7 pm. Venue: House No 27/B, Road No 12/A, Dhanmondi R/A.

Meeting on AIDS awareness held

A meeting on the awareness of the deadly disease-AIDS was held at Tangail at MM Ali government college recently, reports BSS.

The meeting was sponsored by the Shekhi Prokhalpa of Care, Bangladesh.

US envoy calls on Sajeda

The US Ambassador to Bangladesh John C Holzman called on minister for Environment and Forest Syeda Sajeda Chowdhury at her secretariat office yesterday, reports BSS.

They discussed matters of mutual interest particularly those relating to development of the environment.

Govt, BNP slated for non-performing due roles

By Staff Correspondent

Bangladesh Sammiyabadi Dal chief Dilip Barua yesterday criticised both the government and the main opposition party for non-performing their due roles and urged people to be united for a socialist movement.

He was addressing a public rally organised by the party at Paltan Maidan in the city yesterday afternoon, says a press release.

Barua said that government's failure in resolving basic problems of the people and running the state administration has been exposed to people. He also told the rally that main opposition in the parliament was playing a negative role instead of any constructive role in resolving people's problems.

In his presidential speech Barua also demanded repeal of Enemy (vested) Property Act, fifth and eighth amendments of the Constitution and establishing sovereignty over Talpatti.

Make payment of bills by Nov 6: T&T

Bangladesh Telegraph and Telephone Board has requested its subscribers to collect duplicate bills from the concerned telephone revenue offices in case of non-receipt by October 30 and make payment of the bills within November 6, reports UNB.

The T&T Board in a statement yesterday said it has already issued the analogue telephone bills for the month of September '97.

Myanmar FM likely to visit in Nov

Myanmar Foreign Minister

Ohn Gyaaw is expected to visit Bangladesh sometime November.

The planned three-day visit may take place in the third week of next month, Myanmar Ambassador in Dhaka U Teint Lurein told UNB yesterday.

During the visit, Gyaaw will discuss with his Bangladesh counterpart Abdus Samad Azad bilateral issues, mainly the ongoing repatriation of the Myanmar refugees.

Customs seize huge smuggled goods

A special squad of the directorate of Customs intelligence and investigation seized huge quantities of smuggled goods from Chankharpool area in the capital Dhaka night, according to a press release, reports BSS.

The goods included sares automobile spare parts and bidi. Arrangements are being made to store the seized goods at the godown of the customs bhaban.

Of 253,000 Rohingya Muslims who had fled to Bangladesh early 1991, 2,32,000 voluntarily returned to their homes in Myanmar in last seven years.

BANGABANDHU MURDER CASE
Verbatim Text of Cross Examination of 30th, 31st and 32nd Prosecution Witnesses

Continued from yesterday

Cross-examination of PW 30 in the Bangabandhu murder case, ASP Abdur Rahman, began when the court resumed on Monday morning.

Following are the excerpts from his examination by advocate Khan Saifur Rahman, defence lawyer for accused Lt Col (dismissed) Syed Farooqur Rahman.

Q: Where the Redcross Hospital was in Tungipara?

A: Near the home of Bangabandhu.

Q: Did you think about 'surathal' report considering it as a criminal case?

A: Yes.

Q: How far the thana was from the place where the helicopter carrying the body of Bangabandhu landed?

A: It was adjacent to the thana.

Q: Did you think about a case till your service was in Tungipara?

A: The place of occurrence was in Dhaka. A case should have been in Dhaka. So, I didn't think about filing a case.

Q: Is it correct that you didn't think of filing a case as a case might be lodged in Dhaka?

A: Correct.

Q: Why did you think about preparing the 'surathal' report without filing a case?

A: A general diary was filed in thana. For this I thought about the surathal report.

Q: Did you deposit your personal diary (PD) when you were transferred? Where?

A: One copy to Gopalganj circuit and another to SP of Faridpur.

Q: Did you record everything — from SP telephone — that Bangabandhu's body will come to his burial — in your PD?

A: As I could remember I recorded everything.

Q: You knew names of the two officers who flew Bangabandhu's body to Tungipara. But you can't recall their names now.

A: I didn't ask names of the two Majors.

Q: Who was with you during bathing of Bangabandhu's body?

A: Halim saheb, Imam saheb and some others.

Q: To whom the letter that army personnel showed you

was written?

A: The recipient was SDPO of Gopalganj.

Q: You didn't do anything voluntarily that day. Everything you did was as per orders of your superior authorities.

A: I discharged my duties as per police rules.

Q: Did any one of Awami League or BKSAL go to Tungipara that day?

A: I didn't notice.

Examination by advocate TM Akbar, defence counsel for accused Lt Col (LPR) Muhiuddin:

Q: You didn't tell the IO that you could not make 'surathal' report as you were barred by army personnel.

A: I can't recall whether I told him or not.

Q: You also didn't tell him about spectacles, pipe and sandal.

A: I can't recall.

31st Prosecution Witness

Following are the excerpts from cross-examination of PW-31 Mostafizur Rahman by advocate Abdur Razzaq Khan, defence lawyer for accused Hon Capt (ret'd) Abdul Wahab Joardar:

Q: What do you do now? Did you complete your studies?

A: I passed BA. I do nothing.

Q: Did any one tell you to file a case after the death of your father?

A: The environment was not congenial to filing a case. I was also a minor boy.

Q: Did SB personnel come to you house to inform?

A: Yes, they came.

Q: Did you know if there was any investigation into death of your father?

A: I don't know.

Q: Did the police personnel who were on duty at Bangabandhu's house like DSP Nurul Islam come to you or tell anything?

A: No, they didn't come or tell us anything.

Q: You have been taught that your father had been killed by some unruly army officers.

A: No.

Q: Who did bring out the body of your father from that house?

A: During the Janaza at Rajbargh the day after August 15 we were told that army had handed over the body to police.

32nd Prosecution Witness

Following are the excerpts from cross-examination of PW-32, Havildar (ret'd) AKM Sajed Haq, by advocate MA Wahed, state defence counsel for absconding accused Major (ret'd) Dalim:

Q: Major Dalim was not in your unit.

A: No, he was not in my unit.

Q: How far the office of CO was from your residence?

A: Some 300 to 400 yards.

Q: An ordinary soldier has to go to the CO through JCO or Battery Commander.

A: Yes.

Q: How many bullets did you take?

A: 10 rounds.

Q: Did you sign register while receiving the ammunition?

A: No.

Q: Did you know the reason behind taking ammunition without written issuance?

A: There was no discipline on that day. For this ammunition was distributed without any document.

Q: Did you try to know as to why there was no discipline?

A: No.

Q: You told the IO that you took ammunition from Naik Jamrul Islam.

A: I told him (I took) from Shamsul Islam.

Q: Were the officers with you until you started?

A: Yes.

Examination by advocate Gazi Zillur Rahman, state defence counsel for absconding accused Lt Col (dismissed) Khandaker Abdur Rashid:

Q: Isn't it a rule that ammunition is distributed with written issuance?

A: Yes, but there was no rule working that day.

Q: Did you intercept any vehicle while on duty on road?

A: There was no vehicle, excepting of army.

Q: How long had you been there?

A: Till 2 to 2:30 pm.

Q: Did you not see any civilian till then?

A: No, I didn't see.

Q: From when there was no discipline on August 14?

A: From the time we went to the New Airport.

Q: You took ammunition as you wished as there was no discipline.

A: No, we took ammunition at the order of our officers.

Q: Who was your commander when you discharged duty in front of Teigaon Airport?

A: Naik Mohiuddin.

Examination by advocate Anwar Zahid, junior to advocate Abdur Razzaq Khan, defence lawyer for accused Hon Capt (ret'd) Abdul Wahab Joardar:

Q: Before making statement to CID, you didn't tell any one about the incident.

A: Yes.

Q: None was following command in taking ammunition.

A: The indiscipline was not visible, but the system of distribution of ammunition indicated that discipline broke down.

Q: How far the 3rd gate of cantonment was from the point you were posted?

A: About 300 yards.

Q: Was the gate seen from that point? Were you also seen from the gate?

A: Yes, it was visible from the duty point. We were also seen.

Q: Who was doing duty at the gate? MP (Military police)?

A: Yes.

Q: Did any one from them come to you and ask as to why you were there in armed position?

A: No, none did come and ask.

Q: How many trucks passed by when you were on duty on road?

A: Many, there were also six cannons (artillery guns) and tanks.

Q: Did any vehicle park there?

A: No.