Family planning has become an important programme for all the Governments of the Developing world. Inspite of such utmost importance given to this movement, the success is not satisfactory. But inspite of over emphasis on family planning - rather Birth control (not true - planning of family) the problem of infertility remains a social problem all over the world. A family with many children and less money is in serious problem but a family without children is equally a social problem. So, proper investigation of infertility is necessary. Due to lack of knowledge in our villages, men are induced to marry again if they do not have children. But modern knowledge shows that the cause of infertility is found in men and women almost in equal proportion. In a study in Bangladesh 36% of the infertility cases showed azoospermia and 60.60% were non-fecundating including azoospermia (Muazzam, 1962). In another study of semen analysis of infertile people, 61.53% were found non-fecundating including azoo, oligo and necrospermia (Muazzam, 1965). In the study of infertility cases in Libya published in this issue, the total non-fecundating persons were 62.50%. So, among the infertile persons nearly 60 to 62% show defects in male. Wells (1955) stated that in 50% cases male partner is responsible. Howkins (1956) claims that one-third cases are due to faults in male and one-third for faults in females and the rest for faults in both. However, these studies indicate that both the partners may be responsible in a particular case. So in any case of infertility, first the male partner should be examined, which is easy. If he is found normal than the female partner should be thoroughly examined. Without proper investigation of both the partners, there should not be second marriage at all. The paper on male infertility in Libya will be interesting to our readers.

The role of laboratory services as support of Health care is also an interesting paper.

As usual, History of medicine is being published serially. In this issue the Greek period of Medical History is completed.

— Editor-in chief

References
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