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The Correlation of Brain Size and Arm Length: A Comparative Analysis

By Kosuke

Abstract- The relationship between brain size and various anatomical features in humans and other species has long intrigued researchers in the fields of biology, anthropology, and neuroscience. This study explores the correlation between brain size and arm length, hypothesizing that there exists a significant relationship influenced by evolutionary adaptations, functional requirements, and developmental biology. We analyze data from a diverse range of species, including humans, primates, and other mammals, to ascertain whether larger brain sizes correlate with longer arm lengths. Our findings suggest that while some correlations exist, they are not universally applicable across all studied taxa, indicating a complex interplay of factors influencing these anatomical traits.

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The Correlation of Brain Size and Arm Length: A Comparative Analysis

Kosuke

Abstract- The relationship between brain size and various anatomical features in humans and other species has long intrigued researchers in the fields of biology, anthropology, and neuroscience. This study explores the correlation between brain size and arm length, hypothesizing that there exists a significant relationship influenced by evolutionary adaptations, functional requirements, and developmental biology. We analyze data from a diverse range of species, including humans, primates, and other mammals, to ascertain whether larger brain sizes correlate with longer arm lengths. Our findings suggest that while some correlations exist, they are not universally applicable across all studied taxa, indicating a complex interplay of factors influencing these anatomical traits.

I. Introduction

The human body exhibits a variety of anatomical variations that may be influenced by genetic, environmental, and evolutionary factors. Two such features are brain size and arm length. Brain size has been linked to cognitive capabilities, while arm length can influence locomotion and manipulation abilities. Understanding the correlation between these traits can provide insights into evolutionary adaptations and functional morphology.

a) Background

Previous studies have suggested that brain size, often measured by cranial capacity, correlates with cognitive abilities and social structures in various species (Jerison, 1973; Roth & Dicke, 2005). Conversely, arm length has been studied in the context of locomotion and tool use, particularly in primates (Tuttle, 1975). The relationship between these two traits, however, remains underexplored.

b) Hypothesis

We hypothesize that there is a positive correlation between brain size and arm length across species due to shared evolutionary pressures favoring enhanced cognitive and physical capabilities.

II. Methods

a) Data Collection

We compiled data on brain size (measured in cubic centimeters) and arm length (measured in centimeters) from a range of species, including humans, non-human primates, and selected mammals. The human data was sourced from anthropometric studies, while data for other species were obtained from zoological and anatomical databases.

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b) Statistical Analysis

We employed Pearson's correlation coefficient to assess the strength and direction of the relationship between brain size and arm length. A significance level of $p < 0.05$ was set to determine statistical significance. Additionally, regression analyses were conducted to explore predictive relationships.

III. Results

a) Descriptive Statistics

Our dataset included 50 species, comprising 10 primate species, 20 mammals, and 20 non-mammalian species. The average brain size across species ranged from 50 cm^3 in small rodents to over 1500 cm^3 in humans. Arm length varied significantly, with smaller species exhibiting shorter arms relative to their body size.

b) Correlation Analysis

The Pearson correlation coefficient revealed a moderate positive correlation ($r = 0.45$, $p < 0.01$) between brain size and arm length across all species. However, this correlation was stronger ($r = 0.62$, $p < 0.01$) within primate species, suggesting that evolutionary pressures may have a more pronounced effect in this group.

c) Regression Analysis

The regression analysis indicated that brain size accounted for approximately 20% of the variance in arm length among all species. In primates, this figure rose to 38%, reinforcing the idea that cognitive demands and physical adaptations are closely linked in this group.

IV. Discussion

Interpretation of Findings

Our results indicate a moderate correlation between brain size and arm length, particularly within primates, supporting the hypothesis that evolutionary pressures may drive both increased cognitive capabilities and enhanced physical adaptations. However, the correlation is not universally applicable across all species, suggesting that other factors, such as ecological niches and lifestyle, may influence these traits independently.

V. Limitations

This study is limited by the sample size and diversity of species included. Future research should expand the dataset to include more taxa and consider additional variables such as body size and ecological factors that may contribute to the observed relationships.

VI. Conclusion

While our findings support a correlation between brain size and arm length, particularly among primates, the complexity of evolutionary biology necessitates further research to fully understand the interplay of anatomical traits. Future investigations could explore the underlying genetic and environmental factors that contribute to these correlations, providing deeper insights into the evolution of cognitive and physical adaptations.

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Autism Spectrum Disorder in Brazil: Advances, Challenges, and Paths to Inclusion

By Gabriel Costa Taveira, Dinah Teixeira Carneiro, Ana Caroline Gonçalves Lima & Fernanda Ribeiro Marins

Faculdade Unis São Lourenço

Abstract- The Autism Spectrum Disorder (ASD) is a neurodivergent condition that affects communication and social behavior, requiring understanding and ensuring rights for an inclusive life. Despite advances, persistent social and occupational challenges are faced by the autistic community. The heterogeneity of the spectrum demands a broad understanding, not limited to health but including social and educational aspects. The lack of understanding of these complexities results in underestimation of autism and inadequate health services. This article aims to deepen knowledge about the rights of people with ASD in Brazil, emphasizing legal, social, and educational aspects. To this end, a literature review on the rights and public health of autistics was conducted. The need for training of health professionals and educators to create inclusive environments is highlighted. The application of adaptive therapeutic approaches, considering the individual complexities of each autistic person, is crucial.

Keywords: *public health, neurodiversity, autism spectrum disorder (asd), autism, legislation.*

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Autism Spectrum Disorder in Brazil: Advances, Challenges, and Paths to Inclusion

Transtorno Do Espectro Autista No Brasil: Avanços, Desafios E Caminhos Para A Inclusão

Gabriel Costa Taveira [α], Dinah Teixeira Carneiro [σ], Ana Caroline Gonçalves Lima [ρ] & Fernanda Ribeiro Marins [Ω]

Resumo- O Transtorno do Espectro Autista (TEA) é uma condição neurodivergente que afeta a comunicação e o comportamento social, demandando compreensão e garantia de direitos para uma vida inclusiva. Apesar dos avanços, persistentes desafios sociais e ocupacionais são enfrentados pela comunidade autista. A heterogeneidade do espectro exige uma compreensão ampla, não limitada à saúde, mas incluindo aspectos sociais e educacionais. A falta de entendimento dessas complexidades resulta em subestimação do autismo e em serviços de saúde inadequados. Este artigo visa aprofundar o conhecimento sobre os direitos das pessoas com TEA no Brasil, enfatizando aspectos jurídicos, sociais e educacionais. Para tanto, foi realizada uma revisão de literatura sobre os direitos e saúde pública dos autistas. Destaca-se a necessidade de capacitação dos profissionais de saúde e educadores para criar ambientes inclusivos. Sendo crucial a aplicação de abordagens terapêuticas adaptativas, considerando as complexidades individuais de cada autista.

Palavras Chave: saúde pública, neurodiversidade, transtorno do espectro autista (TEA), autismo, legislação.

Abstract- The Autism Spectrum Disorder (ASD) is a neurodivergent condition that affects communication and social behavior, requiring understanding and ensuring rights for an inclusive life. Despite advances, persistent social and occupational challenges are faced by the autistic community. The heterogeneity of the spectrum demands a broad understanding, not limited to health but including social and educational aspects. The lack of understanding of these complexities results in underestimation of autism and inadequate health services. This article aims to deepen knowledge about the rights of people with ASD in Brazil, emphasizing legal, social, and educational aspects. To this end, a literature review on the rights and public health of autistics was conducted. The need for training of health professionals and educators to create inclusive environments is highlighted. The application of adaptive therapeutic approaches, considering the individual complexities of each autistic person, is crucial.

Keywords: public health, neurodiversity, autism spectrum disorder (asd), autism, legislation.

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I. Introdução

O Transtorno do Espectro Autista (TEA) é uma condição neurodivergente que afeta a comunicação e o comportamento social, tornando crucial a compreensão dos seus direitos e garantias para uma vida plena e inclusiva. No entanto, alguns enfrentam desafios persistentes, especialmente em contextos sociais e ocupacionais. É crucial reconhecer a heterogeneidade no desenvolvimento e na adaptação de pessoas com TEA, promovendo estratégias de apoio ao longo de todo o ciclo de vida (FABRETTI et al., 2024).

Adicionalmente, é importante destacar que a diversidade presente no espectro autista demanda uma compreensão aprofundada, indo além das necessidades médicas para incluir aspectos sociais, emocionais e educacionais. Desinformações sobre essas complexidades contribui para a subestimação do autismo, refletindo em serviços de saúde inadequadamente preparados para atender a essa população (INACIO et al., 2024).

Este artigo tem como objetivo aprofundar o conhecimento sobre os direitos das pessoas com TEA no contexto brasileiro. Uma capacitação adequada contribui para a criação de ambientes mais inclusivos e acolhedores, reconhecendo a importância de treinamentos contínuos para lidar com as especificidades do autismo. Além disso, "é essencial ampliar a perspectiva da saúde pública, não limitando seu papel ao tratamento clínico, mas incluindo a promoção ativa da inclusão social como parte integral da abordagem para os autistas" (INACIO et al., 2024). Através de uma análise abrangente de leis, diretrizes e políticas públicas, buscou-se fornecer um panorama dos direitos assegurados a essa população, desde o diagnóstico até a vida adulta.

II. Conteúdo Do Texto

a) Metodologia

Foram pesquisados artigos na língua portuguesa com o tema autismo, transtorno de espectro autista (TEA); legislação para pessoas com

deficiência, utilizando as plataformas Periódico Capes e Google Acadêmico como fontes de artigos científicos.

Também foi utilizado o portal de Legislação da Presidência da República como fonte das leis federais brasileiras. Foram incluídos artigos e leis de 1961 a 2024. Dentre os artigos encontrados, foram analisados os resumos para verificar a aderência ao escopo deste trabalho, sendo critérios de inclusão artigos que abordavam: Direitos dos autistas, saúde pública, psicologia, educação inclusiva. Os critérios de exclusão foram: artigos que tratavam de medicação, outras deficiências neurodivergentes e terapias específicas, focando nos aspectos jurídicos, sociais e educacionais do TEA.

b) Transtorno do Espectro Autista (TEA)

O Transtorno do Espectro Autista (TEA) é uma condição neurodivergente que pode ser observado desde os primeiros anos de vida, incluindo vários espectros e divergências singulares com diferentes níveis de necessidade de suporte, variando do nível 1 ao 3. Mas entende-se que o nível de suporte não resume o autista, porque o transtorno se manifesta em cada indivíduo de forma diferente. Segundo Silva (2024) o autismo consiste em um grupo de distúrbios neurocomportamentais genéticos heterogêneos associados a prejuízos no desenvolvimento de habilidades de comunicação social e comportamentos estereotipados, rígidos ou repetitivos. Trata-se de transtorno neurobiológico com diagnósticos cada vez mais prevalentes.

De acordo com a CID-11 6A02, "O transtorno do espectro autista é caracterizado por déficits persistentes na habilidade de iniciar e manter interações sociais e comunicação social recíprocas, e por uma gama de padrões de comportamento, interesses ou atividades restritas, repetitivos e inflexíveis, que são claramente atípicos ou excessivos para a idade e o contexto cultural do indivíduo. O início do transtorno ocorre durante o período de desenvolvimento, principalmente na infância, mas os sintomas podem não se manifestar de forma satisfatória até mais tarde, quando as demandas sociais excedem as capacidades limitadas. Os déficits são graves ou suficientes para causar prejuízos no funcionamento pessoal, familiar, social, educacional, ocupacional e em outras áreas importantes, e são, geralmente, uma característica generalizada do funcionamento do indivíduo, observável em todos os ambientes, podendo variar de acordo com o contexto social, educacional ou outro. Os indivíduos ao longo do espectro exibem toda uma gama de funcionamento intelectual e habilidades de linguagem" (OMS, 2022). É importante destacar que o CID-11 divide diagnóstico de autistas da seguinte forma:

- 6A02.0 Transtorno do espectro autista sem transtorno do desenvolvimento intelectual e com deficiência leve ou inexistente da linguagem funcional;
- 6A02.1 Transtorno do espectro autista com transtorno do desenvolvimento intelectual com deficiência leve ou inexistente da linguagem funcional;
- 6A02.2 Transtorno do espectro autista sem transtorno do desenvolvimento intelectual e com deficiência da linguagem funcional;
- 6A02.3 Transtorno do espectro autista com transtorno do desenvolvimento intelectual e deficiência da linguagem funcional;
- 6A02.5 Transtorno do espectro autista com transtorno de desenvolvimento intelectual e com ausência de linguagem funcional;
- 6A02.Y Outro transtorno especificado da espectro autista;
- 6A02.Z Transtorno do espectro autista, não especificado (OMS, 2022).

Os indícios de atenção no desenvolvimento do sistema nervoso da criança podem ser identificados nos primeiros meses da criança, sendo um diagnóstico estabelecido próximo dos 2 a 3 anos de idade, predominantemente em pessoas do sexo masculino. Ainda não está totalmente elucidada as etiologias e componentes genéticos e fisiológicos predisponentes ou desencadeantes do TEA, mas estudos científicos apontam não ser única, e sim uma combinação de fatores genéticos e ambientais. Entre os fatores de riscos ambientais a literatura destaca a exposição a toxinas, estresse, excesso de estímulo e fatores pré-natais (MORAES e TANCREDO, 2024).

c) Os Direitos Dos Autistas

Assim que diagnosticado, todo autista tem direitos diante as legislações brasileiras. Destaca-se o acesso a benefícios como o Benefício de Prestação Continuada da Lei Orgânica da Assistência Social (BPC Loas), que pode ser solicitado para pessoas diagnosticadas com o TEA, portando os laudos atualizados, documentos do requerente, documentos dos familiares, comprovante de residência e comprovante de renda. Mesmo com um aumento significativo de diagnósticos de TEA em crianças, cujos responsáveis têm solicitado o BPC para pessoas com deficiência nas Agências do INSS, ainda há necessidade de maior esclarecimento da população sobre como o diagnóstico é realizado e os direitos desse público (PEREIRA, 2024). Na lei 8742 Art. 26-A. impõe que: "Terá direito à concessão do auxílio-inclusão de que trata o art. 94 da Lei nº 13.146, de 6 de julho de 2015 (Estatuto da Pessoa com Deficiência), a pessoa com deficiência moderada ou grave". Contudo no 4° parágrafo diz que "existe a necessidade que atenda aos critérios de manutenção do benefício de

prestação continuada, incluídos os critérios relativos à renda familiar mensal per capita exigida para o acesso ao benefício" (BRASIL, 1993). Ou seja, não basta o diagnóstico de TEA, mas a família também deve ter baixa renda per capita para ter direito ao benefício.

O autista em fase escolar também tem direitos na inclusão através das diretrizes da *educação inclusiva*, que vem sendo construída e elaborada desde 1961 no Brasil, tendo leis e diretrizes com crescimento significativo para a inclusão.Inicialmente (1961), foi fundamentado o atendimento educacional, chamadas no texto de "excepcionais", dizendo que "A Educação de excepcionais, deve, no que for possível, enquadrar-se no sistema geral de Educação, a fim de integrá-los na comunidade" (BRASIL, 1961). Com a última atualização em 2020 no decreto de n° 10.502, artigo 5º diz que: "A Política Nacional de Educação Especial: Equitativa, Inclusiva e com Aprendizado ao Longo da Vida tem como público-alvo os educandos que, nas diferentes etapas, níveis e modalidades de educação, em contextos diversos, nos espaços urbanos e rurais, demandem a oferta de serviços e recursos da educação especial" (BRASIL, 2020a). No artigo 2° considera-se:

1. Educação Especial – Modalidade de educação escolar oferecida, preferencialmente, na rede regular de ensino aos educandos com deficiência, transtornos globais do desenvolvimento e altas habilidades ou superdotação;
2. Política Educacional Equitativa – Conjunto de medidas planejadas e implementadas com vistas a orientar as práticas necessárias e diferenciadas para que todos tenham oportunidades iguais e alcancem os seus melhores resultados, de modo a valorizar ao máximo cada potencialidade, e eliminar ou minimizar as barreiras que possam obstruir a participação plena e efetiva do educando na sociedade;
3. Política Educacional Inclusiva – Conjunto de medidas planejadas e implementadas com vistas a orientar as práticas necessárias para desenvolver, facilitar o desenvolvimento, supervisionar a efetividade e reorientar, sempre que necessário, as estratégias, os procedimentos, as ações, os recursos e os serviços que promovem a inclusão social, intelectual, profissional, política e os demais aspectos da vida humana, da cidadania e da cultura, o que envolve não apenas as demandas do educando, mas,igualmente, suas potencialidades, suas habilidades e seus talentos, e resulta em benefício para a sociedade como um todo;
4. Política De Educação Com Aprendizado Ao Longo Da Vida – Conjunto de medidas planejadas e implementadas para garantir oportunidades de desenvolvimento e aprendizado ao longo da existência do educando, com a percepção de que a educação não acontece apenas no âmbito escolar, e de que o aprendizado pode ocorrer em outros momentos e contextos, formais ou informais, planejados ou casuais, em um processo ininterrupto;
5. Escolas Especializadas – Instituições de ensino planejadas para o atendimento educacional aos educandos da educação especial que não se beneficiam, em seu desenvolvimento, quando incluídos em escolas regulares inclusivas e que apresentam demanda por apoios múltiplos e contínuos;
6. Classes Especializadas – Classes organizadas em escolas regulares inclusivas, com acessibilidade de arquitetura, equipamentos, mobiliário, projeto pedagógico e material didático, planejados com vistas ao atendimento das especificidades do público ao qual são destinadas, e que devem ser regidas por profissionais qualificados para o cumprimento de sua finalidade;
7. Planos De Desenvolvimento individual (PDI) e escolar – Instrumentos de planejamento e de organização de ações, cuja elaboração, acompanhamento e avaliação envolvam a escola, a família, os profissionais do serviço de atendimento educacional especializado, e que possam contar com outros profissionais que atendam educandos com deficiência, transtornos globais do desenvolvimento e altas habilidades ou superdotação.

Além do acesso à educação inclusiva, destaca-se o direito do autista a ter prioridade em atendimentos e acessos (Brasil, 2020b). A legislação brasileira garante que este direito deve ser seguido dada a apresentação da Carteira de Identificação da Pessoa com Transtorno do Espectro Autista (Ciptea), que contém as informações necessárias para identificação do autista. Alternativamente, os estabelecimentos poderão valer-se da fita quebra-cabeça, símbolo mundial da conscientização do transtorno do espectro autista, para esta identificação. Nota-se que a Ciptea deve ser renovada a cada 5 anos.

d) A Psicologia no TEA

A psicologia tem um papel importante em cuidados e tratamentos do TEA durante toda a vida. A atuação do psicólogo desde a escola é fundamental para compreender os aspectos cognitivos, emocionais e comportamentais, e como estes influenciam no processo de aprendizagem dos alunos. Além disso, buscando formas que venham contribuir para a inclusão dentro desse ambiente diante de todo o processo de vida e de adequações futuras (NETO et al., 2024).

Devidos cuidados e meios terapêuticos não devem ser abandonados durante a vida adulta, as repercussões clínicas do autismo na vida adulta transcendem as fronteiras do espectro autista, manifestando-se em uma miríade de desafios médicos e psicossociais. A compreensão dessas implicações clínicas é crucial para orientar intervenções terapêuticas adaptativas, promovendo uma abordagem integral que leve em consideração as complexidades e necessidades individuais dessa população (FABRETTI et al., 2024).

e) Considerações Finais

Este artigo buscou ampliar o entendimento sobre os direitos das pessoas com Transtorno do Espectro Autista (TEA) no contexto brasileiro, focando principalmente os aspectos jurídicos, sociais e educacionais. Ficou evidente ao longo da análise que a especificidade presente no espectro autista demanda uma abordagem multifacetada, que vai além das necessidades médicas, incorporando aspectos sociais, emocionais e educacionais.

A falta de compreensão dessas complexidades frequentemente resulta na subestimação do autismo, levando a serviços de saúde inadequadamente preparados para atender essa população. Portanto, é crucial que haja uma capacitação adequada dos profissionais de saúde e educadores, visando à criação de ambientes mais inclusivos e acolhedores.

Além disso, é fundamental que a perspectiva da saúde pública seja ampliada, incluindo não apenas o tratamento clínico, mas também a promoção ativa da inclusão social como parte integral da abordagem para os autistas. Isso implica em políticas públicas mais abrangentes e eficazes, que garantam o acesso equitativo aos direitos e serviços necessários ao longo do ciclo de vida das pessoas com TEA. Incluindo a necessidade de políticas de apoio a quem cuida de pessoas com TEA.

Ressaltamos a importância de uma abordagem terapêutica adaptativa e integral, especialmente durante a vida adulta, quando as repercussões clínicas do autismo podem se manifestar de maneiras diversas e desafiadoras. Compreender e atender às necessidades individuais dessa população é essencial para promover uma vida plena e inclusiva para todos os autistas.

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Patient Education on Health Outcomes, Quality of Life, and Quality of Care: Physically and Virtually: A Meta-Analysis

By Caden L. Reedy

Abstract- At the height of the modern healthcare system-new methods and uses of data need to be utilized to prioritize our patients and their outcomes. Focusing only on treatment is a mistake, but rather, we should be heavily focused on prevention. The most prominent growing form of prevention we could utilize is patient education and educational outreach programs. These can range from 5 minutes of direct time at a routine checkup, a chain text message, social media posts, and advertisements, etc., and can happen anywhere, at any time. Preventing disease and other conditions we could predispose ourselves to would save money, time, and lives.

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Patient Education on Health Outcomes, Quality of Life, and Quality of Care: Physically and Virtually: A Meta-Analysis

Caden L. Reedy

I. Introduction

At the height of the modern healthcare system-new methods and uses of data need to be utilized to prioritize our patients and their outcomes. Focusing only on treatment is a mistake, but rather, we should be heavily focused on prevention. The most prominent growing form of prevention we could utilize is patient education and educational outreach programs. These can range from 5 minutes of direct time at a routine checkup, a chain text message, social media posts, and advertisements, etc., and can happen anywhere, at any time. Preventing disease and other conditions we could predispose ourselves to would save money, time, and lives.

II. Methods

Data was collected from 10 sources focusing on topics such as virtual learning effectiveness, and patient education programs effectiveness. The face-to-face programs utilized providers who spent more time with patients and focused more on personalized treatments and plans to manage and adhere to. The online education resources utilized surveys, courses, and other advertisements to increase educational awareness.

III. Results

In a study by *Decent* it found that patients who understood their diagnosis of diabetes were more likely to follow through on appointments, monitor blood sugar levels regularly, and maintain lifestyle choices that improve quality of health. A similar study by the same group found that educating patients on their heart disease diagnosis and condition would prevent hospital readmission and aid in long-term health outcomes and choices. This saves thousands of dollars, hours-even days, and time that could be spent outside of a hospital. Similar to Direct Primary Care (DPC), we find that spending more time with patients to discuss their condition, prognosis, and other considerable factors would lead to improved health literacy, understanding, and management of conditions and health choices, such as procedures and medications. The model of DPC focuses heavily on personalized health choices and health education, which improved patient health satisfaction by a significant margin. They also feel more satisfied in the level of care they are receiving, which helps them adhere to management plans by a heightened level. One study found that heart disease programs teaching patients how to manage their symptoms and understand the signs of the expected outcomes led to a reduced number of emergency hospitalizations. For instance, a study published in The Health Observatory found that effective patient education significantly improves patients' knowledge, attitudes, and skills which led to an increased number of patients following management plans. A study in the Journal of Continuing Education in Nursing showed that patients who received diabetes education had better blood sugar levels and a lower risk of long-term complications. They were also more likely to adhere to their treatment plans and make healthier choices. A separate study at Midwest Fertility Specialists showed that implementing an educational e-learning program for oncology patients improved patients' understanding of their treatment options and the potential impact on fertility. This education empowered patients to make informed decisions and reduced anxiety associated with their treatment journey. A study on a Public Health Course in India showed the participants' knowledge significantly improved after attending the public health practice course online ($P < 0.001$). And, many of the respondents conveyed that they are applying the learnings from the course in their program management. This study involved 64 subjects.

A 2022 patient survey indicates just how critical patient education is to improving both patient care and outcomes: Almost 50% of respondents reported that they did not get all their questions answered. 80% of respondents often or sometimes had follow-up questions. The same survey found that 68% of patients who receive patient education are more likely to return to a healthcare provider. Meanwhile, 80% of respondents reported that patient education would increase their satisfaction with their care.

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IV. Discussion

Due to the nature of online education, it can happen anywhere and anytime. This education can focus on prevention, especially with the target audience of younger individuals, we can foster an environment built on healthy standards before bad habits begin to grow that predispose us to disease, sickness, and other preventable conditions. In 2020, COVID-19 caused a pandemic, people stuck at home, unable to go anywhere, and in fear. When disease strikes and people stop going out, almost all virtually acquired information is heavily relied upon and used in critical moments. If another disease or virus breaks loose, we need systems and online resources that educate on signs, symptoms, the nature of the disease, and the way its spread and this is possible through virtual education systems. Whenever someone needs educational mentorship on their situation, they do not have to wait hours or days for a provider or trustee to respond. Still, instead they will have the resources at the tip of their fingers-and possibly even know something about the topic on hand before their research due to unconsciously acquired information because of a society built on prevention. The nature of online education also reduces the bias from a particular ideology and opinion, and rather explore different viewpoints, opinions, and research findings to fit their situation. Still, face-to-face education will change the way of patient outcomes by providing direct and personalized care, and providing trust to patients and causing the adherence of medical plans and procedures. This will increase outcomes all around. People trust their doctors and have questions because they 'know' them. This provides a way for them to have their needs and concerns addressed.

V. Explanation

Patients are more likely to adhere to medical management when they are well-educated, virtually or from direct care from a provider, because understanding their condition and treatment plan empowers them to make informed decisions. Education fosters a sense of control, reduces anxiety, and increases trust in healthcare providers and resources. When patients grasp the benefits and potential outcomes of following prescribed treatments, they are more motivated to comply, leading to better health outcomes and a strengthened partnership between patients and healthcare teams.

VI. Conclusion

In conclusion, patient education is crucial in improving health outcomes, enhancing quality of life, and supporting better decision-making. By equipping patients with the knowledge they need, they are better prepared to manage their conditions, make informed choices, and actively participate in their care. This empowerment not only leads to improved health but also fosters a greater sense of confidence and well-being, ultimately contributing to a more positive healthcare experience and better long-term results.

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"Hypersensitivity to Insulin Degludec: Case Analysis and Management Perspectives"

By Dr. Kavya. Jonnalagadda, Dr. Pranav. Jonnalagadda & Shreevikaa. Kannan

Abstract- From the introduction of human recombinant insulin preparations, insulin allergy has become rare, with a reported prevalence of approximately 2.4% (1). Most insulin injection reactions are immediate and IgE-mediated and can be classified as either Type I or Type IV hypersensitivity (1).

In this case report we elaborate on a case of a 32-year-old female with latent autoimmune diabetes in adults (LADA) who presented with episodes of itching and rash 20-30 minutes after injecting premixed analog insulin (Aspart and Degludec) at night for one week. During this time, her symptoms resolved with oral antihistamines and steroids. Notably, she had no prior history of allergies.

Keywords: IgE-mediated, LADA, insulin injection reactions.

GJMR-K Classification: NLMC Code: WK 815

Strictly as per the compliance and regulations of:

"Hypersensitivity to Insulin Degludec: Case Analysis and Management Perspectives"

Dr. Kavya. Jonnalagadda [α], Dr. Pranav. Jonnalagadda [σ] & Shreevika. Kannan [ρ]

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In this case report we elaborate on a case of a 32-year-old female with latent autoimmune diabetes in adults (LADA) who presented with episodes of itching and rash 20-30 minutes after injecting premixed analog insulin (Aspart and Degludec) at night for one week. During this time, her symptoms resolved with oral antihistamines and steroids. Notably, she had no prior history of allergies.

A skin prick test was done separately with Aspart and Degludec, given the suspicion of an insulin injection reaction. The test yielded an immediate positive result for Degludec. Additives such as zinc or metacresol present in Degludec are potential culprits behind the hypersensitivity reaction.

Diagnostic tests such as skin prick tests, intradermal skin tests, and serum IgE levels can confirm the diagnosis of insulin injection reactions (1). This case report highlights the importance of effectively diagnosing and managing insulin injection reactions.

Keywords: IgE-mediated, LADA, insulin injection reactions.

I. Introduction

From the introduction of human recombinant insulin preparations, insulin allergy has become rare, with a reported prevalence of approximately 2.4% (1). Insulin injection reactions can be classified as Type I or Type IV. Most reactions are immediate and mediated by IgE (1). Clinically, these reactions may manifest as swelling at the injection site, erythema, urticaria, angioedema, rhinitis, bronchospasm, or, in severe cases, anaphylaxis. (1)

Managing patients with insulin allergies, particularly those who are insulin-dependent poses significant challenges in achieving successful glycemic control. In this case report, we describe a 32-year-old female who developed an immediate allergic reaction to a premixed analog insulin preparation containing Aspart and Degludec.

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II. Case Report

A 32-year-old female with latent autoimmune diabetes in adults (LADA) was treated with multiple oral antidiabetic drugs in combination with four daily injections of recombinant human insulin. This regimen included one injection of intermediate-acting insulin at bedtime and three premeal injections of rapid-acting insulin. Despite dose adjustments based on her blood sugar levels and food intake, the patient experienced recurrent episodes of fluctuating blood glucose levels.

As a result, her treatment was modified to three injections: one premixed analog insulin injection before dinner and two injections of rapid-acting recombinant human insulin before breakfast and lunch. This adjustment successfully stabilized her blood glucose levels. However, the patient began experiencing rash and itching at the injection site 20–30 minutes after administering the dinner insulin dose. Figure 1 shows the rash that developed after injecting the night dose of insulin. Seeking dermatological consultation, she was prescribed antihistamines and steroids, which alleviated her symptoms. Other than the localized rash and itching, she had no systemic symptoms and no history of allergies.

The patient noted that these episodes consistently followed her evening insulin dose, prompting her to revisit the clinic with concern. To investigate a possible allergic reaction, a skin prick test was conducted separately with Aspart and Deglude . The test yielded an immediate positive result for Degludec, Figure 2 shows the rash that developed immediately after injecting Degludec during the skin prick test, confirming the diagnosis of Degludec-induced hypersensitivity. Figure 3 shows no rash at the site of the skin prick with insulin aspart.

Consequently, the patient was transitioned back to her prior basal-bolus insulin regimen. However, this led to spikes in her blood glucose levels. To optimize glycemic control, she was switched to three injections of rapid-acting insulin combined with a long-acting insulin (300 U Glargine). Given the synthetic nature of Glargine, there was a potential risk of an allergic reaction. Therefore, a skin prick test was performed before initiation, which showed no reactivity. The patient was subsequently started on Glargine along with rapid-acting insulin, achieving stable blood glucose levels without further hypersensitivity reactions.

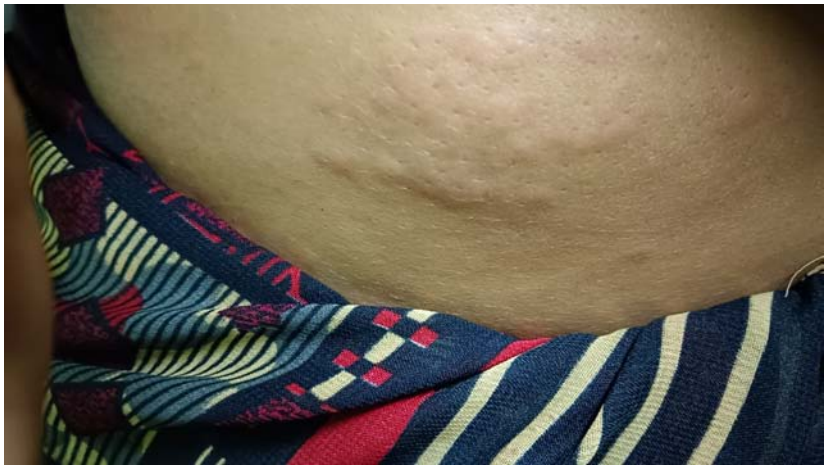

Fig. 1: Rash at the Site of Insulin Injection

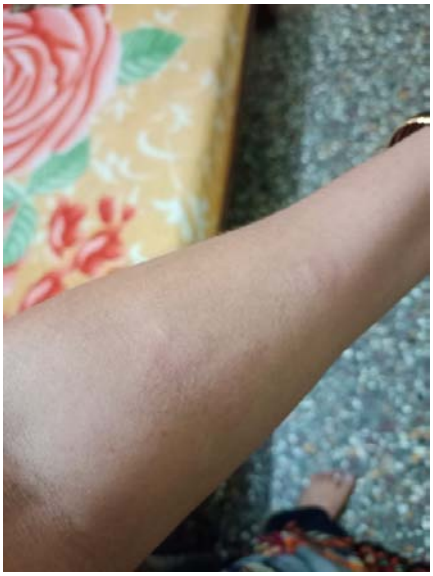

Fig 2: Skin Prick Test Showing Rash at the Site of Degludec Injection

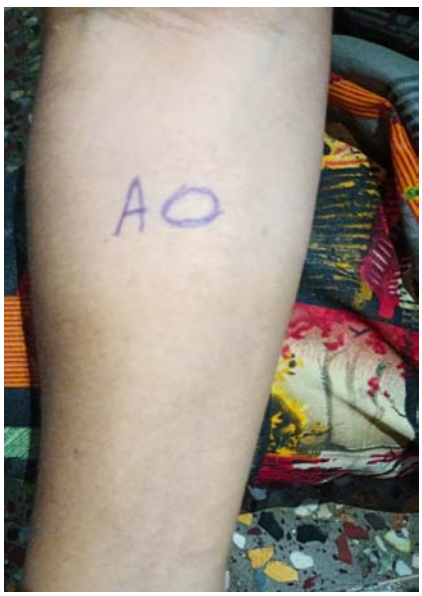

Fig 3: Skin Prick Test Was Not Showing Any Rash at the Site of Aspart Injection

III. Discussion

The availability of recombinant human insulin and its analogs has revolutionized the treatment of diabetes, substantially decreasing immunogenicity that is linked to traditional animal-derived insulins. However, hypersensitivity remains a clinical challenge, particularly in insulin-dependent patients. This case report presents a rare instance of hypersensitivity caused by insulin degludec in a patient with latent autoimmune diabetes in adults (LADA).

IV. Trigerrs and Pathogenesis

Hypersensitivity reactions to insulin can be classified into two major categories: Type I and Type IV. Type I reactions are immediate and mediated by IgE, typically involving mast cells. Symptoms of Type I reactions include urticaria, pruritus, angioedema, and, in severe cases, systemic anaphylaxis. In contrast, Type IV reactions are delayed and T-cell-mediated. These reactions develop more gradually, usually presenting as localized erythema or induration, appearing several hours to days after insulin injection. (2)(3).

Type I hypersensitivity reaction is well demonstrated in this case by the rapid onset of symptoms (particularly, a rash and itching within 20 to 30 minutes of the injection) and positive results of the skin prick test for degludec. This type of hypersensitivity can be caused by the insulin molecule itself or additives like zinc, protamine, or metacresol. Degludec contains additives like metacresol and zinc, two common allergens that can cause allergic reactions (4).

V. Diagnostic Approach

The diagnosis of insulin hypersensitivity requires a detailed evaluation. The history and physical examination should be detailed to identify potential triggers, such as latex contamination of syringes or concurrent allergens. When diagnosing allergic reactions, skin tests-skin prick and intradermal tests-are the most appropriate methods (1). In this case, a skin prick test confirmed the immediate allergy to degludec. Measuring serum levels of IgE that are specific to insulin or its parts may also assist in making a diagnosis, but their practical use is limited (4).

VI. Management Approach

"Managing insulin hypersensitivity in insulin-dependent patients is particularly challenging, as discontinuation of insulin therapy is not an option. The primary objective is to maintain glycemic control while minimizing allergic reactions."

1. *Switching Insulin Formulations*

Rapid-acting insulin and glargine (300 U) were added to our patient's basal-bolus insulin regimen. Before starting glargine, a skin prick test was conducted to ensure its safety. Hypersensitivity is frequently resolved by switching insulin formulations with different excipients or by utilizing a different administration method (3).

2. *Desensitization Protocols*

Desensitization involves administering increasing dosages of the inciting insulin to produce immune tolerance. Although it works well in resistant cases, it is laborious and needs to be carried out under strict supervision in a hospital setting (1)(5).

3. *Adjunctive Therapies*

Acute allergic reactions can be alleviated by treating symptoms with corticosteroids and antihistamines. (1)(3). In our patient antihistamines adequately controlled the symptoms during hypersensitivity episodes.

4. *Alternatives*

Non-insulin therapies such as SGLT2 inhibitors or GLP-1 receptor agonists may reduce insulin needs and, hence, the risk of hypersensitivity reactions. Sometimes, hypersensitivity reactions may even be prevented by Continuous Subcutaneous Insulin Infusion (CSII) using an insulin pump (6). For patients with severe, recurrent allergic reactions, omalizumab can be considered, particularly after reducing IgE levels with B-cell-depleting monoclonal antibody Rituximab. When insulin allergies are more severe and unresponsive to these treatment options, the remaining therapeutic options are islet cell transplantation and pancreatic transplantation (1). Figure 4, gives a rough idea about evaluation of insulin allergy and its treatment (1).

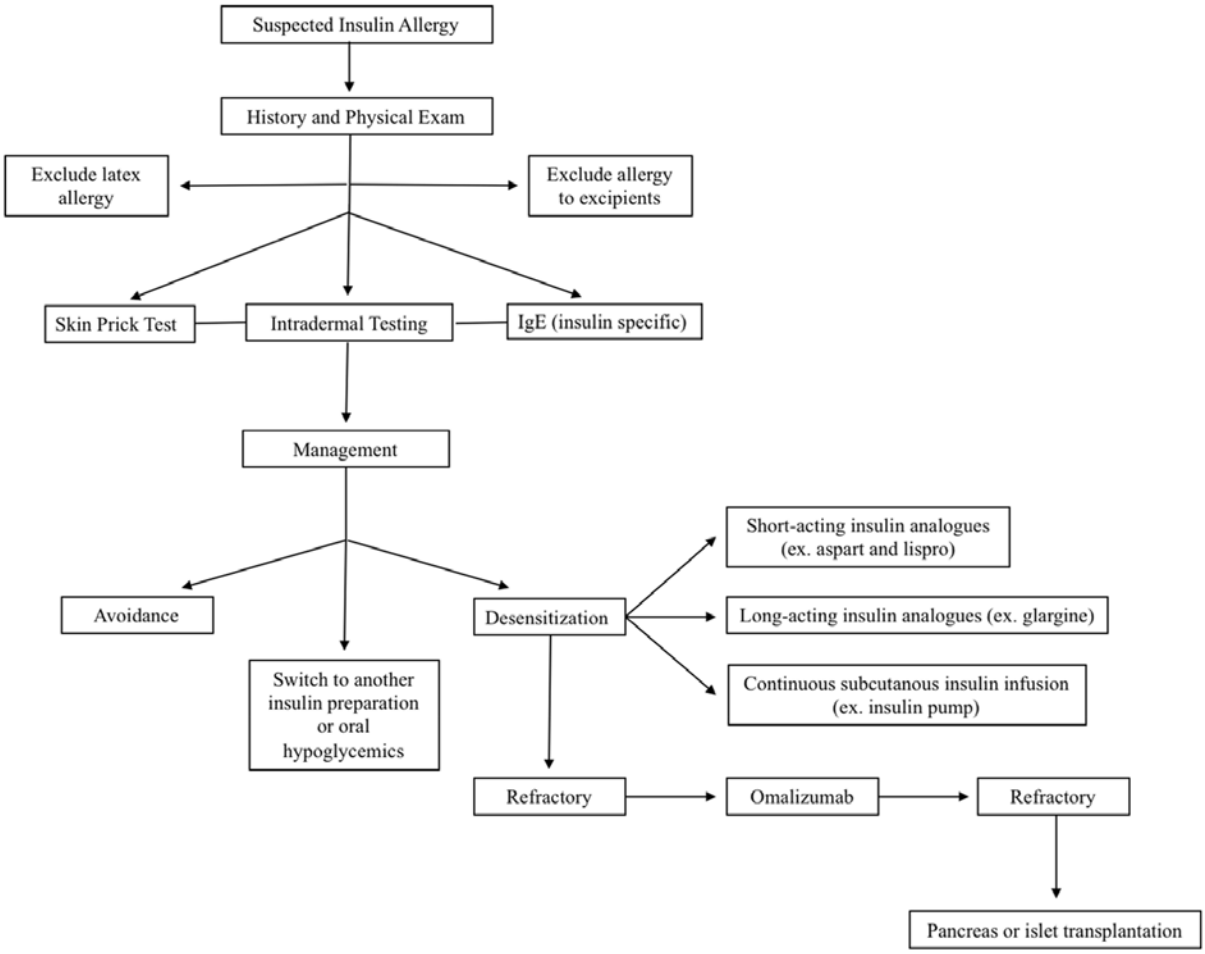

Fig 4: Flow Chart Showing the Evaluation and Treatment of Insulin Allergy (Sourced From Reference 1)

VII. Conclusion

This case underscores the importance of promptly recognizing and managing hypersensitivity reactions in insulin-treated patients. Although rare, such reactions can significantly perturb glycemic control and impair quality of life. A structured diagnostic approach-one that includes a thorough investigation of potential allergens, confirmatory skin tests, knowledge of alternative insulin formulations and adjunctive therapies will help clinician handle these challenges effectively.

Future Perspectives:

Further research is essential to deepen our understanding of the immunological mechanisms underlying insulin hypersensitivity, paving the way for the development of more targeted and specific insulin formulations. Investigating genetic predispositions, particularly those associated with human leukocyte antigen (HLA) variants, may offer valuable insights into individual susceptibility to hypersensitivity reactions. Additionally, advancements in the design of hypoallergenic insulin formulations-through techniques such as protein engineering or alternative delivery systems-hold significant promise for reducing the incidence of adverse reactions. Such progress could lead to improved clinical outcomes, enhanced patient adherence, and a better quality of life for those affected by insulin hypersensitivity.

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Modern Methods of Diagnosis and Treatment Ofcrohn's Disease

By Togayev Sh. B. & Baymakov S. R.

Summary- A study was conducted involving 94 patients diagnosed with Crohn's Disease (CD). The complications of CD included colonic hemorrhage, strictures of the small and large intestines, colonic pseudopolyposis, interintestinal and interorgan fistulas, and rectal fistulas. For complicated cases of CD, after a short-term course of conservative treatment and appropriate preparation considering co-existing diseases, 61 (64.8%) patients underwent radical surgical interventions such as colectomy or resection of the affected bowel segment. The choice of surgical method and volume depended on the extent of bowel involvement and the type of CD complications.

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I. Introduction

Crohn's disease (CD) is characterized by a chronic, slowly progressing course that can localize to any part of the gastrointestinal (GI) tract. It predominantly affects young individuals and is most commonly observed in the terminal section of the ileum (terminal ileitis) and the proximal colon. Despitesignificant research, the exact etiology and pathogenesis of CD remain unclear.

The clinical manifestations of CD vary widely due to its segmental GI tract involvement and inflammation migration potential. The severity and activity of the disease can be challenging to assess due to its diverse forms, broad spectrum of symptoms, and complications. The inflammatory process often extends beyond the mucosa, affecting deeper layers of the intestinal wall and even the serous membrane, leading to complications such as fistulas, strictures, and abscesses.

CD is primarily described as a nonspecific inflammatory disease of the digestive tract, with granulomatous changes in the intestinal wall, ulcerations of the mucosa, fistula formation, and luminal stenosis. These pathologies are caused by transmural inflammation, which involves the serous covering of the intestines, resulting in adhesions and connections between adjacent organs. Transmural lesions and significant tissue infiltration can lead to intestinal obstruction. CD is also associated with severe complications and extraintestinal manifestations, which influence its prognosis.

The disease is often diagnosed during emergency surgeries performed for acute abdominal conditions, revealing segmental lesions of the small and large intestines. Preoperative diagnosis of CD is much rarer. Prognostic information about CD is limited and varied due to the wide range of clinical manifestations and complications. Some studies suggest a poor prognosis due to severe complications requiring surgical treatment, while others report favorable outcomes with early and targeted treatments before the acute phase transitions to chronic.

Currently, conservative treatment is increasingly prioritized whenever possible, reserving surgery for severe complications like intestinal strictures or tissue penetration into surrounding structures.

II. Objectives

The study aimed to develop optimal methods for diagnosing and treating Crohn's disease.

III. Materials and Methods

A total of 94 patients hospitalized at the Republican Scientific Center of Coloproctology in Uzbekistan between 2001 and 2023 were studied. The cohort included 66 men (70.2%) and 28 women (29.8%), with ages ranging from 30 to 74 years. Patients underwent diagnostic evaluations, including rectosigmoidoscopy, colonoscopy, barium passage studies, computed tomography (CT), and ultrasound (US) of the small and large intestines.

The comprehensive diagnostic process revealed:

14 patients (15.0%) had small intestine involvement.

65 patients (69.1%) had large intestine involvement.

10 patients (10.6%) had both small and large intestine involvement (ileocolitis).

Uncomplicated CD was observed in 16 patients (17.0%), while 78 patients (83.0%) had complicated CD.

IV. Results and Discussion

All patients underwent a course of conservative treatment. For 61 patients (55.9%) with various complications of CD, short-term conservative treatment aimed at controlling acute symptoms was followed by surgical intervention. The indications for surgery included failure of conservative treatment and the presence of complications such as:

Bleeding: 18 cases (28.1%)

Large bowel strictures: 14 cases (21.8%)

Small bowel strictures: 7 cases (10.9%)

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Rectal fistulas: 6 cases (9.4%)

Colonic pseudopolyposis: 6 cases (9.4%)

Interintestinal fistulas: 3 cases (4.8%)

Toxic megacolon: 2 cases (3.1%)

Multiple complications: 8 cases (12.5%)

Types of Surgeries Performed (Total: 61 Patients):

1. Total colectomy with ileorectal anastomosis: 18 patients (29.5%)
2. Resection of the ileocecal junction with ileoascendoanastomosis: 9 patients (14.7%)
3. Small bowel resection with entero-enteral anastomosis: 13 patients (21.3%)
4. Right-sided hemicolectomy with ileotransverso-anastomosis (end-to-side): 7 patients (11.5%)
5. Total colectomy with end ileostomy: 7 patients (11.5%)
6. Subtotal colectomy with ascendoanal anastomosis: 7 patients (11.5%)

Postoperative Complications:

Postoperative complications were observed in 4 cases (6.4%).

1. Anastomotic failure leading to fecal peritonitis: 1 case (1.6%)
2. Profuse bleeding from a duodenal ulcer with disseminated intravascular coagulation (DIC): 1 case (1.6%)
3. Necrosis of the small intestine with multiple perforations and peritonitis due to mesenteric thrombosis: 1 case (1.6%)
4. Perforation of the small intestine resulting in fecal peritonitis: 1 case (1.6%)

All these cases resulted in fatalities.

1. *Resection of the ileocecal junction with ileoascendoanastomosis:* 9 patients (14.7%).
2. *Small bowel resection with entero-enteral anastomosis:* 13 patients (21.3%).
3. *Right-sided hemicolectomy with ileotransverso-anastomosis (end-to-side):* 7 patients (11.5%)
4. *Total colectomy with end ileostomy:* 7 patients (11.5%).
5. *Subtotal colectomy with ascendoanal anastomosis:* 7 patients (11.5%)

V. Long-Term Outcomes

The long-term outcomes of treatment were studied over a period ranging from 1 to 5 years through personal examinations and instrumental diagnostic methods. These evaluations demonstrated normal functional activity of the intestines in operated patients. Among non-operated patients, improvements in the functions of the small and large intestines were noted, and their general condition was considered satisfactory.

The conducted studies confirmed that complications of Crohn's disease include colonic hemorrhage, strictures of the small and large intestines, colonic pseudopolyposis, interintestinal and interorgan fistulas, and rectal fistulas. For patients with complicated forms of Crohn's disease, after a short-term course of conservative treatment, considering coexisting conditions and with appropriate preparation, radical surgical treatment was performed in 61 cases (55.9%). The method and extent of surgery were determined by the level of intestinal involvement and the type of complications.

VI. Conclusions

1. *Complication Overlap:* In 12.5% of patients with Crohn's disease (CD), multiple complications occur simultaneously.
2. *Indications for Surgery:* The presence of multiple complications in Crohn's disease is an absolute indication for surgical intervention.
3. *Surgical Decision-making:*

   The urgency of the operation.

   The severity of the patient's condition.

   The presence or absence of complications.

The choice of surgical method and the extent of the intervention depend on the level of intestinal involvement and the specific type of complications present.

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Florence Nightingale in the Chronicles of Moacyr Scliar

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Resumo- A atenção neste artigo recai sobre um nicho expressivo da literatura de Moacyr Scliar (1937-2011) – as crônicas. Expandindo a proposta de que o escritor e médico fez uso de suas vivências para compor suas obras, destaca-se que a saúde das mulheres e a inserção destas no segmento científico são alvo da atenção desse intelectual. Neste texto, pretende-se demonstrar como Scliar apresenta a obra e a trajetória de Florence Nightingale (1820-1910), a fundadora da Enfermagem Moderna.

Palavras-Chave: *crônica; enfermagem; florence nightingale.*

GJMR-K Classification: *NLMC Code: WY11.1*

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Florence Nightingale in the Chronicles of Moacyr Scliar

Florence Nightingale Nas Crônicas De Moacyr Scliar

Bianca Nantes Nunes [α], Soraia Geraldo Rozza [σ], Carolina Echeverria Carvalho [ρ], Lemuel de Faria Diniz [ω] & Márcia Gomes Marques [¥]

Resumo: **A atenção neste artigo recai sobre um nicho expressivo da literatura de Moacyr Scliar (1937-2011) – as crônicas. Expandindo a proposta de que o escritor e médico fez uso de suas vivências para compor suas obras, destaca-se que a saúde das mulheres e a inserção destas no segmento científico são alvo da atenção desse intelectual. Neste texto, pretende-se demonstrar como Scliar apresenta a obra e a trajetória de Florence Nightingale (1820-1910), a fundadora da Enfermagem Moderna.**

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Introdução

No conjunto da produção literária do escritor e médico Moacyr Scliar (1937-2011) figuram mais de setenta livros de gêneros diferenciados, tais como romances, ensaios, crônicas, ficções infanto-juvenis e contos. O escritor gaúcho teve suas obras publicadas em mais de vinte países e foi reconhecido quatro vezes com o "Prêmio Jabuti", pelas obras: *O olho enigmático* (1986), categoria Contos; *Sonhos tropicais* (1992), categoria Romance; *A mulher que escreveu a Bíblia* (1999), categoria Romance; e *Manual da paixão solitária* (2008), categoria Romance, também escolhida obra de Ficção do Ano. O escritor colaborou por décadas como cronista em vários órgãos da imprensa no país, como a *Folha de São Paulo* e o Jornal *Zero Hora* (RS), e foi membro da Academia Brasileira de Letras a partir de 2003.

Na primeira etapa de sua carreira literária, Scliar elabora obras que tematizam a cidade de Porto Alegre e o Estado do Rio Grande do Sul. Isso foi pontuado por Regina Zilberman (2009), que dá o nome a essa fase de suas publicações, entre 1972 e 1977, de "os romances de Porto Alegre", entre os quais se destacam *Os mistérios de Porto Alegre* (cujo título alude a *Os mistérios de Paris*, de Eugene Sue, e a *Mistérios de Lisboa*, de Castelo Branco), livro constituído de contos e crônicas, de 1975, e *O ciclo das águas*, de 1977, reconhecido com o segundo lugar no Prêmio Érico Veríssimo de Romance. O segundo período dessa cronologia literária atribuída à sua obra dá-se pelo predomínio temático na interface judaísmo-Brasil, abarcando obras como *O centauro no jardim* (1980), *A estranha nação de Rafael Mendes* (1983) e *Cenas da vida minúscula* (1991), publicadas entre 1980 e 1991. O terceiro período abrange *A mulher que escreveu a Bíblia* (1999), *Os vendilhões do Templo* (2006) e *Manual da paixão solitária* (2008), e se caracteriza por "privilegiar personagens sugeridas pela leitura da Bíblia hebraica" (*Ibidem*, p. 116).

Na sua maneira de produzir, muitas vezes num só ano o autor publica obras de gêneros diferenciados. Isso se nota em 1984, ano em que, além do livro de crônicas *A massagista japonesa*, Scliar lança literatura infanto-juvenil (*Memórias de um aprendiz de escritor*) e as antologias *Dez contos escolhidos* e *Os melhores contos de Moacyr Scliar*. Em 1995 e em 2001, o mesmo fenômeno é percebido: no primeiro, foram editadas as crônicas do *Dicionário do viajante insólito* e os infanto-juvenis *Um sonho do caroço do abacate* e *Introdução à prática amorosa*; em 2001, verifica-se a publicação das crônicas de *O imaginário cotidiano* junto ao infanto-juvenil *Ataque do comando P. Q.* Nota-se, também nos casos assinalados, que a atuação do Scliar cronista ocorre de forma contínua e paralela à publicação de obras nos demais gêneros literários.

Com relação às crônicas, ele as escreveu por aproximadamente quarenta anos: publicou as primeiras no início dos anos 1970. Dos diversos gêneros a que se debruçou, a crônica de jornal esteve presente em sua trajetória do começo ao final, sendo, inclusive, "os últimos textos que o autor legou a seus leitores" (ZILBERMAN, 2012, p. 9), no início de 2011. A atenção neste artigo recai justamente sobre esse nicho da produção do escritor, as crônicas, e entre elas as

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crônicas médicas, no que poderia entender-se como manifestação de sua experiência de vida em sua literatura, visto que Scliar formou-se em medicina, em 1962, e doutorou-se em Saúde Pública com a tese Da *Bíblia à psicanálise: saúde, doença e medicina na cultura judaica*. Com relação à repercussão da atuação na medicina em sua literatura, pode-se considerar que tenha dado os primeiros passos de seu percurso literário ainda em tempos de faculdade, visto que, na seção "Sobre o autor" do livro *Dicionário do viajante insólito,* lê-se que "ao ingressar na faculdade de medicina, [Scliar] começou a escrever para o jornal *Bisturi*" (SCLIAR, 2011, p. 133).

Do universo de suas crônicas, selecionam-se aquelas com temas ligados à medicina, a partir das quais se analisa a recorrência da menção ao cinema nessa parte da produção do autor. Expandindo a recorrente proposta de que o escritor fez uso de suas vivências (Szklo, 1990; Waldman, 2003; Zilberman, 2009) e de assuntos de interesse para compor suas obras – a cidade e o bairro onde cresceu, o judaísmo, a imigração, a atuação como médico e a formação em saúde pública – destaca-se que, como aspecto importante na segunda metade do século XX no país, as mídias, e entre elas o cinema, são alvo da atenção do escritor, aparecendo nas crônicas médicas como recurso composicional, no intertexto estabelecido com obras fílmicas (Gomes, 2009) E Como Referência Intermidiática (Rajewsky, 2012).

Identifica-se que o escritor recorre ao cinema como motivo e recurso composicional e de ambientação, tomando-o como parte da paisagem cultural da cidade e da sociedade de seu tempo, como algo a ser considerado como parte da cena e da vida de todos os dias com a qual tece suas crônicas. A sua proximidade das mídias eletrônicas e da cultura popular e midiática se manifesta, também, no fato de escrever para jornal, ademais de trazer o cinema como motivo em sua obra.

Quanto à combinação de elementos temáticos, ou seja, do que se manifesta em sua obra como seleção (incluir e excluir) e hierarquia (no sentido de ser mais ou menos central na composição) de certos elementos da realidade e da experiência social, interessa explorar se a vivência do escritor como médico se expressa em sua obra, e sobre a intersecção que estabelece dos temas ligados à saúde com a menção ao cinema. Observa-se que Scliar valeu-se de seus conhecimentos médicos como material para as suas criações literárias, o que se verifica, por exemplo, no fato de o escritor gaúcho ser autor de 21 obras com temática médica. Por essa trajetória, diz-se que Scliar está inscrito numa linhagem de médicos-escritores, como Pedro Nava (1903-1984) e Guimarães Rosa (1908-1967). No que tange especificamente às crônicas, essa temática aparece esparsa em seus livros, é tema recorrente de muitas das suas publicações, assim como esteve regularmente presente nas que publicou exclusivamente em jornal.

Na elaboração desse artigo, as maiores dificuldades encontradas na etapa de procura, uma vez que nem todas as crônicas de Scliar estão publicadas em livros. Devido a isso, foi necessária uma minuciosa pesquisa na Internet para encontrar as demais crônicas, tendo em vista que a grande maioria das suas crônicas foram escritas durante o período que ele trabalhou nos jornais *Zero Hora* e *Folha de São Paulo*. Ou seja, das muitas crônicas publicadas nesses jornais, ainda há aquelas que ainda não foram compiladas em livros. Por isso, foram desenvolvidas pesquisas constantes no site do autor e na Internet de um modo geral a fim de se reunir todos os textos nos quais o autor menciona a enfermeira Florence Nightingale.

a) A crônica e o cronista Moacyr Scliar

No ensaio *Cronista e leitor*, Zilberman afirma que a crônica é um gênero de difícil demarcação, pois pode tratar de fatos contemporâneos, narrar tanto histórias verídicas como imaginárias, relembrar pessoas e acontecimentos, realizar comentários sobre literatura ou outras expressões culturais. Por sua lógica de produção e de consumo, a crônica, assim como o folhetim, é constitutivamente um gênero poroso à atualidade (Martín Barbero, 1987), ou tem porosidade de assuntos, segundo Granja (2015). A sua primeira acepção, explica Fischer (2004), derivava do latim *chronica* – relato, história escrita ou narrativa de fatos dispostos em ordem cronológica –, mas o termo migrou desde o domínio do relato histórico para o literário, e logo depois passou a ser utilizado na literatura em um gênero específico ligado ao jornalismo.

Dentre os escritores das crônicas modernas está Moacyr Scliar, considerado um dos maiores cronistas brasileiros, escrevia regularmente em jornais de circulação regional e nacional. O escritor foi um defensor da crônica na literatura brasileira, considerando-a um gênero literário importante; seu uso, contudo, era mais ou menos imediato, diferente da ficção (romance), gênero no qual uma boa ideia pode ficar amadurecendo por anos (FISCHER, 2004, p. 7-17). Parte de suas crônicas foram inspiradas em matérias de jornais. Em seu processo de criação, dizia precisar de um elemento desencadeante e, nesse processo, a notícia de jornal cumpria esse papel, dizia Scliar:

> [...] pode ser um episódio histórico, uma pessoa que conheci, uma história que me contaram, uma notícia de jornal. Daí em diante é uma incógnita. Sou muito rápido escrevendo para jornal, mas quando se trata de uma ficção mais longa é diferente; aí períodos de rapidez se alternam com outros de muita lentidão, resultante de dúvidas que vão desde a questão do foco narrativo até a incerteza quanto à validade do projeto [...] (Zilberman, 2009, p. 118).

O trecho é referente a uma entrevista concedida pelo escritor em 2009, quando há décadas

escrevia e publicava em jornais. Também em sua autobiografia, intitulada *O texto, ou: a vida*: uma trajetória literária, fala sobre seu processo de criação e sobre as diferentes rotinas criativas relativas à elaboração (i) de crônicas para serem publicadas por jornais e (ii) de romances, concebidos para serem lidos em livros.

> É uma experiência no mínimo curiosa passar da página do livro para a página do jornal. Sim, em ambos os casos trata-se de texto impresso, destinado a um público, mas as diferenças são grandes, e históricas. [...] Os escritores escreviam para a eternidade; os jornalistas estavam presos aos assuntos do momento, nem sempre agradáveis. [...] Os escritores podiam fazer pesquisas formais, mesmo que estas resultassem em textos obscuros; os jornalistas tinham, e têm, a obrigação da clareza. (SCLIAR, 2007a, p. 237-238).

O fragmento acima dialoga com parte do que Scliar menciona na entrevista intitulada *Falar com Deus? Só se for com ligação a cobrar*, na qual esclarece que não se considera jornalista, mas sim um colaborador de jornal que abomina ouvir gente que deprecia o jornalismo. Ele afirma: "[...] o meu convívio com o jornalismo foi contínuo. Aprendi, em primeiro lugar, a fazer um texto enxuto. Aprendi a ir direto ao ponto, entregar o texto na hora", além de precisar escrever "com muita antecedência por causa dos problemas de ilustração". Relacionando essas considerações à explanação acerca do embate entre o livro e o jornal, Scliar pondera que no país "surgiu um gênero que se tornou o elo de ligação entre literatura e o espaço jornalístico: a crônica". No jornal, a crônica é "um respiradouro, uma brecha na massa não raro sufocante de notícias" (Scliar, 2007a, p. 239).

Este trabalho vale-se do depoimento de Scliar não como intento de, como afirma Iser (2013) em *O fictício e o imaginário*, indagar sobre a psique do autor para desvendar suas intenções. Tal como sustenta Iser (2013, p. 37), entende-se que seja "provável que a intenção não se revele nem na psique nem na consciência, mas que possa ser abordada apenas através das qualidades de manifestação que se evidenciam na seletividade do texto face a seus sistemas contextuais". Aqui o testemunho de Scliar é entendido, de tal forma, como elemento transtextual, no sentido de Genette (2006), como forma estendida de paratextualidade ou metatextualidade, que acrescenta e desdobra aspectos de seus processos de criação, e repercute em sua fortuna crítica.

Em termos de publicações, a atuação de Scliar como cronista começa em 1984, ano em que é lançada a primeira edição de *A massagista japonesa*, seguida, em 1989, por *Um país chamado infância*. Em 1995, vem à lume as crônicas do *Dicionário do viajante insólito*, que recebeu o Prêmio Açorianos, e um ano depois chega às livrarias *Minha mãe não dorme enquanto eu não chegar*. Em 2001, edita *O imaginário cotidiano,* também laureado com o Prêmio Açorianos, e neste mesmo ano publica *A língua de três pontas: crônicas e citações sobre a arte de falar mal* e *A face oculta: inusitadas e reveladoras histórias da medicina*. Em 2004, trabalhando num projeto da Editora Global, Fischer seleciona textos para o livro *Moacyr Scliar*, expondo essa vertente do escritor para a Coleção Melhores Crônicas. Em 2005 lança *O Olhar Médico*, em 2009, *Histórias que os jornais não contam*. Com a morte do autor, em 2011, as publicações passam a ser póstumas, e Zilberman seleciona crônicas para as seguintes compilações: *A poesia das coisas simples* (2012) e *Território da emoção: crônicas de medicina e saúde*, *A banda na garagem* (2014) e *A nossa frágil condição humana* (2017). Desses, apenas *Território da emoção*, *A face oculta* e o *Olhar médico* reúnem crônicas médicas no todo, enquanto os livros de 2012 e de 2014 trazem algumas crônicas médicas esparsas entre textos de outro enfoque.

Por cerca de 40 anos, do início dos anos 70 a 2011, Moacyr Scliar publicou crônicas regularmente no jornal *Zero Hora*, do Rio Grande do Sul. Publicou nos cadernos *Vida* e *Donna*, na coluna *A Cena Médica*, mantendo uma coluna semanal no caderno de *Notícias*. Os temas, como sugerem as variadas editorias e suplementos onde publicava, eram diversos, abarcando desde questões de saúde, vida familiar, passando também por assuntos cotidianos da cidade e do estado, reservados principalmente à coluna das terças-feiras, na página 2 do jornal. Sobre sua participação para o Caderno *Vida* do Jornal *Zero Hora*, ele afirmou tratar-se de um trabalho importante, porque é uma forma de escrever sobre Medicina de maneira mais humanista. Já no jornal *Folha de São Paulo*, Scliar escreveu a partir de 1993, na seção *Cotidiano*, com crônicas inspiradas em notícias de jornais, sendo que algumas delas são crônicas médicas. Atuou como cronista, ainda, no *Correio Braziliense*, do Distrito Federal, de 2006 a 2011, escrevendo para o caderno *Diversão e arte*.

Examinando as crônicas de Scliar publicadas na *Folha de São Paulo*, Lealis Guimarães (1999, p. 161) toma como *corpus* de análise cinco crônicas e aponta que, nelas, "o humor é inerente à criação literária, manifestando-se através do procedimento paródico", que se combina, em seu efeito estético, à exploração de "assuntos insólitos, ou constrangedores, do cotidiano veiculado pela notícia, para promover efeitos tragicômicos". Com respeito à leitura, com suas crônicas passa-se "ao mundo do imaginário e, nesse transporte do real para o fictício, [...] que funciona como crítica às ordens e valores predeterminados". Do *corpus* analisado por Guimarães (1999), o único texto que se enquadra no perfil de crônica médica é "Consultando no posto de saúde fantasma", elaborada a partir de uma notícia desanimadora sobre o sistema de saúde,

na qual nota-se um "humor crítico diante do fato noticiado" (GUIMARÃES, 1999, p. 121-122).

O imaginário cotidiano, *Moacyr Scliar* (Coleção Melhores Crônicas), *Histórias que os jornais não contam* e *A banda na garagem* têm em comum reunirem crônicas inspiradas em notícias de jornal. Esses livros apresentam a seguinte disposição: logo após o título da crônica, é apresentada a notícia que serve de inspiração e, em seguida, vem o texto de Scliar. Algumas das crônicas desses livros apresentam temáticas relacionadas à Medicina, que são compostas de personagens em situações nas quais se reportam superficialmente aspectos da Medicina. Desses textos, pode-se mencionar "Ele (ex-ela) e ela (ex-ele)", cujo narrador cria uma história sobre as dificuldades de adaptação vivenciadas por um casal que muda de sexo. Esse texto integra *Moacyr Scliar* (2004, p. 215-216), "uma reunião de crônicas que o destacam no gênero com maior nitidez" (HANCIAU, 2012, p. 118). Sobre a pertinência de classificá-los como crônicas, os textos inspirados em manchetes de jornais, no entender de Zilberman (2012, p. 16), devem ser assim considerados, pois "crônicas são também narrativas de eventos efetivamente ocorridos ou imaginários". Para Scliar, porém, por serem ficcionais, esses textos não seriam crônicas. Em entrevista concedida a Fischer, o escritor comenta sobre os limites entre crônica e outros gêneros:

> [...] acho, sim, que os limites da crônica são claros. Crônica não é conto: é um comentário sobre a realidade, portanto exclui ficção (ainda que, na Folha de São Paulo, eu escreva um texto ficcional baseado em notícias de jornal. Mas eu não o chamo de crônica. Nem de conto. É uma espécie de crônica ficcionalizada). Crônica não é um gênero tão erudito quanto o ensaio. Crônica não é tão factual quanto o artigo (sobre política, por exemplo). (SCLIAR *apud* FISCHER, 2011, p. 102).

O Dicionário do viajante insólito reúne uma coletânea de crônicas inspiradas em viagens de Scliar, e contém apenas um texto no qual há referência à medicina: "G de Gueixa", cujo personagem sonha em se deitar com uma gueixa. Seu chefe o convida para uma viagem ao Japão e, em seu quarto de hotel, ele "solicita" uma gueixa. A visitante é velha e cega, ele tenta se desvencilhar dela e machuca a coluna, necessitando assim ceder aos cuidados da gueixa, que era, de fato, apenas massagista (SCLIAR, 2011, p. 35-38). Publicada em 1996, *Minha mãe não dorme enquanto eu não chegar* é outra obra que dispõe uma única crônica sobre saúde. Intitulada "Pietá", que narra o sofrimento do escritor com a perda de sua mãe, acometida por um câncer, e de sua impotência, como médico, perante a situação (SCLIAR, 1996, p. 44-46).

Em *A massagista japonesa*, há textos que remetem a questões relacionadas à saúde. A narrativa que intitula o livro é, com ligeiras modificações, a mesma de "G de Gueixa", de o *Dicionário do viajante insólito*. Há outros textos nos quais são contadas histórias entremeadas de resquícios de conselhos médicos, como "Ponte de safena", "A um bebê com cólicas", "Data certa", "Decisão", "O homem que corria" (SCLIAR, 1984, p. 23-24, 53-54, 75-78, 107-109). *A língua de três pontas*: crônicas e citações sobre a arte de falar mal (2001) dispõe um capítulo intitulado "Falando mal da medicina", no qual Scliar apresenta um histórico da evolução da medicina, seguido das citações que coligiu relacionadas à desconfiança nutrida por muitos sobre a atuação dos médicos (SCLIAR, 2001, p. 54-66).

Observam-se, em suas crônicas médicas, como no dizer de Iser (2013, p. 37), as "qualidades de manifestação que se evidenciam na seletividade do texto face a seus sistemas contextuais", identificando que a prática médica serviu de mote para sua literatura. Sobre a presença dessa prática em suas obras, Hanciau (2012, p. 114) afirma que "o texto exato, objetivo e cortante, Scliar certamente herdou dos prontuários médicos, que escreveu ao longo da vida e que, embora frios, trazem implícitas todas as dores do mundo. Os anos de Medicina ensinaram a diagnosticar a insondável criação literária".

Na trajetória literária de Scliar, as crônicas não são secundárias. A inserção do escritor na imprensa é notória, tanto que Zilberman (2017, p. 5) observa que "além de duradoura, a participação de Scliar no jornalismo gaúcho, em especial em *Zero Hora*, foi intensa, resultando em mais de 5 mil crônicas". Antes do *Zero Hora*, escreve para o jornal universitário *Bisturi*, quando cursava Medicina, e, desde 1984, publica suas crônicas também em livro. Ao todo, foram 37 anos de produção contínua no gênero, e em parte dessa produção se verifica a sistemática tematização da medicina e o intertexto com o cinema na composição dos textos, muitas vezes de forma associada. Combinadas às três fases temáticas atribuídas à sua literatura – a cidade de Porto Alegre, a interface judaísmo-Brasil e a releitura de personagens bíblicas –, neste trabalho se propõe que, no tocante às crônicas, há outros dois temas significativos que marcam sua obra, as crônicas médicas: o tema da saúde e da prática da medicina, por um lado, e o intertexto com filmes e a produção cinematográfica, por outro.

b) Moacyr Scliar e a inserção das mulheres nas ciências da saúde

Em sua escritura, Moacyr Scliar demonstrou preocupação não somente com a saúde das mulheres como também com a inserção delas nas ciências da saúde. Uma crônica que exemplifica ambas as tendências é "A mulher e sua saúde". Publicada originalmente em 08/03/2003 e compilada em *Território da emoção*, nesse texto o escritor gaúcho relembra um pouco do preconceito corrente acerca do elemento feminino no consultório médico, evidenciado pelo

ditado "mulher podia adoecer – mas não podia curar". Scliar pondera que "até o século XIX, a profissão médica estava praticamente vedada ao sexo feminino" ao ponto de uma mulher se passar por homem para poder cursar a faculdade de Medicina: James Barry "chamava a atenção por seu tipo físico delicado, e que era – descobriu-se quando de sua morte – uma mulher (foi enterrado como homem, para evitar o escândalo" (SCLIAR, 2013, p. 68). Nessa mesma crônica, Scliar rememora parte da trajetória das três primeiras mulheres a se graduarem em Medicina no Brasil. Uma delas – a gaúcha Ermelinda Lopes de Vasconcelos – recebeu o diploma em 1888 e foi vítima do machismo do historiador Sílvio Romero, o qual publicou uma crônica afirmando que jamais permitiria que sua esposa gestante fosse atendida por uma "machona". "Tempos depois, Ermelinda fez o parto da mulher de Romero. Uma boa resposta para o machista. Que a esta altura não se atreveria a escrever desaforos" já que "as moças representam a metade dos médicos formados no Brasil" (SCLIAR, 2013, p. 68).

Na crônica "A mulher por trás do DNA", Moacyr Scliar discorre uma sobre reflexão baseada no 08 de março, Dia Internacional da Mulher, data anual escolhida para (re)lembrar a história das mulheres. Para destacar essa data tão importante, a luta da mulher para conquistar o lugar que quiser em sua vida profissional, o cronista destaca a difícil missão de ser mulher por meio da vida de Rosalind Elsie Franklin. Assim como muitas outras mulheres, ela teve de enfrentar uma sociedade extremamente patriarcal para realizar um projeto de vida.

Rosalind Franklin nasceu aos 25 de março de 1920, era de uma família judia tradicional da Inglaterra. Desde muito cedo demonstrava gosto pela ciência, mas o pai não a apoiava, dizia ser uma carreira masculina, preferia que a filha fizesse assistência social, e mesmo tendo condições de financiar os estudos dela, não o fez, uma tia da jovem acabou proporcionando isso a ela.

Há uma imagem estereotipada de que apenas os homens têm inteligência científica e/ou dominam o desenvolvimento dessa área do conhecimento humano. O problema é que, na maioria das vezes, como aconteceu com Rosalind Franklin, as meninas não recebem incentivos de seus familiares e, por muitas vezes, nem a escola as motivava à carreira de cientista.

Rosalind Franklin graduou-se em Medicina, fez doutorado pela Universidade de Cambridge, trabalhou nas mudanças estruturais do carbono, estudou difração de raios X, com o domínio no uso do raio X, iniciou o estudo de "uma das mais importantes descobertas científicas da História: a estrutura do DNA, o ácido desoxirribonucleico, substância responsável pela transmissão dos caracteres hereditários" (SCLIAR, 2012, p. 159).

Franklin desenvolveu esse estudo ao lado de Maurice Wilkins em Londres, no King's College, o maior, mais antigo e prestigiado colégio, fundado em 1829. Por lá havia menos de 25 mulheres trabalhando, o local era anglicano, em 1953, o curso mais importante era o de Teologia, o seu refeitório possuía duas partes, uma mista e outra exclusiva para homens. Por ser judia e mulher, Rosalind Franklin teve difícil aceitação no lugar.

Moacyr Scliar, em sua crônica, descreve a cientista como uma figura polêmica e traumática, pois além dos preconceitos vivenciados, teve de disputar seu trabalho com outros três cientistas, o próprio "colega" Maurice Wilkins e os estudiosos Francis Crick e James Watson que desenvolviam os estudos paralelos na Universidade de Cambridge.

> Usando raios X para estudar o DNA - as radiografias que fez eram obras-primas, pela precisão e também pela beleza - levantou hipótese de que a molécula teria a forma de uma hélice, mas não quis adiantar nada sem provas mais concretas. Isso levou a uma briga com Wilkins, que decidiu mostrar os resultados de Franklin a Watson - sem consentimento de Rosy. "Meu coração bateu mais forte quando vi as radiografias", disse Watson. As imagens foram uma revelação. A partir daí ele e Crick aceleraram as pesquisas, e chegaram ao resultado que foi imediatamente reconhecido e que os consagrou. (SCLIAR, 2012, p. 160)

Um dos eventos mais importantes da História científica foi apresentado pela primeira vez em 1953 na revista *Nature*, a estrutura do DNA. O trabalho empírico de Rosalind Franklin, que alcançou níveis de excelência na época, não teve o devido reconhecimento, ficando à margem da História por muito tempo. Franklin acabou desistindo desse estudo, deixando o triunfo para os colegas. Estes ainda receberam o prêmio Nobel de Medicina e Fisiologia pela pesquisa no ano de 1962.

Infelizmente, Rosalind Franklin não pôde entrar na briga para disputar a premiação, pois faleceu em 16 de abril de 1958, aos 38 anos de idade, vítima de um câncer no ovário, doença ocasionada pela consequência de seu trabalho, ela ficava muito exposta às radiações.

Moacyr Scliar se aproxima do desfecho de sua crônica esperançoso sobre o lugar da mulher na área da ciência, pois Rosalind Franklin vem ganhando destaque em estudos científicos, sua história está sendo contada em livros e em filmes, mesmo com um número pequeno de mulheres cientistas, sempre surgem nomes de destaque, comprovando que o ramo científico não é só para o homem, mas a mulher é muito capaz de atingir resultados inesperados, "a vocação para a ciência não está unicamente no DNA masculino" (SCLIAR, 2012, p. 161). Esta é a lição deixada por Scliar: as mulheres precisam ser libertadas dos estereótipos, precisam ser incentivadas desde pequenas para as suas verdadeiras vocações. No próximo segmento deste artigo, será demonstrado como Scliar relembra a trajetória de Florence Nightingale, a pioneira da Enfermagem Moderna.

c) Florence Nightingale nas crônicas de Moacyr Scliar

Foi realizada uma pesquisa minuciosa nas crônicas publicadas por Scliar e foi encontrada apenas uma na qual o escritor rememora a trajetória de Florence Nightingale. Nesse sentido, no mesmo intuito de destacar a figura feminina na área da ciência/saúde, uma área que conhecia de perto, Moacyr Scliar escreveu a crônica "Uma estranha, e admirável, mulher". O texto foi publicado pela primeira vez no jornal *Zero Hora* de Porto Alegre em 29 de agosto de 2010. Somente depois foi reunido com outras crônicas do autor no livro *A poesia das coisas simples* (2012). A análise desta crônica começa pelo título, este já chama atenção pelo uso da vírgula ao isolar os adjetivos. O destaque é dado ao termo "estranha", cai numa suavidade com o termo "admirável" e recai na estranheza por isolar o substantivo "mulher" no final do título.

Esse texto de título chamativo trata justamente de uma figura feminina intrigante, a história da pioneira da enfermagem moderna – Florence Nightingale. Esta nasceu em 12 de maio de 1820, recebeu o nome inglês da cidade onde nasceu, Florença, na Itália. De família abastada, Florence viajava bastante, os pais eram tradicionais e religiosos, características que já premeditavam o destino da garota, "Florence estava destinada a receber uma boa educação, a casar com um cavalheiro de fina estirpe, a cuidar da casa e da família" (SCLIAR, 2012, p. 194).

O destino previsto para Nightingale era o mesmo que, para a maioria das mulheres que viveram no século XIX, segundo Dubby e Perrot (1991), sofriam com uma sociedade bastante machista e controladora. As mulheres estavam condicionadas apenas ao papel de genitoras, não tinham o direito de pensar, agir, muito menos revolucionar. No quesito religião, a mulher era vista como um modelo de fé e perseverança, algo pleno e sublime. A fé feminina se demonstrava em comportamentos específicos, como a sentimentalidade e a obediência ao cônjuge.

Eggert e Pereira (2019), no texto *Freiras e religiosas - as mulheres consagradas*, afirmam que obedecer a Deus significa seguir Maria como exemplo, e não Eva. Pois a primeira representa submissão, santidade, modelo para todas as mulheres. Já a segunda é o contrário disso, pois é sedutora, persuasiva e pulsante, tudo o que a sociedade patriarcal não deseja, já que a insubmissão significa uma ameaça às famílias. Eva é pecadora, e Maria a redentora dos pecados.

Mesmo no contexto descrito, algumas mulheres começaram a discursar de maneira mais expressiva, pedindo igualdade entre os sexos, surgiram também nesse período alguns movimentos feministas, requerendo mudanças sociais e politic as. "Mas logo ficou claro que a menina não se conformaria com esse modelo. Era diferente, gostava de matemática, e era o que queria estudar" (SCLIAR, 2012, p. 194). Então, Florence Nightingale negou a frustração para a qual estava predestinada.

Esse feminismo praticado por parte das mulheres, inclusive por Nightingale, mesmo que involuntariamente, é conhecido por *feminismo liberal*, segundo Carneiro (2019), pois defende a igualdade entre os gêneros, igualdade de educação, salário e oportunidade, representa a porta de entrada para as mulheres na vida profissional e acadêmica.

Com apenas dezesseis anos de idade, Florence Nightingale escreveu em seu diário sobre sua vocação, não estava destinada à vida comum, tinha um chamado de Deus, este chamado seria servi-lo. Mas o servir a Deus para ela estava longe de ser como no sentido descrito acima, para a moça significava cuidar do próximo, dos enfermos, mais especificamente dos que estavam hospitalizados. Assim, dedica sua vida para a enfermagem.

Os pais da garota não viam com bons olhos a missão da filha, apesar de ser uma atividade considerada feminina, primeiro, porque as pessoas dessa área da saúde eram rotuladas como de uma classe social inferior e possuíam uma vida desregrada. Outro motivo seria as condições dos hospitais: eram perigosos para contração de doenças e só atendiam pobres.

Naquela época, os hospitais curavam tão pouco e eram tão perigosos (por causa da sujeira, do risco de infecção) que os ricos preferiam tratar-se em casa. Hospitalizados eram só os pobres, e Florence preparou-se para cuidar deles, praticando com indigentes que viviam próximos a sua casa. (SCLIAR, 2012, p. 195).

Após visitar vários hospitais, viajando pela Europa, logo surgiu a oportunidade de colocar em prática tudo o que aprendera. Um amigo de Florence Nightingale e membro do governo inglês pediu-lhe que coordenasse um grupo de enfermeiras na Guerra da Crimeia. Nessa guerra, cerca de 250 mil pessoas morreram, boa parte de doenças infectocontagiosas.

> Florence Nightingale deu um novo conceito à enfermagem, desenvolvia um trabalho humanitário, criou lavanderia no hospital, fez melhorias nas dietas dos pacientes e manutenção nas enfermarias. Mais ainda, através de sua habilidade matemática, habilidade que se acreditava ser comum apenas aos homens, desenvolveu um estudo estatístico demonstrando a queda na taxa de mortalidade, resultado de péssimas condições sanitárias proporcionadas aos pacientes.

Devido a sua garra, bravura e determinação, dando à enfermagem o estatuto socioprofissional, ganhou admiração da rainha Vitória, ela recebeu uma importante condecoração. Após esse ato da rainha para com a enfermeira, Florence Nightingale adoeceu, adquiriu brucelose, provavelmente uma infecção proveniente do período que esteve na guerra. Mesmo

com suas limitações, não parou de trabalhar e, ainda, fundou uma escola de enfermagem e escreveu um livro sobre isso.

Moacyr Scliar finaliza sua crônica revelando a real intenção de seu título. Florence Nightingale era estranha por não ser submissa a uma sociedade preconceituosa e machista, enfrentou tudo e se dedicou a cuidar das pessoas enfermas, independentemente de suas condições, escreveu seu próprio destino. E essa estranheza, tornou-a admirável, tudo isso sendo mulher.

> Estranha, a Florence Nightingale? Talvez. Mas estranheza pode estar associada a qualidades admiráveis. Grande e estranho é o mundo [...]; grandes, ainda que estranhas, são muitas pessoas. E se elas têm grandeza, ao mundo pouco deve importar que sejam estranhas. (Scliar, 2012, p.196).

Florence deixou um legado para a enfermagem e uma lição de vida para todas as mulheres, não se submeteu aos costumes patriarcais, enfrentou todos os preconceitos, viveu sua verdadeira vocação/vontade, destacando-se e sendo reconhecida pelo que fez.

d) Considerações finais

Foi realizada uma pesquisa minuciosa nas crônicas publicadas por Scliar e foi encontrada apenas uma na qual o escritor rememora a trajetória de Florence Nightingale. Nela, a sua mensagem de reconhecimento pelo trabalho dela ficou bem delineado. Seu texto traz um médico reverenciando a fundadora da Enfermagem Moderna. Ele é um cavalheiro pontuando as principais contribuições trazidas por essa brilhante profissional.

De certa forma, pode-se afirmar que a referida crônica tem um viés feminista já que relembrar a trajetória de Florence evoca a luta dela contra o patriarcalismo vigente na sua época. Inicialmente, seus pais se opuseram à sua ideia de se tornar enfermeira, assim como a sociedade da época via com maus olhos a escolha da mulher por essa profissão. Apesar desses obstáculos, Florence não desistiu dos seus sonhos e contribuiu para o progresso na área da saúde. A escolha de Scliar pelo gênero crônica de fato contribui para evidenciar o mérito de Florence, pois, em tom de conversa entre autor e leitor, leva este a uma importante reflexão acerca do protagonismo feminino.

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Fellows/Associates of Medical Research Council

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17. Never copy others' work: Never copy others' work and give it your name because if the evaluator has seen it anywhere, you will be in trouble. Take proper rest and food: No matter how many hours you spend on your research activity, if you are not taking care of your health, then all your efforts will have been in vain. For quality research, take proper rest and food.

18. Go to seminars: Attend seminars if the topic is relevant to your research area. Utilize all your resources.

19. Refresh your mind after intervals: Try to give your mind a rest by listening to soft music or sleeping in intervals. This will also improve your memory. Acquire colleagues: Always try to acquire colleagues. No matter how sharp you are, if you acquire colleagues, they can give you ideas which will be helpful to your research.

20. Think technically: Always think technically. If anything happens, search for its reasons, benefits, and demerits. Think and then print: When you go to print your paper, check that tables are not split, headings are not detached from their descriptions, and page sequence is maintained.

21. Adding unnecessary information: Do not add unnecessary information like "I have used MS Excel to draw graphs." Irrelevant and inappropriate material is superfluous. Foreign terminology and phrases are not apropos. One should never take a broad view. Analogy is like feathers on a snake. Use words properly, regardless of how others use them. Remove quotations. Puns are for kids, not grunt readers. Never oversimplify: When adding material to your research paper, never go for oversimplification; this will definitely irritate the evaluator. Be specific. Never use rhythmic redundancies. Contractions shouldn't be used in a research paper. Comparisons are as terrible as clichés. Give up ampersands, abbreviations, and so on. Remove commas that are not necessary. Parenthetical words should be between brackets or commas. Understatement is always the best way to put forward earth-shaking thoughts. Give a detailed literary review.

22. Report concluded results: Use concluded results. From raw data, filter the results, and then conclude your studies based on measurements and observations taken. An appropriate number of decimal places should be used. Parenthetical remarks are prohibited here. Proofread carefully at the final stage. At the end, give an outline to your arguments. Spot perspectives of further study of the subject. Justify your conclusion at the bottom sufficiently, which will probably include examples.

23. Upon conclusion: Once you have concluded your research, the next most important step is to present your findings. Presentation is extremely important as it is the definite medium though which your research is going to be in print for the rest of the crowd. Care should be taken to categorize your thoughts well and present them in a logical and neat manner. A good quality research paper format is essential because it serves to highlight your research paper and bring to light all necessary aspects of your research.

Informal Guidelines of Research Paper Writing

Key points to remember:

- Submit all work in its final form.
- Write your paper in the form which is presented in the guidelines using the template.
- Please note the criteria peer reviewers will use for grading the final paper.

Final points:

One purpose of organizing a research paper is to let people interpret your efforts selectively. The journal requires the following sections, submitted in the order listed, with each section starting on a new page:

The introduction: This will be compiled from reference matter and reflect the design processes or outline of basis that directed you to make a study. As you carry out the process of study, the method and process section will be constructed like that. The results segment will show related statistics in nearly sequential order and direct reviewers to similar intellectual paths throughout the data that you gathered to carry out your study.

The discussion section:

This will provide understanding of the data and projections as to the implications of the results. The use of good quality references throughout the paper will give the effort trustworthiness by representing an alertness to prior workings.

Writing a research paper is not an easy job, no matter how trouble-free the actual research or concept. Practice, excellent preparation, and controlled record-keeping are the only means to make straightforward progression.

General style:

Specific editorial column necessities for compliance of a manuscript will always take over from directions in these general guidelines.

To make a paper clear: Adhere to recommended page limits.

Mistakes to avoid:

- Insertion of a title at the foot of a page with subsequent text on the next page.
- Separating a table, chart, or figure—confine each to a single page.
- Submitting a manuscript with pages out of sequence.
- In every section of your document, use standard writing style, including articles ("a" and "the").
- Keep paying attention to the topic of the paper.
- Use paragraphs to split each significant point (excluding the abstract).
- Align the primary line of each section.
- Present your points in sound order.
- Use present tense to report well-accepted matters.
- Use past tense to describe specific results.
- Do not use familiar wording; don't address the reviewer directly. Don't use slang or superlatives.
- Avoid use of extra pictures—include only those figures essential to presenting results.

Title page:

Choose a revealing title. It should be short and include the name(s) and address(es) of all authors. It should not have acronyms or abbreviations or exceed two printed lines.

Abstract: This summary should be two hundred words or less. It should clearly and briefly explain the key findings reported in the manuscript and must have precise statistics. It should not have acronyms or abbreviations. It should be logical in itself. Do not cite references at this point.

An abstract is a brief, distinct paragraph summary of finished work or work in development. In a minute or less, a reviewer can be taught the foundation behind the study, common approaches to the problem, relevant results, and significant conclusions or new questions.

Write your summary when your paper is completed because how can you write the summary of anything which is not yet written? Wealth of terminology is very essential in abstract. Use comprehensive sentences, and do not sacrifice readability for brevity; you can maintain it succinctly by phrasing sentences so that they provide more than a lone rationale. The author can at this moment go straight to shortening the outcome. Sum up the study with the subsequent elements in any summary. Try to limit the initial two items to no more than one line each.

Reason for writing the article—theory, overall issue, purpose.

- Fundamental goal.
- To-the-point depiction of the research.
- Consequences, including definite statistics—if the consequences are quantitative in nature, account for this; results of any numerical analysis should be reported. Significant conclusions or questions that emerge from the research.

Approach:

- Single section and succinct.
- An outline of the job done is always written in past tense.
- Concentrate on shortening results—limit background information to a verdict or two.
- Exact spelling, clarity of sentences and phrases, and appropriate reporting of quantities (proper units, important statistics) are just as significant in an abstract as they are anywhere else.

Introduction:

The introduction should "introduce" the manuscript. The reviewer should be presented with sufficient background information to be capable of comprehending and calculating the purpose of your study without having to refer to other works. The basis for the study should be offered. Give the most important references, but avoid making a comprehensive appraisal of the topic. Describe the problem visibly. If the problem is not acknowledged in a logical, reasonable way, the reviewer will give no attention to your results. Speak in common terms about techniques used to explain the problem, if needed, but do not present any particulars about the protocols here.

The following approach can create a valuable beginning:

- Explain the value (significance) of the study.
- Defend the model—why did you employ this particular system or method? What is its compensation? Remark upon its appropriateness from an abstract point of view as well as pointing out sensible reasons for using it.
- Present a justification. State your particular theory(-ies) or aim(s), and describe the logic that led you to choose them.
- Briefly explain the study's tentative purpose and how it meets the declared objectives.

Approach:

Use past tense except for when referring to recognized facts. After all, the manuscript will be submitted after the entire job is done. Sort out your thoughts; manufacture one key point for every section. If you make the four points listed above, you will need at least four paragraphs. Present surrounding information only when it is necessary to support a situation. The reviewer does not desire to read everything you know about a topic. Shape the theory specifically—do not take a broad view.

As always, give awareness to spelling, simplicity, and correctness of sentences and phrases.

Procedures (methods and materials):

This part is supposed to be the easiest to carve if you have good skills. A soundly written procedures segment allows a capable scientist to replicate your results. Present precise information about your supplies. The suppliers and clarity of reagents can be helpful bits of information. Present methods in sequential order, but linked methodologies can be grouped as a segment. Be concise when relating the protocols. Attempt to give the least amount of information that would permit another capable scientist to replicate your outcome, but be cautious that vital information is integrated. The use of subheadings is suggested and ought to be synchronized with the results section.

When a technique is used that has been well-described in another section, mention the specific item describing the way, but draw the basic principle while stating the situation. The purpose is to show all particular resources and broad procedures so that another person may use some or all of the methods in one more study or referee the scientific value of your work. It is not to be a step-by-step report of the whole thing you did, nor is a methods section a set of orders.

Materials:

Materials may be reported in part of a section or else they may be recognized along with your measures.

Methods:

- Report the method and not the particulars of each process that engaged the same methodology.
- Describe the method entirely.
- To be succinct, present methods under headings dedicated to specific dealings or groups of measures.
- Simplify—detail how procedures were completed, not how they were performed on a particular day.
- If well-known procedures were used, account for the procedure by name, possibly with a reference, and that's all.

Approach:

It is embarrassing to use vigorous voice when documenting methods without using first person, which would focus the reviewer's interest on the researcher rather than the job. As a result, when writing up the methods, most authors use third person passive voice.

Use standard style in this and every other part of the paper—avoid familiar lists, and use full sentences.

What to keep away from:

- Resources and methods are not a set of information.
- Skip all descriptive information and surroundings—save it for the argument.
- Leave out information that is immaterial to a third party.

Results:

The principle of a results segment is to present and demonstrate your conclusion. Create this part as entirely objective details of the outcome, and save all understanding for the discussion.

The page length of this segment is set by the sum and types of data to be reported. Use statistics and tables, if suitable, to present consequences most efficiently.

You must clearly differentiate material which would usually be incorporated in a study editorial from any unprocessed data or additional appendix matter that would not be available. In fact, such matters should not be submitted at all except if requested by the instructor.

Content:

- Sum up your conclusions in text and demonstrate them, if suitable, with figures and tables.
- In the manuscript, explain each of your consequences, and point the reader to remarks that are most appropriate.
- Present a background, such as by describing the question that was addressed by creation of an exacting study.
- Explain results of control experiments and give remarks that are not accessible in a prescribed figure or table, if appropriate.
- Examine your data, then prepare the analyzed (transformed) data in the form of a figure (graph), table, or manuscript.

What to stay away from:

- Do not discuss or infer your outcome, report surrounding information, or try to explain anything.
- Do not include raw data or intermediate calculations in a research manuscript.
- Do not present similar data more than once.
- A manuscript should complement any figures or tables, not duplicate information.
- Never confuse figures with tables—there is a difference.

Approach:

As always, use past tense when you submit your results, and put the whole thing in a reasonable order.

Put figures and tables, appropriately numbered, in order at the end of the report.

If you desire, you may place your figures and tables properly within the text of your results section.

Figures and tables:

If you put figures and tables at the end of some details, make certain that they are visibly distinguished from any attached appendix materials, such as raw facts. Whatever the position, each table must be titled, numbered one after the other, and include a heading. All figures and tables must be divided from the text.

Discussion:

The discussion is expected to be the trickiest segment to write. A lot of papers submitted to the journal are discarded based on problems with the discussion. There is no rule for how long an argument should be.

Position your understanding of the outcome visibly to lead the reviewer through your conclusions, and then finish the paper with a summing up of the implications of the study. The purpose here is to offer an understanding of your results and support all of your conclusions, using facts from your research and generally accepted information, if suitable. The implication of results should be fully described.

Infer your data in the conversation in suitable depth. This means that when you clarify an observable fact, you must explain mechanisms that may account for the observation. If your results vary from your prospect, make clear why that may have happened. If your results agree, then explain the theory that the proof supported. It is never suitable to just state that the data approved the prospect, and let it drop at that. Make a decision as to whether each premise is supported or discarded or if you cannot make a conclusion with assurance. Do not just dismiss a study or part of a study as "uncertain."

Research papers are not acknowledged if the work is imperfect. Draw what conclusions you can based upon the results that you have, and take care of the study as a finished work.

- You may propose future guidelines, such as how an experiment might be personalized to accomplish a new idea.
- Give details of all of your remarks as much as possible, focusing on mechanisms.
- Make a decision as to whether the tentative design sufficiently addressed the theory and whether or not it was correctly restricted. Try to present substitute explanations if they are sensible alternatives.
- One piece of research will not counter an overall question, so maintain the large picture in mind. Where do you go next? The best studies unlock new avenues of study. What questions remain?
- Recommendations for detailed papers will offer supplementary suggestions.

Approach:

When you refer to information, differentiate data generated by your own studies from other available information. Present work done by specific persons (including you) in past tense.

Describe generally acknowledged facts and main beliefs in present tense.

The Administration Rules

Administration Rules to Be Strictly Followed before Submitting Your Research Paper to Global Journals Inc.

Please read the following rules and regulations carefully before submitting your research paper to Global Journals Inc. to avoid rejection.

Segment draft and final research paper: You have to strictly follow the template of a research paper, failing which your paper may get rejected. You are expected to write each part of the paper wholly on your own. The peer reviewers need to identify your own perspective of the concepts in your own terms. Please do not extract straight from any other source, and do not rephrase someone else's analysis. Do not allow anyone else to proofread your manuscript.

Written material: You may discuss this with your guides and key sources. Do not copy anyone else's paper, even if this is only imitation, otherwise it will be rejected on the grounds of plagiarism, which is illegal. Various methods to avoid plagiarism are strictly applied by us to every paper, and, if found guilty, you may be blacklisted, which could affect your career adversely. To guard yourself and others from possible illegal use, please do not permit anyone to use or even read your paper and file.

Criterion for Grading a Research Paper (Compilation) by Global Journals

Please note that following table is only a Grading of "Paper Compilation" and not on "Performed/Stated Research" whose grading solely depends on Individual Assigned Peer Reviewer and Editorial Board Member. These can be available only on request and after decision of Paper. This report will be the property of Global Journals.

Topics	Grades		
	A-B	**C-D**	**E-F**
Abstract	Clear and concise with appropriate content, Correct format. 200 words or below	Unclear summary and no specific data, Incorrect form Above 200 words	No specific data with ambiguous information Above 250 words
Introduction	Containing all background details with clear goal and appropriate details, flow specification, no grammar and spelling mistake, well organized sentence and paragraph, reference cited	Unclear and confusing data, appropriate format, grammar and spelling errors with unorganized matter	Out of place depth and content, hazy format
Methods and Procedures	Clear and to the point with well arranged paragraph, precision and accuracy of facts and figures, well organized subheads	Difficult to comprehend with embarrassed text, too much explanation but completed	Incorrect and unorganized structure with hazy meaning
Result	Well organized, Clear and specific, Correct units with precision, correct data, well structuring of paragraph, no grammar and spelling mistake	Complete and embarrassed text, difficult to comprehend	Irregular format with wrong facts and figures
Discussion	Well organized, meaningful specification, sound conclusion, logical and concise explanation, highly structured paragraph reference cited	Wordy, unclear conclusion, spurious	Conclusion is not cited, unorganized, difficult to comprehend
References	Complete and correct format, well organized	Beside the point, Incomplete	Wrong format and structuring

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