

HEALTH

A JOURNAL DEVOTED TO HEALTHFUL LIVING

EDITED BY HONBLE DR. U. RAMA RAU & U. KRISHNA RAU, M.B.B.S.

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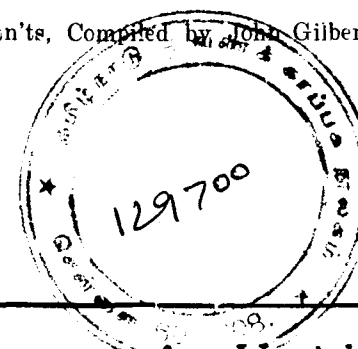
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A CORRECTION.

In the 'Venus Astrological Bureau's' advertisement published on p. iii of September '30 issue.

In Line 14—For 'one year detailed Life reading in 8 periods Rs. 9,' read 'one year detailed Life reading in 8 periods Rs. 5.'

In Line 23—For 'Dt' read "acting."

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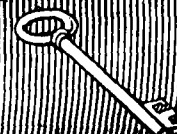
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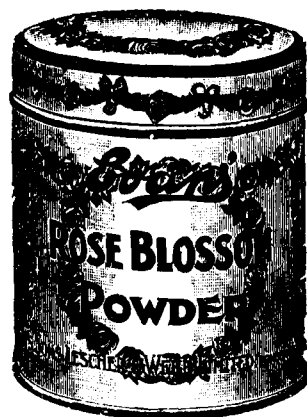
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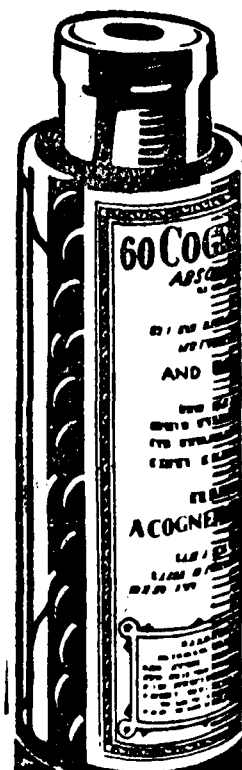
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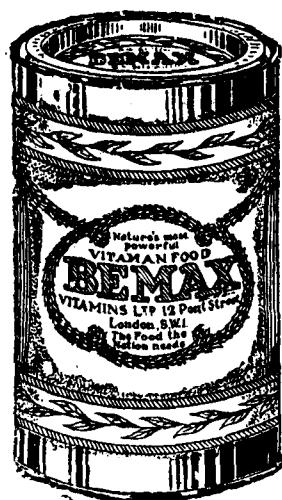
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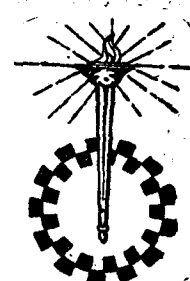
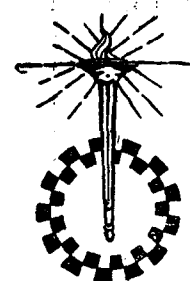
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[No. 10

COMPULSORY HEALTH EDUCATION IN SCHOOLS.

Elsewhere we publish an interesting and instructive article by Dr. Mary D. Sheridan on 'The necessity for compulsory Health Teaching in Schools', which has prompted us to write these few lines with special reference to conditions obtaining in India. We must, at the outset, point out that the World War was in a large measure responsible for the intense interest now being taken by almost all the civilized nations of the World in Maternal, Infant and Child Welfare and Germany, which relied so much for its success in the War, on its man power, finding its strength crushed and crippled, has taken the lead in this work of reconstruction, so that it may regain its lost position as A₁ nation. Other countries such as England, America, and Japan have followed suit and are vying with one another to reduce their maternal, infant and child mortality to the lowest possible minimum and to

build up a strong, sturdy and healthy nation. World organisations such as the League of Nations and the World Federation have their Health Sections, which meet and discuss annually the various complex Health problems that present themselves from time to time so that the representatives of each nation may carry back to their respective countries new projects and better methods for their health activities. India is moving too, though slowly, in the direction of improving the health and stamina of her peoples and maternal and child welfare has now claimed the attention of the state and the public to a much larger extent than before. If India has not kept pace with the other nations of the World, it is because three things stand as barriers in her way *viz.*, poverty, ignorance and superstition.

India's poverty has become almost proverbial and it were vain to attempt

to solve it here. "But poverty *per se* as an actual cause of high infant mortality is doubted but that it is frequently an accompaniment of high infant mortality is undoubtedly true. The agricultural labourers in rural Wiltshire (England), for example, are the poorest class of people in the nation, yet the infant mortality among them is very low (about 60 per 1000)." Poverty can therefore be safely eliminated as being no insuperable barrier in reducing infant mortality in India. Then comes ignorance. The ignorance of both the mother and the child must be taken into account. Ignorance is not the curse, solely of Indian mothers. In England, "the ignorance of even the better class mother on matters of health is appalling," so says Dr. Sheridan. As for superstition, India is said to head the list. But superstition as such has not been rooted out even in civilized England. While the Indian mother believes in devils and demons, the Englishwoman is perturbed with the thought of fairies appearing in dreams and disturbing the sleep of her children. To quote Dr. Sheridan again: 'Among the very poor the most ancient and revolting superstitions are still followed.'

There is thus some common ground between England and India, to be covered and as Dr. Sheridan observes 'until we have a proper organised scheme of health education made obligatory in every class of school, we cannot hope for a first class nation.' The scheme of health education propounded by Dr. Sheridan is a comprehensive one and includes not only children but also adolescents in evening continuation schools, and parents in welfare centres, parents' associations, adult education circles, students in colleges and universities and other groups.

No health education worth the name is imparted in the schools in this country. It behoves the Ministry of Education in the various provinces of India, therefore, to see that hygiene is made a compulsory subject for the school-final examination and that prospective teachers do undergo a course in Hygiene and pass a health examination satisfactory to the educational authorities. This will be in entire accord with the resolution passed by the Health section of the World Federation held in Toronto in 1927, published in another page of this issue.

PREVENTION OF CHOLERA

BY

C. S. SWAMINATHAN, L.M.P.,

Komaratchi.

To effectively prevent the spread of cholera one should know its cause and ways of spreading. The disease occurs in epidemic form and is endemic in certain parts of our country. It has been proved that the disease is caused by a micro-organism found in the intestines and stools of the affected

person. The infection spreads to others by the flies that sit upon the infected excreta or infected clothes of the person suffering from the disease and sitting upon the eatables in the kitchen. The legs of the flies carry hosts of cholera germs and leave a portion of them wherever they come

in contact. It is also spread by the drinking water in ponds and wells being polluted by the washing of soiled clothes, etc.

If the infection of food from flies and drinking water from soiled matter from any infected locality could be prevented, the curse of cholera could be easily eradicated. It is quite easy to say this but to practise it is quite difficult firstly from ignorant habits and superstition of the masses and secondly from want of funds. A humble effort is made below to describe briefly what could be done in the matter.

Segregation of the infected:—All infected persons should be at once removed to a place distant from any human dwellings (if possible) if not as far away as possible from the kitchen in the house itself.

Disposal of the excreta and soiled matter:—The indiscriminate washing of soiled matter in tanks or rivers is to be condemned. Nor should excreta be allowed to be thrown near the house. For this will invite a host of flies which are the propagators of the disease. Therefore all excreta and soiled old clothes etc. should be mixed with saw-dust and burnt after mixing with kerosine oil. The floor of the house infected with the disease should be disinfected by rubbing it with hot ashes. If the destruction of clothes by fire is not feasible due to their being new, they may be disinfected in 5% cresol solution.

Prevention of infection of food:—As this occurs chiefly through the agency of flies all food prepared should be kept covered and protected from flies. The collection of rubbish etc. around the house tends to the harbouring of flies and therefore should

be prohibited. The practice of vending sweetmeats in baskets by the side of the road should be condemned. Hotel and restaurant owners should be strictly instructed to keep all their commodities in fly proof chests.

Prevention of infection of water:—The infection of this occurs mainly by direct contact when performing ablution or washing soiled clothes etc. in the water and indirectly by vessels used for carrying water. It is customary in these parts to polish the vessels with tamarind and the dust found on the banks of the pond or surrounding a well. The dust might have been infected by the shoes of a cholera patient or soiled matter from an infected house. When such a vessel is used for drawing water from a well, the well becomes infected with the dust in the crevices of the vessel and thus the well forms a centre for the propagation of the disease. All wells in an infected locality should be disinfected by chlorination or lotion of potassium permanganate. There is absolutely no harm in using the water from the well so disinfected. It is usual in the village parts to see people taking water from rivers and ponds because their well water is coloured. This is only courting disease. Though the question of supply of pure water is to be considered by the Government we can do our mite in lessening the possibility of infection of the existing sources of water supply. In villages where there are public wells kept under Local boards a hand pump should be installed for drawing water. If not possible, there should be kept in a well a pulley with a wire rope or chain running through having a bucket at one end and a weight counterpoised at the other and no one should be allowed to draw

water except by this and this will do a great deal in the prevention of pollution of the well.

Inoculation of the uninfected:—Inoculation of Haffkine's anti-cholera Vaccine gives resistance to the disease though not for a long time at least for 3 to 4 months. Billivaccine has of late come into vogue which consists in producing immunity by oral medication.

Personal prophylaxis:—During epidemics general health should be carefully preserved. Panic should be discouraged. Over work, exposure to cold and excesses of any kind must be avoided. Unripe or over ripe fruit, sword fish or shell fish, and in fact anything tending to produce indigestion should be avoided. All water used for drinking or for washing plates should be boiled. The practice of infected pilgrims being sent away from festival centres to their native places, should be prohibited. But they should be segregated in isolated sheds erected for the purpose and treated

promptly and carefully. There may be some persons harbouring cholera germs in their intestines and passing millions of them in their stools but not suffering from any ill-effect of the same. These are a certain danger to society. We may not know which of us are cholera carriers, as such persons are called. Therefore it behoves every one to observe the rule of not bathing or performing ablution in a well, pond, tank or river the water of which is used for drinking purposes.

Education of the masses:—This comes last but not least. For only when they understand the source, spread and manner of spread of infection there could be their effective co-operation in the fight against this scourge. Systemic lectures with magic lantern pictures should be given in the rural parts to educate the public. Prevention of infectious diseases should form a subject in the curriculum of our schools so that the rising generation may acquire sufficient knowledge of such important things.

“VALAIKAPPU” OR THE BANGLE CEREMONY AMONG THE HINDUS

(My interpretation of its significance)

BY

RAO SAHIB DR. T. S. TIRUMURTHY, B.A., M.B. & C.M.

“Valaikappu” is the Tamil name given to a ceremony observed by the Hindu parents during the first pregnancy of any of their daughters. It is also known as “Poochoottal”, which means literally “decoration with flowers”, among some of the communities in the Tamil Nadu. In the Andhra Desa it is termed “Gazulu-

Pettadam”. This ceremony is not enjoined by the Hindu religion and no religious rites are performed in it.

It is not so with the “Seemantham” ceremony, which is observed during the later months (usually 5th or 7th month) of the first pregnancy of a Hindu girl. I am informed that “Seemantham” is a shortened form

for “Seemanthonnayanam” which means literally “the raising of the fallen locks of hair on the head”. This name has been given to the function probably for the reason that a girl becomes a matron after her first child and she no longer hangs her locks of hair plaited at the back of the head, but has it bundled up into a tuft behind the head. Whatever may be the explanation for the word “Seemantham”, the ceremony is an important one which has to be observed with due performance of the rituals enjoined by religion or followed by custom. There is also a significance for this ceremony i.e. the publication before witnesses by the husband that the child born to his wife is his own. The first child is known as Seemanthaputhran or Seemanthaputhri according to its sex. Moreover, the ceremony is fixed during the later months of pregnancy, when the fact of pregnancy is no longer of doubtful diagnosis. The custom is that the ceremony is performed in the husband's house and the girl is sent again to her mother's house for delivery. It is not observed in subsequent pregnancies as subsequent declarations of legitimacy were not considered necessary by the ancient Hindus.

The Bangle ceremony on the other hand has neither religious nor legal significance. It comes before “Seemantham” and is fixed during the 5th or 7th month of the girl's first pregnancy. For obvious reasons of a doubtful diagnosis, even by qualified and experienced medical practitioners, the ceremony is not done during the earlier months of gestation. The ceremony is performed in the parents' house and not in the house of the girl's husband. A satisfying explanation of the real significance of this

Hindu ceremony I have not been able to obtain so far. My own explanation for it I give as a layman with the hope that I may be corrected, if I be in the wrong, by those who are learned in Sanskrit, Hindu religion and Indian History who may happen to see this short note of mine in the College Magazine.

According to the custom which I have noticed in the Tamil districts, the pregnant girl is escorted to her mother's house during the 5th or 7th month of the girl's pregnancy or earlier, if her health necessitates the change. At about the 5th month, when the diagnosis of the pregnant condition is fairly certain, an auspicious day is chosen for the celebration of the function, which is mainly a ladies' function. Invitation is extended to all the ladies and girls who are related or known to the family for a feast. The pregnant girl is clothed in her finest sarees, ornamented with jewels and decked with flowers. A bangleman is requisitioned for the occasion with all his wares and many lac and glass bangles are selected and fitted on the girl's forearms. Also all the other girls and young women are presented with a few pairs of similar bangles with which they adorn themselves. After a great feast in the noon, a concert is arranged in the evening in which most of the women take part in the singing, and the pregnant girl is clothed and adorned as finely as circumstances allow, and is made to sit on a special seat during the whole performance. The function comes to an end with *harathi* for the girl and the distribution of flowers, *kumkum*, sandal paste and *pan supari* to all the assembled guests.

It appears to me that the only object of this ceremony among the

Hindu parents is their desire to keep their daughter for a short period in their house before sending her again to her husband's for the Seemantham and to have the pleasure of feasting their eyes by looking at their daughter decked and clothed as best as they could afford and of invoking for her the blessings of all the other elderly ladies who are their relatives and friends. To a medical man this desire on the part of the parents appears to be only very natural. For who knows what may be the fate of the girl during her first delivery? The "Valaikappu" function cannot be performed in the early months when the diagnosis of the condition is very uncertain. Neither can it be postponed to a much later period, as the girl cannot be in a really good condition to enjoy the party given on her account. In the later months of pregnancy the increase in the size of the abdomen and oedema of the feet may considerably restrict her movements even in the house. Moreover diseases incidental to pregnancy occur oftener in the later months. The 5th month is therefore happily chosen.

The first delivery of their daughter is really a matter of great anxiety to her parents. In a country like ours where child marriages are allowed by custom and performed by many communities and, when any attempt is made to legally put down the practice and effect a social reform in the right direction to prevent further deterioration of the race, the cry of "religion in danger" is vociferously raised and all shastraic texts are trotted out in regular array by learned pundits, as is now in evidence against the Sarada Act, is it any wonder that maternal death rate is highest even now? The figures must have been more appalling,

if they had been collected in pre-antiseptic days. The maternal death rate is still considerable in spite of qualified doctors, trained midwives and Health visitors and maternity clinics. We are only just beginning to tackle this problem of maternal mortality. We wish all success to the attempt of our Surgeon-General, Col. Hingston, and our friend Dr. A. Lakshmanasami Mudaliar to plan a scheme of constructive and co-ordinated work, in which scientific investigation into the various problems will be conducted on proper lines.

My friend Dr. R. Adiseshan, Assistant Director of Public Health, is now conducting enquiry in selected cities in this Presidency into the causes of maternal mortality. He has kindly supplied me with the following figures at my request:—

Countries	Maternal Death rate per 1000 live births
Cities under investigation	
(1927-1928)	...
Denmark 1920	18.45
Holland	2.35
Sweden	2.42
Japan	2.58
Union of South Africa	3.53
England and Wales	4.10
Germany	4.33
France	5.15
U. S. A.	6.64
	7.99

The excessive maternal mortality in India is evident from the above figures. Also it is highest when confinement occurs before 15 years of age and drops by nearly 50 per cent. in the ages 15 to 19. Unlike in other countries, the death rate in women in the ages 15 to 30 is, in this Presidency and probably in the rest of India, markedly higher than in men; in other age periods, the male mortality is higher as in other countries. The higher incidence of mortality in the

ages 15-30 in women in India is due to higher maternal mortality. In all countries the maternal death rate is greatest during the first pregnancy. Later confinements are usually easier and are attended with less risks to the mother.

The above facts will explain the great anxiety on the part of parents to ward off all real and imaginary dangers to which their daughter might be subject during her first confinement. Prayers to the Gods are offered, poojas are performed, blessings of elderly people are invoked, the poor are fed, charities are given and vows are taken in order that the girl may have an early and safe confinement. The fear of the girl's death during confinement is thrust to the

subconscious and the desire to see their daughter bedecked and ornamented and well satisfied in the best of her health, before the possible calamity which may happen to them ere long, is sublimated in the ceremony of "Valaikappu." How many perform the "Valaikappu" ceremony knowing that this is the idea at the bottom of the invention of this ceremony to satisfy parental longings? The function will cease to be an enjoyable one for the mother, her pregnant daughter and all female friends and relations, when the knowledge as to the exact significance of the ceremony dawns upon them.

Verily, where ignorance is bliss, it is folly to be wise.—*Vizag Medical College Magazine*

THE NECESSITY FOR COMPULSORY HEALTH TEACHING IN SCHOOLS

BY

MARY. D. SHERIDAN M. B., CH. B.

In these days it would seem that the whole world is interested in health. Every paper one picks up—all the women's magazines, the literary weeklies, even the daily press—include articles on hygiene, by recognised authorities. Several papers, some reputable and some not, concerned with health, are written for and supported by the lay multitude. And yet for all this universal urge towards better health, the children in school are still taught as little as possible about this, surely the most important subject on earth.

Sir George Newman in his "Handbook of Suggestions on Health Education" (H. M. Stationery Office, 6d.), laid down a scheme of health teaching

which covered the entire field necessary for any lay person to know. The only trouble is that so few educational authorities adopted the suggestions with any degree of enthusiasm.

The ignorance of even the better-class mother on matters of health is appalling. Every doctor can bring to mind cases in point which are probably more striking than those I have noted below. I quote these only because they are actual cases which have come within my own observation during the last few months.

1. The mother was the wife of a high-grade clerk in a large works, the employees of which lived under almost ideal conditions in a model village. There were two children, a boy, aged

6, and baby aged 9 months. The boy started with a severe earache with otorrhoea. During the night he came to his mother crying with pain and climbing into bed beside her, asked her to put her mouth near his ears so that her warm breathing would ease the pain. It seems incredible that the mother should do so, but she did. Three days later she, and afterwards the baby, developed diphtheria. The boy's aural discharge was at once examined and proved to be diphtheritic. The mother gave me this history herself. When I asked her how she could think of doing such a thing she said, "Well, you see, I didn't know."



Open air class for children is conducive to their health.

2. The wife of a man in a good position refused to have her child examined by the oculist, "as glasses would spoil her lovely eyes."

3. The parents of a secondary school girl aged 12, to whom I sent a message advising consultation with an oculist, as the child's vision was only 6/12-6/12, refused to obtain expert advice because the child "could read small print quite easily." At the following examination two years later the child's vision was 6/60-6/60.

4. A boy aged 9, the child of a skilled workman, was seen, who had

six permanent teeth and all his remaining temporary ones badly decayed. He had never used a toothbrush in his life. His mother had refused dental treatment regularly every year. When I tried to impress upon her the seriousness of her neglect she replied that she was acting on her own mother's advice, who said that the best thing for the child would be to let all the teeth decay as quickly as possible, and then have false ones in.

5. A boy whom I saw in school with severe mitral disease, following rheumatic fever, had been just returned from a holiday "running wild on a farm." His mother told me he had developed the rheumatism after a bad attack of tonsillitis. She had previously been advised by the school doctor on two occasions to have the tonsils out but as the neighbours said he would "grow out of them," she had not "wanted to bother him" to have them done. His pulse was 120 when I saw him, and he was excluded from school. Later the mother requested his re-admission, as she "couldn't keep him quiet at home, and hadn't the heart to scold him." She was devoted to the child. Her neglect was not due to carelessness but to sheer ignorance. He has since died.

It may be objected that these parents were not taught hygiene when they were in school, but that nowadays the children are told something about the value of brushing teeth, the necessity for caring for the eyesight, and the danger of infection, etc. They may be—in some schools, but here are a few more examples:—

1. One hundred and twenty senior boys in a recently opened council school, complete with every possible modern convenience, were questioned

on the simple matter of teeth-brushing. Six of them practised morning and night brushing; ten others said they brushed every morning; the rest either never brushed them at all or else did it "when they remembered,"

Of 75 boys questioned in another school, two only practised daily brushing.

The girls in the corresponding departments nearly all had well-brushed teeth. Vanity may be partly responsible for this, but I venture to suggest that it may also be due to a keener insistence on personal hygiene by the average woman teacher. In one of these schools the boys ran a magazine of their own, and corresponded in Esperanto with children at the other side of the world. The general level of work was excellent, and the whole conduct of the school admirable. Had hygiene been a school subject the boys would certainly have studied it with their usual enthusiasm and practised it wholeheartedly.

2. A master in a secondary school told me recently that lessons in musical appreciation were given to every class; hygiene, however, is never mentioned.

3. The senior girl, who wore the untidiest and most tattered under-clothing in the school, was the winner of last year's needlework prize. It had apparently never occurred to her to use her skill on anything but an exhibition sampler.

4. In many schools where personal hygiene is carefully taught, it is the rule for ten or twenty children to use one towel. Toilet paper is rarely provided in the offices.

These examples are chosen at random. They could be multiplied indefinitely. Among the very poor the

most ancient and revolting superstitions are still followed. A mother I know had her daughter's ears pierced to improve her eyesight (the child had a severe progressive myopia and could not be persuaded to wear her glasses); while children in the slums are still given cooked mice as a cure for incontinence.

Only last week I was discussing this matter of health education with a recognised authority on education. He pointed out that the school time-



Children licking the slates is unhygienic and harmful.

table is already over-crowded. I replied that it was surely more necessary to teach something about health, which will be needed during all the child's life and will affect also the progress of the whole race, than to study many other subjects of which only a smattering can be acquired before the leaving age and which are promptly forgotten, once school is over. His reply was illuminating: "But every fanatic with a fad," he said, "thinks that his subject is the only important one on earth."

Even at the risk of appearing a fanatic, I can only repeat that until we have a proper organised scheme of health education *made obligatory in every class of school*, we cannot hope for a first-class nation and I would include in my scheme not only children but also adolescents in evening continuation schools, and parents in welfare centres, parents' associations, adult education circles, students in colleges and universities, and other groups.

The courses of instruction would fall roughly into the following groups:—

ELEMENTARY SCHOOLS.

1. *Infants to the age of eight*.—Health habits: rhymes, pictures and games in illustration.

2. *Juniors to the age of eleven*.—Elementary nature study and science as applied to health. The reasons for health habits. Stories and picture books, cinematograph films in illustration. The first principles of cookery, housecraft, etc.

3. *Seniors to the age of fifteen*.—Elementary anatomy and physiology, dietetics, etc., housecraft, cookery and household handicraft according to sex. History of famous discoveries in medicine.

All these branches could be taught by a teacher holding the ordinary teacher's certificate. (The infant mistresses, to their eternal credit, have made a gallant start. It is for the rest to follow.)

SECONDARY SCHOOLS.

In many of these *no hygiene whatever is taught*. Girls and boys leave school at seventeen or eighteen completely ignorant of the first facts concerning

the preservation of their health. It is particularly essential that the *girls* who are to be the teachers and mothers of the next generation should know something of their racial responsibility. If hygiene is made compulsory in girls' schools, the boys' schools will soon follow.

The only way to ensure the teaching of hygiene in secondary schools is to *make it obligatory as a science in every school-leaving examination*. Considered in this way it should also be quite as valuable a mental exercise as any other science. The course for matriculation, for instance, might comprise the whole of that indicated in Sir George Newman's Handbook. Specially qualified teachers with diplomas in biology, hygiene or medicine, working under the direction of the local medical officer of health would have to be employed. Occasional talks from the school medical officer could be included.

COLLEGE STUDENTS AND CONTINUATION CLASSES.

All prospective teachers should be *obliged*, and others, *encouraged*, to take some standard examination, such as the certificate of the Institute of Hygiene. (Teachers do take a paper in hygiene in their present certificate, but for the teaching of senior children, one paper is not, in my opinion, enough.) Specially qualified teachers in these subjects would be necessary.

PARENTS ASSOCIATIONS IN SCHOOL.

Lectures from doctors, nurses and teachers on chosen subjects might be given in school at frequent intervals, questions from the audience being encouraged. The organisers might even be able to secure an educational grant for this purpose. The lectures

should, I think, be under supervision of the local medical officer of health.

Since hygiene will sooner or later be made obligatory in every school, it will be the duty of the medical officer of health in person (or represented by his assistant school M. O.'s) to *inspect the teaching of hygiene in his area*. If the Board of Education eventually appoint their own inspectors, for this subject, I think they should be doctors, preferably with experience of education and of school medicine.

It would be a mistake, I think, to allow this subject to pass entirely out of the hands of the medical officer of health, as it is one which requires expert knowledge. It *must* be considered as a subject apart, and not cast *vaguely* into the same category as drawing or arithmetic—subjects which a doctor would not presume to inspect. If the responsibility of the teaching

of health passed entirely out of the medical officer of health's hands (unless I have misunderstood the attitude of those educational experts I have spoken with) its relatively immense importance will not always be appreciated.

In conclusion I would like to say that in the above remarks on health education I do not at present include the vexed question of sex teaching. In my opinion *class teaching* in this subject frequently does more harm than good, but there certainly might be some provision made whereby the older children could be given individual instruction if they need it. Parents are frequently—and I think, quite naturally—the last to be consulted on these matters. It would be interesting to obtain the views of educated parents on the subject before embarking on any scheme.—*Medical Officer.*

BETEL (Pan)

BY

JOGENDRANATH BISWAS L. M. P.

Duflating Tea Estate, Titabar P. O. (Assam).

Betel (Pan) has been in use in our country from time immemorial. In this vast country of ours, Hindus and Mussalmans alike, use Betel, irrespective of whether they are rich or poor. During Mahomedan rule it was a custom to serve Betel and Attar at the Badsha's Darbar; even today it is done at the Viceroy's Court. When a guest or a gentleman visits the house, Betel and tobacco are served as the first entertainment. Nowadays however, another thing viz., Tea, has gained its use. It has been a perpetual custom in this country to eat Betel after tiffin

or meal. Betel is a leaf of a creeping plant of class piperesi.

Classification:—

Betel may be principally of two colours, white and black. Its size, colour and properties differ in accordance with the individual climate and soil of different countries. It is also cultivated in two different methods:—

(1) Under shade; the average cultivation in Bengal is done in this method.

(2) The other method is to allow it creep up some large trees; this is

adopted mainly in Assam and surrounding hill countries. Tree-betel is small in size, tastes somewhat irritant and has much fibre which does not dissolve readily in the mouth when taken.

Betel grows in the tropical parts of India and also in Malaya and Java. The betel plant is a creeper, the leaf is very broad towards the stalk and is gradually narrow towards the other end. It looks just like the "Heart" of a playing card. The leaf is smooth in the upper surface and rough in the other; it tastes a little hot.

Chemical Property:—

Betel leaf possesses an aromatic essential oil which is the active element, being a powerful antiseptic—five times more powerful than Carbolic Acid. Its (juice of betel leaf) medicinal dose is oz ii to oz iv.

Uses:—

(1) External:—

Betel leaf is an excellent household medicine. When infants are constipated, the stalk of betel leaf, dipped well in castor oil or glycerine is pushed into the anus to move the bowels. The same treatment may safely be employed to reduce flatulence due to Tympanitis in infants. In inflammation of Lymphatic glands fomentation with a slightly heated betel leaf, on the affected surface reduces both inflammation and swelling. Too much flow of milk from mother's breast may be regulated by bandaging the breast with slightly heated betel leaf. Such a flow stops the outward passage of milk due to heavy pressure in the milk duct, which results in the inflammation of the breast. This can be got rid of by the above treatment. In case of Laryngitis and Bronchitis, a betel leaf,

slightly heated, should be used as a fomentation and then bandaged up. This brings great relief to the patient. When little children suffer from Dyspnoea due to catarrh in the bronchial tube in acute catarrhal fever, the chest should first be rubbed with old ghee, and fomented with heated betel leaf and then with betel leaf covering the chest should be bandaged in flannel. This treatment greatly relieves the patient of cough and Dyspnoea and child particularly feels comfortable. Dr. Gibson highly approves of this treatment. Betel leaf is already described as an antiseptic and disinfectant, hence any wound or ulcer bandaged with it is soon cured. Small tumour and mole are cured by rubbing them with a betel leaf stalk dipped in slaked lime. In Neuralgic pain a piece of betel leaf well soaked in cold water, applied to the affected part, acts as a great relief. In night blindness, first 2 to 4 drops of betel leaf juice should be applied into the eyes in the evening and after a few minutes the eyes should be washed in clean water; 2 or 3 successive applications will cure the disease.

(ii) Internal:—

It is already mentioned that in our country, people of any race have the habit of taking betel after meals. Formerly, if a woman knew well how to prepare betel it was considered as an accomplishment in favour of her, but today the newly enlightened lady is very reluctant towards preparing betel.

The betel leaf, smeared with a little lime, arecanut and catechu forms a "Pan" proper but to meet individual tastes a little cardamom, clove, cinnamon and other spices may be added. Betel leaf juice is somewhat irritant

and hot to the taste, is stomachic, antiseptic and disinfectant. In diphtheria, the inhalation of its vapour is very effective. One drop of betel leaf oil in 100 grams of boiling water, is used for this inhalation. If the oil be not available, 4 leaves boiled in water will serve the purpose. When chewed, betel leaf removes offensive smell of the mouth and the juice is useful in colic and tympanitis. Betel leaf taken after meals increases salivary secretion and helps digestion. To take "Pan" in the actual dose after meals is a tonic and stimulant. With meals we eat up many germs which are destroyed by betel leaf juice and consequently we prevent ourselves from many diseases. An actual dose of betel after meals makes us healthy, strong and free from many diseases.

It is already mentioned that a little lime is to be applied to the betel for chewing; many even take much more

than the usual quantity. Present investigation ascertains that for proper vital action and preservation of health calcium or lime is necessary and absence thereof means liable to attack from many a disease. The universal and uncontested use of "Pan" in our country is probably due to the fact that Arya Rishis were aware of all minute phenomena of human system and as such they insisted on the use of "Pan" after meals.

Old Ayurvedic authors prescribed "Pan" in case of Elephantiasis of the leg. They said, seven betel leaves finely ground and mixed with a little Rock Salt and warm water, should be taken to destroy germs of the disease. The use of too much "Pan" is harmful. This causes want of appetite, dyspepsia and untimely falling off of the teeth. The use of "Pan" is prohibited in Haemoptysis.—*The Indian Medical Journal.*

SOME RADIO AND NEWSPAPER MEDICAL DON'TS

COMPILED BY

JOHN GILBERT, M.D., YORK, PA

Don't handle the baby. What's the use of a woman having a baby if she can't play with it? Don't do it just the same.

Don't rub the corner of your eye with a pocket handkerchief. It may lead to the worst kind of infection.

Don't pick your teeth. You may swallow the toothpick.

Don't eat for pleasure. Do it as an act of morality to preserve your matchless body.

Don't sleep too much. It renders one dopy.

Don't stay up too late. You will lose sleep.

Don't read by artificial light. Lay off from work and do it during the daytime, when the sunlight is glowing.

Don't go to picture shows. It may injure your sight as well as your morals, to say nothing of your esthetic sense.

Don't kiss. While nice, it's dangerous in more ways than one and far safer if done vicariously at the movies.

Don't drink too much. It renders one too fat and may induce an abnormally high blood pressure.

Don't drink too little. It induces constipation and may cause one to dry up.

If you are constipated, don't use bran products. They may loosen the bowels.

Don't exercise. It injures the heart. Don't loaf; it weakens it.

Don't use patent and proprietary medicines. Go to a doctor and he will prescribe them for you. It's good for the doctor.

Don't have too many operations for appendicitis. You only have one appendix.

Don't forget that chewing gum if used exclusively will tend to mould one into that boyish figure. but if carried to excess induces cancer.

Don't eat hard food. It injures the stomach. Don't use soft. It ruins the teeth.

If you can't afford natural sunlight go to a specialist and he will apply artificial light to your anatomy. But don't use artificial lights. They are at last said to be harmful if not dangerous.

Don't punish your young hopeful. It will make him hard and vicious. Refrain from it and he will become soft and a mollycoodle, even a gunman.

Don't blow your nose. It may burst your eardrums. Avoid blowing it and you get sinus trouble.—*The Medical World.*

LESS FOOD, FEWER DEATHS.

Never before had there been such a healthy country as Denmark during the rationing of food," said Professor Hindhede. "It was no mere coincidence," he added, "that while mortality decreased in Denmark, it went up in other Scandinavian countries where food was not rationed. These developments, he claimed, were proof of his general theory that the rate of mortality decreases when men feed on

a more frugal diet. Further proof was that the death-rate suddenly rose when rationing was abolished in Denmark in 1919. In his opinion, overfeeding with albumen, from which most people in the civilised world suffer, is poison for certain persons, and aggravates diseases like diabetes, cancer, arterial sclerosis, and even tuberculosis."—*The Spinal Curve.*

INSOMNIA.

The stress and strain of modern civilized life, with the anxieties and worries it entails, are largely responsible for the ever-increasing number of people who suffer from sleeplessness. This complaint is especially marked amongst the brainworkers who live in the cities and who rarely spend any time in the country amidst

the soothing and sedative influence of nature. Like so many common ailments it has produced a thousand and one certain cures. The daily press is flooded with patent preparations, all claiming to be specifics in the treatment of insomnia. The truth of the matter is that not one of them gives permanent relief, and as a result of

their use, the latter state is worse than the former. No matter what the preparation may be, or what noxious drug is hidden under a pleasant sounding title or catching phrase, it has a definitely harmful effect on the delicate and sensitive nerve cells of the brain.

How then are we to treat patients afflicted with this apparently intractable complaint? As with so many other diseases natural remedies scientifically applied, are the only weapons with which to combat successfully the scourge of sleeplessness. First on our list stand water baths. These should be given at a temperature of 95 degrees Fahr. every evening, just before retiring. It may be necessary to keep the patient immersed half an hour or longer, but if he perseveres with the treatment, the neutral bath, as it is commonly called, will prove to be a sovereign remedy. In it, all reflex irritation is abolished, the mind is soothed, and

frequently sleep supervenes while the patient is in the water. The important points to remember are: (1) Keep the temperature constant at 95 deg. Fahr., (2) Keep the patient in the water for a sufficient length of time, (3) See that the bed is properly warmed ready to receive him, after he has been rapidly dried.

In addition to the hydropathic remedies, it is important to ensure that the patient spends as much time as possible out of doors, provided the weather permits. Fresh air and daylight so stimulate the body tissues that the reaction which sets in tends to produce natural sleep. The diet should be light and should consist chiefly of fruit, vegetable salad, wholemeal bread, and milk. Many people find that if the last meal is composed entirely of milk, sleep is induced more rapidly. In all cases it is highly advisable that no food be taken for at least three hours before retiring.—*Good Health.*

SLEEPING OUT AT NIGHT.

Now that summer is here, open-air sleeping should figure prominently in the list of health-promoting means that one has decided to adopt. The protection of a roof overhead is advisable in order to guard against the rain and dew that so often set in unawares. The bed should be warm and dry with a plentiful supply of light woollen blankets. Warm bed socks and a thick sleeping gown are also necessary for health and comfort. In sleeping out of doors we have a great source of health that is within the reach of everyone, but which unfortunately is rarely practised. If the mass of the people could be induced to make use

of nature in this way, the vast problem of tuberculosis would be solved, and the sanatoriums scattered over the country would have to close their doors. It is only continuous and widespread health education that can overcome the tendency of so many people to spend their hours of rest in an impure and overheated atmosphere. No doubt the time will come when the knowledge of the health-promoting properties of fresh air will have so gripped the attention of the public that no dwelling house will be considered complete without its shed for sleeping out of doors.—*Good Health.*

IS FASTING WISE FOR THE AGED?

A reader asks if it is wise for the aged to fast, and to what extent it is safe to continue this method for the old.

In my own practice I have had many cases where men and women over sixty years of age and in a few cases over eighty have fasted with great benefit to their health. Other experts in the administration of the fast report similar results in elderly people who have fasted.

Dr. Dewey in his book "The Fasting Cure" mentions several cases of old people who have fasted with lasting benefit. Dr. Guelpa, the French

physician, reports a case of an old lady over eighty years of age who took several fasts of three days with intervals of three days of light eating. She not only completely recovered her health, but lost all desire for drink—a craving she had had for more than forty years.

Notwithstanding that fasting will benefit old people who have become ill, I should recommend that longer periods than three days' duration should only be taken under expert supervision. As a general rule, it has been found wise not to fast elderly people for longer than a week at a time.—*Health for All.*

THE SCIENCE OF BATHING.

Taking a bath can no longer be regarded merely as an aesthetical act, says a writer in *Illinois Health Messenger*. It now takes on a distinctly scientific color. Experiments conducted by Dr. Lloyd Arnold, professor of Bacteriology and Preventive Medicine at the Medical College of the University of Illinois and head of the Chicago Laboratory of the State Department of Public Health, show that the skin is a highly efficient germicidal mechanism, but it must be clean and it must be live. The skin of a dead person has no germicidal power.

What it is that gives live, clean human skin the power to destroy bacteria in large numbers and at an exceedingly rapid rate is not known. Evidence that it has this power is very clear. Workers in Doctor Arnold's laboratory used various kinds of bacteria in their experiments. From the same source and at the same time

bacteria of one kind and in like quantity were sprayed upon skin, clean and dirty, upon articles of wood, metal stone and cloth. They were also sprayed upon the skin of dead people.

Then attempts were made to recover the bacteria. Destruction of 90 per cent. of the bacteria sprayed upon live, clean human skin was almost instantaneous. Bacteria sprayed upon all other objects, including dirty and dead skin, could be recovered in far greater numbers and over a much longer period than those sprayed upon live clean skin.

Apparently rubbing the skin stimulates its bactericidal activity. Thus a bath and a good rub-down puts the skin in first-class condition to actually destroy vast numbers of germs that may come into contact with it.

In Doctor Arnold's own words:

"Few disease-producing bacteria enter our bodies thru the skin. Diarrhea, typhoid

fever and dysentery bacteria are swallowed by mouth and pass thru the wall of the alimentary tract into the body. Pneumonia bacteria get into the body, passing thru the lining membranes of the air passages. We do not have a corresponding group of diseases that are caused by bacteria passing thru the skin.

"The clean skin has been found by workers in this laboratory to destroy bacteria that come in contact with it. Disease-producing germs are killed as quickly as harmless ones. Bacteria are not destroyed when placed upon dirty skin. The fatty substances on the skin with dust and dirt protect bacteria from the self-disinfecting action of the skin. Soap and water dissolves the fatty substances and

takes away the dirt with it. Such clean skin destroys bacteria. Soap is not a disinfectant. We have long known that clean skin was healthy skin. We now know that clean skin disinfects itself. Dirty skin can carry germs the same as spoons, pencils, toys and other objects. Non-irritant fat solvents are biologically important cleansing agents; the skin kills bacteria if they can be placed in contact with it. People with dirty hands can transport bacteria from one place to another.

"Dirty hands carry germs like the handle bars on street cars, door-knobs of public buildings, common drinking cups. Clean hands are harmless hands, both for the individual and for the community."—*American Medicine.*

GRAMOPHONES FOR INFANTS.

Whilst the value of the gramophone in upper school work is obvious, its value in infants' school work is not perhaps so clearly defined, says Kathleen Wilkinson, in the *Schoolmaster*.

Infants do not require the wealth of operatic, song, ballad, orchestral and instrumental solo records that is demanded in the musical education of the older children. Suitable orchestral pieces for rhythmic work, nursery rhyme, and children's songs records are practically all that are demanded in the collection of records for the infants' school.

The chief advantage given by the gramophone in the infants' school is that the teacher may demonstrate rhythmic work accompanied by the music. This is impossible in other circumstances unless two teachers combine for such lessons, which is not always convenient.

In story-lessons it is difficult to imitate successfully the multitude of animal voices beloved by children.

Here the gramophone is unsurpassed, and it is only necessary to watch the expressions of pure delight transforming the babies' faces to realise its value. Noises, too, of trains, motors, the wind, rain, giants' footsteps and voices, magic carpets, cuckoo clocks, and singing dolls, to take only a few of the innumerable fascinating sounds, are heard through the agency of the gramophone. These would be practically impossible to produce to order by any other medium.

As in upper school music, so in infants' school music and story, the best talent may be presented to the children. Those who narrate for the recording are first-class story-tellers, those who sing the nursery rhymes and children's songs are singers of repute. Some might say that this is not so important for the infants' school but such an opinion is wrong. Children accustomed from earliest age to the best performances will develop good taste and, later, will demand the highest and see that they obtain it.

The young child's love of repetition and his unwavering insistence on exactness in the re-telling of a story are known to everyone. They are especially known to those who have ever been guilty of altering the dialogue of sequence, even ever so slightly, and who have been sternly brought to book. The gramophone, even in a hundredth repetition, retains the original and, therefore, for the child only correct version.

The gramophone has a definite training value. The children learn that they must restrain expression of

enjoyment so that the whole may be heard, for uncontrolled laughter cause, the following incident to pass unheard, for the story-teller or singer will not wait. They find that one may spoil it for all, and thus social training is gained.

The teacher has splendid opportunities for studying her children whilst they are listening with rapt enjoyment to the gramophone. In these moments, when the children are completely forgetful of her presence, she may get to know more about her small charges than in weeks of ordinary routine-contact.—*Chronique*

HEALTH NOTES & NEWS.

SCHOOL HEALTH AND HYGIENE.

(1) **Health of school teacher:**—"To successfully do his work, the teacher must have physical stamina. The weakling is ineffective and often petty. Teaching is exhaustive work. The teacher is under a nervous strain. Let him look well to his health."—*Education*.

of modern education is an increasing respect for the individual child...Now that we are asking the schools to help each individual child to his best possible attainment in worthy citizenship, *health promotion becomes a primary objective of education.*—Dr. C. E. Turner.

(2) **Health of school children:**—"Nowhere is the responsibility of the school increasing more rapidly than in the field of health. If health is to be maintained, the rising generation must adapt its mode of living to the ever-changing environmental conditions. The State sees the necessity for this adaptation and parents are expecting the schools to co-operate in increasing degree in the health training of children."—Dr. C. E. Turner, *Chairman of the Health Section of the World Federation*.

(4) **School health programme:**—"The modern school health programme has been said to consist of three types of activities:

I. *those directed towards the protection of health through (a) school sanitation or environmental control (b) the prevention and control of communicable disease and (c) the physical and mental examination of children to determine their limitations and needs.*

II. *those directed towards the correction of existing defects through (a) persuading parents to secure medical service for the child (b) the operation of clinics (c) Special types of schools or classes which are planned to im-*

(3) **What modern education stands for:**—"The most significant tendency

prove the health of defective or physically sub-normal children.

III. *those directed toward the promotion of health through (a) the hygienic arrangement and conduct of the school programme (b) organized physical activity (physical education) (c) Health training and instruction. (Health education).*

The ideal conduct of these varied activities demands the special skills and jovial efforts of school administrators, teachers, doctors, dentists, nurses physical educators, nutritionists and expert in health education.—Dr.

C. E. Turner, *Chairman of the Health Section of the World Federation.*

(5) **Teachers must be trained in Health education:**—"All prospective teachers in training be required to complete a well balanced course in the fundamentals of health promotion and disease prevention and control, with particular reference to school hygiene, so that all teachers in the future will have some knowledge of and interest in the health of school children."—*Resolution of the San Francisco meeting of the Health section of the World Federation held in 1923.*



How to learn swimming.

"That as one condition of employment, school teachers should pass a health examination satisfactory to the Educational authorities concerned—*Resolution of the Toronto meeting of the Health section of the World Federation held in 1927.*

"That admission into normal schools and other teacher training institutions should be preceded by a health examination and that this health examination should constitute one basis for admission."—*Resolution of the Toronto meeting of the Health*

Section of the World Federation in 1927.

(6) **The Objective of Health Education:**—"It is obvious that both teacher and pupil should regard health, not as an end in itself, but as an important means of making life fuller, happier and richer."—*Resolution of the Health Committee of the League of Nations at Geneva passed on Octo. 6, 1926.*

TEMPERANCE.

No Teetotallers:—At a recent Temperance meeting, Sir John Simon permitted himself to tell one story which deserves repetition. On one occasion Sir John visited a big Poor Law institution. The conversation turned on the special Christmas treats which were given to the workhouse inmates. "What do you give them?" he asked of the master. "Oh, roast beef and plum pudding, and beer." What do the teetotallers have?" inquired Sir John. "Oh, was the reply," "we don't have any teetotallers here—!"

—*Scottish Temperance Reformer.*

A study of all the facts in the Dominion's official bulletin shows that for 1914—1923, which was in general a period of widening dry territory, including war-time prohibition up to the time that the Government control began to offset the beneficial effects of previous temperance and prohibition policies.

The population of Canada increased 18 per cent.

The manufacture of spirits shrank 45 per cent.

The manufacture of malt liquors shrank 34 per cent.

The imports of spirits shrank 68 per cent.

The imports of malt liquors shrank 97 per cent.

Then came the period of growing Government sale, and the official Dominion bulletin shows that between the years 1923 and 1928.

The population of Canada increased less than 7 per cent.

The manufacture of spirits increased 202 per cent.

The manufacture of malt liquors increased 58 per cent.

The manufacture of wine increased 401 per cent.

The imports of spirits increased 103 per cent.

The imports of malt liquor increased 332 per cent.

The imports of wine increased 268 per cent.

During the years 1913 and 1922, when temperance, local option, and prohibition were expanding:

The consumption of spirits decreased 76 per cent.

The consumption of malt liquors decreased 29 per cent.—*Indian Temperance News.*

* * * * *

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Why not leave me alone? Why set the demon of toddy-drawer on me? Why allow him to get a hold on me? Once you do it I will no more be a help but prove a curse to you. I will yield no more delicious food and drink. I will put forth tiny leaves not fit to roof you. I will give weak timber. In short, I will cease to grow and flourish. Beware! Not only that! I will give out poison. Poison, which will ruin you all! That poison will weaken you and make you a prey to disease and death. It will make you mad and lead you to quarrel, commit crime, and abandon homes. It will make you a ready victim to accident. All this and more I will do, if ever you let the toddy-drawer on me. Keep him away and I will help you well.

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(Central Propaganda Board, Health News and Notes, Madras.)

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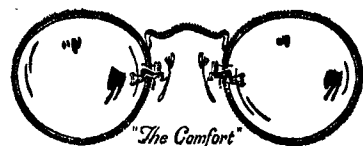


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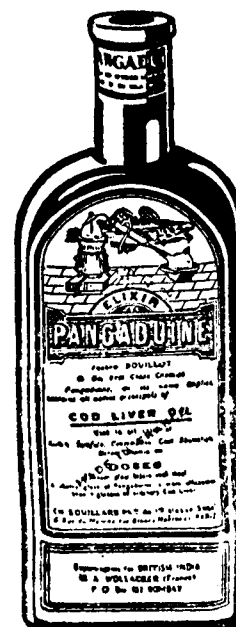
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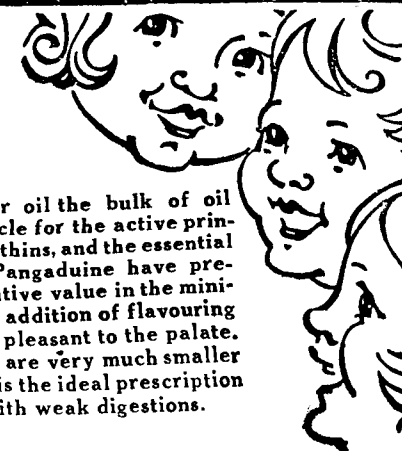
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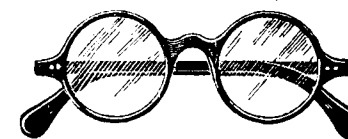
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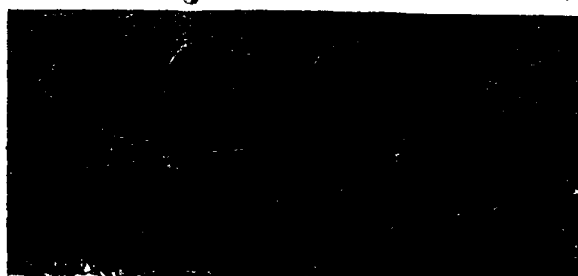
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