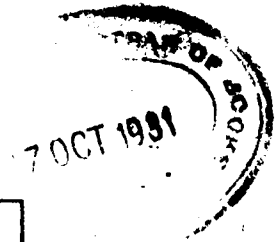


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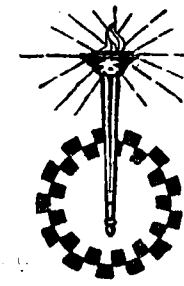
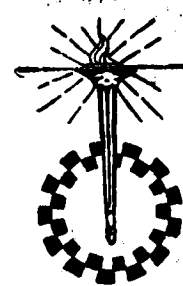
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Vol. IX]

JUNE, 1931

[No. 6

BIRTH CONTROL.

I.—A BRIEF HISTORY OF THE BIRTH CONTROL MOVEMENT.

In the last few years, the subject of birth control has found its way, particularly in the western countries, into the columns of lay and medical journals, newspapers, platforms, conferences, conventions, investigations, both social and medical, in short, in a multitude of places where, formerly, it could not be mentioned. It has also rapidly wended its way to India and to-day we hear even in this conservative and orthodox country, of a number of birth control organizations, birth control journals and a birth control clinic as well, the first of its kind having been recently established in that progressive state of Mysore. So far from being a sexual problem alone, it verges upon many collateral fields of study and thought, social, economic, medical, biological, hy-

gienic, psychological, eugenic, statistical, political, ethical and spiritual. The subject therefore, is one that cannot entirely be ignored and this is our apology for placing before the readers of *Health*, our own view points on this somewhat delicate and perplexing social question.

Birth control has been defined as the tendency to limit births below the physiological capacity of the mother. The genesis of the movement is generally credited to an Anglo-Saxon, Rev. Robert Malthus, although it is certain some methods of contraception were known much earlier than his time. Malthus, strictly speaking, gave no teaching for the prevention of conception by artificial means. In his book, the *Principle of Population* first published in 1798, he contended that the

earth could support only a certain number of inhabitants, and emphasized, therefore, the great importance of controlling the population by means of foresight and self-control, that is, through postponement of marriage and all sexual relations until a man saw himself in an assured way to support whatever family he might have. Out of his principles, the Neo-Malthusian movement grew as an attempt to control the population by the reduction of birth-rate. This movement was largely of an economic nature and taught the additional concept, that had originated with the followers of Malthus, of the artificial prevention of conception. The Neo-Malthusian movement has evolved into the various birth control organizations of to-day with the more immediate concerns of the attaining of the women's personal and economic freedom, the preservation of life and health of mothers and children and the relief from overcrowding, unwanted children and the propagation of the unfit. The protagonist of the Neo-Malthusian movement was one Francis Place, who rose from degraded poverty to the station of a prosperous master tailor. Place sprang from the London working class and with that class his sympathies always remained. The population problem had been presented to him directly and intimately. He was married in his youth and was blessed with fourteen or fifteen children. He knew by experience what over-population meant. But he was profoundly convinced that to have remained unmarried would have meant his moral ruin. Hence he concluded that the only solution of the poor man's population problem was early marriage and limitation of family. His views

are contained in a book entitled *Illustrations and proofs of the principle of Population* which he published in 1822.

The next literature on the subject was by a medical man, Dr. Charles Knowlton of Massachusetts, published in 1833. This book was reprinted in England and was known for nearly forty years only to the working class radicals and the free thinkers. In 1876, however, it furnished the ground for a prosecution which gave it great, though accidental, notoriety. Meantime, another and more remarkable book had appeared. This work latter called *The Elements of Social Science*, had at first the more striking title, *Physical, sexual and natural religion*. Its anonymous author was Dr. George Drysdale and the book, first published in 1854 strove to show that the physical functions of man are of equal importance and dignity with the mental functions and equally worthy of cultivation and exercise. To this rule the sexual function was held to be certainly no exception. Dr. Beasant's name was also connected with the early history of the birth control movement in England, whose prosecution and that of her co-worker Charles Bradlaugh, for reprinting the proscribed book of Dr. Knowlton had given an additional impetus to the movement. To-day organized or unorganized, the movement has become practically worldwide. In England, the birth-rate has considerably fallen since 1878. Evidence of unmistakable decline in birth is noticed in virtually every country where reliable records are kept. This then in brief is the history of the birth control movement as we find it mak-

ing headway in all civilized countries of the world at the present moment.

The science of Eugenics and its after-math, the birth control was not unknown to ancient India. In fact, our forefathers were interested in the production of fine, strong and stalwart offspring and in the evolution of a manly and virile race.

The life of a Hindu was divided in ancient India into four stages. The first, that of the student was the stage of strictest celibacy. This stage was said to last for twenty-five years from his eighth year. The second, that of the house-holder was the marital state. The possession of a son, is one of the greatest blessings he can have in this world and in the world beyond. 'Blessed are the barren that never gave suck unto the young' was not said of the ancient Hindu woman. Greatest restraint and moderation, however, characterized conjugal happiness in those days.

"The natural time of women is said to be sixteen (days and) nights in a month, together with other four days (6?) avoided by the virtuous" (i.e., the Parva days which are the eighth, fourteenth and fifteenth days of each half-month) *Manu. Lec. III 46*.

"But of those sixteen days, the first four and the eleventh and thirteenth are blamed; the remaining ten, however, are allowed."—*Manu. Lec. III 47*.

"One who avoids women on the blameworthy nights and on eight others (i.e. Parva days) is like a student. (i.e. a Bhramachari, under obligation of chastity) in whatsoever order he may be living"—*Manu. Lec. III 50*.

The next two stages are stages of renunciation of the worldly and sexual pleasures. "But when a householder sees wrinkles and grey hair on himself and also sees the child of his child, then let him go to the woods.—*Manu Lec. VI. 2*.

"He may go to the jungle, having given his wife over to his sons or with her also."—*Manu Lec. VI. No. 3*.

"Let him dwell there with his organs subdued."—*Manu. Lec. VI. No. 4*.

Thus the ancient Hindu ideal was birth control, with moral restraint, i.e., control over sexual organs. The Malthusian doctrine is nothing short of a revival of the old Hindu birth control method. The Neo-Malthusian doctrine advocates contraceptives. While we are not opposed to the principle of birth control to check the overgrowth of population and consequent increase of poverty and misery, we are doubtful of the methods employed. We shall in the next chapter discuss which is the healthier method of birth control—continence or contraception?

THE PROBLEM OF THE CHILD—BORN AND UNBORN— A GREAT NATIONAL PROBLEM.

BY

DR. MRS. ANNA THOMAS,
Karachi.

One of the great poets of England has sung that "the child is the father of the man." The children of to-day are the citizens to-morrow. "History is made in the Nursery." The future of our National strength will depend on our care of our children—born and unborn. Cicero said years ago that "the very foundation of the commonwealth is the proper bringing up of the young". Therefore, it is the sacred duty of the State, the statesman and the patriot, to see that this very foundation is well and truly laid.

THE CHILD—BORN.

Let us first see to the problem of the child—born. Statistics show that infant-mortality is very high in India. Roughly, it is calculated that ten million babies are born every year in India and out of them $2\frac{1}{2}$ millions die every year before they complete one year of life. In other words, India loses every day more than 6,900 infants by death. It is reported by specialists who have studied the statistics of the world, that in no part of the world such a sad state of things prevail. One writer says that "India may well be styled as the land of tragedies as far as the infant-mortality is concerned". An abominably high Infantile-death-rate means a prevalence of those causes and conditions which in the long run determine a race's deterioration. Plato has said that the power of the country was in its children. A lower death-rate of

infants means a lower damage rate of youths—boys and girls—and which means stronger and longer lives for all. This gigantic loss of infant lives in India day by day is a great economic loss to the country.

THE ECONOMIC ASPECT.

Professor Irwin Fisher of America has calculated that in America the State loses 1700 dollars by the death of each child and he has also arrived at the conclusion that 42 per cent of the deaths in that country is from preventible causes. On the basis of this calculation, we shall see that the economic loss of India every year is (42 P. C. of $2\frac{1}{2}$ Millions into 1700 dollars): 1,785,000,000 dollars. Since the earning capacity of the average Indian is only one fifth of the American, we may arrive at the figure 357,000,000 dollars as the average economic loss of India from infant-mortality which is of a preventible nature. Mark, that this great loss can be prevented to a great extent.

HOW TO TACKLE THE PROBLEM.

"Prevention is better than cure" is a dictum known even to school boys. The art of prevention is a question of pure and simple common sense, and yet the indifference displayed even by the so-called educated people in matters regarding health and hygiene is highly disappointing. Thanks to the work of the pioneers in the cause

of the childwelfare in India, there is a general awakening in the country in this matter of the problem of the child. The western countries have demonstrated to us that by organised childwelfare work for the last 25 years, they were able to reduce infant mortality to almost a quarter of what it was a quarter of a century ago in the west. Reports show that at least in one part of the world, namely, in Villiers-De-Luce, a French municipality, they were able to reduce the rate to zero point and have been retaining so, for the last 10 years. Experiments and experience have confirmed the point that this problem ought to be tackled from the moment of the conception of the baby in the mother's womb. Science goes even a step farther and says "prepare the soil for the seed". The care of the pregnant mother is therefore a matter of great national importance from the point of view of the care of infants. India is a great country of villages and 27 crores of her population out of the 32 crores live in villages. There is hardly any facility for the women of the villages to get skilled care at the time of their confinements. A woman from the time of conception to the time of delivery and even afterwards, is in the hands and is at the mercy of the superstitious Grannies and the unclean, illiterate, and illtrained indigenous Dhais.

THE PROBLEM OF THE DHAJ.

The Dhaj is the friend, philosopher and guide of the masses in the villages in the matter affecting pregnancy, childbirth etc. From my personal experience as a medical practitioner for the last 15 years in South India and now in North India, I may say that even in the cities, the Dhaj has a

great hold on the people and the people seem to entertain much confidence in her. These Dhais, due to ignorance, unnecessarily meddle with their unclean hands the parts of the women in labour without taking any antiseptic precautions and thus bring about indescribable injury and misery to their innocent victims—the mother and child. Various complications to the mothers after confinements and sudden convulsions to the children, which often prove fatal or permanently damage the health of the child, mother or both, are due to the ignorant and cruel handling of the Dhais. But the pity is, the masses do not understand that this is the result of the Dhais and could have been prevented if early precautions were taken during pregnancy and skilled and scientific help were secured during the time of confinement. When the mother or child dies due to the Dhaj, near relations of the victims resign themselves to "Fate" and the Granny and the admirers of the Dhaj console themselves by saying that the Dhaj was at no fault and that she has conducted hundreds of cases in the village quite successfully. In certain cases with complications advanced, they would bring a qualified practitioner and if it is too late, if he or she could not cure the case, the Dhaj and party will assert that as the time in the register of Chitragupta has expired, Yama (God of Death) had taken her away and that is why the Dhaj failed in that case. Even in the houses of educated people, mostly among the orthodox classes, I have come across many instances where the educated menfolk consider that the matters concerning delivery etc. are beyond their jurisdiction and they leave them

entirely to the Granny whose word is law in that matter. Most of the Grannies oppose anything modern, except, perhaps, her morning coffee and would not accept any suggestion of the educated son or grandson who, perhaps, would be anxious to arrange some trained midwife to conduct the delivery. The Granny will boast of her long experience and ability and how she herself gave birth to her 15 children and looked after the delivery of all her daughters, daughters-in-law and even grand-daughters with only the help of the Dhais. She will never accept the argument that the conditions of living and even the very atmosphere and the health of the people have undergone considerable change since her days and therefore precautions to cope with and counteract the changed conditions should be adopted. And when calamities occur, she has got enough philosophy in her to resign all her troubles to the irresistible Fate. The Dhai is well described by the Public Health Commissioner with the Government of India in one of his annual reports as follows:—

"The vast majority of women in India are attended in their confinements by indigenous midwives known as Dhais, and that their midwifery practice follows custom and tradition and is not based on real training and knowledge. Such women are of lowest caste and of unclean habits. Clothed in voluminous dirty garments their arms are decorated with innumerable glass bangles, their fingers covered with shoddy rings and their finger nails filthy. Their apparatus consists chiefly of a large tobacco pipe of the hooka variety, a dirty old knife and a small oil lamp,

the oil of which serves indiscriminately both for burning and oiling the hands for vaginal examination. A few scraps of rag or old wool pulled out of a mattress and some string complete the outfit".

This description is very accurate as far as the North Indian Dhais are concerned. There is some difference in the appearance and the outfit of the South Indian Dhais. But in the matter of ignorance and crude practices there is not much difference. Surgeon-general Col. Giffard once in a speech at Madras said "Midwifery in India is still in awful condition. It is the common custom and habit to hand over women in labour to the care of one of the dirtiest, most backward, illiterate, ignorant and superstitious classes, the barber midwives. The result of this custom is untold misery and unnecessary deaths are meted out to the parturient women of this country". In a novel called "A Woman's life" written by that well-known French author Guy De Maupassant, a description is given about village Nurse and Midwife, the widow Dentu, and in almost all the respects the Widow Dentu is a prototype of the village Dhai of India. I am tempted to quote it. "Nurse, midwife and watcher of the dead, equally ready to welcome the new born infant, to receive its first cry, to immerse it into its first bath, and to wrap it into its first covering, or to hear the last word, the last death rattle, the last moan of the dying, to clothe them in their last garment, to sponge their wasted bodies with vinegar, to wrap them in the winding sheet, the widow Dentu had become utterly indifferent to any of the

changes accompanying a birth or death".

I have personal experience of the Dhais and their methods. Some of them are too horrible to describe here. The recent movement of the child welfare workers to train the Dhais in modern methods is a move in the right direction. Two years ago I had the privilege of training about 90 of the barbar midwives at Madura and I found that they appreciated the training given to them for six months. The State and the Local Boards should take up this question in right earnest as early as possible. Opening of welfare centres and milk depots are no doubt good, but they are only like palliatives in treating a disease and the real treatment lies in dealing with the root cause of the disease and, therefore, every effort should be made in training the Dhais all over the country and that will act as the radical cure. Every facility should be given to pregnant women to secure skilled help at the time of their confinements. The opening of Ante-natal Clinics, Maternity Homes and Infant-Welfare Centres, are of course very essential and useful, but these may be possible only at present in municipal areas, and it is hoped these will be gradually extended to the villages. Before that could be done, the Government and the Local bodies should make an effort to train all the practising Dhais and to see that trained Dhais are available in every village. This is the most important step in tackling the great national problem of the child.

The grinding poverty of the masses, the insanitary condition of the localities are also important causes and the Statesman and the Economist have to solve those problems.

THE DUTY OF THE FATHER

Every citizen has a social duty towards the infants of the community. Every father has a sacred duty towards his child. Many fathers leave this duty to the sole care of the women and it is no exaggeration if I say that there are fathers who would not bestow half as much attention to their children as they would bestow to their cattle or garden. They care for the scientific advice of the veterinary doctor or the agricultural expert because they value their cattle and crops in terms of hard cash and at the same time they leave their children born of their very flesh and blood to the care of ignorant women and to the mercy of the village quacks. Some fathers think that if they earn sufficient money to maintain their children, their duty is done, and little do they care how the children for whom they work at the sweat of their brow grow physically and morally. The physical development and moral training of the children—the future citizens of the nation—are more sacred duties than the mere hoarding of wealth for them. How many youths for whom the parents earned plenty could not enjoy that wealth longer and turned out physical and moral wrecks and died premature and miserable deaths!

THE RIGHT OF THE CHILD—UNBORN.

Every child has a right to be born in proper conditions of life. It is the sacred duty of the parents to see that their progeny is born healthy and in health conditions. Whatever may be the objection of the orthodox to the recent development of the school of thought of birth control propagandists, I dare say the rights of a child to be born in right surroundings will not be

opposed even by them. Are all the children born now, born in proper conditions—hygienic, social and economic? Due to mere "racial instinct" of man—to use the term of Eugenic scholars—children are daily born into improper conditions of life. For example, marital union of syphilitic father and a tubercular mother, bring forth a child into the world. This child is born unhealthy in undesirable conditions and environments. The sacred right of this child is not respected. This unfortunate child dies premature or if survives grows into a very miserable specimen of humanity as a burden to himself and a danger to society as he might produce another specimen in his turn. The Pathologist may lay the crime at the door of the tubercular bacillus, but the humanist would lay it at the door of the State and the Society. Many innocent children are born daily into unhealthy conditions of life to lead a life of misery for no fault of theirs. No parent considers it a crime to bring children by dozens into such unhappy existence. To justify many of the customs, we fall back upon the Code of Manu, but in this matter Manu says, "the first child alone is the son of Dharma, others born after are sons of Passion". Many a father and mother will have to bow down with shame and confess that they have been responsible to bring into the world numerous children of passion into unhappy existence, who in their turn have been the cause of much national deterioration.

THE NEED FOR EDUCATION.

I believe there is great need today in our country to recognise that education must include, must culminate in, preparation for the supreme

duty of parenthood. This involves instruction regarding the bodily functions which exist not for the body, nor for the present at all, but for the future life of the nation. The boy and the girl must learn that the racial—instinct exists for the highest ends the continuance and the ultimate elevation of mankind. When parents will see that the children born are "children of Dharma" to use the very words of Manu, they will be born into healthy conditions of life and such will raise the national glory. Parents suffering from contagious diseases, parents living in very unsatisfactory and unhygienic conditions and surroundings have a sacred duty towards their children unborn. They are not to bring them to the world at all before they could honestly ensure to them some kind of decent environments in life and health. I am afraid that some may consider this point as a controversial topic, but I appeal to them in all humility, in the sacred name of the rights of the children and Humanity, to ponder over the problem from the standpoint of the children themselves placing before them the spectacle of the untold misery of millions of the children of the country who are born into very unhappy conditions day by day for no fault of theirs.

CONCLUSION.

The problem of the child—born and unborn—is a very important national problem, and if Mother India were to take her legitimate place in the polity of Nations, we have to tackle the same honestly and boldly. In the midst of our strenuous fight for freedom and political salvation, problems of this kind are likely to be overlooked, and therefore the writer of this who is one

of the humble workers in the cause of Maternity and Child welfare, has respectfully ventured to place the above few lines, through the kindness of Dr. U. Rama Rao, a stalwart fighter for Freedom of the country and Health

of the Nation, and if it will provoke some thoughts among the leaders and the masses, she will feel highly gratified. May Mother India march on the feet of her healthy children from glory to glory!

THE GREATEST DANGER OF TUBERCULOSIS.

BY

CAPTAIN SHYAMLAL, B.A., M.B.,
Civil Surgeon, Ballia.

Tuberculosis is daily increasing in India. There is no great city or a big town where the disease is not prevalent. Thousands of valuable lives are yearly sacrificed between the fangs of the demon. No doubt, Pardah, overcrowding and insanitation aid the spread of the disease. Pardah and shutting oneself up within the four walls of a badly ventilated house is the chief cause why the disease is more prevalent among the women in India.

Cholera and Plague also carry away thousands when epidemics occur, but these diseases are not so dangerous in their effects as Tuberculosis. The chief danger of Tuberculosis lies in its prolonged suffering, its communication to others during its prolonged course of illness and its leaving a trail behind.

I have seen a number of families in which one member after another has contracted the disease and has succumbed to it more or less in succession: women in the family have been the worst sufferers. I have often seen one man losing one's wife from tuberculosis or Phthisis, he marries again; a few months after, she also contracts the disease and dies.

I am dealing with that part of the dangers which is known as "Leaving trail or foot prints" in this article. This disease seems to have stuck to the building, and to the clothes, and more or less it is true. The building, the very room in which the patient resided, the clothes belonging to the patient and every other article of use as beds, beddings etc. have got the disease stuck to them.

How to keep a family safe from the above danger is the chief question.

For this I would recommend:—

1. Care of the patient during illness is essential. Some particular room or rooms should be restricted for the use of the patient, clothings should be limited and restricted for the use of the patient only; his or her clothings before they are given to the Dhobi should be dipped into strong carbolic or lysol lotion or better boiled. Utensils for the use of the patient should be separate and should not be used by any other member of the family. The patient should be taught not to spit about the room; a vessel containing some strong antiseptic lotion should be especially provided for spitting. No other member of the

family should be allowed to sleep in the same room along with the patient. After the death of the patient, every article used by the patient such as clothings, beddings, beds etc should be burnt; vessels put into fire before use, the floor and the walls of the house or room should be well scrapped off,

washed with some strong antiseptic and then replastered and rewhite-washed. If possible the room or rooms should not be used at all for two or three months, and should be daily exposed to sun through open windows and doors etc. or removing the roof even if possible.



Cow is one of the chief sources of tubercular infection; so beware of infected Cows and their milk.

In most of the Indian families, the above care about the patient is never taken, the patient while able to walk is allowed to go any and every where inside the house, spit about and use all clothes. The consequence is that every article, every nook and corner of the house has got the disease germs.

2. Early diagnosis of the disease and adoption of the above as soon as the disease is even suspected.

In its early part the disease is not diagnosed and this period of the disease can be the chief source of danger as in this period, no precautions are generally adopted. In this period the

patient is also not very ill; he goes about and spits about.

Under the circumstances I would recommend:— (a) The habit of spitting about should be altogether deprecated and finally discarded. Special vessels should be provided for the purpose. The ordinary gamlas or the lower portion of the broken ghara containing ashes will be the cheapest and can be availed of even by the poorest.

(b) In rich families all the clothings of the patient should be burnt or boiled.

(c) The whole house in which the case has occurred should be scrapped

off, replastered and rewhite-washed or if possible its use for two or three months should be given up: the whole house well exposed to Sun. In the case of poor people the clothings in direct use of the patient should be burnt, others boiled. If the house is a kacha one its floor and the walls can easily be scrapped off, and replastered.

3. Sending away the patient to a sanatorium or a hospital for treatment. I am not judging here the sanatorium or hospital treatment from the treatment point of view, but I am advocat-

ing them here from the prophylaxis point of view. If a patient is removed to the sanatorium or a hospital all kinds of sanitary methods are naturally adopted there. Only one or two relatives, generally adults, may remain along with the patient. Thus a good number of the members of the family are kept away from coming much in contact with the patient and thus they are more or less safe from the infection. The house of the family which is generally the chief source for keeping up the trail of the disease after the death of the patient also more or less escapes infection.

TYPHOID OR ENTERIC FEVER.

BY

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It is a kind of infectious fever, characterised by continued temperature, for a considerably long time, and always attended with intestinal complications. As a rule, temperature in the beginning is a little above $98.4^{\circ}F$ but gradually towards the end of the first week, it rises to its highest point say $104^{\circ}F$ or more. If the temperature is carefully noticed, we generally find that it rises two degrees in the evening and falls one degree or so in the morning. This step-like rise of temperature, is a characteristic feature of this fever. In the second week, temperature more or less remains stationary, and complications develop. In the third week, in favourable cases temperature gradually comes down, and by the end of that week, if complications do not intervene, temperature becomes normal. But in many

cases temperature runs a course of more weeks.

Bacillus Typhosus, the causing organism of the disease, is excreted with the urine, stool, saliva and other excreta of the patient.

The following are more or less responsible for the spread of the disease.

(1) Drinking water polluted with the excreta of the patient.

(2) Milk diluted with polluted water or infected by flies carrying the bacillus.

(3) Utensils washed in polluted water.

(4) Flies play an important part as a carrier of the disease.

(5) Attendants and physicians coming in contact with the patient

spread the disease, though they themselves are not affected in the least in many cases.

(6) Air containing the microbe.

There is no specific remedy for the disease; generally, treatment is conducted according to symptoms. Preventive measures should be taken very carefully, whenever there is one outbreak in the locality.

Preventive measures:—

(a) *Drinking water*—In our country due to ignorance in many cases and due to want of separate tank in some cases, the clothes and utensils used by the patient are washed in a tank, water of which is used for drinking purpose, and as a result of which disease spreads among the consumers of the water of that tank. We should first of all try to remove the ignorance of the people, and request the people, not to use the water of the polluted tank, until it is disinfected.

(b) *Milk*—milk should not be taken unboiled and it should be kept under covering so that flies may not infect it.

(c) Excreta of the patient should be burnt whenever possible, or buried under ground, so that flies may not have the chance to carry the infection.

(d) *Clothes and utensils* used by the patient, should be boiled.

(e) All food stuffs should be kept under cover.

(f) *Anybody entering a sick room* should wash his hands and face thoroughly, before taking any food.

(g) *No food or drink* should remain in the room in which the patient lies.

(h) Preventive inoculation with Antityphoid serum has been advocated by many.

Nursing of the patient suffering from Typhoid, is a matter of great importance. Medicine alone cannot cure a patient, unless a careful nursing is conducted. The attendants, should treat the patient, in the following way,

(1) The patient should be kept on a soft clean bed not very high above the floor, and bed sheets should be changed whenever it is in any way soiled.

(2) Bed pans and urinals should be supplied.

(3) The sick room should be well ventilated and well lighted.

(4) The mouth of the patient should be cleaned with antiseptic lotions, if not possible, with swabs soaked in Hydrogen Peroxide Solution.

(5) The whole body of the patient, should be sponged daily with towels soaked in warm water, when equality of temperature of the room should be maintained by closing the doors and windows.

(6) Ice-bag should be applied on the head whenever the temperature is above 102°F, and if ice cannot be secured, cold water sprinkled with Eau-de-cologne, should be applied on the forehead with a piece of cloth.

(7) Sufficient quantity of water should be given to the patient in the way of pure water, green cocoanut water, whey, Glucose water, soda water etc. and no solid food should be given unless and until the patient is completely cured.

DRINKING.

BY

ANAND SWAMY BHATNAGAR, KAIRANA, MUZAFFARPUR, MUZAFFARPUR.

The prophet Muhammad said 'Never drink wine, for it is the root of all evil.'

Says Shankaryacharya 'Touch not, taste not.' According to Hindu codes the drinking of spirituous liquors is one of the five great sins.

An intoxicant when prescribed as medicine by a physician at the time of illness or pain may be taken without objection but it should not be taken as a matter of luxury at any other time. For all inebriating drugs possess this common property, that if one day you take one drug of this kind, the very next day you probably feel such a strong craving for the same that you think as if you cannot do without it. In case, the dose be similarly continued on the second day, third day, and so on, in a very short time, the act becomes such a confirmed habit that it is very difficult for you to give it up. It is indeed improper to indulge in

of evil in society and often acts like deadly poison." I think these opinions of the learned doctors will convince those who drink alcohol about its stimulating effect.

The following are the six great evil consequences from the continuous use of liquor

1. The loss of wealth.
2. The arising of disputes that lead to blows and battle.
3. The production of various diseases, as soreness of eye etc.
4. The bringing of disgrace from the rebuke of parents and superiors.
5. The exposure to shame from going higher and thither unclothed.
6. The loss of judgment required for the carrying on the affairs of the World.

INDIA AND DRUNKENNESS.

Drinking of liquor is increasing in India day by day. In 1914 we imported 10,185,593 Gallons of liquor from foreign countries which composed 1/4% of the total import. During the previous year we imported 56 million gallons of liquors valued at about 3 1/2 crores of rupees which composed 1 1/2% of the total imports. These figures show that drinking is increasing.

Excise policy of the Indian Government.—The professed government policy in regard to excise administration is to minimise the temptation of persons who do not drink and to

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discourage excess among those who do drink. The means by which this is effected is to make the tax upon liquor as high as possible without stimulating-illicit production.

The provision of shops which gives facilities for drinking is another factor to determine the policy. The general policy of the Government has been to restrict the number of liquor shops as far as possible to subject their location to strict periodical examination with a view to minimise the temptation to drink and to conform as far as reasonable to public opinion.

The above policy has been well criticised by the extremists. Readers will find that this criticism is not merely for the sake of criticising the government policy but it rests on realism and good reasons.

"Members of the temperance society may try for lacs of years but that would be of no avail. Prohibition Propaganda and higher taxes shall not lessen the sale and the consumption, so long as it is not made tasteless.

By scientific methods it is made daily more and more tasty and of good smell so that it may give large revenues to the Government."

The point which the critics have put forward shall convince every body to come to the conclusion that Government is not carrying out its policy.

An appeal was published with the signatures of, G. J. H. Abit, M. D., Sir Bhal Chandra Krishan, Nil Ratan Sarkar, Devindra Nath Mitra, Jeograj N. Mehta etc. etc. which may be summed up as follows:—

1. Wine and other intoxicants are poisonous.

2. In a hot country like India these are very injurious for health and destroy physical and mental power.

3. Those who do not use intoxicants possess better health than those who do.

4. The drunkard not only injures and enfeebles his own nervous system, but entails mental disease upon his family.

5. That a large proportion of human misery including poverty and disease, is induced by the use of alcoholic or fermented liquors as beverages.

6. It never prevents 'Plague.'

7. Making clear the above we appeal that the Indians will abstain from alcohol beverages of all sorts and the religious and social reformers will pay great attention towards this matter.

SOME HIGH OPINIONS.

Abstain from intoxicating drinks (Buddha). A drunkard's purse is a bottle (a proverb). Take special care that thou delight not in wine.

Wine maketh the hand quivering, the eye watery, the night unquiet, lewd dreams, a stinking breath in the morning, an utter forgetfulness of all things (Plissy),

The mortals who eat Bhang and drink wine shall go to hell, whatever pilgrimages fastings and daily devotion they may perform. Rummage the vedas, the Koran and other scriptures: They all condemn intemperance, by giving up which you will be honoured every where. The mohamedan priests and the Parsee preceptors all agree on this point. The Hindu scriptures also denounce drinking as a sin even greater than cow-slaughter.

The evil consequences and some opinions of the learned people have

been given. In the light of these instances may I request you for your own welfare and for the welfare of those around you, to give up these intoxicating liquors. Do so please, if not for your own safety,

at least for the welfare of your brothers and sisters around you. By reading this small article even if one person is led to do a bit of prohibition propaganda work, the writer shall be amply repaid for his pains.

FIRST AID OUTDOORS.

BY

A TRAINED NURSE.

Accidents are continually happening, and all of us who move about have at one time or another a chance to give assistance as first aid. Street accidents are on the increase, and in London alone over 100 persons are injured every day. Apart from traffic accidents, cases of illness and mishap, where prompt aid may be rendered by people in the vicinity, are legion. Yet it is no uncommon thing to see a knot of anxious people crowding round a prone figure in the gutter, not only not helping, but actually hindering his chances of speedy recovery.

SHOULD A PERSON BE SEIZED WITH A FAINTING ATTACK

in the train, car or street, he should be laid flat, with head low and on one side. Loosen the collar and belt, so that the flow of blood to the brain is not impeded. *Do not, on any account, give stimulants.* You do not know the cause of the seizure, and may do more harm than good. If the patient's face is flushed, raise the head, turn on one side and remove false teeth. Make use of any member of the crowd who appears helpful to send for assistance, doctor or policeman, and treat the rest sarcastically until they fade away.

If the prone position is impossible, as it may be in a crush, push the patient's head between the knees. Procure air, at the elbow's point if necessary and give a drink of water on revival.

A PERSON IN A FIT

will probably be rather violent. Endeavour to keep him flat, with a coat under his head, and use restraint, if necessary, to prevent him injuring himself. False teeth should be taken out, and a wedge, such as a bit of rubber, a cork or pencil wrapped in a handkerchief, should be placed between the teeth, far back and in such a position that it cannot be swallowed. Keep the head on one side if possible. Give no stimulants. When he recovers, he will need to sleep, and should be assisted to a resting place nearby, or got home at once to bed.

BROKEN BONES

are not always obvious when a person falls or is knocked down. If you suspect a broken limb, judging by the swelling and pain, or the unnatural way it is bent, the limb should not be moved about at all, but should be straightened and bound above and below the injury to something rigid, while the patient is being moved to

hospital. Don't feel about for the fracture. If the break is in any part of the arm, don't waste time with splints. The doctor will be much more impressed if you support and firmly fix the arm across the chest, palm in, and fingers pointing to opposite shoulder. Pieces of clothing knotted and tied round chest, arm and shoulder will do. A broken collar-bone should be treated in the same way.

A BROKEN LEG

should be bound to a firm roll of newspaper, an umbrella or walking stick, from above one joint to below the other, each end of the injury. Be very careful not to jerk the leg, and fix firmly so that an end of the bone does not get driven through the skin; so causing a serious complication. If no object is near for splinting, the sound leg will make a very good one.

IN CONCUSSION OR STUNNING

the worst thing you can do is to give stimulants, or to move the victim. Apply cold water to the head, and if blood or clear fluid is issuing from the nose or ears it may mean that the skull is fractured, and movement is exceedingly dangerous. Clear a space even if in the midst of heavy traffic, and do not attempt to move the patient to one side of the road until skilled help arrives.

Motor-car collisions are often the occasion of severe bleedings from cuts, window glass or windscreen being a common cause. Immediate pressure of a clean folded handkerchief tightly bandaged suffices to stop the flow until the wound can be attended to. Veins are the most usually affected, being near the skin surface, the blood flowing steadily in a dark stream. If the blood is bright and spurts, and

artery is severed, and a tight bandage must be bound very tightly round the limb above the wound (on the side nearest the heart) in addition to the pad on the wound, to slacken the pressure of blood. For the same reason raise the limb. Soaking in clean hot or cold water (if available) will also arrest bleeding while linen is being procured.

ELECTRIC SHOCKS

by touching a "live" cable or rail are specially terrifying to the onlooker, who should never rush to the rescue without at least protecting himself by wrapping his hands in several thicknesses of dry cloth before pulling the victim away with a stick. An India-rubber doormat or an India-rubber mackintosh coat to stand on is another emergency precaution. Failing that, a piece of glass or dry wood may be a hand to break contact with the earth, your own body being a conductor. Treat a case of shock with artificial respiration as for drowning, and rush to hospital.

FIRE AND FUMES.

Should you be in a position to aid the rescue of people in a burning house, place a wet handkerchief or stocking over your nose and mouth and crawl or creep as near the ground as possible. If the rescued person is insensible, loosen neck and chest clothing, dash water over the face, and if he appears no longer to breathe, treat as for a drowned person.

IN THE CASE OF RESCUE FROM

DROWNING

the Schafer system of restoration is simple. Immediately lay the patient chest downwards, face to one side, arms extended outwards. Kneel

alongside or squat astride him, looking towards his head. Grasp his sides just below ribs with your hands, and bending forward with your arms straight, press firmly and steadily downwards whilst counting one—two—three. Relax, counting three slowly, and repeat, alternately relieving and pressing the patient's stomach against the ground, until he starts to breathe. Turn him over into a natural posture, and get him moved to a place where his wet clothes can be removed and warmth applied to thighs, armpits, and soles of his feet, and he can be allowed to sleep.

TWISTED ANKLE, STRAIN OR SPRAIN should be treated immediately with cold water bandages, bound firmly on. Do not let the patient attempt to hobble along on it. *Dislocations* should never be attempted to be reduced by an amateur. Keep motionless by a support, as judgment indicates.

DOG BITES ARE FORTUNATELY RARE,

children being the more usual victims by accosting strange dogs or by unkind treatment of the animal. The main object is to remove any poison there may be in the wound. Squeeze

the blood towards the wound, and suck it. Then apply clean linen. The bite should be at once cauterised by a doctor.

GRIT IN THE EYE

may cause such intense pain that the victim is blinded and helpless for the time. Draw down the lower lid, or pull up the upper lid inside out over a pencil or match pressed gently below the brow, and brush it to the inside edge of the eye with the corner of a handkerchief. If the grit is immovable, close the eye, bandage it with a soft wet pad and handkerchief, and see the victim safely to a doctor. Do not attempt to remove a particle that is obviously imbedded in the eye. You may cause an ulcer resulting in blindness.

HEAT STROKE, COMMONLY CALLED SUNSTROKE,

causes sudden faintness, dizziness, and sometimes complete insensibility. Lift into the shade, or away from the heat. Remove clothes from neck and chest, pour water from a height over the head and back of neck.

The motto of all good "H. & E." readers should be, like the Scouts, "Be Prepared!"—*Health and Efficiency.*

CURD

The food value of curd is exactly the same as that of milk since there is no addition of any food article or subtraction of any food constituent in turning milk to curd.

It is, however, a proven fact that curd often agrees with people who cannot digest milk. This is due to the fact that the curd is extremely rich in lactic acid bacilli which aid digestion to an appreciable extent.

Curd is not constipating but it very materially differs in its effects from

hot milk which is decidedly laxative in its effects.

Curd disagrees with some persons, especially those who are of a phlegmatic temperament. If it is taken at night by such persons, it is apt to cause flatulence and distension of the stomach. This has given rise to a general belief that it is unhealthy to take curd at night. But the true fact is that, persons of a highly phlegmatic temperament excepting, curd may be taken in suitable combinations at any time of the day with advantage.—*Natural Health.*

HOW TO PREVENT DIABETES

First: *Do not overeat* no matter how tempting and delicious the food served may be. Be moderate always. When getting up from the dinner table do not get up stuffed to repletion. Reserve some appetite for the next meal. Secondly: Be careful as to the quantity of starches and sugars (known collectively as carbohydrates) ingested. Do not regularly regale yourself on exclusively starchy or exclusively, sweet foods. Candies and other sweets tempt the palate but their concentration in the intestines may lead to acid intoxication and constipation to say the least. People as a rule prefer tasty foods to simple and nourishing foods. For

breakfast one should stick to plain porridges preceded by fresh fruits, such as apples, prunes, and so forth; should drink milk and cream instead of coffee and walk at least two blocks every morning. Thirdly: Learn to control your nerves; Be calm. Worrying may become habitual and habitual worrying and frequent excitement may affect the health. Fourthly: Have a routine medical examination made every year "to check yourself up." Urinalysis and blood sugar analysis are parts of such a routine examination and will help your doctor to guide you and regulate your life and food habits.—*Chicago's Health.*

HEALTH NEWS AND NOTES.

Unconscious Poisoning.—"Anger, fear, anxiety are among the emotions and sentiments which literally poison our blood. It has often been said that evil thoughts are poisonous, meaning that they corrupt other people, but the real fact is that they poison our own blood. By losing control of ourselves and indulging in anger; by yielding to anxiety, worry, fear or unwholesome thoughts, we cause an irritation or disturbance which, according to the latest scientific statements, has the effect of producing a poison in the blood that may have very serious consequences.

Naturalists declare that the venom of snakes is generated by anger and fear; that it is rapidly collected in the special receptacle and thence discharged at the object of its anger or fear; and it is further explained that the same process takes place in the human body, but that we have no special organ to receive it, and it therefore

disperses in the blood, acting against ourselves instead of for our protections as in the case of the snake. Be that as it may, it is generally conceded that we are literally poisoned by the emotions of evil, anger, jealousy, heat, prejudice, and by any sentiment or passion which upsets the smooth and harmonious working of the mind." *Home and Homeopathy.*

Infant Mortality in American cities.

A statistical report of infant mortality for 1929 in 279 cities of the United States, published by the American Child Health Association, is as full of interest as a compilation of figures can be. The cities are divided into five groups according to their population, the first group those of over 250,000, the fifth those of 10,000 to 25,000. The infant mortality is lowest in the first (63.3), highest in the last (70.4) and except for cities of 25,000 to 50,000 in which the rate is 66.4, it sinks

steadily as the population rises. In ten cities the rate is below 30, in 38 it is above 110, and in 485 it is between 50 and 90. The most favourable states are those of those of the Pacific Coast, the least favourable those of the south. The infant mortality amongst the Negroes is high, so that the total mortality of each state is much influenced by the proportion of the coloured to the white population. Reduction in the rate is fairly general, but is most marked in the large industrial cities, a point of great interest and importance, as the rates in most were not inordinately high when the Child Health Association started its activities. With one or two exceptions, not of great importance, the infant mortality rates of the American cities are highly favourable. They suggest that child welfare working full pressure with the knowledge at present in our hands can give a general average infant mortality of 50, at which figure we reach a dead level, only crossed occasionally and for short periods. About four-fifths of this basic mortality are made up of natal and early post-natal fatalities, the other fifth comprising cases of infection; the digestive diseases, formerly the chief terror of infancy are entirely preventable, even in climates the least favourable and in environments the least satisfactory. Infant mortality, formerly the nemesis of popular ignorance, is vanishing; what remains is due to the ignorance of the medical profession. So the problem has shifted, the call up to now has been for wisdom to use what we knew; now it is for further knowledge upon which to exercise our wisdom.—*Medical officer.*

Three types of school physicians:—There are three types of school

physicians, says Stanley Nicholas M.D. in the Journal of the Medical Society N.J.: First, the rapidly disappearing type that bids for the school contract cheaper than any one else, has pull enough to get and hold it, and makes his inspections by tipping his hat to the teacher and saying, "Good morning, children, are you all well?"—to which they answer, "Oh yes!" He thereupon leaves at once for his home where he can draw his salary and his breath, and strangle his conscience. May he soon become extinct, along with school boards that put out school health work to the cheapest bidder. Secondly, a minority who are mildly interested, who comply with the minimum standards set by the state board of education rules, and don't know what school health is all about because they have never given any over-time or thought to finding out. Finally, we have the great majority of school physicians who are really interested in their work and do it to the best of their knowledge and ability. May their tribe increase!

A Sultan's diet:—The greatest Jewish Physician—The Rabbi Moses Ben Maiman called Maimonides who flourished in Egypt between (1135-1204 B.C.) has given some admirable precepts on diet and regimen in his treatise on 'Personal Hygiene' worked for the Sultan's private use. They are:

(1) Eat and drink only when you are hungry, and leave a quarter of your appetite unsatisfied.

(2) Avoid canned fish, meat, and cheese, and anything that might have taken on a bad smell.

(3) Eight hours of sleep are sufficient, and it is best to rise at dawn.

(4) Do not go to bed right after your meal.

(5) Muscular exercise is essential to bodily welfare.

(6) Food should be selected for its sustenance value, and not by your likes and dislikes.

(7) Music, beautiful pictures, and garden walks have a good effect on melancholy people.—*J.M.S.N.J.*

* * *

An age of convenience:—This is a great age of convenience when one gets his food from cans, sermons by radio, and babies from foundling asylums.—*Ohio State Journal.*

* * *

The High Cost of Cigarette Smoking.—Let us turn now to another luxury of the human race, and one, the sins of which would formerly have been placed solely at the feet of

the male population, but now no more. On October 14, the chief of the tobacco division of the United States Department of Commerce announced that, in spite of the current business depression in our country, the total of cigarette sales for this year would exceed those of last year. And last year 119,000,000,000 cigarettes were produced, or one thousand for capital. The statement was also added that this continued consumption of cigarettes at a time when business depression exists would indicate "that the tobacco industry was nearly shock proof." The total money cost of the 119,000,000,000 cigarettes used this year was not given by the tobacco bureau chief, but that it is very large and in harmony with the one billion dollar annual beauty cost, is very evident.—*California and Western Medicine.*

BOOK REVIEWS

Tuberculosis and its early diagnosis and treatment. By Jadugopal Mukerjee, M. B., Ranchi. Can be had of Messrs. Butterworth & Co, Ltd., 6, Hastings Street, Calcutta. Price. Rs. 2/-.

Tuberculosis has become a growing menace to the people, the world over and is defying all attempts to successfully combat it. In this book the author lays stress on the correct and early diagnosis of the disease and

timely and proper treatment as the two conditions essential to speedy cure. He puts the plain and practical question—Is Tuberculosis curable? and answers it himself saying "Yes, it is curable to a great extent, if detected quite early." Next to diagnosis, the second rank is assigned to rest, then to hygiene, then diet and lastly to drug. The book contains useful and up-to-date information on the subject and will certainly repay perusal.

Health and cleanliness. A text book for teachers By W.A. Muir, M.D. D.P.H., and George H. Green, B. Sc. (Lond) B. Litt. (Oxon), M.A. Ph. D, published by the Health and Cleanliness Council, 5 Tavistock Square, London. W. C. 1. Price. 7d. pp. 64.

This is one of the many useful publications issued by 'The Health

and Cleanliness Council, London' and is intended as a guide to teachers to help them "to teach cleanliness to children in such ways that its practice will follow as a result." There are as many as 9 groups of lessons given with notes on method of imparting instruction. The illustrations are fine, and the get-up is nice.

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