

HEALTH

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A Journal Devoted to Healthful Living.

Edited by Dr. U. RAMA RAU & U. KRISHNA RAU, M.B., B.S.

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WANTED A CO-ORDINATED POLICY

It is some months since the Report of the Bhole Committee has been published. Sufficient time has elapsed to enable the authorities to read, mark and inwardly digest the recommendations contained therein. Replying to an interpellation the other day in the Madras Legislature, the Hon. the Minister for Public Health stated that they were under the consideration of Government. The same should be the case in other provinces as well. In view of the autonomy enjoyed by the provinces it might appear to any superficial observer that the matter is one entirely for the provinces to decide and any intervention by the Central Government would amount to an encroachment on their rights. But the public health of the country is a matter of all-India importance and the recommendations contained in the Report are of a comprehensive and far-reaching character. Left to itself each province will take action in its own way. Some provinces may consider some of the recommendations important, while others may give importance to other recommendations. Besides the difference in outlook, there is also the possibility of differences in the line of approach. And there is also the question of finance. Some provinces may be able and willing to set apart a large sum for the purpose of carrying out the recommendations of the Commission; other provinces may not be so favourably

situated. Public health of India is one and indivisible. The absence of public health in one province or the failure or inability of one province to carry out the recommendations of the Commission will react unfavourably in other provinces. A co-ordinated all-India policy is therefore necessary, if the problem is to be tackled satisfactorily. It is with this view that the Government of India came forward to appoint an all-India Commission. Such a co-ordination as we have stated above, will not and need not encroach on the autonomy of any province. We therefore welcome the move of the Minister-in-charge of Public Health in the Government of India to convene a Conference of the Health Ministers and Directors of the Provinces and the States, with a view to discuss the recommendations of the Bhole Committee in all their bearings and to formulate a common policy for the country as a whole, giving priority to matters which should be tackled immediately and assigning to the other recommendations the order of preference, so that all-India may go forward with a common policy.

The prosperity of the nation depends upon the health of the people as a whole. Public health has always been at the lowest ebb in India. It has gone down further during the past some years, i.e., the war years, while public health in

England and other countries has improved considerably during the corresponding period. Let us take an example. As observed by H. E. the Governor of Madras in the exclusive interview he gave to the Associated Press of America recently, an adult doing ordinary work requires on the average 2,200 calories per day and a child 1,400 calories. The calory value of the present ration in Madras is 1,200 for an adult and 600 for a child. The position is still worse in other provinces. How can children who are to be the future citizens of the land, subsist on a diet of 6 ozs. of cereals a day, with practically no milk, butter, eggs or fruit to nourish their active young bodies? At a recent Conference held in Delhi it was resolved that there should be no reduction in the ration below a particular quantity. And yet the Premier of Madras said the other day that he was asked to reduce the rice ration still further, but

he was resisting it. While the Provinces are in charge of rationing, the key to the situation is in the hands of the Central Government, since they are the authorities in charge of procurement of food grains and their allotment to different areas. It will be admitted on all hands that proper nutrition is the basis on which the health structure of the people has to be built. If this is not provided for, all money spent in improving public health will go to waste. Prevention is better than cure. It is therefore necessary that co-ordination and co-operation are absolutely necessary if the public health of the citizens of this vast continent is to be safeguarded. We trust that the all-India Conference convened by the Minister for Public Health with the Government of India, will decide upon a common policy for the whole of India and that the component parts will implement those decisions without delay.

ROLE OF MINERALS IN DIET*

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Introductory.—Minerals play an important part not only in the body building but also in all the complicated processes of the body. They are essential for health and growth. They form part of each and every cell of the human body and are responsible for the maintenance of the normal osmotic pressure in fluids and tissues of the body. Besides the above, they ensure normal metabolism by regulating the acid alkaline balance of the blood.

Inorganic salts which consist chiefly of the mineral elements are lost from the body through the excretory channels like skin, kidney, faeces and require to be replaced. In daily life, the vegetables are the only source of supply, hence considerable difficulty in ensuring adequate mineral supply is experienced. Above all the retention and utilization of the mineral salts are totally dependent upon adequate supply of vitamins.

Composition of human body.—Fifteen different mineral elements are necessary for health and the body contains them. Each of them have their specific role in the maintenance of the body. It has been estimated that 1/20th of the body weight consists of mineral elements.

(a) Chief mineral elements—Calcium, Sodium, Iron, Potassium, Magnesium, Manganese, Phosphorus, Sulphur, Iodine, Fluorine, Silicon.

(b) Alkali forming elements—(Exist in large quantities) Calcium, Sodium, Potassium, Manganese, Copper, Iron and Magnesium.

(c) Acid forming elements—Phosphorus, Sulphur, Chlorine.

(i) Oxygen	65	%
(ii) Carbon	18	"
(iii) Hydrogen	10	"
(iv) Nitrogen	3	"
(v) Calcium	1.05	"
(vi) Phosphorus	1	"
(vii) Potassium	0.35	"
(viii) Sulphur	0.25	"
(ix) Sodium	0.15	"
(x) Chlorine	0.15	"
(xi) Magnesium	0.05	"
(xii) Iron	0.004	"
(xiii) Iodine	0.00004	"
(xiv) Copper	...	Very minute amounts.
(xv) Manganese	...	
(xvi) Zinc	...	
(xvii) Fluorine	...	
(xviii) Silicon	...	

* A paper read recently at the monthly meeting of the Darbhanga Branch of All-India Medical Licentiates' Association.

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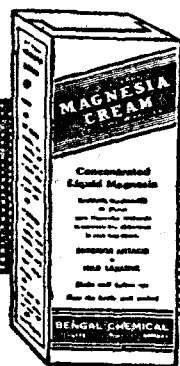
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- | | | |
|------------------------------------|-----|----------|
| (xix) Aluminum | ... | } Traces |
| (xx) Cobalt | ... | |
| (xxi) Nickel | ... | |
| (xxii) Arsenic (according to some) | ... | |

Functions.—(1) Normal constituent of bones affording rigidity and relative permanence to the skeletal tissues.

(2) Sources of supply of materials maintaining the acidity and alkalinity of the digestive juices and other secretions.

(3) Maintenance of neutrality of body fluids as well as their osmotic pressure and solvent power.

(4) Essential elements of organic compounds which are the chief solid constituents of soft tissues, muscles, blood cells, etc.

(5) Maintenance of the elasticity and irritability of the muscles and nerves due to the soluble salts (electrolytes) held in suspension of the body fluids.

(6) Regulation of the protoplasmic activity by action of mineral elements in solution in the protoplasm or attached to its colloids.

(7) Control, directly or indirectly, of all the metabolic processes.

Physiology.—Normal blood has a pH range of from 7.3 to 7.5. Any variation in this leads to trouble, i.e., when pH of blood is below 7.0 or above 7.8. Hence, maintenance of the normal level is very important. This is regulated by the carbonates and the alkaline phosphates which form the 'alkali reserve' while the carbonic acid, the phosphates and the proteins form the 'acid reserve'. They act as 'Buffers' and tend to neutralise any attempt to change the actual reaction.

Mode of action.—Mineral salts have no direct action but they act synergistically. In case of most of the salts, the total amount present influences the absorption (through the intestines) and excretion (from the kidneys) of the mineral salts. For example, excess of magnesium hinders proper assimilation of calcium. Likewise, phosphorus with calcium and calcium with iron depend on each other. This sort of mutual dependence of the different mineral elements proves the importance of the ratio of the mineral salts in our diet. Presence only does not serve the purpose but definite proportions to form a 'physiologically balanced solution' is absolutely necessary.

Each of the mineral salts forming the constituent of human body has its own functions to perform. Being a necessary part for the growth of the body and a constructive material, adequate supply to replenish the continuous loss from body in excretions must be ensured. Thus for the benefit of the health, supply of proper diet including the necessary mineral elements is of paramount importance.

Calcium.—*Sources.*—Milk, cheese, eggs, oranges, prunes, carrot, celery, lettuce, meat, green vegetables, wheat cereals, molasses, nuts, mustard, cauliflower, butter, oat, fruits, rice.

Functions.—(1) Coagulation of blood.
(2) Action on rennin to form curdling of milk in the stomach.

(3) Maintenance of rhythmic action of

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heart. Increase in the contractile energy of the myocardium.

(4) Control of irritability of muscles and nerves.

(5) Essential for the development of bones.

(6) Close relation with vitamin D; parathyroid and the reaction of blood. (In acidosis calcium ions are retained whereas in alkalosis lost).

(7) Maintains normal equilibrium.

Daily requirement.—0.45 gm. (diet having 1 g. of calcium oxide yields about 0.67 g. of calcium and in pregnancy greater amount is necessary).

Deficiency diseases.—(1) Rickets; (2) osteomalacia; (3) dental caries; (4) tetany.

N.B.—Calcium forms $\frac{2}{3}$ of the total mineral salts in the body. Total calcium content of body is 1.400 gm. out of which 99% are contained in the bones and the teeth. Serum in health contains 10 mg. per 100 c.c. of blood.

Iron.—*Sources.*—Spinach, pudina, eggs, beef, peas, apples, prunes, raisins, white beans, chicken meat, dry fruits, potatoes, molasses, crabs, liver, red meat, pulses, whole cereal grains, gram, moong, ashraf, leeks, lettuce, onions, tomatoes, green vegetables, rice (home-pounded) and wheat, tamarind, mustard seeds, methi (femegreen seeds) and pala (carcuma zeordia).

Functions.—(1) Oxidising agent: essential for haemoglobin. RBC and also chromatin which controls vital activities within the cells.

(2) Catalysis of different enzymes.

(3) Essential to life in form of protoplasm.

(4) Prevents anaemia.

Daily requirement.—6 to 12 mg. (Normal content of human body is to 3 to 3.5 gm. of which 2.4 to 2.7 g. exist in the form of haemoglobin. 20 mg. excreted daily. Usually 11.5 mg. is required, during pregnancy rises to 18 mg. and after delivery shoots up to 12.5 to 15.5 mg. daily.

Mode of action.—The salts are stored in the body and used in the synthesis of haemoglobin; stimulates the tissues which help forming haemoglobin; carrying cells; acts as amenagogue in cases of amenorrhoea due to anaemia.

Deficiency diseases.—(1) Chlorosis.

(2) Hypochromic anaemia.

(3) Retarded growth of children.

N.B.—Milk lacks in iron. Hence, heavy doses of iron should be given during the last 3 months of foetal life for subsequent utilization during lactation.

Phosphorus.—*Sources.*—Milk, cheese, eggs, oatmeal, wheat, salad, squash, asparagus, celery, butter, dal, barley, spinach, carrot, cauliflower, brussels, sprouts, meat, fish, potatoes, rice, onions, apples, bananas.

Functions.—(1) Essential for multiplication of cells and body growth.

(2) Regulation of reaction of body fluid and tissues—controls osmotic pressure and consequently interchange of fluids.

(3) Metabolic stimulant.

(4) Regenerates muscular forces.

(5) Acts as a nerve tonic by increasing the working capacity of the central nervous system.

(6) Bone forming element.

(7) Essential for increase in body weight.

(8) Energy producer: Develops intellectual faculties and physical activity by regulating dynamic processes.

Mode of action.—Acts on the bones—the bony growth is promoted and cancellous tissues are replaced with the hard bones subsequently developed.

Deficiency diseases.—(1) Rickets.

- (2) Osteomalacia.
- (3) Retarded growth.
- (4) Neuralgia.
- (5) Neurasthenia.
- (6) Melancholia.
- (7) Sexual exhaustion.
- (8) Delayed union in fractures.

Daily requirement.—Usually 1.23 gm. but 2 gm. in cases of pregnant ladies.

Manganese.—**Sources.**—Fish, wheat, liver, kidneys, pancreas, suprarenal glands.

Functions.—(1) Haemoglobin stabilizer.

- (2) Close relation with iron metabolism.
- (3) Catalytic and oxidising agent.
- (4) Essential for lactation.
- (5) Prevents sterility.
- (6) Increases appetite.
- (7) Neutralises and destroys toxins of various microbes.

(8) Oxygen distributor: keeps in cellular function, e.g. karyokinesis, glycolysis, etc.

Mode of action.—A hormone is produced by the anterior lobe of the hypophysis which is essential for proper development of mammary tissues. Also increases the anti-toxic power of blood temporarily.

Deficiency diseases.—(1) Testicular atrophy.

- (2) Lack of suckling young.
- (3) Failure of endocrine functions.

Indications.—Local septic processes like boils, carbuncles, abscesses, erysipelas, whitlow of strepto or staphylococcal origin.

Iodine.—Various sea-weeds, sea water, cod liver oil (sea fish), wheat, salt, green corn, maize, rice, barley, sago, peas, beans, lentils, lemon juice, grapes, prunes, walnuts, chestnuts, almonds, cocoa, pea-nut, lettuce, milk, eggs, crabs, lobster, oyster, green leaf vegetables, fresh-fruits, thyroid gland (thyroxin regulates the metabolism).

Daily requirement.—For adults, 45 millionth of a gramme.

For children, 150 millionth of a gramme.

Functions.—(1) Thyroid metabolism.

- (2) Regulates body function.
- (3) Prevents goitre.
- (4) Exchanges and eliminates waste materials.

(5) Phagocytosis by hyperleucocytosis with mononucleosis.

Potassium.—**Sources.**—Green leaf vegetables, milk, potatoes, rice, wheat, pulses.

Functions.—(1) Development of cells especially those of blood and muscle.

(2) Essential element for liver, pancreas and other muscles of the body.

Sodium.—**Sources.**—Common salt, milk, eggs, brain, liver, kidney, fish, potatoes, green vegetables, fruits, etc., apples, cabbages, oranges, bananas, lemon, lettuce, carrots.

Functions.—(1) Chief base of serum and lymph.

(2) Supply of gastro-intestinal secretions

from the secretion of some extra-cellular reservoir (from which fluids and salts may be drawn).

(3) Formation of hydrochloric acid of gastric juice and bile salts—absolutely necessary for life.

(4) Carriage of CO₂ gas from the tissues to lungs.

Daily requirement.—3 to 6 gm.

N.B.—Sodium chloride occurs in all tissues and fluids of the body. Sodium carbonate and bicarbonate are also found in plasma. Usually taken in small quantities with food and partly formed in the body by the decomposition of the salts and vegetable acids.

Magnesium.—**Sources.**—Green vegetables (chlorophyll).

Functions.—(1) General biological stimulant.

(2) Specific agent for cellular mineralization.

- (3) Mineral calcium for skeleton.
- (4) Mineral magnesium for activity.

Copper.—**Sources.**—Liver (very rich), green vegetables, cow's milk (deficient), radishes, chingri fish, oysters, soya-bean, cereals, dry fruits, spices, pulses, eggs and fish.

Mode of action.—Minute quantities when combined with iron helps to form haemoglobin. Hence, it is a better haematinic than iron alone: a catalytic agent.

Functions.—(1) Accelerates cellular regeneration.

- (2) Rapid increase of R.B.C.
- (3) Influences synthesis of haemoglobin.

Daily requirement.—3 mg.

Cobalt.—**Functions.**—(1) Increases haemoglobin and R.B.C.

(2) Catalytic agent like copper.

Fluorine.—**Functions.**—(1) Stimulant of nutrition.

(2) Action in adanamy consecutive to certain infectious diseases in tropical countries.

Strychnine.—**Functions.**—(1) Stimulant to salivary and gastric secretions.

(2) Increase in general tone of smooth and striated muscles (indirect action to improve nutrition and metabolism).

(3) Reflex stimulation of general muscular tone to improve nutrition and speed up metabolism.

Mode of action.—Contributes to synergistic action of minerals.

Preparations.—(1) *Mineral waters*:—(a) *Method of preparation*—Dissolve salt of soda, lime and magnesium, commonly present in neutral water and then change it with CO₂ gas. Natural mineral water besides having some natural ingredients is impregnated with CO₂ gas.

(b) Taste—Sharp and pleasant.

(c) Action—(1) Gastric sedative.

(2) Digestive: Promotes digestion with chemical process. CO₂ helps the mechanical process of digestion by inducing gastric peristalsis and increased gastric secretions.

(3) Helps rennin to curdle milk.

(2) *Vegetable broth*:—Take a pint of beef tea, mutton or chicken broth. Add a handful of mixed vegetables like cabbages, spinach, carrots, onions, fresh or dried peas and beans. Allow to simmer for an hour and strain through fine muslin.

A. NORMAL STANDARD DAILY DIET:—

(i) Protein	...	100 gm.
(ii) Fat	...	80 gm.
(iii) Carbohydrates	...	500 gm.
(iv) Vitamin A	...	4,200 I. V.
(v) " B	...	300 I. V.
(vi) " C	...	600 I. V.
(vii) " D	...	250 I. V.
(viii) Phosphorus	...	1.32 gm.
(ix) Calcium	...	68 gm.
(x) Iron	...	15 mg.
(xi) Iodine	...	14 Y.

B. IDEAL WELL BALANCED DIET:—

(i) Rice	...	10 oz
(ii) Wheat or millet	...	5 "
(iii) Milk	...	8 "
(iv) Pulses	...	3 "
(v) Green leafy vegetables	...	4 "
(vi) Non-leafy vegetables	...	6 "
(vii) Fats and oils	...	2 "
(viii) Fruits	...	2 "
Total calories		—2,600

• In addition—

(a) One seer milk for 1st class protein and calcium.

- (b) 2 oz. of orange juice for vitamin C.
- (c) Leafy and green vegetables for vitamin B.
- (d) Fish 2 oz. daily for proteins and iodine.

References:

- (1) Ghosh, B.N.: A Treatise on Hygiene and Public Health, 9th Ed., 1938, pages 164, 244.
- (2) Hodge, E. H. V.: Birch's Management and Medical Treatment of Children in India and the Tropics, 8th Ed., 1936, pages 56, 347.
- (3) Mazumdar, A. R.: Modern Pharmacology and Therapeutic Guide, 5th Ed., 1937, pages 190, 213, 263, 264, 271, 386.
- (4) 'Nutrition of Mother and Child in India,' booklet published by National Nutriment, Ltd., Calcutta.
- (5) 'Pharmaceutical Products', June 1938, published by Raptahos, Brett & Co., Ltd., Calcutta.
- (6) Ray, P. C. and Biswas, H. G.: 'Khadya Binjan,' 1936 Ed., pages 172-197.
- (7) Ray, R. C.: 'Diet in Disease,' Ed., 1932, page 69.
- (8) 'Therapeutic Value of Mineral Foods,' published by Fellows' Manufacturing Co., Inc. New York.

HOW WELL DO YOU HEAR?

MARION R. BLUM

ANN had not too eagerly anticipated the dinner party. She hoped that this one would be different from the last, that the people would talk more distinctly and more often to her. But after her first faltering attempts to join in the conversations which people politely tried to start with her, she found they spoke as indistinctly and softly as before. Before the evening was well begun, she was ready to go home, disappointed, lonely among many, and a little resentful. The rest of the evening she maintained a masklike expression of neutrality, to fit in with the possible mood of the crowd, not too sad, not too happy.

If that picture is a little out of focus, may be you can see this one. A friend said to his uncle, one who was admittedly hard of hearing but who would do nothing about it, "Say, did you hear when sugar was going off rationing?" After a moment of hesitation, the uncle answered uncertainly, "Yes, it's pretty warm for October."

Perhaps you smile at these pictures. Your smile is of the same innocent variety as the one that accompanies the story of the boy down the street who is accused of being stuck-up; he doesn't recognize his friends because he won't wear his glasses. Or the girl who is notoriously forward; she says hello and smiles at every boy she meets, not wanting to snub a possible friend, because she can't be sure without her glasses.

Now we can laugh at the folly of enduring such situations. Just as a person with poor sight can be aided by wearing glasses, so can most hard of hearing persons be helped by wearing a hearing aid. Admitting the

ability to hear well is one step better than an uncertain answer, where a person pieces together what he thinks might have been said. And in turn, that attempt is better than a completely hopeless attitude. For with the proper attitude, there is a chance for relief in most cases of hearing deficiency.

A person can be seemingly stone deaf, from birth, injury or disease, and still have the essentials for hearing relief. He may not hear because of the loss of conductivity in the middle ear, defective ear drums, or a mixture of both. Hearing aids are made for all three types of hearing deficiency.

The bump in this business of improving one's hearing is deciding to get out of the easy, but lonely, chair and getting a hearing aid. Once this is done, the roughest part is over. Next comes a simple test with an earphone similar to the ones worn by the air forces. You can try the effects of different types of receivers. Thrills at this point are noteworthy. There was one sceptical woman who came to be fitted for a hearing aid, and, just as the assistant had adjusted the tester to her head, she heard something. But what? It sounded again, and back in the depths of her mind she knew she should recognize the sound. And then, suddenly, she remembered, and whispered, "I haven't heard my own footsteps for twenty-five years!"

Surprisingly enough, these little aids fit quite neatly into most people's pocket books. The original cost, depending on many factors, varies from under \$40 to about \$185. The upkeep is quite low.

Though almost magic, these hearing aids

are not completely magic. A person cannot expect to hear with one as satisfactorily as hearing normally. At first, the wearer may be discouraged and stop trying to adjust himself. The first trials may be strenuous. Noises which hearing people take for granted seem to be so many and grating as to be unbearable to those hearing them for the first time. Hearing aid people are understanding and patient, and they will explain to the wearer that he will grow used to these noises and learn to filter them out just as hearing people unconsciously filter out monotonous and dull material from a radio programme. Until he has accomplished this (and even afterward, if he hears too much) he may regulate the amount of sound detail by controls on the transmitter.

Too, his family will be so relieved to treat him naturally again, that they will help him in getting used to living in the world of sound. They should speak softly (people who hear do not like being shouted at) and in the pitch that is best for him. There will be countless ways in which they can help him to readjust.

These are the new pictures that you will see more and more as time goes on. There was a 2½ year old boy who, his parents discovered, could not hear. After being checked by a physician he wore a hearing aid, thus beginning his social life in an adjusted manner early instead of becoming shy and embittered as do many hard of hearing children. Unable to speak since babyhood, a 6 year old boy, after wearing a hearing aid for a short time, found that he was learning to speak, since he was able to identify sound patterns.

An elderly woman, who loved to talk with people, had a family that had to rush into her room to answer her questions. Before her, they'd shout the answer. Deciding that, despite her opposition, she was to have a hearing aid, the family began to treat her like a normal hearer, standing off at a res-

pectable distance, talking in a respectable tone and speaking only once. After a week of this normal treatment, the woman had a hearing aid fitted and is now able to carry on conversations. Her family is just as pleased as she is, for now they can easily tell her not only the daily news, but all the small talk that makes the world go 'round.

A young woman who was unable to work with others because of her serious hearing loss is a successful teacher with her hearing aid to-day. A shoe-repairer, whose family had tried in vain for years to have wear a hearing aid, was visited professionally by a customer who wore one. After an attempted conversation with him, the customer somehow persuaded the repairer to try his hearing aid. The man consented and could hardly wait to get one of his own. A young law student, whose hearing was enough impaired by an automobile accident to be unsure of himself when he was with more than one person, wore a hearing aid all through law school. He was top man in his graduating class and now appears in court, with perfect ease, wearing his hearing aid. A mother, whose hearing had grown poor due to an inherited family trait, began to wonder if her 5 year old daughter was "putting over" little transactions that should be nipped in the bud. She bought a hearing aid, and brought her daughter back to the safe but narrow path. A state supreme court justice, who was having difficulty in hearing the court proceedings, now wears a hearing aid with great success.

So, you see, a hearing aid seems to fit every pocket book, every age, every occupation and every family conveniently. Can't you see the first picture changed now? Can't you see Ann anticipating the dinner party, arriving with a twinkle in her eye, joining in all the gaiety, and going home reluctantly, eager for the next social event?

She's just begun to hear her footsteps again.—Hygeia.

BAD ADVICE

ALTHOUGH it is well-known that lack of exercise is responsible for many disorders, the *Reader's Digest* (March, 1946) presents a series of views on exercise which are mostly condemnatory. They were given by five notables. One quoted Mark Twain, who said that he got his exercise attending the funerals of his friends who exercised regularly. Another repeated the words of President Hutchins, of the University of Chicago, who declared that when he felt like exercising he just lay down until the feeling went away. A third resorted to the Bible for his argument: 'Bodily exercise profiteth little; but godliness is profitable unto all things.'

Gene Tunney was the only one to strongly advocate physical exertion. He pointed out that Bernard Shaw, now nearing ninety, exercises daily, taking walks up to ten or twelve miles. He added that the records of five thousand college athletes showed that they lived longer and were healthier in later life than those who played no games in college. He recommended long walks and swimming as the best forms of exercise.

Of course every sensible man knows that exercise is beneficial if not taken in excess. To quote a jest by a professional humorist is poor argumentation. Mark Twain also said: "Be virtuous and you will be lonesome." The words of St. Paul were intended to show the superiority of moral over physical things. There was no intent to belittle cultivation of health.

Congress is considering military conscription as a measure for physical upbuilding as well as for preparedness. Any man who would appear before a committee to argue that exercise is of no advantage would be regarded as a crackpot. The war certainly did wonders in improving the health and strength of millions of our young men and women. All persons who are not invalids need to get out in the open air every day for a walk or some other form of exercise. Even invalids profit from use of their muscles. If this nation used its automobiles less and its legs more, the incomes of our physicians would be greatly reduced and life expectation would be materially increased.—Good Health.

CHILD PSYCHOLOGY

and the Eating Problem

Josephine J. Orenstein.

THE attitudes of parents play a major part in the development of a child's personality. A healthy minded child is a product of his parents' influences. In order to achieve this parents must know the needs, desires, hostilities, motives, hero worship and fantasies of their children.

A child can be thoroughly and overwhelmingly affected by a lack of security. Usually for children this security takes the form of love, affection and a feeling of being wanted. A youngster can ascertain whether his parents really love him and also whether he is wanted.

Some parents outwardly reject their children, tell them they are a hindrance and a barrier in their lives. This sort of rejection is a sordid experience for a child who has no alternative but to accept it.

A few children try to escape from it by running away from home. Other children, before they reach adolescence, resolve to leave home and work as soon as possible. This dream of independence is their source of eventual escape from the ties of parents. Children who have been rejected by their parents may remember this treatment as an ugly wound whose healing requires special treatment.

Let your child know that you love him and that he is an integral and important part of the family. Answer his queries; guide his actions and encourage his hobbies. But, do not over-protect him.

Often, however, this love is translated into extreme fear and protection for a youngster. Background of such a condition may be an inharmonious marriage in which the mate is not the focus of love. In this case the child assumes a dual role. Love that should be centered on the mate finds its outlet in the child. This over protection is limiting and infringes on the natural development of the child. Children should be taught to tackle their problems at an early age. Surely, a mother can dress her 4 year old in half the time it takes him but at the same time she will not be developing his habits of independence.

Johnny S. is a typical example of a child whose independence has not been developed. His mother waits on him hand and foot. Her greatest concern is over his little interest in food. She is constantly dwelling on the subject. Johnny's father spends little time with his children due to his late working hours.

This case as revealed by psychologic study presents a problem more deep-rooted than an eating problem. For Johnny has feelings of inferiority that began developing when he was a mere tot. His mother used to say, "Johnny is too little to do that," or, "Come, dear, let mother do that for you." He was not allowed to progress and utilize his natural mental and physical capabilities.

In fact he became so dependent on his

mother that without her initial suggestion or command he lacked initiative. As psychologists understand it he was suffering from a fixation. This means that his normal mental growth had been retarded by his over-dependence on his mother. The daily matters of eating, sleeping and bodily functions should have been handed over to Johnny as his concern early in life. Mother did not do this. She fussed to such an extent on these matters that they became her concern. Johnny knew he could either please or annoy his parent by this so-called weapon. He developed this into a habit formation so that his reaction to food appeared natural.

His mother was subsequently advised to serve his meals at the same time each day. A period of thirty to forty-five minutes was allowed for Johnny to eat the food. No food, except fruit, was allowed him between meals. He was taught the value of food and its need for growing purposes.

Additional advice was to separate the mother from the child's activities and emotional bent. Johnny was encouraged to play for longer periods with children of his own age and he was allowed to be out of his mother's sight providing she knew where he was. He was encouraged to take a more active part in playground activities. It is particularly essential that children of all ages partake of activities in their own age group.

In this way children achieve a more reasonable idea of their individual merit and importance. They do not, for the most part, wait on other children as parents foolishly do. Johnny had been led to expect failure, so it was necessary to encourage success.

The arguments that he had formerly had with his older brother had merely been Johnny's means of expressing his emotional conflict which was based on his feeling of inferiority. Johnny's mother was told not to compare Johnny with his older brother, for such a comparison accentuated Johnny's feelings of inadequacy. Invariably, mothers remember the good things about older sons far more vividly than the difficulties they had with them and consequently this type of comparison is biased.

Here are some things to keep in mind the next time you are having difficulty with one of your children. Are you the parents, overly concerned about the child's affairs? If so, give the youngster his freedom in working out his own problems.

Look for signs of inadequacy and inferiority in the child. Encourage him and give him responsibilities with which he can cope.

Arrange a systematic procedure for meals. Don't nag about not eating and don't lecture the child about his misbehaviour at mealtime. Remember you must comprehend the whole pattern of the child's makeup in order to understand and eliminate particular problems.—Hygeia.

Social and Economic Problems of Child-bearing— A PROPOSED ENQUIRY

J. W. B. DOUGLAS, B.A., B.S.C., B.M.

PEOPLE are gradually realising that the wealth of a nation lies in the vigour and health of all her citizens rather than in accumulated material possessions or the prosperity of a single class. Healthy mothers and children are the only sure foundations on which to build a healthy nation. The early years of a child's life are crucial as regards both bodily and mental health, and the health of a baby is intimately linked with the health of his mother during pregnancy and lactation. For these reasons the State has come to accept more and more responsibility for the care of mothers and their children, and in doing so has found that it is not enough to provide ante and post-natal care, and facilities for skilled delivery at home or in maternity hospitals. The social and economic background of the family is a factor of primary importance to the health of both mother and child and cannot be disregarded without impairing the effectiveness of the maternity and child welfare services. But taking into account social and economic factors means more than providing running water, good drainage and clean streets. During pregnancy, childbirth, and the subsequent months, the whole of the complex routine of family life may be disturbed. A working mother may leave her job early in pregnancy, thus reducing the family income at a time when extra money is most necessary. During the lying-in period problems will arise as to the care of children and husband and the cleaning of the house. Later on, the mother who wishes to return to work may be unable to do so because of the lack of suitable nurseries. All these and many other factors will affect the health of mothers and their children and the desire of parents to have children.

The mothers should give us the benefit of their experience. Over the last fifty years an excellent maternity and child welfare service has been built up which is concerned with the social and economic as well as with the medical aspects of child-bearing. Unfortunately, in the evolution of this service, it has not been possible to take into account the accumulated experience of those mothers who have benefited from the services the government has already provided. It may be said that mothers are unqualified to advise on obstetrical and administrative matters. This is true, but they are on the other hand the only source of reliable information on the social and economic needs of child-birth, which, as we have seen, occupy an important place in maternity and child welfare. On these matters the doctors are as unqualified to speak, as the mothers to advise, on obstetrics.

A Health Service which has been constructed without taking into account the preferences of the people whom it serves is incomplete and cannot fulfil all the functions for which

it was designed. In the past this was excusable because there were no reliable methods for studying public opinion and needs. Today, however, this is no longer the case. The new National Health Service should be mixed according to a recipe containing carefully balanced amounts of the three ingredients:—medical requirements; administrative requirements; and public preferences and needs. Only if this is done will the general run of people regard it as their own, and not as a service imposed on them from above which they accept but in which they take little interest.

As we have seen, for more than fifty years there has been a growing realisation of the importance of the maternity and child welfare services in building a healthy nation. During the last ten years, however, as the significance of the falling birthrate and diminishing family size has come to be generally appreciated, attention has been even more closely focussed on the needs of the family. The general reduction in family size is no new or sudden change. It began towards the end of the last century, but our grandfathers and fathers were so imbued with fears of disease, poverty, and vice, which were supposed to be the inevitable accompaniment of population growth, that they were unable to foresee that almost equal evils might be brought about by a reversal of this trend. For the last ten years, however, the full implications of the falling family size, as they will affect the individual and the whole nation, have been set out in numerous books and pamphlets, and have become items of general knowledge and disquiet. So seriously did the Government regard the state of affairs that in March, 1944 a Royal Commission was appointed to examine population trends in Great Britain. In September 1945 the Royal Commission published a statement from which the following very significant sentences have been extracted:—

"... the numerical strength, even the survival, of the nation depends on individual decisions which men and women make about the number of children they will have. At least in scale this is a new thing in history and it presents a momentous problem."

It is a problem which vitally concerns the maternity and child welfare services. Thus smaller families mean more first births and therefore a greater emphasis on institutional rather than domiciliary confinements. From another point of view, it may be expected that parents will refuse to have children unless they can be sure of giving them the best chance of a healthy life that our present knowledge allows. By assuming the right to control the size of his family, the ordinary citizen has effectively asserted that he must be consulted in the affairs of the nation. And

we cannot afford to disregard his opinion, especially when, as today, we are planning new health services for his use.

An inquiry is planned.—Considerations such as have been detailed in the preceding paragraphs have stimulated the Royal College of Obstetricians and Gynaecologists on the one hand and the Population Investigation Committee on the other, to plan a joint investigation of certain aspects of maternity and child-bearing. The Royal College are particularly interested in obtaining information on the use that is made of various maternity services in different parts of Britain. They also wish to study the educational effect of these services on the mothers and to collect facts which will enable them to make an informed estimate of the likely future demands for an extension of existing services. It also is important to find out to what extent the present widespread demand for delivery in hospital (which has been estimated as about 70 per cent of all maternity cases) arises from the existing abnormal conditions of overcrowding and family dispersal, and what changes of public demand will be likely to occur when good houses, suitable for domiciliary confinement, become generally available.

The Population Investigation Committee is interested in the above problems, but particularly in the additional problem of what it costs to have a baby. There is no doubt that the birth of another child in many a working class family which, under normal conditions, only just balances its budget, gives rise to expenses which cannot be met out of income and which may spell disaster to the family finances. In the circumstances, for the health of the baby as much as to remove a deterrent to parenthood, there is a good case to be made for providing a maternity grant in cash or kind which is sufficient to offset the major expenses of child-birth. In Sweden, which is more advanced in such matters than we are, an attempt has already been made to do this. But in England, before we can adequately start to tackle the problem we must have some idea of what costs are associated with child-bearing. There is little information to go on. All that we know for certain is that there are very great variations in costs as between different income groups, between first and subsequent births, and in different parts of the country. An important part of the projected inquiry will therefore be to make a detailed study of the money actually spent by mothers on hospital fees, fees to doctors and midwives, clothes for the baby, prams, cots, etc. It is hoped to collect accurate information which will enable us to suggest ways in which the financial burden of having a baby may be lessened.

None of the information we require can be obtained from official or other statistics. What we are trying to do is to make use of the experience of mothers throughout the country, and the only way this can be done is by a personal approach. So the Joint Committee proposes to carry out a survey in which mothers in all parts of Britain will be asked

questions relating to various aspects of pregnancy and childbirth.

How can reliable results be obtained?—To interview every British mother would be a mammoth task, and an unnecessary one too. What is required is to study a representative sample of women who are now bearing children. The easiest way to get such a sample is to arrange to interview every mother in Britain who is delivered during a specified period. The size of sample will then be determined by the number of days chosen, but whatever the size, mothers of different classes and groups will be represented in proportion as they contribute to the births of the nation. It has been decided to adopt this method for proposed survey, and the period over which births will be studied has been provisionally fixed as the last seven days in February. This will provide more than 12,000 interviews—sufficient to give all the information we require. The interviews are scheduled to take place when the babies are six weeks old, that is to say during the second week of April.

A series of questions have been carefully prepared which, when answered, will give all the information we require, and at the same time cause the smallest amount of work for the interviewers. It has already been tested with great success on a number of mothers of all classes, in several parts of the country. An interview of about twenty minutes is required. It was found that the mothers were pleased to give up this time to the inquiry, and were particularly interested in answering the questions about the medical and other costs associated with the birth of their child.

To summarise this short article. We have seen that the maternity and child welfare services have become increasingly concerned with the economic and social background of the family, but that so far, in planning modifications and extensions of the existing services, there has been no opportunity to utilise the experience of the mothers who have benefited from them.

The present time is particularly suited for an investigation aimed at finding what the needs of pregnant and parturient mothers are, and what their future needs may be. The reasons for saying this are: (1) That we are about to equip ourselves with a new National Health Service, and it would be sad if we were unable to incorporate in it the views of the citizens for whom it is designed. (2) That the information we hope to obtain is badly needed by those who are responsible for the solution of our population problems. (3) That conditions today are abnormal as regards housing and the structure of the family, and it is essential that we should be able to measure the extent to which present demands are transient and will cease when better times come again. With these considerations in mind a survey has been designed and will soon be taking place which will answer all these problems and many more.—*Editor*

A Superior Vegetable—The Potato

MORE progress has been made in the science of nutrition during the last two or three decades than was achieved in the previous century. A hundred years ago, the tomato, then known as love apple, was only grown as an ornamental plant in the flower garden and was reputed to be poisonous. Even today some poorly informed, self-styled dietetic experts declare that it is responsible for many maladies, including cancer. Citrus fruits have also been thus maligned. Another food which has been basely slandered is the potato. Unfortunately, it has in some inexplicable manner acquired the wholly undeserved reputation of being fattening, and for this reason is practically excluded from the dietaries of many persons who would find it advantageous to eat it freely. That the caloric value of the potato is not high in comparison with other common foods will be at once apparent by even a glance at the following table:

	Calories per ounce.
Raw potatoes	16.7
Boiled potatoes	26.8
Bacon	177.1
Butter	217.9
Wheat flour	99.8
Lard	255.0
Peanuts	155.4
Peanut butter	169.0
Apple pie	77.0
Shredded wheat	103.8
Soy beans	99.6
Spaghetti	101.2
Granulated sugar	113.4

The potato is not a concentrated food. It contains only ten to twenty per cent starch and at least 75 per cent water. A medium sized tuber contains only one hundred calories, or less than that of a slice of bread. It is thus easy to understand that this fine vegetable is not guilty of expanding the waist line, adding another chin, or producing convexity where there should be concavity. The real culprits are the inordinately large amount of butter, cream or rich gravies which many persons eat with potatoes. That this tuber does not require the administrations of a chef and the addition of foods high in calories to make it palatable is at once apparent when one recalls the delicious flavor of a roasted potato fresh from the ashes of a camp fire.

Dr. M. Hindhede (*Proceedings of the Third Race Betterment Conference*, p. 383, 1928) states that one of his subjects, Frederick Madsen, in an experiment he conducted with the potato, lived for six months upon a dietary consisting exclusively of potatoes and margarine. He performed hard physical labor on a farm, working fourteen hours a day. "Once he worked continually through two days and one night, pausing only an hour and a half to eat his potatoes."

In order to help feed the starving millions of Europe, we have been requested by Mr. Truman to eat less bread. Fortunately, the effect of following this suggestion will be good from a health standpoint, especially if potatoes are largely substituted for the so-called staff of life.

The food we eat is burned in the body, and this process of combustion produces an ash which is acid, alkaline, or neutral. The blood is slightly alkaline. Bread and other cereal foods are rich in phosphoric acid, and when used too freely tend to lessen the normal alkalinity of the blood and tissue fluids, a condition which is not conducive to buoyant health. The ash of the potato contains ten times as much potash as that of fine flour bread, and is more alkaline than the ash of most of our common foods. The addition of potato flour to wheat flour is an excellent way to conserve wheat.

Before the war, the American people included in their dietary far more butter and other fats than are needed for good nutrition. Do not be concerned about the present butter shortage. According to Hindhede, greens are a perfect substitute for butter. Two of his subjects remained in good health for two years, although they ate no butter or, in fact, fat of any kind. Their dietary consisted of potatoes, whole wheat bread, cabbage soup, apple soup, and greens. The free use of greens will supply the vitamin A found in butter, as well as other vitamins, and an abundance of minerals.

While it is not the purpose of this article to advocate the elimination of bread and fats from the dietary of the American people, the foregoing facts certainly indicate that the slight change in the eating habits of the average person which is necessary to save the lives of the inhabitants of many less fortunate nations involves no risk to our national health, and is not in the slightest degree a real hardship but actually a blessing. Begin today to eat less bread and fat and more potatoes and greens, and if your silhouette casts a shadow upon your personality by revealing some unsightly bulges, eat less of everything.

The potato is rich in vitamin B₁, supplies some riboflavin and vitamin A, and furnishes iron of high quality. Phosphorus, sodium, potassium, calcium and magnesium, all alkaline-forming elements, are found in greater amount in the potato than in any other vegetable. It also contains some copper, an infinitesimal amount of which is needed in addition to iron for blood-building.

As the potato does not possess a pronounced flavour, it does not lose its gustatory appeal even though eaten every day. Boiling peeled potatoes may result in the loss of more than one half their vitamin C content as well as some vitamin B₁ and iron. A certain proportion of these elements may be salvaged by using the water in which the potatoes have been cooked.

In Central Europe the annual per capita consumption of potatoes before the war was about six hundred pounds, while in this country it is only one-fifth as much. Ireland, the greatest potato-consuming country in the world, produces more centenarians per thousand of population than any other country in the world, with the exception of Bulgaria.

—Good Health.

Better Bread and Less Alcohol

PRESIDENT Truman has asked us to reduce our consumption of alcoholic beverages and make a slight change in our dietary in order to be able to supply more food for the underfed populations of Europe. He proposes that the rate of wheat flour extraction be raised from 72 per cent to 80 per cent. In other words, instead of discarding 28 per cent of the wheat berry in the manufacture of flour, only 20 per cent be eliminated and used as food for animals. In the manufacture of the white flour we are now using, practically all the middlings and bran are discarded.

Purveyors of cereals purchase this bran, sterilize, package and offer it to the public as an especially valuable food because it supplies vitamins, minerals, and bulk. Incidentally, it is sold at a much higher price than flour itself. This fact no doubt induced some millers to go into the bran business themselves. They employ one group of men to make experiments for the purpose of showing the superiority of white bread over loaves composed of whole wheat, while another group is busily engaged in writing learnedly about the many virtues of bran, even claiming for it therapeutic properties.

Bran through some sort of commercial ledgerism in one instance becomes such a valuable food that its virtues are carefully delineated in the advertising columns of our newspapers and magazines, as well as the medical press, while, on the other hand, it is regarded as unfit for human consumption.

The truth is this slight change in the composition of our daily bread suggested by the President will be beneficial and in no way harmful, because it will increase the vitamin and mineral content of the dietary of the average American. It will also be an aid to normal bowel movement by supplying much needed bulk. It has been estimated that

carrying out this new regulation will result in the saving of twenty million bushels of grain by the 30th of next June.

The use of wheat in the direct production of alcohol will be discontinued, and the amount of other grains employed for this purpose will also be greatly reduced. The brewers will receive 30 per cent. less grain for beer-making than they used in 1945. The adoption of this sensible measure, which, however, does not go far enough, will bring about the saving of another twenty million bushels of grain by June 30th. It is a pity that we are going to waste any valuable food for the production of alcoholic beverages, which are sure to increase the population of our prisons, insane asylums and poor houses.

At the present time, much grain is being wasted in the feeding of livestock and poultry. For instance, a thousand calories of corn yield only a hundred calories in the form of lard and pork. President Truman has wisely suggested that a large saving in grain may be effected if all heavy hogs are marketed as rapidly as possible, and that beef cattle be fed only enough grain to give them a moderate rate instead of a high degree of finish before they are sent to market. More economical feeding of dairy cattle is to be encouraged. Poultry flocks are to be carefully culled and the excessive production of chicks prevented.

It thus appears that we, as well as the people of Europe, will benefit from our determination to send them enough food to prevent starvation.

There will be some grumbling when the new loaf of bread first appears. Shakespeare sums up in one pungent line the reasons why the excellent plan suggested by President Truman will not meet with universal approval:

"How use doth breed a habit in a man."
—Good Health.

Digestion Affected by the State of Mind

INFORMATION about nutrition has been widely broadcast in recent years. Even school children talk about vitamins and minerals. Many of their elders can tell you which foods lack vitamins and what dishes supply them in abundance. The well-informed can discuss calories, the protein requirement, amino acids, and the seven basic classes of food. All of this is desirable but disregards one important aspect of nourishing the body. Digestion is not wholly a chemical process; the stomach and intestines are not simply pieces of machinery. Mental, emotional and esthetic elements should be considered.

Cannon, the eminent physiologist, showed how rage, fear, and other states of mind hinder digestion in animals. In human beings, with their superior intelligence and their complex lives, a number of factors may contribute to the best possible utilization of food by the body. Absence of violent emotions is not enough. The mind should be calm at mealtime, and there should be a definite purpose to get the utmost pleasure out of each repast. Too close attention to the science of diet draws blood to the brain which should

be devoted to the process of digestion. All the surroundings should be favourable. Congenial companionship is a help and the conversation should be along pleasant lines. A table attractively set, a vase or flowers, perhaps, excellent cooking, are all part of the picture.

Haste is one of the worst enemies of civilized eating. People who think their business affairs are so pressing that only a few minutes can be spared for lunch are usually deceiving themselves. Probably they could actually accomplish more if they were leisurely instead of hurried. Even in an emergency, when only a short time is available for a meal, the food should not be eaten hastily. Slow consumption of a smaller amount of food is preferable.

Fully appreciating the pleasures of the table, which requires thorough mastication, not only adds to the joys of life but promotes good digestion, prevents stomach ailments, and prolongs life. It is, of course, also necessary to plan menus which insure adequate nutrition.—Good Health.

Topics from Medical and Health Periodicals

Tobacco affects the circulation.—Various researches have proved that smoking affects the circulation. One of these has recently been reported by Dr. Harold J. Stewart and associates of the Cornell Medical College (*American Heart Journal*, Vol. 30, p. 451). The subjects were seventeen men between the ages of thirty-eight and eighty-one, all of whom had some form of arterial disease, such as coronary artery disease, high blood pressure, or hardening of the arteries. Each smoked two-thirds of two cigarettes. The effects lasted thirty minutes. In thirteen of the group, the peripheral (near the surface) blood flow decreased. Blood pressure, pulse rate, and rectal temperature rose, while the average skin temperature decreased. It is clear that smoking constricts the arteries. This manifestation is greater in young people than in older ones.—*Good Health*.

Low salt diet for insomnia.—Reduction of the daily intake of salt to a low level in the treatment of epilepsy, migraine, Meniere's disease, high blood pressure, heart disorders and certain kidney conditions has met with a considerable degree of success. Dr. Michael M. Miller, of St. Elizabeths Hospital, Washington, reports satisfactory results from this regimen in twenty cases of pronounced insomnia, nervous tension, anxiety and emotional instability (*Journal of the American Medical Association*, Vol. 129, p. 262). The test lasted from twenty-one to forty-two days. Pronounced or moderate relief was observed in all but three cases. Ten of thirteen patients suffered relapses following the addition of salt to their diet. Improved sleep and lowered tension were usually accompanied by lowering of the blood pressure and pulse rate. The systolic pressure fell from ten to forty millimeters. Improvement in the ability to concentrate was noted.

This method has many advantages over the use of sedatives. They do not produce natural physiologic sleep and the patients afterwards feel poorly rested. Furthermore, they do not always relieve tension and anxiety states. The development of drug tolerance, habituation and physical dependency and the harmful effects of prolonged medication are also to be considered.

Protection against influenza.—While there has been no repetition of the terrible world-wide epidemic of influenza of 1918, there have been a number of minor outbreaks in this country in recent years. One form of the disease is caused by a virus which was identified in England and labelled A, while another type, B, was discovered in the United States (*Science News Letter*, Vol. 49, p. 41). A is thought to have been responsible for the epidemics in odd-numbered years since 1933, while B was to blame for the outbreaks in 1936 and 1940, and for those in the spring of 1945 and the winter of 1945-46.

The Commission on Influenza set up by the Army developed vaccines for both A and B in 1943. Tests were made on nine groups totalling 12,500 men. Half were vaccinated. When the disease broke out in a number of camps in the spring of 1945, it attacked 2-22 per cent. of those inoculated and 7-11 per cent. of the controls. Thus it was adjudged to be seventy-five per cent effective. In addition to affording this measure of protection, it reduces the severity of the disease in those whom it does not wholly protect. Viruses, unlike bacteria, do not grow outside susceptible living cells. This was a handicap to laboratory workers until some of them discovered that viruses would multiply in the fertile eggs of hens. This discovery led to the manufacture of vaccines for small-pox, typhus fever, yellow fever, Rocky Mountain spotted fever, as well as for influenza.

Holding old age at bay.—The application of new medical truths has always lagged far behind their discovery. Dr. William J. Kerr, of the University of California Medical School, believes that old age could be postponed five to ten years for a large part of the population simply by putting into use what science has learned (*Science News Letter*, March 2, 1946). Among the ailments, the harmful effects of which would at least to some degree be mitigated by proper attention, he mentions some forms of heart disease, hardening of the arteries, and obesity. For success, it would be necessary to secure public co-operation. Three measures would have to be applied. One is the correction of defects in posture, another a physical fitness program, and a third, adoption of an adequate diet. By these means, the circulatory system could be kept in good condition longer, and the excess weight, which places an onerous and entirely unnecessary burden upon the heart, reduced. He tried this treatment on a group of men, mostly in their fifties and sixties, who were suffering from obesity. Their skin was discolored as a result of poor circulation, the veins in their necks were distended, their lungs showed irritation from heavy breathing, and poor posture had irritated the base of the spinal column. When they had rid themselves of the extra weight which had accumulated through the years, their general health was much improved, and those who had had to give up their regular work were able to take it up again.

Lesson in First Aid.

"Insignificant," said the soldier, cutting himself.
"Inattention," said the first sergeant.
"Inflammation," said the hospital.
"Incurable," said the surgeon.
"Incredible," said the mourners.
"Interred," said the undertaker.
"In peace," said the tombstone.

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THE NEW YEAR

THE curtain has fallen on 1946 and we are now in a New Year. We were hoping against hope that the sickening and difficult conditions under which we had to pass through during the war period would come to an end and a new era would dawn on us. Our hopes have been dashed to the ground. In spite of the new era we find ourselves continuing in the same old era with many of the restrictions still there. Of the many controls which were introduced during war time to meet the emergency, many of them still continue to disfigure the statute book. Of these the paper control is the most sickening and disheartening. If a person wants to start a newspaper or journal he has to apply to the Government of India for permission. If the proprietor or editor of any journal wants an increase in the quota fixed during the war emergency he has to apply to the Government of India. We would not mind these controls if they are exercised in a fair manner consistent with the needs of the people and the requirements of the situation. In spite of the so-called change in the structure of the Government of India, the wooden, anti-deluvian bureaucratic system still holds sway. Interlopers and men with influence in high quarters easily have their way, while life-long journalists are denied permission to start a newspaper or journal to continue service to the public. Many new journals are allowed a large

quota while old and long standing journals are denied an increase in their quota, however much usefully and effectively they are serving the public. We can quote our own case in support thereof. For nearly quarter of a century the HEALTH has been rendering useful service to the people by educating them on health problems. Its services have been appreciated both by the Government of India and the public. The Government realise now the need for an effective health propaganda. But when it comes to the question of translating it into action we find that they are absolutely wanting. Our readers know the original size of the HEALTH. Practically the whole space in the journal was reserved exclusively for reading matter. Since the paper control was introduced we had to reduce the size considerably, and in the year 1944 it looked as if we would have to give up all hopes of continuing it as a monthly. We were putting up with the restrictions in the hope that with the end of hostilities the position would improve. But we are still where we were. Our journal's representation to the concerned department in the Government of India to increase the quota did not meet with any success. Even our modest request to increase the quota by a few lbs. so as to enable us to give at least 12 pages of reading matter to the readers was turned down.

The Hon'ble the Minister for Public Health]
[January '47

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Health with the Government of Madras speaking the other day in the First Conference of Women Medical Officers in Madras said that "the well-being of a mother and the child was essentially the concern of the State.Enlightened mother was an important requisite.....and to have this they must take up educative work". How can this be achieved if journals devoted to the cause are not only not given any encouragement but obstacles are also placed in their way of carrying on propaganda on public health problems. In the face of these it is difficult to believe that the Government of India are really serious in tackling the problem of public health satisfactorily. If such obstacles are placed in the way

by the Government of India, Provincial Governments, however well intentioned, would find it difficult to advance the cause they have at heart. Moreover, public health is a provincial subject in which the Provincial Government have absolute right to so regulate matters as to make their action effective. May be, the help of the Central Government is necessary to ensure co-ordination and co-operation. That is all. Any further impediments placed in the way of Provincial Governments must be resisted. In the hope that the Provincial Government will rise to the occasion and that as a result thereof we will be able to serve the public more usefully than before, we request the forbearance of our readers and wish them A HAPPY NEW YEAR.

CLOTHING

DR. K. H. PAREKH, M.B., B.S.
Dhoraji, Kathiawar.

ALL living beings require food, water, air and light for the sustenance and maintenance of life. But the man, the civilized creature, requires clothing too. In ancient times people had no clothes on them, and even to-day we see some tribes moving naked or almost naked.

To seek protection against extreme heat and cold the animals and the birds either hibernate or migrate. We have got migratory tribes in many countries. As man grew in civilization he found out something to protect against extreme temperatures in the form of animal skins, soft bark of the trees, called Valkal, and finally the cotton, jute, silk, and rubber, from which clothes can be prepared.

The Brahmin, the first civilized community according to Indian Scriptures, puts on the sacred thread named Upvita. The thread he puts on must be woven and prepared by himself. So every Brahmin or the cultured man knew himself how to spin out thread, and to utilize it, as the time went on for clothing.

In order to restrict migration, which was perhaps imperative on account of extreme temperatures, obtained during weather changes, people began to produce and use clothing, as a protective measure.

In the arctic regions of glaciers, no vegetative life is possible, and so the people put on animal skins. They are Eskimos.

But in the tropics and subtropics we are able to produce cotton, silk, jute and rubber etc., and so we got a variety of clothes to put on for different climates and different tastes.

So we see that the essential requirement

of the clothes was for us to bear the temperatures, and to protect ourselves from the climatic changes and other external injuries.

The gradual development of civilization brought in the fashion of appearing beautiful in garments, until the fashion got the upper hand, slowly but surely over the usefulness of our dress.

Ultimately we find that the ladies and gentlemen of the twentieth century are either almost naked in their appearance, or overclad. All creatures including man get themselves immunised to some extent more or less to the climatic changes to which they are exposed. Naturally by putting on clothes, we suffer from the loss of that acquired immunity. As a result we see a good many cases of sun-stroke and a large number of cases catching cold. Here the man enters into a wrong cycle, he puts on more clothes to protect himself from cold, and becomes an easy prey to the attacks of cold, pneumonia, pleurisy, headache, etc.

The skin loses the vitality inherent naturally, and this exposes us to very many diseases of the skin too.

By remaining completely clad in garments, we suffer not only in loss of vitality, immunity and skin diseases, but we positively lose the energy and nourishment received by us through solar irradiation.

Paying more for putting on fashionable

[Health, Jan. '47]

garments, and putting on more clothes than required for the protection of body, we pay several times more as penalty for curative measure, like solarium and ultra-violet and red rays irradiation. These curative measures, however scientific, cannot compete solar irradiation.

The purdah, prevalent in several races, is the result of immoral greed and selfish enjoyment of personal acquisitions. The purdah is largely responsible for illnesses due to vitamin D deficiency, and general tuberculosis. While the food, water and air are responsible for mechanical energy, the sun is responsible for all vital energy. The so-called uncivilized races appearing almost naked are generally constitutionally well built and more energetic than the civilized race fashionably over-clad, suffering from the loss of radiant energy of the sun.

A civilized man, earning say about 5,000 per year, remains well clad, suffers from an attack of pneumonia, gets treated scientifically and spends almost what he could have

saved, while a poor man immunized to climatic changes, hardly able to save anything, having the pleasures of a healthy life. Who is the gainer?

Of course habit is second nature and we manage to live even in adverse circumstances. In defying nature we seek artificial measures of relief costlier in price and less perfect in effect. To meet this costlier living the man has to struggle with his fellow being, almost warring with one another. The present condition of this world requires no further proof.

The cotton, woollen, and rubber garments have got comparative values of protection and generally people are well acquainted with them. Different colours have also special therapeutic values, and every individual has his own choice according to his subconsciousness, which is always guiding him.

It is always wise to put on only enough garments. Unnecessarily putting on woollen garments makes us further susceptible to the attacks of cold.

EXERCISE

Dr. S. S. SUGANDHA.

B.A., LL.B., M.L.N.A.,

Advocate and Naturapath, Narunanb.

PHYSICAL exercise has always been necessary to the human being for Health, Efficiency and Longevity. It is indispensable to every modern individual so that in the present struggle of life for existence he may be able to protect himself, his community and his nation and to earn his livelihood. It is as necessary to life as wholesome food, pure water, open air and bright sunshine. For keeping the body and soul together regular daily exercise is essential. We often observe that a machine, which is not used for some time, becomes rusty and becomes useless. The same is true of our bodies also. If we should sit or lie down, without moving our legs for several weeks, the legs would be too weak to stand upon and to walk even a short distance. Unless we exercise, the muscles become soft and small, the digestion becomes poor and the blood loses its power to destroy the disease germs that may chance to enter the body.

For the maintenance of good health, it is necessary to take enough muscular exercise to produce free perspiration every day. Most of the diseases fall to our lot due to lack of exercise. Bloodlessness, dyspepsia, constipation and many other diseases crop up in our body for want of proper exercise and sufficient fresh air. During exercise, the heart beats faster and consequently every part of our body gets a better supply of blood; while exercising we breathe oftener and therefore we breathe in greater quantity of oxygen—the germinating and life-giving gas. Old proverb says "A sound mind in a sound body". The mind becomes sluggish and dull, if the muscles of our body are not exercised. If we desire to have a good and sharp memory and be able to study intelligently and diligently and learn rapidly, we must exercise the muscles of our body daily.

When God created man, He knew just what

the body required to keep it strong and healthy, and so He not only provided food for the body, but He also made provision that man must work and exercise his body in order to secure food. He said "In the sweat of thy face, shalt thou eat bread". The man who takes his food every day and neglects exercise altogether, violates one of the important laws of health and is bound to have a weak and sickly constitution. Such a person will fall an easy prey to any disease and the earnings of his hard labour will go towards the payment of heavy bills of chemists and doctors. A person who follows the simple laws of Nature, always remains healthy and free from the clutches of Disease and the Doctor.

"Exercise is beneficial to both sexes and all ages. No matter what branch of occupation we follow, or how physically incompetent we feel, a few exercises of the right kind will work wonders" says, R. L. Ferguson.

Physical exercise is more potent as a preventive than as a curative. Medicines, serums, surgical treatment etc., discovered by modern sciences for curing diseases, cannot remove the origin or cause of disease, rather these things add fuel to the fire. In the modern time, the diseases have increased, as the number of doctors have increased. Proper diet, regular exercise in fresh open air and simple habits of living will eradicate all diseases from the face of the earth. Napoleon has wonderfully remarked, "Give Nature fair play, and let her alone. Do not counteract the living principle: leave it the liberty of defending itself, it will do better than any drugs".

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FLATULENCE—Its Causes and Cure

Stanley B. Whitehead, D.Sc.

SYMPOMS of digestive disorder are common and widespread. None are more embarrassing and distracting than an attack of flatulence. Almost everyone experiences flatulence at some time in their lives. In itself, flatulence is nothing more than a generation of gas in the alimentary canal. An occasional attack is often due to the effect of nervous tension or emotional disturbance on the digestion, and may be disregarded. But frequent flatulence is a symptom of more serious trouble which should be traced and treated.

Flatulence means the distension of some part of the digestive organs, and this is a source of discomfort and pressure on other organs round about. It may occur in the stomach, and occasion gastric distress with pressure upwards affecting the heart, or it may occur in the intestines, and affect other organs of the abdomen. The more frequent and the more discomforting the attacks, the more important it is to find out the root cause.

To relieve an attack of flatulence is not difficult. The passage of wind upwards by belching, or downwards through the bowel, immediately lessens distension and discomfort. There are also many patent products on the market, anti-acid in character, which tend to quell the immediate chemical disturbance. To rely on these products, or even the effective teaspoonful of bicarbonate of soda in a little warm water, is not wise, however, since they do not remedy the cause.

The commonest cause.—The commonest cause of flatulence is delayed stomach digestion. Before the liquefied substance of a meal can be released from the stomach and passed on to the duodenum and intestines, it must be neutral—neither too acid nor too alkaline. When delayed, the partially digested foods ferment and decompose. Gas is formed which must be eliminated by the mouth. When the protein food elements decompose, sulphuretted hydrogen is formed, giving to the flatulence an unpleasant taste and smell, reminiscent of bad eggs.

Flatulence of this kind occurs soon after eating. It causes stomach distension, often with pain which shoots up to the shoulders. Belching relieves the unpleasant feelings, and the cause is apt to be left untackled. Gastric flatulence usually indicates weakness in the secretions of the stomach walls, a deficiency of hydrochloric acid, and a lack of tone in the muscles. It is aggravated by the hasty eating and swallowing of food. Insufficient mastication fails to break up the food and make its particles easily penetratable by the gastric juices.

Adverse chemical reactions.—In such circumstances, faulty food combinations and ill-balanced meals provoke adverse chemical

reactions with the formation of gas. The work of digestion is to convert proteins, carbohydrates, and fats into assimilable nutrients. The more we mix these elements in variety and quantity, the greater the strain on the digestion. In consequence, the basic cause of flatulence is the eating of too much and too great a variety of protein-rich, fat-rich, and carbohydrate-rich food in our meals. Too much starchy food, bread, cakes, biscuits, along with fatty foods, especially fried fare, or too much meat, especially when spiced with pickles, condiments, and vinegar, and accompanied by rich sweets, provides a chemical combination that is overwhelmingly acid-forming and difficult to digest.

A preponderance of these foods tends to the omission of the essential vitamin and mineral-rich foods, and almost every digestive trouble is traceable to the lack of care in balancing and eating foods rich in the protein, fat, and carbohydrate elements. The digestion of food is not completed in the stomach. It is a four-phase operation, and until one phase is properly completed, the next one cannot begin.

Thorough mastication essential.—Digestion begins in the mouth. Thorough mastication is essential to the proper conversion of starch-carbohydrate into soluble sugars. The next phase takes place in the stomach, where the proteins are broken down. Thereafter, the food passes to the duodenum to receive the liver bile which helps to digest fats, and the pancreatic juices which help to complete many digestive processes. Lastly, the final stages are completed in the small intestines and the colon, where assimilation also takes place. To digest well, foods must be combined properly and eaten intelligently.

Many people, chiefly the thin, nervous type, are predisposed to digestive disorder and flatulence because their nervous tension focuses on the digestive organs. When the nerves are using their energy emotionally or mentally, the digestive powers are weakened. It is therefore important that our mealtimes should be quiet periods of relaxation in which mental and emotional problems are set aside. It helps sufferers from nervous tension to relax if they take a walk or some other brief physical exercise before eating. Congenial surroundings, good service, and intelligent anticipation and balancing of the meal all contribute to good digestion.

Simple natural treatment.—The danger of chronic flatulence lies in that it imposes a severe strain on the organs concerned. The passing of gas demands considerable muscular effort on the part of the stomach and oesophagus. The presence of fermenting food tends to pave the way to ulcerous conditions. Less food is processed for assimilation, and so there is a danger of malnutrition. It is not

surprising that dyspeptics become thin and lose weight.

The simple, natural treatment for gastric flatulence is as follows:

Decrease the number of meals to not more than three daily, and reduce the quantity of food eaten. This will at once ease the pressure on the organs. Rich, starchy and sugary foods, potatoes, peas, beans, lentils, fatty meats, greasy or fried foods, elaborately prepared dishes, vinegar, condiments, tea, coffee, and alcohol should be avoided. If thirsty, drink before rather than with or after the meal, choosing fruit or vegetable juices for preference. Relaxation before and after each meal is invaluable in helping to concentrate nerve energy for digestion.

A day's menu should run on the following lines. *Breakfast:* Tomato or fruit juice; thin, dry wholewheat toast with soft poached egg, or tomato. Or a whole cereal food with dried fruit and top milk. *Midday:* Small salad of three fresh vegetables, garnished with a fresh herb; grated cheese, cottage cheese, or grated nuts. Cereal biscuits or wholewheat rusks, and butter. *Evening:* Clear vegetable soup; two or three baked or steamed vegetables; light savoury or baked dish. Milk pudding, or some sweet, or cooked fruit for desert. *Supper (optional):* Slippery Elm Food. After from three to four weeks on this regimen, considerable improvement should be apparent.—*Health For All.*

Mother as Home Nurse

Rose E. Pollard

HOWEVER fit and strong the family, there are sure to be times when one child or another will succumb to a childish ailment. My five children have enjoyed very good health, but that is not to say that they have never been ill. They have never been seriously ill, but I could name measles, chicken-pox, whooping-cough, and mumps as ailments through which I have had to nurse them.

Experience has taught me some guiding rules about nursing the young invalid. Perhaps, the following hints will be helpful to other mothers, too.

First—keep your sense of proportion with regard to your child's illness. Once show alarm or undue concern, and the child senses it, with the result that his progress toward recovery is retarded. Seeing you worry, he worries too. Most children get over little ailments very quickly; childish temperatures have a way of rising very rapidly, but don't forget that they subside to normal just as rapidly. So, keep calm at all costs, for, above everything the little invalid likes to feel secure and comfortable in your care.

Call a doctor.—Then—never delay in calling in medical attention early in the illness; it puts your own mind at rest, and it ensures proper care of the invalid. Good home nursing goes a long way toward successful recovery, but it is always more efficient when carried out with a thought for the doctor's advice. Don't take the law into your own hands over method of treatment; if you are not good at memorizing, put down what the doctor says, and keep to it. There's no need of course to have the doctor on your doorstep every time a child has a cold or an attack of constipation—such as these are minor ailments which you can treat yourself—but, when in doubt, the best thing to do is consult a doctor or welfare centre.

Be wary about over-fussing. Some children so enjoy the extra attention given to them when they are ill, that they will try to prolong the illness just for the sake of the fuss.

Temper kindness with common-sense. Naturally, John likes it when Mummy brings him up tempting food on a tray, when Daddy brings him home jig-saw puzzles and toys he can play with in bed and when each member of the family shows his or her concern in one way or another. But draw the line somewhere, and, when John is on the way to recovery withdraw the extra attentions gradually.

Remember that thoughtful planning saves a good deal of running about. If, for instance, the doctor prescribes frequent cooling drinks for the small invalid, keep the covered jug and tumbler by the bedside, so that you need not go up and down to the kitchen every time a drink is needed. This is such a simple point, yet it is the kind of thing so often overlooked by a busy mother. I always find it best to move everything that's not really necessary out of the child's bedroom, so that there is table and drawer space for the essentials needed for nursing. I save myself much walking about in and out of the room by doing this.

Be scrupulously clean in all your dealings with the child, washing your hands frequently, keeping his bed and person and the room spotless. Consciously, the young invalid does not notice detail, but sub-consciously he will, and the effect of your pleasant and efficient nursing will speed on his recovery.

Make rules and keep them.—Make rules to be obeyed, not to be played with. If a child has been told by the doctor to stay in bed, see that he does stay in bed. In this matter some children are easier patients than others. Children as invalids can be divided into two classes—those who like to stay a bed and those who don't! Not long ago I had the job of keeping my very high-spirited four-year-old in bed for more than a week. He wasn't very ill, but bed was a precautionary measure. The first day or two when the novelty hadn't worn off, passed easily enough, but after that it was continual calls of: "Mummy, can I get up now?" "Mummy, what can I do—I've

nothing to do." "Mummy, I've nobody to play with." "Mummy, I'm not going to stay in bed any longer," and so on. Well in a case like this, scolding doesn't help; neither is it much good trying to reason with so young a child by saying, "The doctor says you must stay in bed, so you must." No, Mother's inventive powers must come to the rescue, and she has got to make staying in bed interesting.

How?

I found it best to map out a programme and keep to it—so much time for eating, so much for sleeping (a child often thinks of this, for saying that a child often plays himself better), so much for a grown-up playing with him, so much time in which to amuse himself. After the first day of the routine my small boy grew accustomed to it, and learned to follow it. "Go to sleep now, and when you wake Mummy will come and read to you," is better policy than, "Oh, do stop worrying me and go to sleep." Try to give the invalid something nice to which to look forward all the time.

Don't talk illness in front of the child, for while he may show no outward signs that he is taking notice of all the symptoms you describe to another grown-up in his presence, he is "taking it all in," as the saying goes. Before now, I have known a child show some symptom that he has heard being talked about, but that he hasn't really got.

Treatment for common ailments.—Briefly, here are lines of treatment I have found successful in the most common childish ailments:

Common cold.—Bed for a day or two, with room at an even temperature. Light but nourishing diet with plenty of drinks between meals. The use of a good inhalant helps to clear head colds, while a good lubricant like camphorated oil rubbed into the chest helps toward a quick recovery of a chest cold.

Constipation.—Use of a mild aperient suitable to children until regularity is established,

but the continual use of aperients should be discouraged. Diet adjustments may be necessary; drinking plenty of cold water between meals, having wholemeal bread and as much as possible of the fresh green salad and green vegetable element (especially served grated and raw) in the diet helps considerably.

Whooping-Cough.—Quarantine period, roughly about a month. Child's strength must be maintained by nourishing but light food; fresh air beneficial, so long as precautions are taken against catching cold does and the child does not come into contact with other children. Plenty of day-time rest necessary to make up for loss of sleep during the night owing to bouts of coughing. If there is sickness with the coughing, give warm, nourishing drink when the sickness has subsided.

Measles.—Child should be isolated until three weeks have elapsed since the appearance of the rash. First symptoms are usually feverishness, running nose or eyes, rise in temperature. Rash appears about fourth day from start of illness, first on the face, and spreading to neck and chest. Liquid but nourishing diet necessary in feverish period; drinks of cold water should be given frequently, and every day the child should have a warm sponge over in his bed. Take particular care that everything connected with nursing the invalid is kept away from other members of the family.

Mumps.—Quarantine period about three and a half weeks. The child should be kept in bed while the swelling is present; liquid foods are advisable until the swelling decreases; mild, antiseptic lotion helpful in cleansing the mouth.

Chicken-Pox.—Child should be isolated until scabs have fallen off and should remain in bed in the early stages of the illness. Diet should be light but nourishing. Scratching of the scabs must at all costs be avoided; boracic powder is soothing, while boracic ointment carefully applied will help reluctant scabs to fall off.

Keeping Warm in Winter

H. O. Swartout, M.D., D.P.H.

IN many articles which have appeared in this journal, mention has been made of certain of your body activities that result in the production of heat, and of others concerned with the regulation of your body temperature. The words, "fuel", "fire", and "burning" have repeatedly been used, though it is obvious that no ordinary fuel is burned in your body and that no actual fire is produced there. To help you arrive at a clear and connected comprehension of the sources of body heat and the methods of maintaining body temperature, it will be a good idea, especially at this time of the year, to bring all the important factors of the subject together and set them in their logical relationship to each other.

To begin with, human beings are warm-blooded animals. Cold-blooded animals depend on outside warmth, and as soon as their sur-

roundings turn chilly they become torpid. On a hot day a lizard may dart about almost like a flash, but on a frosty morning it can scarcely move a limb. You would not get along very well if the weather affected you like that.

If men had not been created with warm blood and a means of keeping it warm, there would be few places on earth where they could live and accomplish anything worth while. As it is, some live where the temperature is many degrees below zero for months at a time. Others live where the temperature rises above 110 deg. Fahr. every day for weeks. A man has been kept in artificially dried air at a temperature above 250 deg. Fahr. for more than an hour without injury. You can move from a warm climate to a cold one, and vice versa, with no harmful effect, or live and thrive in a

region where the temperature varies greatly from season to season, or even from day to day.

What is a "Normal" Temperature?—Your blood, however, is not simply always warm. Its warmth is so nearly constant that there is a definite temperature which is considered normal. This is usually a bit above ninety-eight degrees on a Fahrenheit fever thermometer, the kind ordinarily used in medical practice. On such a thermometer normal blood heat is indicated by an arrow pointing to the 98.4 deg. mark.

Your temperature rarely varies more than a Fahrenheit degree either way. It cannot go more than two or three such degrees above or below normal without your feeling ill; and if it should go as much as ten degrees above or below, you would soon die. It is important, then, that your temperature should be kept close to 98.4 deg. winter or summer, sleeping or waking, resting or working; that is, your body should be kept uniformly warm, but neither cold nor hot. The complex method by which this desirable condition is maintained, therefore, can hardly fail to be a matter of great interest to you.

Your temperature regulating mechanism.—You have a heat-regulating centre in your brain. There is evidence to believe that it is located near the centres that are concerned with your breathing and the beat of your heart. You may have other centres of this sort; but, whether one or more, the action is at least fairly well understood. It goes on automatically and unconsciously, working directly or indirectly through your nervous system. To supplement the work of this centre, or these centres, you perform certain acts consciously and intentionally to help regulate the temperature of your body, for the automatic part of the system is not always able to ensure complete success, particularly if you are one of the great majority of modern people whose living habits are no longer primitive. The daily round of habits of civilized people has reduced the efficiency of their temperature-regulating mechanism below that of people who live less pampered lives.

Heat production and loss.—You have been told that every activity of your body, even that of your brain, requires oxygen, and that the process by which oxygen is used is called "oxidation". Oxidation produces heat no matter where it occurs—as truly in your body as in a fire where fuel is burning. Heat production is more marked in muscle contraction than in any other body activity. As a result of this sort of action, heat is produced all the time, even when you sleep, for the muscles of your heart continually beat, and your breathing motions never stop. Of course, when you work hard or play strenuously oxygen use and heat production are both greatly increased.

As a rule, your body produces much more heat than would suffice to keep it warm if it lost none; but there is always more or less unavoidable loss through several channels. The air which you inhale is usually cooler than

your body, and comparatively dry. It is exhaled in a warm and moist condition. This change results in heat loss at every breath. A small amount of heat is lost in the excretions from your bladder and intestine.

So long as the air and the objects surrounding you are cooler than your body is, you lose more heat than you gain by radiation. Clothing in contact with your body removes heat by conduction—linen removing more than cotton, cotton more than silk, silk more than wool. You can also lose heat by convection if you wear loose clothing or have any considerable proportion of your body surface exposed to the air. Heat loss by convection means that the warm air in contact with your skin is carried away by air currents and replaced by cool air, a process that is continuous as long as the air currents persist. The evaporation of perspiration from the surface of your body requires a great deal of heat, this often being the chief means by which body heat is lost.

How the body conserves its heat.—If the weather is cold and there is danger of losing too much heat, undue loss may be prevented by several methods, most of them going into action automatically. If the cold is extreme, you may have to stay in an artificially heated room part of the time. You may put on more clothes, especially those made of materials that are poor conductors of heat. The clothes will not only lessen conduction, but will obstruct radiation and, by impeding the air currents, will cut down convection. At the same time your heat-regulating centre will act through a special set of nerves to decrease the activity of your sweat glands, hence to reduce the heat loss that would otherwise occur through evaporation of perspiration from your skin surface. Through other nerves it may cause "goose flesh" to appear and the little hairs on your skin to stand up, reducing both convection and evaporation. Through still other nerves it may shrink the blood vessels of your skin and dilate those of deeper structures, so that more of your body's heat is kept away from the surface, where danger of heat loss is greatest. If cold weather is long continued, your appetite for fuel foods is likely to begin to grow, so that heat production can more readily increase. Though its purpose is obvious, the mechanism producing this result is not fully understood.

When exposed to extreme or long-continued cold, the chief point to consider is proper clothing. In particular, it is necessary to clothe adequately those portions of your body farthest from the tissues and organs that produce heat most abundantly. In other words, your arms and legs need more protection than they often receive.

If carelessness or too much regard for style makes you disregard this warning and neglect to do your bit, an overload may cripple your temperature-regulating mechanism and eventually cause serious illness. Your maker has done His part, but He has left enough for you to do to make the responsibility for your body's health and efficiency rest to a considerable degree on yourself.

Topics from Medical and Health Periodicals

Dermatitis of the foot.—Dr. E.B. Underwood and others (*The Journal of the American Association*, February 2, 1946) discuss the diagnosis. Itching, stinging, smarting and burning of the pedal skin signify that the skin of the foot is affected. The colour vesiculation, pustulation, maceration, scaling, fissuring and so on indicate the kind and severity of the trouble. A definite diagnosis, however, must be made. It is wrong to diagnose all such cases as ringworm without a microscopic examination. In addition a routine blood, urine and serological examination will be necessary. —*Medical World*.

Influence of heredity.—What is exact influence of heredity on mental traits of a child? Is it possible to eradicate it when it is evil?

Heredity has its effect on the physical constitution, as is clearly demonstrable in the offspring sharing the physical properties of the parents. The presumption is that mental traits also are shared by the offspring with the parents. Sharing is here an apposite expression, for heredity is not so much caused as is transmitted by the parents. In other words, what is inherited is not so much the mental traits that the parent acquired in his own life as those which he too inherited from his forbears. What the exact influence of this ancestrally acquired property (sum total of traits) is, cannot be ascertained especially in the case of man, whose mental characteristics are as powerfully influenced by environmental factors as by heredity. What some people hastily attribute to heredity may be the result of environment, though heredity also may play an important role in collaboration with the environment. It has been said that heredity determines the amount or quantity of a certain trait, but that what use any person may make of it depends very much on environmental factors. Even this statement, true on the whole, cannot be accepted without many qualifying considerations.

One thing, however, can be safely said about mental traits, namely, if any of them is hereditary it cannot be eradicated. But what is a mental trait? Such complex behaviour patterns as drunkenness, criminality or neurosis cannot be called hereditary mental traits—they are not simple, single, identifiable mental traits; they are the resultant of a large number of innate and environmental factors working together. —*Human Affairs*.

Color blindness.—The term "color blindness" is misleading, writes Dr. Theodore S. Van Dellen in the *Chicago Tribune*. It should be changed to "color confusion". Most persons afflicted with it can see the fundamental colors but have trouble with certain shades. The three primary colors are red, green and blue. Those who have no difficulty with any of them are said to be trichromatic; those who can identify only two are dichromatic; while those to whom everything

appears gray are monochromatic. Those in the third category may have associated eye symptoms and often are sensitive to light. Blue-blindness is rare; red and green blindness are more common. It is estimated that from four to ten per cent of the population is afflicted to some extent, in the proportion of about ten men to one woman. This impairment of sight is hereditary and is transmitted through the female. In modern life color blindness may be a serious handicap. For certain jobs on railroads, steamships, airlines and in textile factories, examinations are held of applicants to weed out persons afflicted with this trouble. The motorist may receive a ticket or be involved in an accident if he cannot distinguish between red and green. Large doses of vitamin A are said to be helpful in treatment. Special training is also tried to restore the color sense. —*Good Health*.

What is Personality?

A male, aged twenty-eight, puts the question printed here. He wonders why some men with little actual executive ability succeed over the heads of other men possessing real talents. He says it has been remarked it is a question of "personality," and he asks whether this asset is a matter of just luck and if it may be acquired—and, if so—how.

PSYCHOLOGICAL OPINION:—I admit, as a matter of research, there are inherent individual characteristics due to the chromosomes and genes transmitted to offspring by parents and forebears; this is to do with human chemistry. Otherwise a successful, pleasing, arresting personality can be developed through mind-training. By this is meant we can cultivate habits of thought and apply the technique of seeing ourselves, feeling about ourselves, thinking about the desired attributes, willing to acquire and acting out the picture we hold in our mind of the personality we desire so greatly to project. As we think, insistently and consistently, so will we be—sooner or later—according to (1) the strength of our magnetism of desire; (2) the application of our will. Personality is 90 per cent "application". Neither charm nor brain power makes personality. Character is not the secret; plenty of men of character stay ordinary so far as "success" goes. Personality is the blossom and the fruit of an all-round self-development.

Have an aim, a real objective in life. This does not mean earning big money—money is a necessity. If you have a mission in life claiming all-out attention of head, heart, and hand, then you will be enthusiastic and your mental, physical, and spiritual powers will influence, attract, and sway other people. Cultivate vision, sympathetic understanding of others; smile, be ambitious, act with decision, use imagination; above all else, perhaps, be tactful. Certainly develop the ability to converse interestingly but do be a good listener. —*Health For All*.

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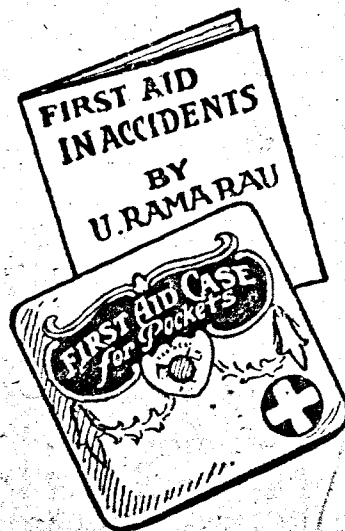
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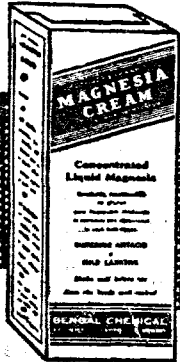
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HEALTH

ESTD. JAN. 1923.

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The Great Responsibility

It had become almost a fashion with people in this land, high and low, to throw the entire responsibility for every one of our ills on the shoulders of the alien rulers who had been holding sway over this country for more than a century and a half. This was adduced as one of the main reasons for the "Quit India" demand made by the All-India Congress Committee, at its meeting held in Bombay in August, 1942, on the suggestion of MAHATMA GANDHI. The position has changed considerably within a quinquennium; it would be no exaggeration to say that a revolutionary change has taken place. The all-powerful British Government which poo-h-pooed the demand of the Congress and put into prison the leaders who were responsible for it, came down on bended knees to offer the transfer of complete power to the hands of Indians. What was responsible for this sudden and revolutionary change in their mental outlook, whether it was the force of world opinion or their own weakness caused as a result of World War II, the main burden of fighting which for a long time almost alone it had to bear, it is unnecessary for our purpose to examine here. Whether the acceptance of Dominion Status for the present is inconsistent with the objective resolution passed by the Constituent Assembly or not and similar questions

are matters for legal and Constitutional pundits to explore and explain. Suffice it to say that power, whole and complete, has been now transferred to our hands over a large part of the country. The whole responsibility, therefore, for the good and efficient administration of the country has now devolved upon us.

But it is no use disguising the fact that conditions are far from favourable for the proper and efficient administration of the country. The mad orgy of violence let loose on the country for the attainment of political ends continues unabated in spite of the division of the country and the establishment of a separate sovereign state of Pakistan. In the Punjab: towns and villages are burnt, properties looted, murder and other heinous crimes have become the order of the day. The tales of distress brought by people running away from their homes to save at least their lives are, to say the least, harrowing and heart-breaking, and the maintenance of law and order and the problem of the refugees have added considerably to the complexities of an already difficult situation, demanding all the time and attention of the responsible ministers. It is only those who are near at hand and watch the situation closely from minute to minute that can really understand the magnitude and the seriousness of the problems with which

our new ministers are confronted with. People living far away from the scene of violence are less likely to understand the seriousness of the situation with which the administration is faced and grumble at the manner in which things are allowed to drift, *i.e.*, the many difficulties under which they suffer in their every day life are not tackled properly. Food and clothing are considered to be the two main problems to which the authorities should devote all their attention. And these two are the problems which are directly concerned with the health of the people to which we are devoted. The insufficient ration allowed to the people in many parts of the country has seriously affected the health and the power of resistance against disease of the people; and in the winter that is to follow, unless effective steps are taken to keep the people properly clothed,

they are likely to fall an easy prey to various diseases that may ravage the land. While therefore we fully sympathise with the administration in the difficult position in which they find themselves owing to the abnormal situation created for political reasons, we have to point out to them that it is only with a full realisation of the difficulties of the problems that are facing them that they have assumed the reins of administration in their hands and it is up to them to show that they are worthy of the great responsibility, they have undertaken by taking on hand the main problems without delay and tackling them in a manner that would to a very large extent at least ease the difficulties of the people. We have asked for transfer of power; that power has now been transferred to us. Let us show to the world that we are worthy of it.

In Fairness to Homœopathy

Capt. C. OOMMEN, M.B., B.S. (Late of the I.M.S.)

Mavelikara.

IN the May issue of *HEALTH*, I read with interest an article headed "Eliminate Quacks in Homœopathy". The writer Mr. Mahesh Prasad Tandon, reveals the existence of a large number of so-called Homœopathic doctors who, with their stupendous degrees, often extending to more than ten capital letters, and moving about flourishing stethoscopes, arrogate to themselves all the dignity that a medical licentiate, often going through the rigour of close study at a Medical College for 5 years, can command. He further complains that their transformation from a raw youth without any knowledge of medicology to a full-fledged physician with the nomenclature of a doctor, is sudden and overnight. He calls them quacks and demands their removal by providing

necessary legislation banning their nefarious trade. He also advocates State recognition of the science, establishment of Homœopathic Colleges with learned personnel, provision of well regulated course and conferment of degrees, liberal grants for research work, encouragement of papers and thesis on the subject, wide publicity of its literature and periodical deliberation on the subject.

He is right in what he says; but, to a discerning mind, his article does not appear to be a fair contribution to the cause of Homœopathy. Maybe, he wrote it with the best of intentions, but he seems unaware of the natural tendency prevalent in this country for a wider and wider study and practice of Homœopathy, based on its increasingly popular recognition

as a harmless system, akin to Naturopathy. This tendency is a clear manifestation of an acute necessity of the times, for there is a great dearth for doctors in India; lakhs of our villagers do not get any medical aid at all and, as Mr. Tandon rightly states, the system of Homœopathy, in view of its cheapness, is particularly suited to the poor economic condition of the Indian masses.

While ill-trained quacks do not do any good either to themselves or to the society in which they exist, it should be recognised that the main advantage of Homœopathy over other systems of healing is the fact that it is a harmless system easily learned and practised by the intelligent laity, to whichever class of profession they belong. The greatest tribute to Dr. Hahnemann, the founder of Homœopathy, lies in the unimpeachable fact that his system presents the suffering humanity with what can be described as a domestic art of healing, easily learnt and practised by everyone who has the habit of learning and observation. It will be a reformatory step to establish a good number of recognised Homœopathic Colleges, but one has to realise the limitations to the possibilities of opening an adequate number of such colleges in India in the near future. In the meantime, it is up to any Government to recognise the imperative necessity of affording the intelligent laity the same access to the study of Homœopathy as they had before, so as to encourage them in the carrying out of their first-aid and social service activities through an intensive study and practice of this harmless system.

There are correspondence courses. A dissemination of a working knowledge of Homœopathy, as it has been proved beyond the shadow of a doubt, is not only possible but easy through a correspondence course, provided it is well conducted by painstaking doctors, both qualified and experienced. There

is no gainsaying the fact that times are changing and men are growing busier and their hunger for useful knowledge is greater every day. As a consequence of this, the methods of education are being revolutionised, and correspondence courses in a large number of subjects are becoming universally popular. There are correspondence courses in literature, accountancy, commerce, engineering, and a lot of other subjects, when compared to which, the system of Homœopathy is better taught through correspondence, and that with comparatively greater benefit. If Mr. Tandon doubts the truth of this statement, the correspondence course of the Grace Medical Mission, Mavelikara, Travancore, will provide a formidable challenge. Several hundreds of Allopathic medical men of M.B.B.S., and other degrees had been and are among the students of the Mission, and they have all found in the course an easy and practical method of learning Homœopathy at home, spending a negligible amount.

I am, at the same time, aware of bogus institutions, who profess to teach Homœopathy through correspondence and make it a mere business proposition, without regard to the harm they are doing to society by producing quacks who become a disgrace to Homœopathy and a menace to suffering humanity. While they should be eliminated, any Government, in fairness to Homœopathy and to the suffering humanity should not permit the system to be crushed under restrictions, but should encourage its study and practice, supporting those genuine institutions which have been doing good work in this direction and have earned a reputation for their efficiency and noble objectives.

Of course, the superiority of the regular academical course is unquestionable, and the necessity for distinction between Homœopaths trained

through regular course and those trained through correspondence course is understandable. A reasonable proposition is to have the Homœopathic Practitioners classed as A and B, the latter being those qualified though efficient correspondence courses like that of the Grace Medical Mission. This will obviate the difficulties in effecting a constructive reform in the shaping of the future of Homœopathy without running the risk of indirectly doing it any material harm under tightening restrictions.

I understand that the All-India Association for the propagation of Homœopathy and Naturopathy—an organisation consisting of a large section of Homœopaths, Naturopaths and their sympathisers—is taking steps to see that the system of Homœopathy gets a fair deal in the future prospects of medicines in India. And one who has in view the betterment of the health conditions of 450 millions people of this country cannot but wish the efforts of the A.I.A. (H. & N.) all success.

There is no

INCURABLE DISEASE

IN the face of so much medical evidence to the contrary, the average person would not accept, without some ratification, the statement that there is no incurable disease. Yet the writer's experience has convinced him that the assertion is well founded.

What actually constitutes an "incurable" disease? The obvious answer to this is: any disease which, after a prolonged period of treatment by medical science, fails to respond, and gradually increases in severity. Apart from the various "mystery" diseases, cancer, tuberculosis, nephritis, rheumatoid arthritis, etc., all show a depressing series of failures in the hands of orthodoxy. Yet, when (usually as a last resort) incurable cases come into the hands of a qualified naturopath, they frequently show remarkable improvement after a period of treatment, thus ending a depressing series of failures.

Where drug medication has been applied over a long period of time, it is not improbable that the inherent vitality of the body has been so suppressed as to be incapable of bringing about the healing crises in the body which are necessary to promote recovery.

COLIN D. BLACKSHAW, N.D. (Eng.)

Such cases are incurable; but it should be noted that it is not that the disease is incurable, but that the depressed state of the body, due to suppressive drug treatment, has rendered impotent the work of Nature herself.

Pathogenic bacteria.—Certain species of bacteria are able to cause a flare up of disease in the body (or, rather, in the unhealthy body), and they are termed pathogenic (disease-producing) bacteria.

The power to excite the production of a specific disease is not, however, confined entirely to pathogenic bacteria. Certain chemicals and plants are poisonous in their effects on living tissues, and nerve and arterial lesions will cause necrosis of a part; hence these also are pathogenic.

Disease is classified as being "any departure from normal health," thus an exact definition of the term pathogenic would be "any organic, or inorganic, mineral or vegetable substance, or any luxation or subluxation, having the power to produce disease in the body by causing a departure from normal health."

Even this definition, however, cannot be construed as infallible, as the term pathogenic is itself only relative. For example, pathogenic bacteria are only pathogenic in an unhealthy body; they have no power to produce disease in the healthy body. Thus Nature Cure offers something infinitely better than a cure for disease; it offers complete immunization from disease, showing the way to the maintenance of a high degree of health at all times.

This condition of natural immunization immediately cancels out the artificial and debilitating practices of inoculation and vaccination, involving the injection into the healthy bloodstream of morbid bacterial substances.

Should the vitality of the body cells become lowered by wrong methods of living, pathogenic bacteria, on entering the body, then find an environment suitable for their rapid propagation. They perform their reproduction by simple fission. Assuming the rate of fission for each bacterium to be once in each hour, it is seen that in twenty-four hours a single bacterium will have produced nearly seventeen millions of its kind. The actual rate of fission can, however, be much more rapid than this, given suitable conditions. It is obvious from the above that a few bacteria can, and do, multiply very rapidly in an amazingly short space of time, given conditions favourable to their growth.

Even then the symptoms in the body are not caused by the bacteria themselves so much as by the enzymes and ferments they produce.

These enzymes and ferments, products of the colossal activity of the microscopic organisms, are responsible for the complex chemical changes which take place in the body cells, resulting in disease.

What is the orthodox approach to this problem? The answer can be given in one word: suppression.

Yet suppression is no answer to the problem. The attempt to destroy or

suppress the activities of invading bacteria by means of the sulphonamides (M & B, etc.), penicillin, and other such drugs does not solve the problem in the least; nor does surgical removal of the diseased tissue. The activities of the bacteria may be prevented for a time, and the patient may be pronounced "cured," but the suppressed bacteria are merely lying dormant preparing for a more vigorous, and certainly more serious, outbreak in the future.

Even if the drugs are successful in destroying the bacteria, nothing has been done to remedy the root cause of the disease—the lowered vitality of the body cells.

Infinitely more difficult.—Rather is the opposite the case, because the lowered vitality is still further reduced by drug medication, the drugs themselves being, in many cases, disease-producing. Thus the orthodox approach to the problem actually involves it still further, and renders a cure, in the true sense of the word, infinitely more difficult.

Over and above all this, medical science gives scant, if any, cognizance to the greatest healing power of all, the *vis medicatrix Naturae*—the inherent natural healing power of the body.

Pathogenic bacteria are being constantly destroyed by healthy tissues. Were this not so, the human race would not have survived the initial stages of the birth of evolution, for bacteria were even then represented, and are representative of the part-animal, part-vegetable parasite species of organisms which mark the turning point in the evolutionary road when the animal and plant worlds separated and proceeded along different paths.

The healthy tissues of the body are safeguarded by a clean and efficient blood supply. The protective constituent of the blood is found in the

plasma—in the white blood cells, or leucocytes.

When the body is in a state of healthy vitality i.e., a state of immunity, foreign substances (pathogenic bacteria) acts as antigens; they form in the plasma certain bodies which are antagonistic to themselves and are termed anti-bodies.

When an antigen (bacteria) is destroyed by an anti-body, a substance in the plasma, termed complement, is used up. The presence of complement helps to complete the destruction of bacteria entering the body.

The anti-bodies formed are of several types, the more important being bacteriolysins (having the power to destroy germs themselves), agglutinins (having the power to precipitate the germs into glutinous masses and render them inactive), anti-toxins (having the power to neutralize the poisons produced by the bacteria), and opsonins (having the power to alier the bacteria so that they become more readily ingested by the leucocytes). The leucocytes are the great scavengers of the blood, and have the power to ingest bacteria and so destroy them.

The naturopath in his treatment of disease seeks by all the natural methods at his disposal to aid the forces of the body, without in any way destroying their vitality, as is the case with drugs.

By fasting, enemata, fruit and milk diets, hydrotherapy, electrotherapy, massage, steam baths, hot blanket-baths, packs, etc., he seeks to purify the body, and, by increasing the activity of the various organs, particularly those of elimination, to cleanse the tissues of poisonous wastes and accumulated morbid matter, to improve the vitality of each individual cell, and to cleanse the bloodstream so that Nature's inherent protective forces are able to work to their greatest and most effective capacity. With the onset of the eliminative crises, the

naturopath knows that the inner forces are at work, and that, provided the patient is prepared to co-operate by observing and carrying out the instructions given, a complete cure will ensue in course of time, no matter what the disease or how severe it may be.

This has been proved over and over again by naturopaths in practice. The cure takes time; the patient must understand that a disease which may have been caused by years of wrong living cannot be cured in a week, or a month, and may even take a year or more. Nature works, slowly, but what is that to the person who, having been informed that all that life held for him was chronic invalidism and an untimely death, is suddenly given the new hope that in a year or two he may be completely cured?

Occasionally, the naturopath meets with a case which persistently refuses to respond to every form of natural treatment. Fasting, osteopathy, chiropractic, massage, special diets, electrotherapy, and hydrotherapy are all tried, but without effect. The cause of this is always the same: The cumulative effect of indiscriminate drug treatment over a long period of time has resulted in the weakening or inhibition of the body's inherent self-healing power. The vitality of the body has been destroyed, and naturopathic treatment can elicit no response. Such unfortunate people are incurable, not because of a particular disease or diseases, but because of the drugs given from time to time to combat those diseases. In such cases death can be attributed only to unnatural living and drug treatment.

Nature is capable of curing all forms of disease, but she cannot always remedy the faults and mistakes of a misguided "science," which seeking to improve on Nature, created worse disease.

Truth is fundamental, and the plain truth is that until we are successful

in controlling our appetites—that is to say, the appetites of our senses for constant gratification, whether our sin lies in gluttony, drunkenness, excessive smoking or sexual abuse, or in sloth, ignorance, lack of exercise, unhygienic living conditions, etc.—we shall be constantly sowing the seeds for future disease. Plainly our duty is to practise self-control, and after obtaining the requisite knowledge of the body's anatomy and physiology, to use that knowledge in helping the

body to maintain a high standard of health.

To live sensually and selfishly will lead surely to disease, and to expect the physician to cure such a disease, created often by years of self-abuse or ignorant living, with the aid of a few bottles of medicine or a box or two of pills, would be amusingly ridiculous, if it were not so tragic. Yet there are untold thousands of people who still cling to this belief.—*Health for All*.

The Use of Ground-nut Cake Flour FOR HUMAN CONSUMPTION

M. B. DAVER, M.B., B.S., (Bom.), F.R.F.P. & S.G., D.P.H. (Eng.) etc.
Nutrition Officer, H.E.H. the Nizam's Dominions, Hyderabad Deccan.

DURING the last War and even to-day, the question of food supplies of rice supplies in particular is the and major problem for the country to solve. India is short of rice. Curtailment of transport facilities, hoarding and speculation have added to the difficulties. Therefore, it is essential to find out some other stuff which could be made available for human consumption with a view to meeting to some extent the cereal shortage. For this reason, the possibility of using ground-nut-oil-cake flour, neat as well as mixed with flours or cereals and millets, was considered.

The use of neat flour was tried but had to be given up. The greatest obstacle was 'prejudices' against consuming the so-called 'food for animals' and the belief that it causes diarrhoea, though Dr Simeons, Director of Public Health, Kolhapur, and Mr. Kincaid of American Presbyterian Mission, Kadoli, used the 'neat flour' in the market for sale; and their report was 'the response from the public was encouraging and they purchased it without any prejudice'.

Then we examined the possibility of using the flour in mixture with maize flour, because both these are articles not rationed and available in good amounts. We tried the mixture in proportion of 60 parts of maize flour and 40 parts of ground-nut cake flour for making various culinary preparations. Out of the flour, biscuits, *halva*, *bhajiya*s, *ladoos*, *pakodas* and *chapatis* and even loaves were prepared. These preparations were sold to the public during various exhibitions. The response from the public was excellent, there were no complaints. The public did not suspect that these articles contained ground-nut-oil-cake flour.

Later on we made use of the flour in various institutions and boarding houses. The reports said 'there were no complaints on the grounds of taste or indigestion' and the preparations made out of the flour were liked by the inmates.

The flour was used even in most fastidious families for making chapatis and other preparations. They found that the preparations were as

food as those made out of wheat or any other cereal. The only difference was that they were sweetish in taste and therefore required addition of little more table salt.

Later on instead of maize flour we tried flours of cereals, millets or pulses according to their availability or taste. An advantage is that it can be used even in equal proportion; but we found that best proportion was 25 to 30 parts per 100 parts of mixture. In making loaves, it can be used only in 15 parts, if used in higher proportion, it becomes rancid.

From the analysis it is seen that ground-nut cake flour compares very favourably with wheat in its chemical constituents and is superior in vitamin contents, thiamine (B₁) being 12.5 µ/g. and nicotinic acid 27.1 µ/g.

Its protein is of high biological value, almost similar to that of meat, besides it is rich in minerals. Thus, it would be an ideal addition to the Indian diets, as most of them are poor in proteins, mineral salts and vitamins, particularly B complex. Its use can supplement to a great extent those constituents which are deficient in diets of those who do not take meat or egg.

Apart from general reluctance of the people to change their dietary habits, there are three main reasons why ground-nut cake has not hitherto been used for human consumption.

First is its smell and second the belief that it causes diarrhoea, and thirdly the fact that they use it as food for animals and not for human consumption.

Its repulsive smell could be removed if only good, graded, selected and handpicked seeds are used. If the skin from the nuts is removed before putting them in the expeller, the cake is white in colour and has no smell.

In order to overcome the second difficulty, namely diarrhoea, the press should be used exclusively for ground-nut; it should not be used for pressing castor-oil seeds also.

To get rid of prejudices against its use—as in all other matters—propaganda and a little knowledge in nutrition will be enough. In spite of the additional expenses of picking, removing skin, etc., the flour could be obtained at four seers for a rupee.

This flour should be made popular and put on the market. If public takes to it, there will be proportionate savings in other rationed grains. It will serve three great purposes. Firstly, at cheaper rate the public will have the flour which is as nutritious as any other flour. Secondly, by its use there will be savings in rationed grains. Thirdly, our greatest object of turning the people to consume new food grains will be served.—*The Indian Medical Gazette*, May 1947.

Healthful Exercise

A STREAM cascading down a mountain side is pure and crystal clear, but a stagnant pool soon becomes a miasmatic swamp. If a person's arm is immobilized by binding it tightly to the side, it will eventually lose its strength, wither away and become practically useless. Inactivity, especially when it is prolonged, is harmful. It weakens every muscle in the

body, including the heart. The dangers which accompany a long stay in bed following a severe surgical operation are not regarded lightly by experienced surgeons. Pneumonia, phlebitis and other disorders all too frequently complicate such cases. To avoid these enemies, many surgical patients are urged to get up and move about within a short time after operation.

[Health, September '47]

The results of this new method have been excellent. Patients complain less of pain and their stay in the hospital is greatly shortened.

The activity and vigor of every organ in the body are stimulated by exercise, while the tissues of a person who is habitual rocking-chair sitter become filled with waste matters. Exercise increases the respiration rate and makes the heart pump blood faster. The greater activity of the heart and lungs is for the purpose of supplying more oxygen to purify the blood and vital tissues. The liver, kidneys, skin and other eliminative organs likewise do more work and improve the quality of the blood because their efficiency in removing waste matters is greatly increased.

Many persons have the impression that exercise is only for athletes. Mark Twain on one occasion remarked that the only exercise he took was in acting as pallbearer at the funerals of his athletic friends. Mark Twain was a good humorist but no authority on health. On the contrary, a careful study made of the length of life of many famous athletes of a number of colleges revealed that they lived longer than the average person and also had better health. When the muscles of the body are well developed, they may be kept in good condition even in advanced years by moderate exercise.

It is very rare indeed to find a person who can not take some form of exercise. Carefully prescribed exercises may even be taken by surgical patients.

There are three classes of exercise: gentle, moderate, and violent. Gentle exercise is not accompanied by fatigue or breathlessness. Moderate exercise when continued for a sufficient length of time is followed by fatigue, but does not produce breathlessness. Violent exercise, on the other hand, causes breathlessness, a form of fatigue, and after a time may be

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followed by exhaustion. Invalids, feeble persons, and most men and women who have reached advanced years should take only gentle exercise. Adults who have been accustomed to vigorous exercise all their lives may take violent exercise. This is also true of young persons who have sound hearts. For most adults, however, there is a danger of injury from very strenuous exercise, and only moderate exercise is indicated. In these cases, activity sufficient to cause deep breathing must not be regarded as harmful. The intake of an increased amount of air is one of the most beneficial effects derived from exercise.

Exercise promotes bowel action, improves digestion by stimulating the appetite and encouraging the secretion of the digestive juices. Everyone knows the value of a brisk walk on a cold, frosty morning in creating an appetite for breakfast.

The practice many persons follow of attempting to crowd a week's exercise into a few hours at the end of the week sometimes causes great harm, even death. It is not unusual to note in the public press that a prominent person dropped dead on the golf course from heart disease, perhaps after playing thirty-six holes on a hot day. Every adult should have a careful examination to determine the condition of his heart before playing any game which places a severe strain upon that organ.

In general, it may be said that light exercises, many times repeated, are better than violent exercises repeated but a few times. The use of heavy weights or other apparatus by persons unaccustomed to strenuous exercise is usually followed by stiffness and soreness, and may even result in permanent injury. On the other hand, although light exercise may induce fatigue, harmful effects are not experienced.

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The automobile, while a great convenience, certainly has not increased the physical stamina of the American people. Clustered around our high schools and colleges may be found vast numbers of cars. Students depend upon them or buses for going even short distances. It is not unusual for boys and girls in their teens to board a bus when their destination is only half a mile or even less away.

Our colleges and high schools employ high salaried coaches to train athletes who certainly are not in such great need of bodily activity as the thousands of students who sit on the sidelines and take their exercise by proxy. Those who need exercise the most are the least active. The use of the automobile by students in going to and from school should be discouraged. A normal boy or girl may walk six or eight miles a day, not only without injury but with benefit. Walking is one of the best forms of exercise.

Numerous authorities have estimated that to maintain normal health and vigor, the average individual should perform work daily equivalent to walking nine miles. It has also been found that the energy expended in a single day by a laborer may be the equivalent of lifting nine hundred tons one foot high.

There is a close relation between the condition of the internal and the external muscles. When the latter are weak, of course the internal muscles lose tone and lack strength also.

There is no substitute for fresh, clear air. For best effects, exercise should be taken out of doors. Live and work in the open as much as possible. If you are an indoor worker, make certain that the work rooms are supplied with a continuous ample

supply of fresh air. High temperatures are depressing. Wear more clothes in the winter months, and keep the indoor temperature down to 70 degrees. Breathing cold air has a tonic effect.

One of the best forms of exercise is gardening. By spading, weeding, cultivating or hoeing, enough work may be done to produce muscular fatigue and a free flow of perspiration. Extreme fatigue should be avoided. Elderly persons are especially likely to overdo. The effects of overwork may not appear until the next day. This is known as secondary fatigue.

A person whose occupation is sedentary may avoid round shoulders, flat chest, protruding abdomen and other evidences of bad posture by resolutely determining to avoid slumping. Dr. John Harvey Kellogg never lost sight of the relation of correct posture to the maintenance of buoyant health, and in order to impress its importance upon the many children he took into his home and reared, wrote the following little jingle which contains good advice we all may follow with benefit:

UPRIGHTNESS

"Sit with chest well to the fore,
Feet placed squarely on the floor;
Do not let your body slump,
'Twill give your spine an ugly hump.

"Stand head erect and lowered chin,
Hips head back and stomach in;
Walk with firm, elastic gait,
And at an even, measured rate.

"Do not limp nor sway nor wriggle,
Dodder, clatter heels, nor wriggle.
Look the world straight in the face,
And march upright with manly grace."

—Good Health.

Forgotten but not Gone

GOUT, an excruciatingly painful malady, is generally regarded as a disease which in days of old attacked lords, dukes and others of considerable wealth and influence who ate too much, especially game, and drank too freely, but which has in recent times gone out of fashion. Even many members of the medical profession have almost entirely forgotten about the existence of this disorder. Dr. Joseph P. McCracken and associates, however, in an interesting and stimulating article in the *Journal of the American Medical Association* (Vol. 131, p. 367) declare that many persons are still victims of this painful affliction. They point out that despite the fact that Sydenham (*The Works of Thomas Sydenham*, London, Sydenham Society, 1850, Vol. 2, p. 123) more than a century and a half ago gave the symptoms of gout in such great detail that every well informed physician should be able to diagnose it when present, this, unfortunately, is not the case. The number of causative factors to be considered by the physician in the attempt to classify a joint affection has in the light of recent discoveries grown to a somewhat dismayingly long list, and it is not surprising that he overlooks a disease which is popularly supposed to have become more or less a thing of the past. It is to renew interest in this old disease that Doctor McCracken has written this article.

Dr. McCracken and associates describe the case of a woman sixty-eight years old who twisted her ankle in descending a stairway. This was quickly followed by discoloration of the skin of the ankle and swelling and pain when walking. Two days later the right big toe began to throb so painfully that she could not sleep and arose at two o'clock in the morning to write some letters, think-

ing this would divert her mind from her trouble. The pain increased the next day and she was unable to sleep on account of it.

The first physician that she called diagnosed the trouble as bursitis; the second one said she had an acute infection of the foot. Two more physicians also failed to recognize the real nature of the trouble. Sydenham wrote that "about two o'clock in the morning the patient is awakened by a severe pain in the great toe..... The pain, at first moderate, becomes more extreme." This was true in the case just described. The pain then became more intense, in fact, followed the exact pattern described by Sydenham, who pointed out that "so exquisite and lively meanwhile is the feeling of the part afflicted that it can not bear the weight of the bed-clothes..... A few days after, the other foot swells or suffers the same pain..... Gout attacks women but rarely, and then chiefly the aged and the masculine." The patient was sixty-eight years of age at the time of her first attack and was rather masculine in appearance.

Gout, which may easily be confused with rheumatoid arthritis, differs from it in some important particulars. Between attacks the patient's health is excellent and the affected joints are perfectly normal.

Dr. McCracken cites a number of other cases of gout which were not recognized by numerous physicians, and calls attention to the fact that in one large medical institution out of a series of cases of gout in which the disease had been present for many years only twelve per cent arrived at that institution with a correct diagnosis.

Gout is frequently associated with the large use of meat and alcoholic beverages, although cases have been

observed in abstainers and persons whose dietary habits were considered to be moderate. Sydenham's observation that "more rich men than poor, more wise than simple" are attacked by gout seems to still hold good.

The importance of making a correct diagnosis in this malady cannot be overemphasized, because as the result of proper treatment a person who is writhing in agony may be out of bed the next day and going about his business as usual. This most gratifying result is sometimes achieved by the use of colchicine or cinchophen. Both of these remedies are exceedingly toxic and must of course only be used under the direction of a physician. Colchicine is derived from the colchicum bulb. This interesting plant produces a wealth of rich green, glossy foliage in spring which

disappears in fall, being replaced by exquisitely beautiful flowers, some of which have the appearance of huge crocuses of lilac or reddish hues; while others, pure white and double in form, resemble miniature peonies. If colchicum bulbs are lifted after the leaves have disappeared, they will soon flower, each one sending up a veritable fountain of bloom without benefit of soil or water.

All cases of inflammation of the first metatarsophalangeal joint should be regarded as gout until proved otherwise, and that prompt employment of colchicine will prevent needless suffering. Alcohol, tea and coffee, hot condiments, and cola beverages, as well as overeating and tobacco, should be avoided and a biologic mode of life carefully followed.—*Good Health*.

BODY WEIGHT AND MORTALITY

It is common knowledge that obesity shortens life. Statistics compiled by the Metropolitan Life Insurance Company from the records of a smaller company, covering thirty-four years, give definite information concerning the number of years lost due to this cause. Only men are considered. The results are shown in a graph in which the percentages are displayed in columns. Normal weight is represented by 100 per cent. For all causes of death, there is an increase to 108 per cent for marked underweight. But for underweight of from five to fourteen per cent, the mortality rate is 99 per cent. For slight overweight the percentage is 122. This climbs to 144 for moderate overweight and to 174 for excessive overweight. For cardiovascular renal diseases, which are the chief cause of death in adults, the contrast is even more striking. For the underweights the figure is 77, while for overweight it is 162—more than twice as great. For diabetes the graph is more startling. The rate for underweights

is 64, for overweights just four times as large—257. The obese who are attacked by cancer have a rate of 111, while the underweights are at a slight disadvantage, with a rate of 102. As to fatal accidents, the thin men escape with a figure of 92, while the fat men stand at 112. There are two diseases, however, in which avoirdupois is a blessing. They are lobar pneumonia and pulmonary tuberculosis. But both of these ailments are gradually retreating before medical science, so this advantage is losing its importance.

It should be noted that the normal or average weight is not the ideal. In general, the light-weights live longest. This compilation of course tells only part of the story. Usually, death is preceded by a period of illness which may be of long duration. Many adults, perhaps most of them, would benefit if they heeded President Truman's appeal to eat less so that starving people abroad may eat more.

—*Good Health*.

[*Health*, September '47]

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MUNICIPAL MILK

LORD FORRESTOR, MA, FIIA

Chairman, National Babies Welfare Council.

It is accepted without question that an adequate supply of clean cows' milk is essential to the wellbeing of human beings of all ages in any European community. It is accepted that the supply of drinking water to a community is today commonly, if not universally, the duty of a local authority or a public utility company. The maintenance of a pure water supply is however a simple undertaking in comparison with the production, collection, processing and delivery of pure milk, with all the difficulties and dangers that are involved.

Milk has necessarily to be produced in relatively small units; dairy farms with more than, say, 100 cows in milk at any one time are not common nor are they always efficient or economic. The larger the herd, the greater the distances to be travelled, the more likely the incidence of disease and the risks of contagion. In Britain we have tended both to process and to distribute milk in small units; it is true that big combines and big co-operatives exist in many towns and cities, but the fact remains that a very large number of consumers draw their milk from distributors handling a relatively small number of gallons a day. The results are clear enough. British milk is produced on a very large number of farms, is handled by a correspondingly complex collecting and wholesaling routine (not to mention the Milk Marketing Board and the control it exercises over the whole procedure), and then is distributed by a large number of overlapping distributors. During that process milk, most delicate of all commodities, is exposed to contamination in a very large number of places and from a wide variety of causes.

The conclusions to be drawn from this statement are not necessarily the

obvious ones. The handling of milk is a highly technical business, or should be; a milk monopoly in any place or area might introduce grave dangers to the public health not now apparent; the political complications are many and this is not a fitting place to discuss them.

The Wellington scheme.—The fact however remains that at least one city in the world has organised a municipal milk supply and has operated that system now for a period of nearly thirty years, with growing success. The city is Wellington, New Zealand, with a population of some 120,000 people, situated at the southern extremity of the North Island. An account of this experiment should be of interest to readers in Britain, and particularly to those responsible for the care and welfare of mothers and children.

Milk in England is generally bought on a gallonage basis, with certain minimum statutory standards below which the milk must not fall. The Wellington municipal milk department pays for its milk on a basis of weight, plus butterfat content, plus quality; the method of arriving at the price is not important for present purposes but the methods of assessment of quality in the department's own milk laboratory are. The top price for milk is indeed only paid to the producer subject to satisfactory results from the following tests:

(a) Bacterial estimation of the milk as determined by the methylene blue or reductase test;

(b) Cleanliness as determined by the sediment test;

(c) Acidity content, by analysis.

The basis of assessment of price varies between winter and summer milk.

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Second-grade milk is paid for at one penny per pound less than the basic price payable for first grade milk and without the added premium that first-grade milk earns. No payment is made for condemned milk. Neither second-grade nor condemned milk is sold to the public as fresh milk.

Fresh good milk.—The consequences of such policy are important. They are well known to the operators of dairy factories throughout the world but it is seldom that they are applied to the purchase of fresh milk for distribution as milk. They are:

(1) Producers are induced to supply milk of relatively high butterfat content.

(2) There is no inducement to supply milk adulterated with added water.

(3) The real value of the milk is determined in the laboratory for every consignment, from every farm, every day.

In point of fact the standards set are costly to maintain. More than £2,000 per annum is spent by the department in testing and controlling its milk supply, and in the inspection of supplying farms and in advice to farmers. In the year ending 31 March, 1946 some 70,000 separate tests of various kinds were carried out by the department, with the following results:

Milk classed and purchased as 1st Grade	... 99.14%
Milk classed and purchased as 2nd Grade	... 0.86%
Average butterfat content of all milk sold	... 4.62%
Solids other than fats	... 9.14%
Average bacteriological plate count of pasteurised milk	7850 per ml.

The total milk intake for the period was 16,782,871 pounds; the total milk sold to customers was 42,990,184 pints for the year. It will be noted that the results obtained represent a very high standard indeed.

Pasteurisation.—All milk bought is pasteurised in a modern and model plant, the main units of which were built in England. All milk not classed as first-grade is separated and used for butter manufacture; in other words only first-grade fresh milk reaches the consumer. Milk is bottled after pasteurisation; all bottles are sterilised before filling. Milk and cream are distributed by an impressive fleet of horse-drawn and motor vehicles to upwards of 25,000 customers in the city and its suburbs. Payment is by means of metal tokens. Each roundsman distributes 140 gallons a day and works a 5-day week, on a shift system. In addition distribution of milk to schools is an important part of the department's work.

• The department has no monopoly; producer-retailers in the vicinity of the city have been allowed to continue to operate, up to the limit of production on their own farms; the decision not to insist on monopoly was a political one and has given rise to many difficulties, but the fact remains that some 80 percent of the population drink municipal milk.

The staff employed by the department now number 280. The total revenue of the department in the year under review was £605,056 (25/- New Zealand equals £1 sterling); the department works at a small net profit and has built up appreciable reserves during the period of its existence, whilst at the same time maintaining a thoroughly modern plant in being. The department has to pay rates on exactly the same basis as owners of private property; it pays current charges for water and electricity; it does not therefore compete unfairly with other interest.

Lessons to be learned.—What, if any, are the lessons to be learned from the Wellington experiment? They are surely that here, in the interests of public health and of public health alone, is a municipality that has set

out to provide a first-class milk supply for everybody, with control of quality at the point of production as well as during processing and distribution. In Wellington there are no grades, no "Accredited" or "T.T." All milk is of the highest quality when brought to the dairy and all milk is pasteurised. The "holder" method is used, that is to say the milk is held for 30 minutes at a temperature of 145°F., which is sufficient to destroy the bacteria responsible for diphtheria, septic sore throat, typhoid, dysentery and tuberculosis. No effort is made to improve low-grade milk, an impossible task; only first-grade milk is accepted for sale as fresh milk. 99 percent of the milk produced for the municipality reaching the high standard set; in other words the producers are upgraded rather than selected. All dirty milk is condemned; indeed as ingenious American machine receives from the roundsman all milk even that is returned from the rounds to the dairy unsold; the machine uncaps the bottles automatically and empties their contents into a container, to be used for butter-making; "yesterday's milk" is not therefore stored in a refrigerator and taken out again today, as so often happens elsewhere.

All too often municipal undertakings in British countries are drab and unimaginative in their management and in the execution of their day-to-day work. The writer can only comment that he was profoundly impressed some few months back by the skill and efficiency with which Wellington's milk supply is operated (in startling contrast with the appalling tramways of that great city). It is a service for the citizens and their families; the great dairy in the centre of the city is so planned that large numbers of visitors can pass through it without interrupting the flow of work and without interfering with the hygiene and cleanliness of the plant. Large

numbers of citizens and visitors do take that opportunity of seeing how their milk is processed and handled, an opportunity of great educational significance. There could be no more fitting conclusion to this brief account than an extract from the narrative of a New Zealand journalist who visited the department some years ago and wrote:

"The 'clop-clop' of a horses' hooves on a suburban road, two glimmering square lights at the front of a flat cart; a shouted word of encouragement or command from a dim uniformed figure; the tinkle of small metal and the light clash of glass; a white bottle left on the door-step or within a gateway—the milkman has arrived as usual at a Wellington home. Rather prosaic? Perhaps. But if anyone of the 25,000, or more house-keepers who daily put their milk tokens into their city corporation milk department's bottles cares to trace her pint, or quart, or more, back to its municipal source, she will discover that there can be some romance in milk after all.

"The Milk Department is a tremendous undertaking. Unique in New Zealand—indeed, Wellington's is the only municipally-controlled milk supply in the British Empire—it is the model for many other cities of the world, as the mail of the general manager almost every week shows. Inquiries about the organisation come from South Africa, Canada, USA, Great Britain, Australia.

"Today, the Milk Department and the municipal distribution of the housekeeper's daily supply are accepted facts. The milk comes regularly; it is pure and healthy; it is cheap; nobody bothers to enquire into the history of it all; few persons realise, even though many inspect the building, the intricacy of the

organisation which makes all these things possible and which leaves no possibility at all of the milk ever falling below the standard required

for the safeguarding of health. This Milk Department is a trading concern—a sound one—but it is also a great public service.”—*Mother and Child.*

APPLES

THE apple is accredited with being the origin of all man's misfortunes and the cause of severe discords on subsequent occasions; but as a food it has always been highly appreciated and in this country it is hardly unfair to say that it is more important than all other fruits. “An apple a day keeps the doctor away” suggests that it has great health-giving qualities, and in apple-growing districts it is firmly held that an apple before going to bed will prevent the loss of the teeth. Though the dentists will not go so far as this, they do hold that the apple has value in cleaning the teeth by mechanical action and promoting the flow of saliva by its acidity. But in the days when vitamins dominated dieticians the apple was displaced from its high position because its vitamin-content is low. In the Medical Research Council's War Memo. No. 14, apples are accredited with insignificant vitamin C content, except the variety Bramley's seedling, but even in that the content is low. More recent work has shown much higher values in all varieties, both culinary and dessert, of from 7 to 22 mgm. per 100 grms. of fruit, and up to 34 mgm. in cider apples. The highest concentration is in the skin and adjacent tissue, so the ascorbic acid value of apples depends on whether they are eaten whole or pared. Cooking of whole unpared fruit, or in crusts which limit oxida-

tion, leaves most of the vitamin C. Those who maintain that the apple has little dietetic value can fight it out at Long Ashton! Though nobody now doubts that ascorbic acid is the preventive of scurvy and has physiological value of a more positive kind, there is a growing belief that its value depends not only on the quantity ingested but on the combination in which it is exhibited. This seems to be the case with all the vitamins. Immense doses of concentrates of vitamins are often prescribed, but many of us think we get better value from much smaller doses in their natural habitats. But is the value of apples as food wholly or chiefly dependent upon its vitamin C content? When constipation ruled medicine, the apple was held in high esteem chiefly for its roughage value, though the word “roughage” does not appear to have been used by the early apostles of constipation. The apple has the merit of being the least pernicious of their remedies! Analysis shows the apple to possess something more than ascorbic acid and dross, though the amounts of substance of recognised food value are not great and do not account for its universal popularity, which we cannot believe is without some physiological explanation which so far has escaped us.

The Temple of the apple is the University of Bristol Research Station at Long Ashton. Perhaps they can tell us more about it.—*Medical Officer.*



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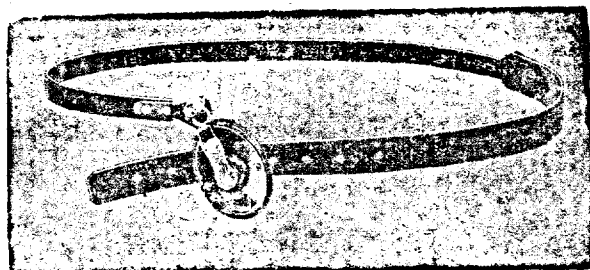
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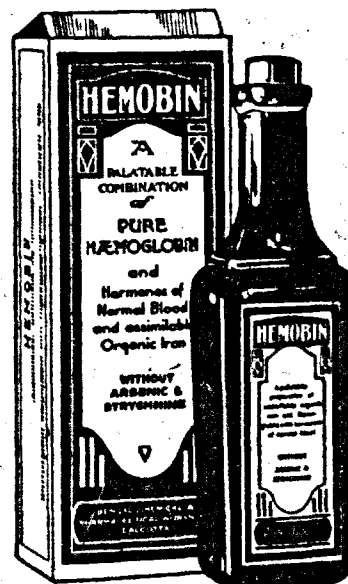
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FIRST THINGS FIRST

If the Bhoire Committee had expressed the opinion that the subsidised rural medical scheme had not been a success in Madras, the responsibility for the same rests entirely with the Government who showed very little interest in its advancement. When the late the Rajah of PANAGAL introduced this scheme in the twenties and proclaimed that it was going to solve the problem of rural medical relief, we doubted it seriously. For, the scheme was inherently defective, and unattractive to those who had spent a large number of years in a town undergoing the costly medical course and acclimatising themselves to all the amenities of town life. If settling in rural area for service is to be made attractive to them, the conditions of service should be satisfactory and they should be offered a scale of remuneration commensurate with the trouble and expense involved in equipping oneself for the job. But the subsidy offered was very, very low, the conditions of service were very, very unsatisfactory, that many medicos did not care to offer their services. Even the few that came forward were not given reasonable and just encouragement, their demand for additional subsidy was unceremoniously turned down. The same step-motherly attitude towards these people still holds sway, for otherwise how can one justify the latest policy of the Government to

convert the subsidised dispensaries into pucca Local Fund dispensaries without at the same time guaranteeing to the medicos that they would be also absorbed in Local Fund Service. If this policy of the Government is implemented, medical men and women who are now in charge of subsidised rural dispensaries would be left in the lurch. We do not for a moment think that they would be incapable of taking care of themselves by setting up private practice in their own places, or by moving to places where they hope they can make good. But what would they and others think of the Government that was responsible for such a state of things? The Minister for Public Health and Medical Relief admits that rural areas are hopelessly lacking in medical relief, and yet the Government have cut down the number of village centres and taluk centres proposed to be established in the post-war development plan to bring preventive and curative service within the easy reach of the villagers. Out of the 1487 village centres required for this Province, the Government, he says, have been compelled to reduce the number to 600. According to their present plans, during the first five years, i.e., the short term envisaged by the Bhoire Committee, combined village centres will be introduced in 150 villages at the rate of 30 centres in each area with 25 supervisory

taluk centres at the rate of five in each area. The blame for this reduction is thrown upon the financial stringency that has been caused owing to various causes into which we need not now enter. We do not deny that we are now passing through very difficult times, with our expenditure rising to alarming proportions. But comparing the present revenue with that our Province derived some years back, the amount proposed to be set apart for this object is very, very poor. And that too knowing fully well that the success of all post-war development schemes depends

upon the maintenance of perfect health by the people. To put it in a nutshell, all the expenditure incurred for improving the public health of the people is an insurance for the success of post-war development schemes. In the absence of that, all grandiose schemes of development are bound to fail. The sooner this is realised by all, the better it will be for all concerned. Let the foundation for the success of all schemes, viz., the health of the people, be well and truly laid. Without that foundation the superstructure raised will crumble like a house of cards.

Ten Precautions For the Expectant Mothers

Most of the difficulties and disasters of labour can be prevented if efficient precautions are taken in the ante-natal period, specially in the latter part of pregnancy. An attempt has been made to dwell upon the subject briefly in this short paper. This may be of some help to the busy medical practitioners as well as to the expectant mothers. Here I wish to thank Mrs. Saila Devi, for it was she who asked me to write on this subject. Now, let us see what are the precautionary measures necessary for an expectant mother to tide over safely the predicament of labour.

I. Cultivation of good habits with regard to repast, drink, regulation of bowel movement, cleanliness, sexual union, dress, mental disposition etc.

(1) *Repast*:—Food should be taken at regular intervals with a relish and a contented mind. Food should be well masticated and should be taken slowly and not hastily. No diet should be taken while the mind is not at rest, otherwise digestive troubles may occur.

(2) *Drink*:—The habit of drinking clean water is good for health and specially so for the pregnant women,

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for the human system is thus regularly washed out. This lessens the probability of toxæmia of pregnancy. Various refrigerants like sherbets of lime, bacl, etc. are also useful. No alcohol should be allowed.

(3) *Regulation of bowels*:—Constipation must be avoided as it predisposes to toxæmia (Green-Armytage and Dutta). The bowels can be kept regular by adequate diets or by mild aperients, if necessary. But no strong purges should be given to the pregnant women.

(4) *Cleanliness*:—This should be preserved in all things by every expectant mother with a view to avoiding diseases, for many diseases are connected with filth. Cleanliness also gives cheerfulness to the mind and health to the body.

(5) *Sexual union*:—Excessive sexual indulgence should be avoided by all means, particularly in the latter months of pregnancy. Coitus may occur in early pregnancy only in lateral position (V. B. Green-Armytage

and P. C. Dutta). Sepsis and abortion may occur if this precaution is not taken.

(6) *Dress*:—This should be loose and should not press on the abdomen causing hindrance to the normal growth of the foetus and also to the normal working of the mother's organs. Use of *makhela*, a kind of Assamese garment, can be recommended for the pregnant.

(7) *Mental disposition*:—The body and the mind are intimately connected. Illness of the mind makes the body ill and *vice versa*. The state of the mind should be kept quite normal throughout the whole period of pregnancy, otherwise the physical health also may deteriorate and even the foetus too may be affected if the mother be mentally ill. The mother's mind should be free from all worries. Cheerfulness of mind is a good tonic to both the body and the mind.

(8) *Amusement*:—This is also helpful for the expectant mothers.

II. Prophylactic uses of medicines.—The mother's demand for the substances like calcium, iron, phosphorus, and vitamins is increased during the period of pregnancy for the normal growth of her foetus. So, judicious use of these drugs by the expectant mothers can be regarded as an essential measure against certain diseases. Besides these, some other medicines may also be used prophylactically in certain conditions. For instance, quinine can be used in malarial places. Apart from its anti-malarial action it also imparts tone to the pregnant uterus. (V. B. Green-Armytage and P. C. Dutta.)

III. Sleep and rest.—Sound sleep and an adequate amount of rest (both mental and physical) are absolutely necessary for the good of the expectant mothers. They should know how to relax their body and mind. These are the remedies for the tired body and the exhausted mind. Without these the body and the mind cannot

retain their normal state, they will soon be ill. Sleep is nature's tonic for a healthy life.

IV. Fresh air and sunlight.—The expectant mothers should avoid overcrowding conditions and should live in a sanitary dwelling. They should have an ample supply of fresh air and healthful sunlight which are perhaps more necessary for them than for any other human being. Congested and damp environments are harmful and sun-bath in an open place is perhaps useful to them.

V. Exercise.—Ordinary light exercises during the first half of pregnancy are believed to be beneficial to health. These help food assimilation and impart vigour to the body and the mind. During the second half of pregnancy the expectant mothers require more rest and should take only very light work. They should avoid all sorts of physical strain and fatigue.

VI. Weight record.—Their body weight may be decreased due to under-nutrition and wasting diseases like tuberculosis and this may also be abnormally increased due to conditions like latent dropsy and hydramnios. So weighing of the pregnant women at ante-natal examination should be carried out at frequent intervals.

VII. Obstetrical examination.—Pelvic measurements (external and internal), abdominal examination, vaginal examination, determination of the relation between the foetal parts and the pelvis, etc., are all included in the obstetrical examination which should be done from time to time during pregnancy in order to avoid the disastrous results of difficult labour.

VIII. Urine examination.—Urine should be examined for sugar and albumen once a fortnight in early pregnancy and in the last four weeks the examination should be done weekly (V. B. G. A. and Dutta). This

will detect impending diseases like toxæmia, and proper treatment will prevent them.

IX. Nutrition.—It cannot be over-emphasised that the expectant mothers require a more nutritious and a more balanced diet. Rice (preferably home-made), pulses, vegetables, fruits, oils, ghee, milk, fish, eggs, meat, etc., are all that is necessary for an Indian mother. But these all should be given in adequate quantities. They should also be good in quality. Fruits, vegetables and other food articles, rich in vitamins, are particularly useful to them, because the endocrine system cannot work properly without a sufficiency of vitamins in diet.

X. Treatment of diseases.—Pregnancy may be associated with various diseases, particularly in cases of old multiparæ. The risks of childbirth progressively increase after the 4th pregnancy (Green - Armytage and

Dutta, 1936). Therefore, a thorough investigation of abnormalities in pregnant women is absolutely necessary and their removal, as far as practicable, is imperative when such disorders are revealed on examination. Otherwise pregnancy may end with disastrous results to the mother and her child in many a case. Many poor women in our country continue their pregnancies together with various ailments to which they can pay little heed owing to their utter indigence and also due to their ignorance about matters pertaining to health. Both the maternal and foetal mortality rates can possibly be decreased considerably in our country if proper arrangements for ante-natal care and treatment for our mothers can be made.

Reference:

1. V. B. Green-Armytage and P. C. Dutta
—A Text-Book of Midwifery in the Tropics,
2nd Edn., 1936.

Homœopathy and Naturopathy

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WHAT would you think of a topic having for its title, "Bread and Food"? You will at once say that these two are synonymous, and I had better avoid the repetition. To be reasonable, I am obliged to agree with you; but I should point out that bread is a particular, refined form of food, both agreeable and easily assimilated. In mentioning this, I have not attempted to provide an exact simile, but it is almost the same thing when I say 'Homœopathy and Naturopathy.' These two systems are so closely related to each other that one is essentially a different form of the other, in so far as both these systems work on the arena of Nature, with Nature and in aid of Nature.

The Rishis of yore had a clear conception of Nature, and the imprints

they left on our Indian culture are deep and substantial. All manifestations of the creative force go to build up the full form of Nature, which is personified as a goddess whom many people worship. There is a great scientific background for this, which the Naturopath can explain. Nature, he says, comprises life that exists in the form of vibrations that fill the omnipresent ether. These vibrations, which have their origin in the one indivisible vital principle, the creative force, enter in and radiate from every atom that exists in the universe, and with their centre of gravity fixed on that primary force of all forces, vitalise all perceptible and imperceptible elements of matter, including, of course, the human being. Here, the evolution of

"the whole", the interconnection of the life-principle and the elements of matter that constitute that 'whole' and the cohesive principle that holds everything in its own right place in that great alignment of matter and energy, are to be recognised as the form and functions of Nature. It is this vital fact that argues in favour of the need for life to accord with Nature's laws of harmony. As much as your legs should not move backward when you proceed forward, you should not, in directing the run of your life, act in conflict with the laws of Nature of which you are an inseparable part. Help Nature to help yourself. This is the principle on which Naturopathy is based, and who can question the scientific and natural soundness of this basis?

Nature cure is recognised as a great reformatory movement in the domain of health, inaugurated and developed on a scientific basis over 80 years ago. By a strange coincidence, Germany, the birth country of the founder of Homœopathy, produced another equally great health reformer in the person of a simple villager, Priessnitz of Grafenberg. His investigations into the true efficacy of natural remedies, conducted with a natural genius for the art of healing, yielded such wonderful results that a large number of enthusiastic men of all classes and trades joined him in his work. His splendid pharmacopœia did not include any drug, but consisted in plenty of exercise, water treatments in the cool sparkling brooks, and simple wholesome country-fare, made up largely of black bread, vegetables and milk fresh from the cows fed on nutritious mountain grasses. Working with a zeal that bore them all honour, this party of health crusaders developed, enlarged and enriched the system in all its branches such as water cure, earth cure, air cure, light cure, natural dietetics, magnetic healing, mental therapeutics and curative gymnastics.

An important addition to Naturopathy is the invention of Osteopathy by Dr. Still of Kirksville, Missouri. This is a system of scientific manipulation of the bony structures, nerves and nerve centres, muscles and ligaments. This system, in some form or other, has always been prevalent in India, and we have even now, here and there among us, men skilled in this art of manipulative treatment, who claim to cure many cases, both acute and chronic, by employing this method. There are some of them enjoying good reputation, too, and they will, no doubt, do infinitely better by a more minute study of the subject and employing the scientific method. Dr. Palmer of Davenport, Iowa, is the originator of a later development of this manipulative science, which is chiropractic.

To understand the great healing principle embodied in these methods, we should have a grasp of the terms "Health" and "Disease" as defined in the catechism of nature cure.

"Health is the normal and harmonious vibration of the elements and forces composing the human entity on the physical, mental, moral and spiritual planes of being, in conformity with the constructive principles of nature applied to individual life."

"Disease is the abnormal or in-harmonious vibration of the elements and forces composing the human entity on one or more planes of being in conformity with the destructive principles of Nature applied to individual life".

These definitions cover a greater meaning for each of the two opposing terms "Health" and "Disease" than we need go into in our present attempt at having a comparative study of these two great healing systems, Naturopathy and Homœopathy.

In both these systems, you take the person as a whole in considering his conditions of health and of disease, and not the only part or particular organ conspicuously or apparently

affected, as generally considered in the Allopathic or the Ayurvedic system. This view of the oneness of the human body is certainly more scientific and rational; nay, this is the main thing that matters in any realistic system of healing. If you have an eye trouble, our colleague of the old school of medicine usually looks into your eye and gives you his prescription. You get cured of the eye trouble and pay him his fiver, only to see that you have a headache or something wrong in your nose. You run again to the doctor, who prescribes Aspirin, Alasil, or Caffiaspirin for the headache, or looks into your nose with the aid of a nasal speculum and gives you his ready prescription. You pay him another fiver and thank him immensely on seeing that the headache or the trouble in your nose too has been cured. The fact that the disease has only been suppressed is not readily realised. In fact the morbid matter in your system that has manifested twice, once in your eye and then in your nose or forehead, made worse by the drugs administered in you in no immaterial quantity, makes its appearance somewhere else on your body, and makes you pay yet another bill of the physician. Neither you nor the doctor would care to consider you as an individual, indivisible entity, now in a state of morbidity, calling for a complete constitutional treatment. This is a very grave drawback of the old school of medicine, and results, in varied measure, in the decrease, if not destruction, of the vitality of the individual, thus rendering him infinitely more susceptible to serious diseases.

Now Homœopathy works with the laws of cure and not against them. A drug capable of producing a certain set of disease symptoms in a healthy body when given in large physiological doses, will cure a similar set of symptoms in the diseased organism, if the drug be given in small homœopathic doses. This is the law of 'Similia Similibus Curentur'. Hahnemann

discovered this law accidentally, while investigating the effect of Quinine on the human organism. Ever since then, it has been applied successfully by him and his followers in treating human ailments.

"Similia Similibus Curentur" is, in the opinion of Dr. H. Lindlahr, M.D., only another way of stating the fundamental law of Nature Cure, that "Every acute disease is the result of a cleansing and healing effort of Nature." According to this law, if you give a remedy which produces the same or similar symptoms in the system, you are just aiding Nature in her attempt to overcome the abnormal conditions. The work of the indicated homœopathic drug is not to suppress the acute reaction, but to help it along, thus accelerating the curative process.

This is precisely what the Naturopath does, the only difference being that he employs not the curative energy contained in drugs, but those healing forces of Nature which are indicated. In his treatment of disease, he seeks to aid the forces of the body to regain their diminished vitality and to throw off the morbid matter from the system. If we compare this with the 'Theory of Reaction' which explains the Homœopathic law of cure, we will see that the healing principles on which these two systems are based are the same. Responsibility for disease is laid on the lowered vitality of the body cells, and even pathogenic bacteria are pathogenic only in an unhealthy body, brought on by bad living, by indiscriminate drugging or suppressive treatment. Certainly, the remedy lies not in swallowing several drams of harmful and poisonous drugs, but in a methodical return to Nature, in the revitalisation of the clogged or deceased cells and strengthening them against further attacks of diseases. This is aimed at in the vitalising methods of Homœopathic and Naturopathic treatments.

Apart from the rational and far-sighted outlook underlying these two systems of healing, what every discerning mind has to recognise is the fact that there is, in effect, no drug in the remedies employed in the system of Homœopathy exactly as in Naturopathy. In the 6th centesimal and higher dilutions of the Homœopathic remedy, there is practically no particle of drug that can be measured or found through any known methods, scientific or otherwise. What remains in them is just the curative energy of original drug, which is similar to the harmless curative energy in Nature, that the Naturopath employs, through a different method, in his process of effecting cures.

The man who has learned to master his habits and the appetites of his senses for constant gratification so as to conform to nature's laws on the physical plane, and who has thereby regained his bodily health, realises that self-control and well regulated life form the key to his further development on the mental and spiritual planes of being as well.

Thus a Naturopath, whose philosophy teaches him to identify himself with the life principle that fills the universe, aims not only at the maintenance of his health, but also at the fulfilment of the lofty objectives of human existence. As such, Nature

cure is a return to Nature, and through Nature, to the central force of all forces and to eternal well-being.

This fact is epitomised, in contemporary life, by the greatest man alive, Mahatma Gandhi, whose staunch adherence to Nature cure principles are well known. India was wise and fortunate to accept his great lead in the political field, and the happy result is the attainment of the country's independence, in which we all rejoice. His lead in social and individual life is equally worth emulating, if we want social and individual salvation, health and a healthy outlook in all matters of worldly and spiritual existence. I can only say that it is a pity that his Nature Cure Clinic has attracted few people competent to carry his message of health to all parts of India. People seem content to regard Gandhiji as a saint, and to believe that his methods of life are beyond their reach. But, in so far as his simple but regulated methods of natural living are concerned, I fail to see any reason why many people cannot accept his lead and benefit by it. When Gandhiji says that a peasant or a labourer can have his own hospital in his house or hut if only he provides for a hip-bath arrangement, there is a great deal more of truth in this advice than is realised by most men.

(To be continued)

ANOTHER BLOW AT THE CIGARETTE

One good will emerge from the multifarious evils which beset the English economic system. The consumption of tobacco will be still further reduced. A heavy tax had previously been levied on this noxious weed, but this has been approximately doubled recently. Now, a package of twenty cigarettes which previously cost forty-seven cents will sell at sixty-seven cents. The chief reason for this measure is not to increase the nation's income but to reduce importations of tobacco. England needs to conserve her credit balance in this country, which sends eighty per cent of the

tobacco used there. Of course, the devotees of tobacco are loud in their objections to the higher price. Tears are shed over the plight of the working man and the pensioner. It is calculated that a man earning four or five pounds a week (sixteen to twenty dollars) would have to spend one fourth of his income for a package of cigarettes a day. It might be added that all his wages would not be enough to provide him with a bottle of champagne a day. Far from being a necessity, tobacco is a harmful product. Anything which will diminish its use will be a decided benefit physically as well as financially.—*Good Health*.

The Injurious Effects of Examinations on the Students' Health

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THE present day system of examination has mostly produced weaklings and hopelessly deteriorated students' health. An examination is always a hard thing. It is a trial as much of our intellectual aptitude as of our mental equanimity.

Before proceeding further it is necessary to know what is examination? Examination is nothing but a test of a student's knowledge about a particular subject. Students are taught a large number of books on different subjects for one whole year. At the end of the year they are asked to answer just a few questions selected at random, and the efficiency of the students is judged by the answers given by them to these questions. Such an examination is not necessarily a real test of merit. It is not a true test of a student's knowledge. Sometimes success or failure depends upon chance and also upon the tendencies of the examiners.

Besides, this system is a harmful system also. It spoils the general development of students. It spoils the career of young men. It does not create in them a desire to increase their intelligence, knowledge and ability. Their mere motto and aim remain only to pass the examination with the help of bazaar notes. There are other methods by which knowledge can be tested. Knowledge is acquired by the use of intelligence and not by passing the examinations. The present day system of examination encourages the unintelligent and the cramming. Thus no country in the world is satisfied with this system of examination. Every one thinks that there is much room for improvement in this system.

We would find 80 per cent students suffering from examination fever during the examination days. Due to this system students suffer from bad health. We may imagine what certainly will happen if students do hard labour in their examination days against all the rules of hygiene, dropping their exercises, reducing their meals to scarcely one, and minimising their sleep to an absolutely inadequate period—say three or four hours a day. This happens year after year and the result is that when they complete their education their health is completely shattered. Thus the system of examination is injurious from the view point of health and therefore unsound.

Anxiety, fatigue and nervousness result in the breakdown of students' health. Nervousness is more or less an ill-known disease of students. Students get highly strung and exhibit worry in their examination days. Most of the students spend ten hours of the day and five of the night in strained labour over their books. A continuation of this practice for even a week is enough to show its effect on their bodies as well as on their minds. They begin to feel that the examination is approaching at an unusual pace. They look upon the calendars with an awe, and develop a peculiar feeling towards their books. They worry because they feel unable to meet the task in a favourable manner. Thus worry is the fundamental cause of the destruction of the health of poor students.

On the whole the system of examination is a defective one and should be given up.

Sound and Sweet Sleep

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ALL work and no play makes Jack a dull boy. The adage means that excess of a good thing is also bad. There is a point of time when one must cry halt to work and that is done for the sake of rest and for sound and sweet sleep.

The human body has a complicated mechanism. Like any other machine, it is incapable of constant work indefinitely. Not only has it to be supplied with food and water, oiled and greased, it has to be provided with requisite rest. When the body works its energy is expended so that it gets tired and exhausted. Rest is the remedy, the best kind of it being sleep. It may, in passing, be mentioned that the first form of rest is had by stopping work. The second and better form of rest is had by being in bed. In the third stage of it, in point of order, talking to others is stopped and the eyes remain closed. The best form, as the doctors advise day in and day out, is decidedly sleep, and preferably sound sleep.

Sleep is a very valuable provision of nature. It is a restorer of the working man's exhaustion, tiredness and lost vitality. Two things happen in sleep: (1) The brain cells—the accumulators of energy—are recharged, and (2) the body is cleansed, recuperated and repaired. A lot of refuse and numerous impurities get collected in the body during the day. Complete muscular relaxation, as sound sleep may be characterized, does away with the refuse and impurities and the blood is cleared of toxins.

Deep refreshing sleep enables the mind to maintain resilience. There lies abounding energy and peace of mind, a will to work and perfect health in untroubled sleep. Broken and interrupted sleep, on the contrary,

makes a man feel liverish and out of sorts. Doctors, therefore, invariably insist on their patients having a sound sleep. They emphasize it the most in cases of heart trouble. Slight relaxation of the different muscles of the body and face is not enough. Though total unconsciousness is again not the desideratum complete relaxation is the criterion. Young people should have about eight hours sleep. Small children need ever more than that.

The hectic activities of life coupled with our sedentary habits have led to an increase of the scourge of insomnia among us on an alarming scale. Sleeplessness is the curse of the extra busy and turbulent lives in the present day civilization. Go wherever you will and you cannot fail to find tense and tired faces, slack and slouching bodies, mental and physical wrecks and victims of innumerable diseases. A man who earns his bread by the sweat of his brow has no complaint of insomnia. He looks the world in his face and is extremely happy and cheerful.

Firstly it is our sedentary habits that are responsible for depriving us of the good of sound sleep. Some professions and occupations in life necessarily impose these habits upon us. Morning—evening walks are likely to be very beneficial. If we can take vigorous physical exercise, so much the better. Lack of physical exercise is another cause of insomnia. Whatever be the work we engage ourselves in, we need extra exertion. Besides remedying the disease of insomnia, physical exercise is the one substantial thing to keep us physically fit and in good health. Errors in eating and drinking constitute yet another important cause of loss of sleep. Fruits and light lunch at night prove to be of great help in this respect.

Above all, is the factor of worry which tends to jeopardise sleep and the whole basis of it. Worries must, so far as possible, be avoided. A care-free, instead of careless, attitude towards the problems confronting us is easily the best course which we might adopt.

Narcotics are definitely harmful. Remedies of sedatives are worse than the disease. Coffee and tea even are no good. They are stimulants. Cases of high blood pressure are clearly traceable to them. When you are fatigued rest is the remedy, not stimulants. Sleep itself alone is a natural narcotic. No medicine for inducing sleep can be recommended. The advertisement of medicine which avers that it brings about deep sleep that cannot be broken for an hour and that it does not harm the heart does not appeal to me. You have to use yet another medicine in addition if it is required that you should get up earlier than an hour. During their examination days, students have been seen depending upon China 30 to keep them awake

whole nights. These are obviously irregular students and they fare very badly for defying the laws of Nature.

In order that you may have sweet and sound sleep it is incumbent upon you to do away with the causes that lead to insomnia. Your bed must be comfortable where open and free air may be available. Clear conscience and a short prayer before going to bed are also two great aids to sound sleep.

Supremely fortunate people are those who can woo the gift of sleep at will. Churchill, Earl Lloyd George, and Napoleon are examples in point. The unlucky pine for sound sleep. Sleep to be real must be both sweet and sound, and all of us stand in great need of it. Win, therefore, sleep in the sense that you may be able to have it when desired and not in the sense that you may practise lessening the duration of your sleep or be lying in the lap of the goddess of sleep inert and lethargic all the time.

Education for Life

EVELYN & SYDNEY GRAY,

Life begins in the nursery, and education should start there too.

THERE is a story told of a well-known American psychologist who, when asked by a mother when her child's education should begin, before replying to her question, inquired when she expected her baby to be born. On learning that he was already five years old he is reputed to have cried: "Hurry home, woman, you have already lost the best five years!"

If, for the purposes of this article, we take the meaning of the word education in its widest sense, as implying a preparation for life, we find that modern obstetricians and pediatricians go further than the American psychologist and claim that, at birth,

the child's prospects of enjoying perfect health are already influenced for good or ill, by the care and diet his mother has received during the nine months of her pregnancy.

Development in the early years of life is as much concerned with the body as the brain, each is dependent upon each and it is therefore quite impossible to pigeonhole the moral and mental welfare of the child, or to consider it apart from his general health. The secure foundations of the latter depend not only on the food and care he receives, but upon the atmosphere which surrounds him during the years of growth. His emotional and mental stability rely

not only upon the love, understanding and knowledge of his parents, but on his physical well being and his resistance to disease.

In all but the rarest cases, the child of a healthy, well-cared-for mother is born sound in body, mind and limb; potentially a source of joy and pride to his parents; potentially an asset to the family and a useful member of the community. He possesses at birth, in unknown proportions, physical, emotional and intellectual characteristics which he has inherited from his parents and forbears. The newborn baby may display a fascinating likeness to his father or his grandfather, to his mother, his sister, or even his aunt and, on the other hand, he may show no outward sign, either in feature or form, of his inheritance. The search for a familial resemblance seldom, as far as the parents are concerned, fails in its appeal. To them, the fact that the child is blessed with the same shade of red hair as his mother is tangible proof of the laws of inheritance.

We must recognize, moreover, that not only his features, but the child's intellectual and emotional capacities are influenced in a like manner, and the importance of this fact must not be overlooked because such evidence is slower to appear and less easy to comprehend. There is no doubt whatsoever that his early care and his home environment play an incalculable part in enabling him to develop his native powers to the full and to the best advantage; but, all too often, alas, we find mothers and fathers striving to mould their children to a preconceived pattern of their own and expecting from them standards of behaviour which are beyond either their mental or physical powers to attain.

At first, the mother forms the whole background of the infant's world. In his pre-natal state he enjoyed perpetual warmth, comfort and satisfaction; in a separate existence her breast is

his only link with the past and the source not only of food, but of love and security. In infancy and childhood each new stage of progress is, or should be, linked up with the stage that went before. The breast is not only a physical, but an emotional link with life before birth and when it is either withheld, or prematurely withdrawn, the baby loses far more than a mere supply of food.

Of the far too many infants who still fail to survive the first year of life, a very large proportion are bottle-fed. It is because, as yet, this fact is not universally appreciated that there are, at the present time, children who are denied their rightful heritage for trivial or unnecessary reasons. One or both parents may object to breast-feeding on the grounds of the onerous tie it entails for the mother during the first months of the baby's life, overlooking at the same time the extra work that bottle-feeding is bound to impose and the far greater worry and the extended responsibility of watching over, perhaps for a period of years, a child who may be less sturdy or less emotionally stable than he might have been, if he had not been denied his rightful heritage.

Being derived direct from the mother's blood-stream, breast-milk possesses qualities which no other milk, however scientifically modified, or carefully prepared, can provide. At first, in the form of colostrum and later as milk, it is graded in strength and quantity to fulfil the individual needs of the individual child. Unfailingly it reaches him at the correct temperature, from a warm and comforting source and, a most important consideration, can suffer no outside contamination. It contains antibodies and vitamins to protect him from disease and, not only does suckling exercise the jaws and lead to the formation of healthier and better-spaced teeth, but in our own experience, the breast-fed child is far less likely to develop the habit of mouth-breathing which,

undoubtedly, paves the way to infected tonsils and adenoids in later years.

Purely as a personal experiment, our second son was test-weighted for every feed during the seven months he was breast-fed and a written account was kept of the results. At the end of each day we added together the ounces of milk taken at each feed, only to find that, almost invariably, the day's total corresponded with the two and a half ounces per pound of body weight which we knew he should receive. The point of interest, however, was the difference in the size of the feeds taken at different hours of the day. On many occasions, between the ages of four and six months, in a matter of a very few minutes, he consumed as much as twelve ounces of milk at the 6 a.m. feed and with twenty minutes apparently normal suckling, as little as one and a half or two ounces at 2 p.m.; but never was there any trace of indigestion, or dissatisfaction, after either the one or the other. Surely an unanswerable proof of the remarkable digestibility of natural food!

The breast fed-baby who fails to thrive should be test-weighted for every feed for at least twenty-four hours. This is an exceedingly simple matter with an absolutely accurate pair of scales and, as long as his mother remembers to weigh him immediately before his feed in exactly the same

clothes and napkins as those she weighs him in immediately after it, the difference between the two weights will tell her precisely how much milk he has consumed. It is, of course, the day's total that is important, not so much the amount taken at the individual feed because, as we have just pointed out, this can vary incredibly in the normal child.

When the milk is found to be insufficient it is not a difficult matter to supplement it by small bottle feeds given after the breast. This step need cause no anxiety to the mother, it is very common for the milk supply to decrease when she first resumes her normal life and she will be wise to regard complementary feeding as merely a temporary measure. It is, however, an indication that her own general health needs building up; that her fluid intake could be increased with profit and that she needs plenty of outdoor exercise and more rest each day. In our experience, it is the over-tired mother who runs short of milk.

The mother of the bottle-fed baby who is not doing well should seek expert advice. It may simply be that the proportions of the infant's feeds need some adjustment, but it is unwise of her to attempt to make these herself. A doctor who is interested in baby-feeding will probably put the matter right in a very short time.

—*Health Horizon.*

(To be continued.)

Nutrition

Overboiling—A crime.—The cooking of vegetables is a specialised art. It is well-known that our country grows vegetables of various kinds, and it is equally well-known that no country cooks them worse than we do. For generations we have wasted our root vegetables by excessive peeling and over-cooking. Overboiling of green vegetables is a besetting sin

with us. It is because we aim only to please our palate. The nutritive components of green vegetables and their destruction by over-boiling are never taken into account. The want of knowledge about the health-giving properties of vegetables and the means to keep them even after cooking results in making us consume only the "Waste Matter" of vegetables.

Source of health.—This wastage of the really nutritive parts of vegetables is one of the important causes for our poor national health. Many people attach more importance to meat and fish in their daily diet and give vegetables only a secondary place, that is, as something to be taken with meat. This attitude must be changed. We must learn to look upon vegetables as unavoidable source of health and strength. We should eat enough of our home-grown vegetables, especially in the "raw" state. Certain vegetables appeal to our taste better when eaten raw. For example, the tender fruits of Hibiscus ("Lady's finger") and a particular species of eucumber can be eaten raw. True, two classes of people will suffer if we make full use of our vegetables crops. First, the vendors of patent medicines, whose wares will be less in demand. Secondly, the makers of too highly seasoned sauces, because our palates, once accustomed to good eating, will be content with the delicate flavour of well-cooked vegetables.

How to cook green vegetables.—If you have a garden do not gather your vegetables until you actually need them. Much food value is lost if they are left in the rack. By so doing the vegetables get dry and stale. It is wrong to soak green or root vegetables for a long time before cooking, as this washes away valuable mineral salts and vitamins.

Wash green vegetables thoroughly and if tight-hearted soak in salt water for not more than half an hour; root vegetables should be cleaned only by scrubbing and washing with water. The outer skin should be peeled only if it is woody. It is a very common practice in India to peel the skin of potatoes and other allied root vegetables before cooking. Actually, curries prepared with such vegetables are not the worse for the retention of the outer skin. It must be remembered that the skin of these root

vegetables contains a considerable quantity of nutritive material.

In the case of a vegetable like the cabbage, which is also commonly used in India, the outer leaves are usually very tough and so cannot be beaten without proper boiling. These portions might be kept apart for curries like the stew. It is a folly to throw them away because they are tough. Actually, these dark green outside leaves have more food value than the centre.

Rules of safe cooking.—Vegetables must be cooked as quickly as possible, since slow cooking destroys much of the vitamins in them. So the following rules might be observed:

1. Quick cooking is facilitated by slicing the vegetables. Root vegetables should always be sliced, because big pieces of them take much longer to boil. Cabbages and other allied green vegetables may also be sliced before cooking.

2. Never drown vegetables, i.e., there should not be a surplus of water in the pan in which the vegetables are cooked. Water just enough to keep the pan from burning is only needed.

3. Boil the water and add little salt to it. Sprinkle the sliced vegetables into the boiling water. Less salt is needed than in the old fashioned way of cooking because by this method nearly all the natural salts of the vegetables are retained.

4. Cook with the lid on the pan. This is important because you are going to "steamboil" the vegetables, and if you let the steam escape the pan may go dry.

5. Boil briskly from 10 to 15 minutes. Old root vegetables will take longer. It will be good to give the pan a shake or two during the cooking.

6. The excess fluid, if any, in the pan might be drained off and used for gravy.

It should also be remembered that all root vegetables can also be baked round the joint or with some ghee or oil or water in a tin.—*The Indian Medical Review.*

Religion and Health

BASED on experience in the first World War, Army and Navy medical officers in the recent struggle sought to screen out all draftees who might develop maladjustment or emotional instability. In spite of their efforts, many were admitted to the armed forces who afterwards proved mentally or nervously unfit for service. It was made clear that there exists in the entire population a considerable number of persons who are likely under unusual stress and strain to become unfit to carry on normal living. Psychiatry is recognised as the best method of both preventing and curing such breakdowns. It is handicapped, however, by the fact that trained experts are not numerous, and that treatment takes a great deal of time. The psychiatrist must listen at length, perhaps on several occasions, to the outpourings of the patient in the endeavour to fathom his mind and particularly his subconscious mind.

Since the task is so large and important, efforts have been made to enlist other agencies in the campaign. Religion seems to have an excellent opportunity to help. Hence the committee on health and religion of the Federal Council of the Churches of Christ in America is co-operating with the National Committee on Mental Hygiene. The latter has issued several textbooks for the use of clergymen, Red Cross, Y. M. C. A., public health, USO, and social workers (*American Journal of Public Health*, Vol. 13, p. 1313). The object is to train such persons in the fundamen-

tals of psychiatry. Apparently the commonest single factor in emotional maladjustment is a sense of inadequacy and a feeling of fear which results in inner conflict.

It is interesting to note that the great Federal Council of Churches of Christ has formally accepted the doctrine that religion has a responsibility in caring for health. A certain amount of sickness is due to practices which should be classed as wrong morally, although they may not all be considered actual sins. Clergymen have an advantage in dealing with persons whose mental burdens seem too hard to bear. They have the prestige of that sense of faith in a higher power which is present in most of us, even if we do not go regularly to church. With some knowledge of the working of the abnormal mind, they can point out the futility and harmfulness of worry, fear, resentment and depression. Besides, they can inculcate moral lessons, which in most cases are needed. Thus they have a lever which the most skilled psychiatrist may lack.

That there is urgent need for national action on psychiatric problems is shown by a statement that in Michigan there were 14,864 inmates of mental hospitals in 1930 and 26,500 in January, 1946. There were at the latter date about one thousand persons waiting admission. In addition, some selected cases have been committed to private homes. This record is more or less typical of the rest of the country.—*Good Health*.

SUNSHINE GOOD FOR TEETH

The benefit of sunshine to the human body can be traced through the incidence of tooth decay in children. Vitamin D makes the difference. C. A. Mills found that for an increase of one degree in latitude there was an increase of fifteen decayed, missing or filled teeth per hundred children. This amounted to two hundred per cent gain from the Gulf of Mexico to the Canadian border (*Nutrition Reviews*, Vol. 5, p. 68). B. R. East learned that every additional hundred hours of sunshine a year lowered the incidence of dental decay four or five per cent. Mills also proved that in regions where the drinking water is hard, there is a lower incidence of caries.

Pleasant Topics in Lighter Vein

Publicity

is Lamb when at the India Office make up for coming late by going early.—(*Reason*).

Quakers

Vol. is in Kansas a law which reads "If two trains approach each other at a point, one shall both come to a full stop, and actual harm shall start up until the other has lbrecht it".

igest (June 1, is said to have reported a samples of the: "The murderer entered patients with hen the platform, stabbed ed any treatment five or six times, and ey begin to take the company's regu- nvinced that t) science to Philosophy: se. Drugs

Relativity

re. The Once explained his theory of rela- ed ab these words:—If you sit with a one girl for an hour it seems only a ted, but if you sit on a hot stove for only ate it seems an hour."

Scotsmen

controversy is Scotland's greatest national sp.—(*Ian McLaren*).

of commercial traveller who had taken a order endeavoured to persuade the manager who had given the order, to box of cigars:

said the manager, "don't try to n and I a member of the kirk."

on't you accept them as a pre- sisted the traveller.

replied the manager.

He field of," said the traveller, "suppose he cigars for a nominal sum—say is broapox?"

portant of that case," said the manager, e are press me, and not liking to refuse he are well meant, I'll be taking two th d" ree

ancie old Scotsman was asked by a young nber of the Salvation Army to give him a ng 'for the Lord'. "How old are you," d the Scotsman. "Twenty-three," was ply. "Well I'm seventy-three," said Scotsman, "and I'm thinking I'll be g the Lord before you, so I'll give it to myself."—(*The Table in a Roar*: James uson).

he guests had each been asked to bring ething with them to the feast. The ishman brought a tin of biscuits, the

Irishman brought a bottle of whiskey, and the Scotsman brought his brother.—(*The Table in a Roar*: James Ferguson).

A man left legacies to an Englishman, an Irishman and a Scotsman on condition that each put five pounds in his grave.

The Englishman put in a five pound note.

The Irishman put in a five pound note which he borrowed from the Englishman.

The Scotsman took out the two five pound notes and put in a cheque for fifteen pounds payable to bearer.

The Scotsman was annoyed some days later to learn that the cheque has been cashed—he had forgotten that the undertaker was a Welshman.—(*Fun and Frolic*).

Self Help

"The only effective way to help any man is to help him to help himself; and the worst lesson to teach him is that he can be permanently helped at the expense of some one else."—(*Theodore Roosevelt*).

A Quaker, when an oddity boasted that he was a self-made man, remarked "Friend, thou hast relieved the Creator of an awkward responsibility".—(*The Contemporary Review*).

Sermons

A sporting parson when congratulated on the excellence of his sermons replied that he never bought any but the best.—(*The Times Literary Supplement*).

An old lady with whom was staying a visiting preacher, whom she had just heard preach, asked him why he had become a minister. "I had a call from the Lord," he replied. To which the old lady responded, "I think it must have been some other noise you heard".

Servants

In Kenya boys always demand a written character on leaving, but are often blissfully ignorant of its contents. One lad went round with this recommendation: "Juma has been my cook for six months, and now leave me on account of illness—my illness"—the Days: M. A. Buxton).

Two Oxford dons entered a small restaurant in Paris. They wanted a but were persuaded by the oclularly charge to order various elaboraid that choice wines. To their astonis yields came to about five shillings. They asked how the proprietor quarts supply such a dinner at such ics have waiter answered "He comm donable blunder of giving juices of quit this morning".—(*To*ints.

Wisdom: J. C. Mastermar

ood Health.

Hand-Book on FIRST AID IN ACCIDENT

By Dr. U. RAMA RAU

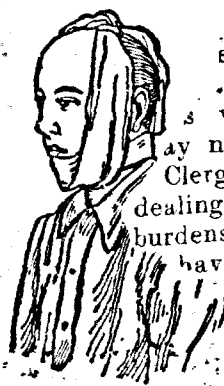
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Many Drugs Useless or Worse

THE opinion has been expressed that tons of vitamins, bismuth and pepsin preparations, belladonna, strychnine, barbiturates, bromides and sulfonamides are taken in this country annually for which there is no proper justification. The waste of money involved is not the most important aspect of this matter. Too often actual harm results. Dr. F. Kenneth Albrecht in the *Current Medical Digest* (June 1946) points out various examples of the misuse of drugs. Most patients with heart murmurs do not need any treatment, he says. Yet if they begin to take digitalis, they are convinced that they have heart disease. Drugs probably have no real effect on the cause of high blood pressure. There is no reason to be alarmed about a blood pressure of ninety to one hundred; no medication is indicated, although thyroid substance is often given. Similarly, hardening of the arteries cannot be helped by any known medicinal remedies. There is no satisfactory evidence that calcium is of any benefit in cases of bleeding.

No proof exists that vitamins A and C affect tooth decay. In spite of the increased intake of vitamin D in children in the last two decades, there has been no appreciable decrease in dental caries. Dr. Alvarez calls attention to the large literature on the deleterious effect on the teeth of over-dosage with vitamin D. One consequence may be the formation of kidney stones within a few weeks. The widespread practice of administering liver extract to persons who have secondary anaemia is illogical and useless. Iodine is often given to patients with toxic goiter for months under the mistaken notion that a cure may be effected. The use of digitalis in this condition is not without danger. Extensive studies have shown little if any appreciable influence on the common cold from the use of vaccines. Most of the recommended expectorants for bronchitis are absolutely valueless and serve but to irritate the mucous membrane of the stomach.

ANTIBIOTICS FROM PLANTS

THE field of antibiotics in medicine is broadening rapidly. Most important of these up to the present time are penicillin and streptomycin, both derived from molds. This same source is being explored for further enemies of bacteria with much promise of success. Next, came the announcement of the discovery of bacitracin, which is derived from bacilli. Antibiotics have been developed from plants.

extracts from wild plants, such as sagebrush, juniper, mountain pasque, buttercups and water leaf, he was able to kill laboratory cultures of the pneumococcus and typhoid types of germs. Dr. Carlson is especially seeking substances which will be effective against viruses, particularly infantile paralysis. He found that one pound of plant materials yields extracts equivalent to several quarts of molds. Other antibiotics have been derived from the juices of tomato, corn, and bean plants.

This newest phase is described by Dr. Harve J. Carlson, of Western Reserve University. By means of

—Good Health.

Topics from Medical and Health Periodicals

The Formula

If you would to long life aspire,
First choose a good and proper sire,
Next, resistance to divers afflictions acquire,
And shun mortal pleasures till the day you expire.

—S.R.B., in *Jnl. "A.M.A."*

Healthier Britain.—"In 1899," writes a correspondent in the *British Weekly*, "infant mortality in some towns in England and Wales was as high as 200 per 1,000 births. In 1945, London's infant death rate was forty-four per 1,000 births.—*Good Health*."

A famous man's bread and water diet.—John Wesley, who lived to a ripe old age and was a prodigious worker, tells us in his famous journal: "I chose to eat sparingly and drink water. From ten to thirteen or fourteen, I had little but bread to eat, and not great plenty of that. I believe this was so far from hurting me, it laid the foundation of lasting health."—*Good Health*.

Nutritive value of skim milk.—Dr. R. C. Hutchison (*Medical Journal of Australia*) says that skim milk containing one per cent. of fat and added lactic acid is of value in the following conditions and especially in the first-mentioned: (1) diarrhoeal diseases in artificially fed infants; (2) premature and debilitated infants for whom breast milk is unobtainable; (3) as a supplement to breast milk when this is insufficient; (4) infants who do not tolerate whole milk; (5) habitual vomiting. Skim milk contains more mineral matter and protein than whole milk and the removal of the fat is often of advantage.—*Medical World*.

Clinics for the aged.—As the proportion of elderly people in the population increases, medical science is devoting more and more attention to their care. Since babies have their special clinics it is urged that grandpa and grandma be similarly favored. As a step in this direction, the Indiana Board of Health has established a division of adult hygiene and geriatrics—this being the name of the field of medicine dealing with the diseases of old age. Dr. William F. King, director of this new branch, declares that people who are growing old do not have to become senile, that is, feeble in mind and body, any more than children have to have rickets. It is planned that the aged should be examined from time to time by a doctor, to discover a remedy for defects and ailments ranging from bad eyesight to cancer. Special attention will be given to living habits, particularly diet.—*Good Health* (Oct. 4).

Vaccination against typhoid.—Dr. C. H. Hodgson (*Proceedings of the Staff Meetings of the Mayo Clinic*) made observations on 71 cases. Twelve of these had these injections within three years of the onset of the disease. The severity of the disease was only a little less great in the vaccinated and fever duration averaged only six days less. One of the vaccinated patients died. This writer concludes that vaccination offers some protection, but he is careful to point out that it does not confer absolute immunity.

—*Medical World*.

Milk Superior to Meat.—In these days, when there is not enough food in the world to furnish adequate nutrition for the people, it is important that agriculture be directed along lines which yield the largest and best returns. There is a strong tendency on the part of the American people to use second-hand food, that is, eating corn, oats, wheat and other grains after it has been converted into flesh by hogs, cattle, and sheep. It has been estimated that farm animals consume almost four times the number of calories that are eaten by human beings and two and a half times the grain that would supply the nutritive needs of the human population.

Some forms of food of animal origin are much less economical than others. L. A. Maynard in the *Journal of Nutrition* (Vol. 32, p. 246) states that in percentage of gross food energy recovered, pork and milk lead the list. In the number of food units of concentrates needed to produce 2,600 calories (roughly, the daily requirement for an adult), milk is first in efficiency. In regard to vitamins and minerals produced for each thousand calories of food, milk stands at the top through its content of calcium, vitamin A, riboflavin and protein. In addition to its economic superiority, milk is also free from the objectionable qualities of meat.

—*Good Health*.

"This Way to Happiness"

If you would healthy be, this you must know.
Lots of fresh air through warm nostrils must go,
So close up your mouth and breathe through your nose
For that is the way a healthy breath goes.
Be in bed early and go straight to sleep
If red rosy cheeks and bright eyes you would keep.
Get up in the morning and greet the new day
With a smile and a song, and be happy all day.
Work hard and play hard, and eat plenty of greens;
Chew your food well if you'd be full of beans.
Fresh air and laughter, good food and rest;
Of all roads to happiness these are the best.

—BARBARA D. KUHNEL
in *Good Health* (London)

[*Health*, October '4]

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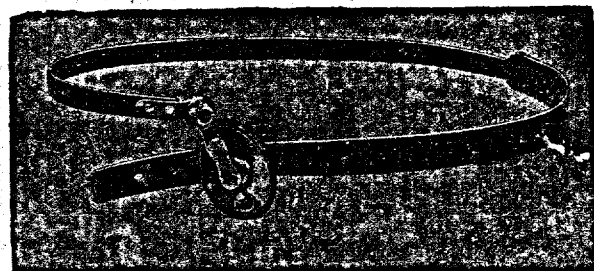
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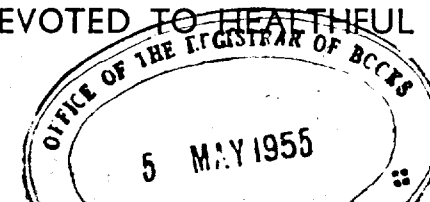
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HEALTH

ESTD. 1923

A JOURNAL DEVOTED TO HEALTHFUL LIVING



Editor: U. KRISHNA RAU, M.B.B.S., M.L.A.
Associate Editor: U. VASUDEVA RAU, M.B.B.S.

Slum Clearance and Housing Problems —Editorial

Care of the Pregnant Mother

The Story of the Mauve Lady

Fascinating Facts About Milk

Smoking and Mortality

Help the Epileptic

Stop Killing Your Husband

Ulcers in the Mouth

What's New in the News?

Fastest Camera in the World

A British electronics firm has produced the world's fastest camera. It can take one exposure of 1/10th of a millionth of a second, and six separate photographs in one-half of a millionth of a second.

The camera, the first of its kind in the world, was developed for the U.S. Government for use in testing weapons for the fighting services.

A marvel of modern engineering, the camera consists of two steel boxes one containing the optical equipment and electronic gear, and the other the power unit.

As it would have been impossible to move unexposed film, or to change plates at the high working speeds of this camera, six small exposures are made on a large plate.

Coaches on Cushions

A new type of carriage claimed to give passengers a ride almost free from bumps and jars has been introduced into the London underground train system. The carriage is the first to be fitted with rubber cushioning between the body bogies and wheels in place of metal springs.

The use of rubber on railway carriages means that most of the vibrations from the wheels will be absorbed by the rubber instead of being passed on to the carriage. Rubber cushioning is

expected to be used on the all-aluminium carriages which will be introduced to London in three years.

New Bodies for Old

Dr. Paul Aebersold, Director of the Isotopes Division of the U.S. Atomic Energy Commission, said recently that research with new nuclear aids shows that 98 per cent of the basic material in the human body is replaced yearly.

The studies, with radio-active tracers, disprove the old theory that the body takes in food, air, and water mainly as a fuel to provide energy. The findings on the body's rate of turn over were brought to light by scientifically recording the course of radio-active elements in the body.

6000 Unemployed Doctors

William P. Longmire, Professor of Surgery at the University of California at Los Angeles Medical School who has just returned from Germany after a 2-year leave of absence reports that there are 6000 unemployed doctors in West Germany. Despite the general prosperity in West Germany unemployment among physicians is high, primarily because of the large influx of doctors from East Germany. Longmire commented that West German medical care is excellent, and that there are many well-equipped hospitals.—(Science 24-9-'54).

LONGEVITY AND YOUTH

World Scientists on New Therapy

Speaking at the Third International Congress of Old Age held in London in July 1954, Dr. William Masters of University Medical School, St. Louis, said that in old age people require hormone treatment to retain bodily and mental health. Scientists of fifty nations who attended the Congress were convinced that with hormone therapy men and women could live one hundred years and live a youthful life.

A full description of recent advances in hormone therapy is contained in the short treatise.

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By

P. S. VARIER.

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No. 11

NOVEMBER, 1956

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A JOURNAL DEVOTED TO HEALTHFUL LIVING

MADRAS

More Milk for the Million

—Editorial

Don't Worry about Your Heart

This Age of Anxiety

How to be a Success

Effect of Tea and Coffee on Heart

How the Money Burns

Glaucoma

The Great Medical Discovery

Variety in Food is Important

Emotions, Stress and Disease

Are Aluminium Utensils Safe for Cooking?

Associate Editor:

U. VASUDEVA RAU.

M.B., B.S.

What's New in the News

Magnetic Music

A magnetic musical instrument with a piano-style keyboard, which, it is claimed, can produce the tones of any other instrument, has been invented by a young Pole, Franciszek Jakubiec.

The agency, said the tones are produced by a set of electro-magnets. The instrument has hand and pedal keyboards with buttons to switch on the registers and any musical instrument or their ensembles.—(Polish News Agency, P.A.P.).

Shock Cannon Heats It Up

An apparatus claimed to fire shock waves hotter than the surface of the sun has been developed in the United States. The apparatus, a tube device, was developed by the Avco research laboratory at Everett, Massachusetts, which said that waves from the device travel at 25 times faster than sound.

For a fraction of a second, the shock waves create conditions comparable to those that will be met by inter-continental missiles or earth satellites. The tube is designed to give scientists and engineers valuable data which can be used in the construction of long-range missiles and earth satellites.

Avco officials say that the device is 100 feet long and consists of several shock tubes. It is described as a "distant relative of the wind tunnel". The United States Air Force is at present carrying out experiments with the tunnel.—(World Digest, August 1956).

All the Cots in one Cottage

Mothers who can never get an evening off to join their husbands at the local or go to the cinema, because they have one small child, often find life trying. In a Kentish village, some enterprising mothers have devised a new scheme in order to get at least one well-earned "night off" a week. Instead of having a baby-sitter come to their homes, some five or six mothers have banded together and, every week, one of them takes it in turn to look after the

other mothers' children who are brought to her home, complete with (carry) cot!

Thus, while the one mother is responsible for a whole blood of foster children, the five can enjoy themselves, and give a more attention to their menfolk. The children don't seem to mind having to swap parent one night a week.—(World Digest, July

Heart Valve out of Watch Springs

A group of doctors in Francisco have reported that six months ago they fitted a defective heart with a valve made from springs and nylon and he is now living a life.

The doctors told a meeting of the American College of Surgeons yesterday that the valve made of a special alloy are designed to last much longer than the normal human life. One of them had been put into the heart of the man who had had rheumatic fever "while he is no track (athletics) star" results are gratifying.—(Press Report).

Cataract Disappears Spontaneously

The spontaneous disappearance of a cataract in the eye 29 years after it developed has been reported by a New York ophthalmologist.

Dr. Norman Corin, Jamaica, N.Y., said he knows of only five other cases (two in which a cataractous lens, one which became opaque, was spontaneously absorbed).

A woman had been able to perceive light with her left eye for 29 years after inflammation. The right eye had remained normal.

In March 1955, the left eye became acutely painful and abnormally sensitive to light. Examinations showed that the lens capsule were completely gone, absorbed the surrounding substance.

She was given glasses which corrected sight in that eye to the normal 20/20. The eye has remained symptom-free.

Dr. Corin made his report in a recent issue of the Archives of Ophthalmology.—(Medical News, April 1956).

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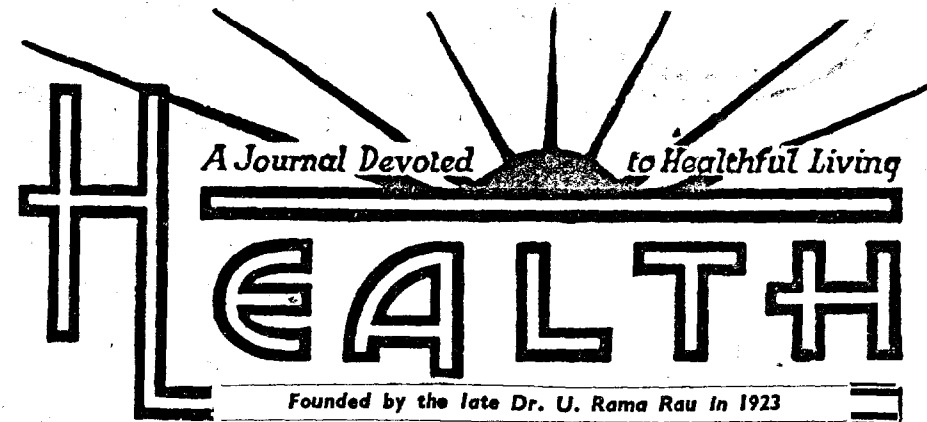
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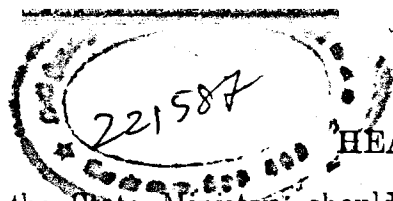
No. 11

MORE MILK FOR THE MILLION

It is a well-known fact that the consumption of milk in our country is very low, several million people getting almost nothing of this valuable food or its products except on festive occasions. Only the middle and upper classes of the people take milk or/and its products every day. Even amongst the middle classes, the per capita consumption is very much lower than that of similar people in other countries of the West. Enough milk to go round is not available, and the cost is prohibitive. Though India is numerically strong in respect of cattle, the quality is poor, and the yield poorer still. If milk is to be made available in plenty, more attention is urgently called for, to the proper breeding of cattle. Presiding over the first anniversary celebration of the Dairy Technicians' Association at Madras on the 12th ultimo, the Madras

State Minister for Agriculture, exhorted those interested in the subject to undertake dairying at every level; large-scale, small-scale and cottage industry levels; he also stated that the State Government had been taking steps to organize a milk colony in the City and was also interested in "private parties coming forward to organize the dairy industry." Obviously State aid would be forthcoming to finance such ventures, because the Second Five-Year Plan visualizes such progress.

The State Minister offered a suggestion to the numerous Devasthanams (Temple administrations) in the State to organize dairy industry wherever possible as such activities would not in anyway be inconsistent with or repugnant to the avowed original objects of these institutions. This was indeed sound advice and coming



from the State Minister, should find favour with the Religious Endowments Board authorities who might otherwise turn such proposals down as being *ultra vires* of the temples' normal functions. 'Go-rakshana' Sabhas and "Go-matams," for the protection of cows are normal features in our country's life and have always found favour and staunch support from all sections of the people.

The Registrar of Cooperative Societies who was also present at this meeting rightly stated that the problem facing the industry was not only to increase the production of milk, but to bring it within reach of the majority of the people. Increased production was possible by upgrading the cattle. There was plenty of monetary assistance forthcoming from Government, and financial agencies and there were organizations to help in the marketing of the milk. The industry is one which would lend itself to cooperative form of organization. The schemes under the Second Plan contain proposals to increase the milk production in urban areas from 40,000 Madras measures (a lakh and fifty thousand pounds) at the rate of 10 per cent

every year to 60,000 in 1960-61. Loans to the extent of Rs. 8,00,000 are proposed to be issued in 1956-57, and this will be increased by Rs. 1 lakh every year so that the total will reach Rs. 12,00,000. It is also proposed to start 150 more milk cooperative societies.

Milk being easily perishable, there is the problem of quick transportation. "It is proposed to provide insulated vans to ensure quick transport under hygienic conditions." Seven Pasteurization plants would be installed at an estimated cost of Rs. 9,71,000. Twelve cattle-breeding societies would be set-up to undertake selective breeding and a proposal to set-up five salvage farms, is also under scrutiny.

We may therefore, eagerly look forward to a more abundant supply of milk, at no distant date, as the authorities will take up in right earnest the prompt implementation of these most heartening and health-promoting measures; and a corresponding and steady improvement in the health of the people at the end of the next Five-Year Plan period, will eventually result from such action.

Plans for Health-Teaching

For health teaching to be most effective it must be organized and conducted on a basis comparable to the other school subjects and activities. Sufficient time must be allotted in the programme, the same as for other activities, otherwise, there is little chance for it to be successful. Also, the teacher must place as much emphasis on teaching health as she does on other subjects. The proper preparation and presentation of health education materials are highly essential to teaching health successfully. Two main reasons why health teaching is often considered unsuccessful in many schools are that sufficient time is not given to it and that teachers frequently fail to prepare to teach it as they do other subjects. A third reason is that sufficient time is not set aside for health teaching in the curriculum. Far too often teachers have attempted to teach health entirely by incidental methods, correlation and integration. Although these methods are important and helpful if they are properly employed, they should be considered only as supplementary means of imparting health knowledge and establishing the proper habits, attitudes and practices.—(Irwin *et al* in "School Health Education" 1956).

Don't Worry about Your Heart

DORIS M. BAKER, M.D., F.R.C.P.,

(Physician to the South London Hospitals)

ANY one who becomes aware of a pain in the region of the left breast, probably a dull ache or a stab; who is conscious that his heart is at times beating heavily or even irregularly; who notices a disturbance of his breathing, a difficulty in taking a deep breath, or an inability to get a satisfying breath; and who, finally, feels at times quite exhausted, any such person can be excused if he believes he has something seriously wrong with his heart.

Four symptoms that mean little.—It will probably be helpful to consider in more detail the four major symptoms of this syndrome, but it should be made clear at the outset that not all four symptoms will of necessity be experienced at the same time; nevertheless an important feature of the syndrome is its multiplicity of uncomfortable sensations.

(1) *The pain*:—This is felt in the region of the left breast, usually under the breast, where the heart is normally felt to be beating. The character of the pain is various, a stab, an ache, a heaviness or a sensation of weight, etc., and it is felt at any time, equally during activity or at rest; but it is usually worse towards the end of the day when the patient is tired. Nothing seems to relieve the pain, drugs, rest or local applications such as plasters or liniments. It may last minutes, hours, days or weeks, and can disappear for no obvious reason, coming back again with any extra worry or mental or physical stress. Some people feel the skin sore or

hypersensitive in the areas where the pain is felt, and may even feel they cannot bear their clothes to touch that part of their body.

(2) *Palpitation, or consciousness of the heart beat*:—This may be in the nature of a heavy beat, not necessarily a quick beat, or the heart may miss a beat, or seem to jump in the chest, it may even feel as though it "turns over." All these sensations are very uncomfortable, but there is no cause for alarm.

(3) *Disturbance of breathing*:—This has special characteristics, and is totally different from the breathlessness brought on by exertion. The sufferer feels that there is a difficulty in taking a deep breath, in filling the chest with air, it may even be described as a feeling of struggle to get breath into the lungs. In addition there is a tendency to sigh and yawn a great deal. These sensations will not be related particularly to exercise or physical exertion, but will be felt equally at rest, even in bed. The feeling is a very uncomfortable one, and in a nervous person can be a cause for great alarm; people have been known to rush to the window or out of doors to get air. Again this symptom, although distressing, has no serious significance.

(4) *Exhaustion*:—This is felt at all times and has no connection with exertion or hard physical or mental work. It may well be most pronounced after a good night's rest; the patient will be just as tired after a night's sleep as at the end of the day. Exhaustion is not

relieved by rest, indeed a restless fidgeting and inability to relax make real rest impossible. This again is a symptom of no serious significance. One of Britain's greatest heart specialists has said "Weakness or undue exhaustion is scarcely mentioned by a patient in heart failure, and not denied altogether by the anginal patient. We are not tired in the evening because the heart is tired, but because the *nervous system* has felt the day."

As for the many associated symptoms which are a feature of this syndrome and always accompany the major symptoms, they are of such a wide range that it would be tedious to list them, but, probably those most commonly experienced are dizziness, feelings of faintness, and poor sleep.

True heart pain.—Now how does true heart pain contrast with this syndrome? In the first place, pain arising from the heart is felt in an entirely different position in the chest. Furthermore, its nature is so austere, and at times terrible, that it becomes the only thing that matters to the person experiencing it; the one and only complaint is of the pain. The simplicity of this contrasts strikingly with the multitude of discomforts experienced by the sufferer from the syndrome described *supra*. As a great physician of another generation said, "These faintnesses, palpitations, gaspings, stiflings, bodily agitations, hyperæsthesias and physical commotions are so wholly unlike the ruthless grip of *angina pectoris* as these frantic alarms are unlike its silent passion."

What can be done about all this? It cannot be emphasized too strongly that the sufferer should consult his own doctor, who must be the one to decide the nature of the trouble. It is possible for pain only, in the region described in this syndrome, under the left breast, to be due to other causes, and in a nervous and apprehensive subject, its presence alone can bring on some of the other symptoms described in the beginning of this article.

If your own doctor decides that you are suffering from this syndrome, then the first essential is that you should be completely reassured; and he may send you to a heart specialist so that no shadow of doubt is left in your mind.

Having achieved this, steps will be taken to correct any degree of ill-health, over-fatigue, etc., which may be playing a part in inducing the symptoms, and an attempt will be made to find out any underlying cause for worry, stress, anxiety, or chronic irritation, which in themselves are well calculated to give rise to these symptoms in people of a certain temperament.

It may not be possible to change the circumstances, but the relief felt from a free discussion of your troubles will be very great, and will be a real step in helping you back to full health. It is unfortunately impossible to say to anyone who has suffered from this syndrome, that when they are better, they will never have a return of the trouble. If life goes smoothly and happily, and there is good health,

it is possible there will be no recurrence, but given more stress, strain or overwork these people may have a return of their troubles; it is best to face this, and so avoid disappointment and depression.

The first person to be considered in this syndrome is clearly the one who is suffering from it, but this is not enough. This type of illness can have wider repercussions, since anyone who thinks he has heart disease can be excused for wishing to spare himself. But this is often done at the expense of others, the family, friends or colleagues at work. There is absolutely no justification for this. Given that the patient has been completely reassured, and has accepted the fact that the heart is healthy, then there is no reason why others should carry his physical burden. These people may well need a holiday, convalescence, or a rest, but after

that they are physically able to take their full share of work in the home or the office

In conclusion, it is hoped that this discussion of a relatively common syndrome, which in the minds of the public simulates heart disease, will help those who suffer from it to have a better understanding of themselves. It may also help those who are the on-lookers to realize that this large array of discomforts is very trying, and command understanding, and a measure of sympathy. The worst thing that can be done for the sufferers is to make them into invalids, and the best thing is to persuade them to see their own doctor; in this way they will have their minds relieved from anxiety and worry. This done, they should be encouraged to live normal lives.—(From *Health Horizon*, Summer, 1956).

Are Aluminium Cooking Utensils Safe to Use?

As long ago as 1892, certain German scientists discovered that aluminium was not a suitable metal for the storing of alcoholic drinks, and that poisoning and kidney disease were liable to result from "aluminized" beverages. Since then, a good deal of medical and scientific evidence has been published from time to time as to the potential dangers of aluminium poisoning that might result from the use of aluminium cooking utensils.

As one would expect, the hazard is increased in prolonged cooking, such as in making soups or jams, in leaving cooked food standing in the saucepan, and in cooking such foods as acid fruits, i.e., rhubarb or goose-berries. The addition of salt or soda to the cooking-water increases the amount of aluminium that is dissolved. It has been said that the general use of aluminium kitchen utensils is fraught with serious consequences, ranging from gastric troubles, constipation and skin troubles to major organic diseases. Babies may be particularly susceptible to aluminium poisoning; and so there is much to be said for heating their milk or cooking their vegetables in enamel saucepans. New pans may be more hazardous than old ones.—(*Health for All*, July 1956).

Health Education

The obligation of the college to teach subject-matter in the area of education for family-living is to-day more necessary than ever. Education for family living is based on the recognition and acceptance of the sex factor as basic in human welfare.—(*National Education Assoc. Guide for Teachers*, 1955).

THIS AGE OF ANXIETY

LESLIE D. WEATHERHEAD, D.D.,
(Minister of the City Temple, London).

(Continued from page 228 of October issue of HEALTH)

THIS age could well be called "The Age of Anxiety." We have only to look at the faces of our fellows in bus, or tube, or train—and probably they have only to look at ours—to see the indubitable evidences of nervous strain, and frequently the inward fear which so often accompanies it.

We might call this the phenobarbitone age, though some people make aspirins do! I am informed that life in London largely limps along on luminal! One report says that in one year 67 million sleeping-tablets were prescribed in Britain under the National Health Scheme. This was exclusive of the millions more purchased privately.

The causes of widespread anxiety are not far to seek, though it is not of such importance to stress the causes as to find the cure.

The strain due to war is slowly working through many natures and finding physical expression for long pent-up fear. It is a well-known fact that if the mind is asked, over an indefinite period, to bottle up an emotion inimical to its well being, it will compel the body to take over its burden in terms of physical malaise, especially where the latter relieves the former of at least part of its strain.

Another factor contributing to the anxiety of the age is noise. For instance, investigation has shown that though a person may not be awakened by noise, its presence sets up muscular tension

and strain even during his sleep and produces in the body the very toxins of fatigue which rest would neutralize if quietness existed.

One American investigator claims that if a man is sleeping in a bedroom past the windows of which a tram rattles from time to time, though the sleeper may not be awakened, he is subjected to as much muscular strain through unconscious tension every time the tram passes, as would be produced by his holding a brick in his hand at arm's length for the same period.

Even in quiet country places where peace was wont to be found, it may now be shattered by the noise of the jet aeroplane.

Soon there will be no area in these islands so secluded that a helicopter may not settle on one, or a visitor from Mars step out from behind a gorse bush!

Add to the noise, the nightmare of moving about in traffic-jammed streets, strap-hanging in packed trains and buses, queueing whether for fun or food, and the hectic tempo of our daily life.

Add to all this, the vague threat of the possibility of a new world-war, fought, it is too commonly imagined, with incredibly horrible weapons of atomic design, and one is not surprised at the increase of anxiety amongst us.

In the United States of America one in every twelve persons spends some period of his life in a mental hospital. Here in England

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the figures are lower, but high enough to cause concern.

It is not surprising, then, that in the minds of a great many people there is a desire for escape coupled with the fear of being thought a quitter.

Some people would like to go back if they could to what they call simpler days. Mr. Gandhi made his followers burn machine-made fabrics and turn once more to the spinning-wheels of earlier days.

But, alas, we cannot all retreat into the past, nor would our problem of anxiety be solved if we could.

Indeed, some people would fuss and fume as much about catching a stage-coach as an aeroplane, and though many of the factors which we have been considering contribute to anxiety, their absence does not guarantee peace of mind.

Religion ought to help; part of the truth is that religion is not magic, though men persistently wish it were and behave as though it were; praying, for example, that certain things should happen without any sincere attempt to provide the only conditions under which their prayer can be answered.

We must not only pray to be free from anxiety, but try to understand and remove its cause. No man prays about his teeth. He goes to his dentist. Many a man would find that an hour's honest talk with a psychiatrist would take him further than a month's prayer, just as twenty minutes on an operating-table would do more for a patient suffer-

ing from, say, appendicitis, than a week of prayer.

But part of the reason why religion does not help us more is that there is too wide a gap between the religious truths we intellectually accept and the truths by which we really live.

Consider the following four factors:

1. In the fret and turmoil of this age of anxiety, there must be continually for us times when we contemplate God, meditate upon Him and try to rest our fear-tossed minds in His greatness and adequacy. "God is great enough to take care of you," and "nothing troubles you is nearly as important as it seems". The calm contemplation of God in Nature is a rebuke and a remedy in our age of anxiety.

2. When fighting anxiety consider the value of thankfulness. It is a good thing to begin each day thanking God for his many blessings in the past. Could any act be more likely to dispel feelings of anxiety? For, clearly, God has not changed, and we thus meet the present and face the future confident that He who has seen us through in the past will stand by us now.

3. Consider thirdly the value of attempting some kind of service for others. Let us be quite honest with ourselves and ask ourselves when we did something for another person which we were not expected to do, or paid for doing, or from the doing of which we could not expect any personal prestige for ourselves.

Anxious people find that there are hours in which they simply

cannot help thinking about themselves, and this indeed is not to be laughed at or scorned, for it is Nature's way of telling us that there is something wrong within.

But if there is nothing more we can do at any given moment, the way to stop thinking about ourselves is to think of others.

If we cannot visit them, we can often write a cheering letter to them, we can always pray for them and that may be the highest form of service one person can do for another.

4. Note another step on the way to freedom from anxiety. There is real freedom in saying to oneself. "This is what God wants

me to do to-day", or even, "This is what He wants me to do during the next hour."

If only we can feel that there is a stream of purpose running through our lives and that that stream is as irresistible as the tides, then we can lose our fussy self-importance by yielding ourselves utterly to that purpose, that will, that holy stream.

Slowly, it may be, we may find the only security there is in the world. When we *know* how precious we are to a God whose plans can never finally be frustrated, we shall feel safe.—(*World Digest*, June 1956.)

(To be concluded)

The Effect of Tea and Coffee on the Heart

OWEN S. PARRETT, M.D., London

TEA AND COFFEE.—Are coffee and tea harmless drinks, or do they contribute heavily to our modern nervous tension and cardiovascular breakdowns and digestive failures?

I was attending a medical meeting not long ago where leading medical men were talking about the digestive tract. Dr. Bargen, well-known ulcer specialist from the Mayo Clinic, told of a man in Chicago who has a hole in his stomach much like the favour Alex St. Martin. You can look inside and see what's going on. He remarked that when this man takes a cup of coffee, the lining of the stomach shows an inflammatory reaction. This proves that coffee is an irritant or stimulant to the mucous membrane.

Another eminent medical man

is Dr. O. H. Wangenstein. If you have ever had a serious operation, the nurse probably puts a little rubber hose through your nose into your stomach for suction drainage. You can thank Dr. Wangenstein for helping to invent that little life-saving contrivance. He knows a lot—both good and bad—about stomachs.

In the *American Journal of Gastroenterology* for September, 1954 Dr. Wangenstein wrote: "I would say that coffee is number one on the list of things that patients who have a peptic ulcer should not take." He says further: "I have the impression that if a patient is to be treated medically for peptic ulcer he should not take caffeine in any form whatsoever."

"Well," someone says, "I don't have peptic ulcer."

Very well, let's not irritate the stomach and nerves so as to produce one.

Not so long ago a business man came to see me in my surgery. His busy season was on, and he was working strenuously. He became so dizzy that he could not work, so he went to a clinic for a check-up. His blood-pressure and heart were normal; everything seemed to be all right. Failing to find any cause for his dizziness, the doctors gave him a seasickness medicine. He was still dizzy.

After returning home he called me for an appointment. I also checked his heart and blood pressure, and found them normal in every way. He told me of going to the clinic. Finally, I said to him, "How about coffee?"

"Oh," he replied, "you took that away from me two years ago, and I drink a caffeine-free coffee now." Then his face lighted up and he said, "I do remember that lately, on account of the pressure of work, I have been running across the street and getting a cup of *real coffee* about 10 a.m. and another at 4 p.m. It gives me a lift, you know."

I said: "It's about to lift you off your feet. Don't drink it. Call me in twenty-four hours and report."

The next day he called and asked whether he could send a friend up to see me. "He is dizzy, too."

I said, "What about yourself?"

"I'm all right now," he replied. "No trouble since leaving off the coffee."

Food, not the whip is the remedy.—Your heart is the most hard-working and faithful organ in your body. You don't whip a faithful horse; you feed him. A whip is no substitute for food except in emergencies. Feed yourself aright, and avoid the emergency.

There can be no question but that in the great rise in heart and blood-vessel disease the drinking of coffee is playing an important role. Any seeming lift you get is followed by an equal or greater let-down, requiring still another lift.

Although tea is a little less severe, you had better leave it alone, too. It contains tannic acid as well as theine, or caffeine.

I practised in Canada as head of a hospital for nearly six years. I well remember a good friend and patient who had charge of a Government Experimental Farm. Several times while lecturing to farm granges he almost fell from attacks of dizziness, and finally he came to the hospital. A no-tea diet for ten days cleared up all his symptoms.

You have only one heart. The pace of life is getting faster and faster. Your heart is already subject to great stress and strain from ordinary living. It will work as hard as it can, as long as it can. Either tea or coffee will tend to shorten its life and your life. You wouldn't whip a friend, you'd feed him. Treat your heart as a friend. If you have a good heart, don't tease it. Don't try to push it as far as you can. The results might be bad.—(*Good Health*, Aug. 1956).

HOW THE MONEY BURNS

STAGGERING FACTS ABOUT BRITAIN'S ADDICTION TO TOBACCO

IF, as a result of the Chancellor's 2d.-on-twenty cigarette tax in his last budget, you are giving up smoking, Mr. Macmillan will have done what the Minister of Health has so far failed to do—he will have discouraged the smoking of cigarettes, which are undoubtedly a factor in the increase of lung-cancer, that alarming manifestation of our times.

The Chancellor will have succeeded where potentates have failed. Throughout history they have tried to forbid smoking.

James I, in his *Counterblaste to Tobacco* ("harmful to the brain and dangerous to the lungs"), Sultan Ahmed I, Pope Urban VIII, Tsar Michael of All Russia (who flogged, slit the noses of, and banished smokers), Emperor Ibrahim, Shah Abbas of Persia, and Emperor Ssu Tsung of the Ming Dynasty in China—all tried to forbid it, and all failed.

But if the Chancellor has discouraged enough of us, he will be creating fantastic problems for himself and his successors at the Treasury. Next to income-tax, tobacco is his biggest source of revenue—£ 668 million.

This pays for the National Health Service (£ 501 million), National Assistance (£127,600,000) and Welfare milk and foods (£ 35,900,000).

Every day across the tobacco-nists' counters passes £ 2½ million. Out of every 3s. 10d. for the popular brands, the Government collects 2s. 11d.

RITCHIE CALDER
London

Four-fifths of all tobacco sales go as cigarettes. Twenty-two million people in this country smoke a total of 88,000 million cigarettes a year!

The average for all grown-ups (taking smokers and non-smokers) is 50 cigarettes a week, whereas the American average is 75 and the Swedish 32.

[Note: The Indian average may be, somewhere about 40.—Ed. HEALTH].

One of the suggested reasons for the higher American consumption is that the average American smokes less of a cigarette than the average Briton, who, because of the price, leaves smaller fag-ends.

Some doctors also suggest that one of the reasons why the incidence of lung-cancer in the U.S.A. though high and rising, is not as bad as it is here, is because Americans smoke less of a cigarette, using the rest of the tobacco as a filter.

A considerable industry in Britain depends on the smokers' patronage.

Capital investment in the tobacco industry is over £ 600 million; 45,000 British workers earn their livelihoods in it; and 500,000 retailers hold licences to sell tobacco.

Of the last only 5% are exclusively tobacconists. The rest are newsagents, grocers, hair-dressers, cinemas, teashops, and so on. There are 1,000 wholesalers.

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The amount of tobacco consumed last year was 236 million pounds!

More than half our tobacco comes from America and Canada and costs us, in dollars, £ 56 million a year.

Even the scare about lung-cancer has done little to discourage the rising trend of smoking.

Last year there was a slight change towards pipe-smoking and cigars, which are not so heavily blamed for causing cancer.

The post-war increases are related to full employment, which has meant not only more money to spend on tobacco but also that the workers generally are "smoking on the jobs"—asserting their right to do so!

The staggering truth is that, as a nation, we are spending more on tobacco than we are on household goods, a quarter of what we spend on food, four-fifths of what we spend on keeping roofs over our families' heads, twice as much as on travel, eight times as much as on insurance, and seven times as much as on entertainment.

The rise in smoking is less notable among women than among men. It is estimated that women number only a third of the nation's smokers.

This, the medical statisticians would point out, is reflected in the fact that the cases of lung-cancer among women are only a sixth of those among men.

Furthermore (they would say), this also reflects the fact that heavy cigarette-smoking by women is a comparatively recent development

and lung-cancer is a slow process.

From past experience it would appear that increased taxation is only a brief deterrent. Smokers decide to cut out or cut down on cigarettes—but after a few weeks, resolution flags and they are reaching for their packets once again!

Even the scare about lung-cancer has had only a temporary effect. The Stock Exchange wobbled slightly. Sales slumped, but began climbing again.

To try to reassure the public, the tobacco companies gave £ 250,000 to the Medical Research Council to conduct research—entirely "without strings." The Medical Research Council has spread the grants through various research groups; and, since research of this kind takes time, the findings are not to be expected quickly.

The relationship between cigarette-smoking and lung-cancer is statistically established. The concern of the tobacco companies is to find and remove the particular factor in the cigarette which is to blame. Presumably, since the connection is not so marked in pipe and cigar smoking, there must be a significance in the cigarette itself—something to do with the combustion of the tobacco and the paper tube.

Meanwhile, as scientists seek and Chancellors collect, the British public goes on pushing £ 2½ million (over three crores of Rupees) a day across the tobacconists' counters!—(*News Chronicle*, London, via *World Digest*, August 1956).

UNDERSTANDING GLAUCOMA

A. J. CAMERON, F.R.C.S., D.O.M.S.

Two factors are mainly responsible for the degree of "eye-consciousness" which today influences the man in the street. (1) One is the amount of concentrated paper work which modern business methods demand. (2) The other is modern lighting in shops and offices, particularly that type known as fluorescent, which is often thought to be a cause of eyestrain.

GLAUCOMA is not a disease in itself but is a term used for a number of eye conditions which have this in common, that the pressure within the eye becomes increased to a pathological degree. It is this increase which is largely responsible for the symptoms. The intra-ocular pressure, or tension, within the eyeball is necessary to retain not only its shape and form but to ensure the efficient working of the various coats of the eye. An increase in the intra-ocular pressure can occur:—(1) as a complication of other eye diseases; (2) as an acutely red, inflamed and painful eye; and (3) as a quiet, insidious condition with no outward manifestation and frequently no subjective symptoms, that is, no actual complaints from the patient. On routine examination of the eyes it may be found that signs of increased tension are present, or that the field of vision is defective.

In the first group the patient and his medical adviser are already aware of the primary existing condition and by enlisting the help of the eye specialist further deterioration is obviated, or controlled.

In the second group the appearance of a red and painful eye necessitates immediate specialized medical attention.

Chronic simple glaucoma.—The third and last group is chronic simple glaucoma: chronic because it may go on for a very long time; simply because there are no symptoms which cause alarm to the patient himself, nor any obvious signs or disease.

The name glaucoma has been used since the time of the ancients. The term in the days of Hippocrates was assigned to any condition in which incurable blindness was associated with a greenish pupil. It was not until about 1622 that an ophthalmologist, by the name of Richard Bannister, became aware of the significant cardinal sign of increased intra-ocular tension. He noted the disease in its advanced stage as a blind, hard eye with a dilated pupil.

When the term glaucoma is mentioned it is the above chronic simple variety which is usually meant. It is an insidious, relentless disease. Research has gone on ceaselessly, and volumes have been written about it, but the actual cause remains unknown, although a much greater knowledge on the subject is now available, and improved methods of examination permit of the condition being classified for treatment.

The chief danger of this condition is the absence of symptoms

from the patient's point of view, and the fact that discovery of the condition is frequently dependent on careful and routine examination, which should form an integral part of every test for spectacles. There should not ever be such a thing as "just a test for spectacles."

The eye surgeon always makes a complete examination of the eye to assess not only what it can see, but to ensure that it is capable of functioning normally. Some people may complain simply of a slight eye-ache. If the condition has gone on for some time with a consequent defect in the field of vision, the patient may find that he is colliding with doors, or into people. Quite a well-known danger signal is when a patient finds he is changing his reading glasses more frequently than normal. This is due to the increase in tension altering the focus of the eye. Examination by the expert of an apparently normal eye may reveal defects or abnormalities. Whatever it is that leads to the suspicion of glaucoma being present, full investigation and examination is immediately called for, and the information which is sought is usually a combination of the following three points:—

1. *The measurement of the intra-ocular tension:*—That is the pressure within the globe which is responsible for maintaining its firmness and spherical shape.

2. *The state of the visual acuity,* i.e., how much the patient can see. It is estimated by the person sitting at a given distance, usually six metres, from a card on which

are lines diminishing in sizes from above downwards. This measures the central, or form, vision of the eye.

3. *Examination of the fields of vision:*—This test is undertaken in each eye individually. The patient looks straight in front and retains that line of gaze while the head is fixed and not allowed to move. Usually the field of vision is measured by what is called a perimeter. It is in fact a method of measuring how far the field of vision extends upwards, downwards, to the right and to the left while the gaze is fixed in front. It is an examination of extreme importance because defects in the extent of this field of vision are amongst the first signs of glaucoma.

It is possible for a patient to see the smallest line on the card, and yet have such a contracted field of vision that he cannot with confidence walk from one side of the room to the other, just as if he were looking down the wrong end of a pair of binoculars.

From this it will be seen that all three tests are each, and individually of great importance. When any doubt is raised as to the presence of glaucoma these have to be repeated at frequent intervals.

Treatment.—If none of the three examinations above mentioned show deteriorations, it is permissible to continue medical treatment of the condition. This consists of the application of drops, or ointment, inside the lower eyelid at stated intervals. The tendency in most places to-day is to

manage a case of glaucoma in this way. Should repeated examinations show that either the tension, the vision or the visual field is beginning to deteriorate, then the question of immediate surgical intervention is considered. This means operating upon the eye to try and produce a lowering of the intra-ocular pressure. Some form of filtering operation is usually carried out. This allows fluid from the front of the eye to be disseminated underneath the casts of the eye, so that it does not remain to exert a deleterious pressure on the optic nerve and its blood supply. The longer the delay in coming to a decision to operate, the greater is the defect in the visual field. Each case has to be judged on its own merits, and many different varieties of the operation exist.

Whatever type of surgery is undertaken, not all cases necessarily respond well. This is due to the disease and not to the form of treatment, because even the correct operation, adequately performed, does not necessarily guarantee that the intra-ocular pressure will be restored to normal. In some cases even when

the pressure has been returned to normal, the vision and the visual field continue to deteriorate. In recent years, very many drugs have been tried in glaucoma. It is particularly important to try them all in the case of a patient whose general health does not permit him to have a major operation with safety.

The establishment in relatively recent times of what have been called 'Glaucoma Clinics' is a real advance. In such a department patients can be admitted for full investigation. The diurnal variations of the intra-ocular pressure are charted, the tension being measured several times in the twenty-four hours. The visual fields are checked carefully and repeatedly. This routine is carried out not only while the patient is undergoing treatment, but before treatment is commenced, for it is hoped from these data to discover in any given case the effect of the various strengths of the many anti-glaucoma drugs in use, and to decide what strength of any particular drug appears to be most suitable for the case in question or whether medical treatment at all is helpful.—(*Health Horizon*, Spring, 1956).

Post-Haste

A London University professor during his holiday trip to Scotland one summer had been invited to visit *en route* the homes of 10 of his former students. A methodical gentleman who prided himself on efficiency, he wrote all his thank-you letters beforehand. He sealed, addressed, and stamped the letters, bundled them up with a rubber band and put them in his over-night bag.

His first stop was in Yorkshire. The following night, unpacking in an hotel about 200 miles further north, he discovered the thank-you letters were missing. He immediately telephoned his first host and asked with studied casualness, "Did you by any chance find a bundle of letters in my room after I left?"

"Why, yes," said his first host, "I posted them for you this morning!"—(Regina Schirmer in *Reader's Digest*, July 1956).

THE COST OF HEALTH

As the council of the British Medical Association points out in its annual report for 1955-56, 'it is impossible to divorce the Health Service with an annual expenditure in the region of £480 million from Parliamentary control and.....it must from time to time be the subject of political controversy'. Conversely, the practitioner, both as an active member of the Service and as a taxpayer, cannot be expected to remain aloof from the problem of whether the country is getting full value for the vast sums now being spent on the Service. Indeed, in many ways the practitioner is in a much stronger position than the layman to decide whether such value is being obtained. In spite of the somewhat complacent attitude of the Guillebaud Committee there are, as Hugo O'Hear points out in an admirably concise booklet (*It's Your Money*, Hollis and Carter, price 1 s.), 'many people, not least in the medical profession itself, who are already disturbed at the present high cost of the Service'.

It is too often forgotten that the Service costs £9 a year for every man, woman and child in the country. The hospital service alone costs over £280 million a year: i.e., a little over £5 per head of

the population. The average annual cost per bed is £555; in some hospitals the cost comes to nearly £1,200 a year. Mr. O'Hear quotes the case of one hospital in which before the last War the domestic staff averaged 99 people; now it is 136. Before the War there were 18 porters; now there are 30. Before the War they did the window cleaning; now this is let out on contract. In striking contrast to this high cost in the National Health Service is the fact that hospital insurance associations are offering over £200 a year cover for hospital expenses for a premium of under £5 a year. Under such schemes the patient has free choice of hospital and specialist, and can obtain treatment without delay. It is estimated that it would save the country £80 million a year if cover was arranged in this way on a national scale. There is certainly no lack of evidence to support. Mr. O'Hear's contention that 'much of the bureaucracy which has been welded on to the State-welfare-machine has been unnecessary and that much of the benevolent work done by the Welfare State could have been done more cheaply and more effectively by other methods'.—(*The Practitioner*, May 1956).

POSITIVE HEALTH

'POSITIVE HEALTH' is one of the more reprehensible catch-words beloved of the politician. If it is taken to mean the advising of the citizen on methods of healthy living, then it is a practice which has long been carried out by the family doctor. The danger to-day

is that it may be carried out with more enthusiasm than discrimination. As Dr. Hugh Barber points out in a characteristically sage essay (*Guy's Hosp. Gaz.*, 1956, 70: 70), which should be made compulsory reading for every newly qualified doctor, 'if the planner

means by positive health that the doctor should seek out the people on his medical list and instruct them when they are not seeking medical advice, I am not at all sure that the results would be beneficial.....There is such a thing as health consciousness which may be morbid. If a man receives too much advice about his body, he may become unduly conscious of it.

His essay is packed with wisdom distilled from over half a century spent in practising the art of medicine. Aphorism follows aphorism as he epitomizes in a few cogent words the essence of good clinical practice: *e.g.*, 'You should never argue with a patient'. His 'one prescription for health in boys and girls' is: 'A boy (or girl) should know where to find his mother, and she should teach him self-control'. For the successful business man the 'one real secret of good health' is that 'he should have a sense of humour'. For the middle-aged he is 'by no means convinced that a routine overhaul would be in the best interests of the individual', but he 'would be in favour

of a man keeping the waistcoat in which he was married (assuming it was not hired!) and buttoning it up on each anniversary of his wedding day.....To keep the abdominal muscles flat is more important than studying the weighing machine'. What it all comes to is that "it is the development of character that is all important, bringing with it self-control, thought for other people and a true interest in life. A hint at the high opportunity may set the mind in the right direction, but the individual should build up his health and character upon that hint, without taking his anatomy and physiology too seriously..... We do not want too much back-chat from the doctor". On the portal of every medical school should be engraved these concluding words from this memorable essay: "*The best doctors should be students of human nature. In which there is much that cannot be explained by any theory; and a good deal that is too subtle to be expressed in those crude written noises, commonly called words.*"—(*The Practitioner*, May 1956).

Duty of the Educated Person in the Maintenance of Health

Knowing what is necessary for maintaining health in body and mind the educated person so conducts his life as to respect the great rules of the game. For himself and his family he tries to secure competent medical advice and treatment with special attention to the early discovery and treatment of remediable defects with a systemic plan of health inventory and illness prevention.

Knowledge of the structure of the human body is incomplete and of little value without knowledge of how the various parts operate. The instructional emphasis here should be positive dealing with the healthful functioning of the human organism, rather than with the breakdown of this function in disease. The approach should be rational and scientific; should include all basic biological functions, such as nutrition, respiration and reproduction; should be adapted to the maturity and interests of the learner; and should eventuate in firmly established habits of healthful living. The scope of health education should clearly include the promotion of mental as well as of physical health....—(*Report of Educational Policies Commission, N.E. Assoc., New York*).

How to be a Success

SUCCESS is a science. Like any other science it has its basic axioms which can be broken down into principles of action, and which can be learned.

A lot of people don't realize that—they go through life hoping. But as Lord Beaverbrook has said, "Don't Trust to Luck."

To a man with his career to make, I would say:—

1. If you don't like your job, change it. The successful man loves his work. So get work that you like.

There is an idea around that the day is divided into three parts: eight hours for sleep, eight hours for doing nothing in particular, and eight hours of anguish that must be endured. But let your work be your pleasure and you have eight hours for sleeping and 16 hours for enjoyment.

2. Get money behind you. With wages as they are, there is nothing to stop even a young man saving £100 in a couple of years quite easily. A bit in the bank or the post office adds to a man's stature and gives him confidence.

3. Every year set yourself a target. Say to yourself:—"By the end of this year I will have achieved such and such a promotion, or, I will have increased my salary by so much." Don't make your target extravagant or airy-fairy. Keep it reasonable and achieve it.

Promotion never takes the successful man by surprise. He is ready for it. He gets right on top of his present job, and then starts studying the job he will be doing next.

4. This ties up with the point about saving money—but it should come a bit later on in a man's career. Get married; own your home.

A home and a wife give a man incentives he can never get from his pay packet.

5. Don't hesitate to take a little gamble with your career. When the British do a thing they do it right—but too often they are unwilling, as a nation and as individuals, to experiment with a new venture until success is assured.

That is the *wrong* attitude. It usually results in somebody else getting in first.

And today you can gamble—even with your career—without risk. Fifty years ago a man could starve to death. That's something that can't happen now. You CAN'T LOSE. Even if your little gamble doesn't come off—you have at least learned a lesson for the future.

There's just one thing to keep fixed in your mind. Whether you're starting from scratch or whether you've had a leg-up, THERE'S PLENTY OF ROOM AT THE TOP.—(*World Digest*, Sep. 1956).

Conversation

Conversation has fallen upon evil days. It is now drowned by advertisers' announcements. It is hushed and shushed in dimly-lit sitting-rooms by radio and T. V audiences who used formerly to read, argue, play bridge, an old-fashioned card game permitting chats and humorous talk.—(*Time*).

The Greatest Medical Discovery

WE wonder what would be the answer of the ordinary person if he were asked: "What medical discovery has proved most valuable to mankind?" Many, no doubt, would say that vaccination for smallpox heads the list, while others would plump for insulin, or the liver treatment for pernicious anæmia. The various vaccines, such as that for diphtheria immunization, would be advanced by others, while, of course, ultra-moderns would place the discovery of antibiotics high on the list. We wonder whether the osteopaths would list the spinal lesion as worthy of honour, the chiropractors the subluxation of the spine, and the homeopath the theory that "like cures like"; and whether the cynic might wish a plague on all their houses.

But if we look up the facts of social history, we think that the right answer to the question may be found in the discovery of the virtues of fresh vegetables and fruit. Take scurvy as an example. In earlier history the disease was rampant both in England and in Europe. It appeared as a plague, decimating whole populations, and inflicting on armies far greater casualties than war; it was, of course, the dread disease that brought suffering and death to sailors on the high seas.

Medicine was helpless before it. Many medical men regarded scurvy as a kind of visitation, others

as an infection, and the term epidemic was applied to it as it swept across half the world. Its signs and symptoms were described in medical books with great clarity and in great detail. The swollen gums, the tender, broken down muscles, the softened and disappearing cartilages, the crackling of the bones, "like to the handling of a skeleton", these, and many other manifestations of the disease, made pathetic effigies of the human body.

Finally, it was recognized that scurvy accompanied the deficiency diets common to those times, and was related particularly to the salted meats that formed a large part of the foods then used. One historian, writing of such times, said quite simply: "The simple fact of the introduction of the growth of vegetables into our islands was sufficient to do for the people what all the art of the doctors could not do—improve their health and remove pestilence from amongst them."

We know that while the freer use of vegetables and fruits did clear up the major manifestations of scurvy, it is true to say that the minor symptoms still remain with us, simply because insufficient amounts of these fresh foods are being consumed. Many of the rheumatic ailments, so-called, resemble in some ways the lesser signs of scurvy and may indeed be deficiency complaints.—(*Health for All*, July 1956).

Opportunity

The trouble with opportunity is that it always looms larger and looks bigger, going than coming.—(*Daily Times*, Iowa).

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Variety in Food is Important

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THERE are three reasons why variety in food is important: (1) it lessens the risk that foods which are poor in certain nutrients will dominate the diet to the exclusion of those which are rich; (2) variety stimulates the appetite; and (3) reduces the danger of any particular food being eaten regularly when it may be, for one reason or another, actively injurious to the body.

No single food contains everything health requires; indeed even a diet which at first appears to contain all the broad classes of food in ample quantities can still be a deficient diet, if each class is represented by only one or two of its members.

For instance, an apparently well-nourished urban worker may have in reality a startlingly deficient diet: for breakfast he eats a "breakfast food" with pasteurized milk and white sugar, toast, margarine and marmalade and drinks tea; he has tea and biscuit at 11 o'clock and at 1 o'clock has his largest meal of the day in a restaurant where he always orders a thin or thick "packet" made of soup, a fried fish or roast or stewed meat which has been kept hot a long time, as have the boiled Brussels sprouts or cabbage or tinned peas, and the mashed or boiled or roast potatoes, while as a pudding he has an ice or dried or tinned fruit in a pie with custard-powder custard; for tea he eats a bun and for supper at home he again has a tinned or "packet" soup, macaroni cheese

or sausages, fish paste and packet cheese on bread and margarine.

Many men eat a diet such as the above week after week, seldom venturing beyond these ingredients. On analysis such a diet contains daily, for example, about 7 mg. of vitamin C, when it should contain at least 20 mg., and 10 mg. of iron when it should contain 15 mg. Other essentials are also deficient. Yet this diet could be converted into a good diet, not by giving up any of the items, worthless as several are, but by adding fresh items of *alternatives*, by increasing variety; having sometimes at home porridge, butter and wholemeal bread at breakfast; at supper kippers, herring, mussels, roes, eggs, butter, fresh seasonal fruits, nuts; at mid-day dinner at the restaurant liver, kidney, cauliflower, varied fresh green salads, fresh fruit. Such differences will not increase the cost of the diet but will be an insurance, as the unvaried diet was not, against any serious lack.

Repetition is a mistake.—The multiple mild deficiencies which arise when meals are confined to the repetition of a few kinds of foods seldom cause illness of the type which is diagnosed easily on clinical grounds: it seldom goes farther than general fatigue or lack of spontaneous gaiety which has so many causes it is hard to know with any individual whether his condition is due to overwork, personal worries or a bad diet. But since the first sign of any deficiency is fatigue, it would

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seem reasonable to believe that a man who in theory is eating a deficient diet is in fact suffering from a deficiency if he complains of fatigue. This is supported by the sporadic cases of deficiency diseases which every doctor sees when one of his patients has gone one step further than his fellows in following a dietetic pattern of little variety: the night blindness which is so surprisingly found in the rich, the scurvy of the widower living alone. Since deficiencies are found even in the well-fed, and since even a professor of dietetics cannot be sure he has eaten each day the scores of essential nutrients needed, since it is probable that some vital constituents of food are yet undiscovered, it would seem reasonable to employ the very simple weapon of variety in food to lessen the probability of a deficiency.

Stimulation of the appetite is the second reason for variety in food being of value. It is often forgotten that food should not only satisfy hunger but should create it. A man whose mouth does not water as he sits down to table will not eat a large meal. Hence he will not have a large amount of energy, and so he will be confronted by the problem of trying to make his scant energy suffice for both his work and his enjoyment: the result will be a mild chronic weariness from which both his capacity to earn and his capacity to enjoy himself will suffer. In other words he will suffer from a mild chronic deficiency of simple energy, and so will demonstrate again the law that the earliest sign of any dietetic deficiency is fatigue. Put another way, food which does

not stimulate the appetite is food deficient in as essential an ingredient as iron or protein.

Some foods are injurious.—The final reason for seeking variety in food is that some, indeed most, foods contain substances which may injure the body if they are eaten repeatedly so that the metabolic or detoxifying powers of the body are overwhelmed. Foods which are rich in fat, when eaten persistently in large amounts, overstrain the body's mechanisms for dealing with them. In the days when pernicious anæmia was treated with half a pound of liver daily some patients developed gout—a perfect example of the dangers of eating an invaluable food in excess. Again, raw eggs, which in moderation can improve any diet, have been known when swallowed by the dozen daily to cause a biotin deficiency through their high content of avidin or anti-biotin factor.

Chemicals in food.—But to-day it is not so much the excessive consumption of certain natural foods which is dangerous, but the persistent unvarying consumption of particular foods which, deliberately or by mistake, have chemicals added. The deliberate use of such chemicals is best seen in the yellow dyes used in some margarines; in the polychrome dyes of iced cakes, ice creams, jams, tinned fruits, chocolates; in the dyes for kippers or haddocks; in the flour improvers, anti-staling agents of bread, etc. The chemicals which enter food by mistake are those which are now used in agriculture.

We do not know the effects of

such chemicals eaten in minute amounts for many years; the Food Standards Committee in 1955, reviewing 98 colours added to food in England, absolutely condemned 54, and only found 13 which would "*seem unlikely*" to be harmful when consumed in foods in the customary amounts. The same is true of many foods contaminated by agricultural chemicals. Our only safeguard against all these chemicals—apart from avoiding them when we can—is to eat a wide variety of foods so that we do at least not eat more than a small amount occasio-

nally of any one of them.

As we depart more and more from the crude and seasonal foods which all human experience has shown are nutritionally sound, as we replace them in ignorance of what we may be doing with refined foods speciously varied yet really limited in range, as we blindly do all this we are increasingly exposed to a diet unconducive to appetite, unbalanced, contaminated with chemicals. Against such a diet our only practical remedy is variety.—(From *Health Horizon*, Summer, 1956).

YOGA FOR HEALTH

SWAMI SIVANANDA

ALLOPATHIC doctors consider a faulty diet, and faulty nutrition, cause several diseases, and pre-dispose people to infectious diseases of various kinds.

Our great Rishis of old have stated that the primary cause of disease is evil *Vasanas* or desires; the origin of a disease must be sought for in the mind first, as being the most rational and scientific approach. When one gets into a temper his blood boils, and poisons are generated in the blood, which give rise to several diseases. Hatred, greed and jealousy poison the whole system.

When you hear sad news, say the death of your parents or your wife or child, or the failure of your bank you become pale in the face. The blood corpuscles are destroyed in large numbers at once, and the blood becomes thin. You become depressed and weak. You

cannot walk. You may even die on the spot of heart failure.

Again, if you hear joyful news while you are seriously laid up in bed, stating that you have won a big raffle or that you are blessed with a son, your face brightens and you jump for joy.

These indicate clearly that diseases originate in the mind. If the mind is joyful, you enjoy strength, health, peace; and if the mind is depressed, ill-health, weakness and disharmony supervene.

Healthy offspring result from parents who enjoy health in body and in mind and who also lead disciplined and regulated lives practising self-restraint, *Japa*, *Kirtan*, meditation and the study of the sacred scriptures daily.

The *Atma* is *Anamaya* (free from all diseases). He who practises *Brahmacharya* and meditates daily

in right earnest, on this decayless, deathless *Atma*, enjoys longevity, good health and great vigour and ultimately attains immortality.

Asana, Pranayama, Japa, Kirtan, meditation are the most potent tonics. Even chronic, incurable diseases are cured by Yogic methods, which fill the mind and the body with *Sattwa*, regenerate, renovate, energise the cells and tissues, acting as divine elixir or Sanjeevini herb.

All the lower emotions such as hatred, anger, lust, greed, etc.

should be controlled by the practice of love, forgiveness, selfless service, purity, contentment, self-restraint and by constant prayer, *Japa, Kirtan*, and meditation.

Medicines will not avail when you are a victim to the surge of the base emotions. Treat the cause first. Treat the mind first. Good health will come of itself. He who always keeps his mind calm and clean suffers not from any disease.

By the practice of Yoga you will attain the Goal of life, viz: Immortality and Eternal Bliss.

The Reorganization of the States in the Indian Union (1-11-1956)

History is being made in India as events march rapidly towards a consummation devoutly wished for, the consummation of a happy and prosperous India. We must bend all our energies towards achieving this end. Minor processes of integration are but a prelude to the major integration, to the solidarity and unity of *Bharatha Varsha*, disruption must be quashed and consolidation cemented. The people of India, inhabiting the several linguistic regions, are throbbing with new life, with resurgent hopes and fresh aspirations. Language has grown to be the most powerful cementing factor within the linguistic area, but loyalty to language and regional loyalty should not be allowed to come in the way of the larger national loyalty. Hence wise statesmanship in India has succeeded in striking a balance between these loyalties, and, as a result we have the reorganization of States on a linguistic basis. Tensions within the nation are thus sought to be relieved by providing for satisfaction of the legitimate aspirations of the people inhabiting the several regions of the territory of India.

The task of redrawing the political map of India has now been completed, and it is calculated to secure satisfaction to a substantial majority of the Indian people with effect from November, 1, 1956. The territorial limits of Mysore State are being extended, and they broadly cover the Kannada-speaking areas of Bombay, Madras, Hyderabad, Coorg and Mysore. With linguistic and cultural homogeneity and geographical integrity, the processes of merger of the Kannada-speaking areas with Mysore should be viewed in the perspective of national unity and rationalization of administrative units, and not merely with reference to the concept of linguistic States. It is gratifying to note that the largest measure of agreement has been reached in the formation of the new Mysore State. This is indeed a happy augury for the future of this State which has played a notable part in the cultural, social and economic development of its people for a number of years past.—(The Maharaja of Mysore, in his message to *The Hindu*, 31-10-'56).

Basic Causes of Child Accidents

The accidental death and injury of children of school age is partly due to school and community failure to eliminate hazards, provide adequate control, set up safety standards for children's activities, and provide education in safety—first and accident prevention for children.—(Irwin *et al* in *School Health Education* 1956).

Psychological factors affecting bodily health

EMOTIONS, STRESS AND DISEASE

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It is now well known that there are a number of extremely prevalent modern disorders which can truthfully be described as stress-diseases. Functional heart complaints (rapid pulse, missing of beats, palpitation), high blood-pressure, angina, coronary thrombosis, asthma, bronchitis, arthritis, thyroid troubles, headache and migraine, neurasthenia, kidney diseases, and women's complaints, very commonly have a strong underlying emotional-stress factor. This certainly aggravates, if not initiates, these stress-disorders.

If we look more closely into the matter we find an all-too-large number of psychological (mental-emotional) causes. Physical shock (from increasing accidents on roads and in factories) imposes additional *psychic* shock. Rapid changes in economic life (discharge of redundant employees; strikes and lock-outs; business worries, losses and reverses; unhappy occupational misfits; the overall threat of universal war) bring inevitable strain to bear upon vulnerable physical organs. Frustration, even if only mild, when long-continued, either damps down zest and vigour, or stimulates to neurotic, frantic and exhausting efforts. "Love was sent to make us glad" sang a medieval poet, but, in modern society, it often makes for frustration of natural instinct leading to almost universal anxiety disorders.

Besides external, unfavourable

circumstances there are self-engendered emotional stresses; Hate against others, hate against one-self, self-blame, self-pity, guilt, regret, despair, apathy, suspicion, withdrawal and loneliness. These become destroyers of health when they function reactively, compulsively, and so frequently and excessively as to upset the proper functioning of the sympathetic and endocrinal systems.

These inner, psychological disturbers of the peace of mind, often with an accompaniment of some physical disorder, undoubtedly help to explain the enormous increase, in modern times, of *psychological stress-disorders* such as anxiety neurosis, anxiety hysteria, conversion hysteria (a mental disorder changed into a physical one), obsessions, phobias, hypochondria, and psychosis. It is no wonder that more beds in our hospitals are filled with mental patients than by patients with physical disorders!

Stress-diseases tend to push you down the tone-scale into apathy or resentment. You may defeat these destructive trends by discovering new sources of pleasurable, creative experience, like the T.B. patient who unveiled a talent for drawing and painting, which gave him a new incentive to live. Your resentment at being ill should be dismissed by pondering over the meaning and causes of your illness. "What have I done to contribute to my illness? Where did I go

wrong? Why did I break down when others under similar stress didn't? What part did I play in bringing about the family, domestic, occupational, or marital crisis that led to my illness—my stress-disease?" Some unpleasant facts about your behaviour-patterns may emerge from this self examination, but how wonderfully it clears the mind and spirit when you unearth them! How straight it can make your former crooked paths, which were the result of misdirected emotion!

Now is the time to make a new evaluation of the stress-situation. Perhaps, if you had not exaggerated the stress, and had not contributed towards it yourself, you would never have succumbed to stress? Did you use the situation realistically, or was it highly coloured by your particular fears and anxieties, and your tendency to lay the blame on some scapegoat? Such self-understanding, thus arrived at, will not only assist recovery but prevent you from future relapses and breakdowns, too.

Illness is frustrating, and it tends to produce irritation and temper which may lead to the wrong reaction or attitude. The sufferer either makes wild, random, trial-and-error efforts (trying one medicine or healer after another), or withdraws from all attempts to cope with the situation and sinks

into apathy, or throws the whole burden and responsibility on to others, or makes himself sick with resentment, anxiety, or sheer destructive activity. Frustration of any kind calls for an intelligent effort in order to work one's way through it. Often, we have to accept it and adapt ourselves to it for a time. The attitude of acceptance of suffering or anxiety is far more favourable to recovery than that of resentment against life, and acceptance does not exclude the use of all rational methods—physical, psychological, or spiritual—that make for restoration.

Many people travel during their illness grievously burdened. They struggle along with two heavy sacks over their shoulders. One contains their darkest, undigested past, and the other contains their anticipated future troubles. Discard both burdens and live freely in the "now", in present time, and enjoy it.

Large volumes have been written about the wonderful self-curative powers of the human body. Equally substantial volumes have been written about the self-corrective functions of the unfettered mind. By far the best example of automation is the human body-mind organism. Let us not be afraid of stress, but be reasonably careful and aware of how we react to it, mentally and emotionally. —(*Health for All*, July 1956).

Health Care in Second Five-Year Plan

The provision of rural medical and health care is the central problem in health planning. By 1961 it is proposed to establish over 3000 'health units' in Community Projects and National Extension and other areas. Hospital accommodation will increase by about 26% and there will be 30,000 more hospital beds available throughout the country. The expenditure on health services under the second plan will be more than twice the sum allotted for the first 1951-'56 plan,

Pleasant Topics from Periodicals

14

Two Eskimos met after many years in the bleak Alaska backland and recounted their experiences in the intervening years. Naturally they got around to the weather.

"It was so cold one winter", said one, "that the flame on the only candle I had froze so hard I could not blow it out".

"That wasn't so bad", said the other. "Where I was that year it was so cold that our words came out as ice cubes and we had to fry them in whale fat to find out what we were talking about". —(*Farmers' Weekly*, S. Africa).

The gatekeeper was testifying in the case of the train demolishing the car at the crossing he guarded. He swore to the court that he had waved his lantern vigorously. The jury believed him, and awarded the verdict to the railway.

Later, the railway attorney said to him: "See O'Brien, you weren't nervous on the stand after all, were you?"

"Sure and only once", confessed O'Brien, "If that fellow had asked me if the lantern was lit, we would not have had a chance!" —(*Grit*).

People wrapped up in themselves make awfully small parcels. —(*Answers*, London).

Two golfers were engaged in a fierce duel on the seventeenth green. One of them had a difficult putt to sink, and was just preparing to make the attempt when a funeral procession went past on the road near the course. At once he took off his hat and stood to attention until the cortege had gone by.

His friend was surprised at this. "It's not like you, old man", he said, "to let your golf be interrupted for a whole minute by a funeral procession!"

"I know", he said the other man apologetically, "but I felt it was the least I could do. After all, she was a poor wife to me....." —(*Outspan*, S. Africa).

Scottish helper on a farm was invited to dinner by his employer. He ate a large piece of apple pie with such relish that his hostess offered him a second helping.

"No more, thank you kindly, ma'am," he replied. "I would na wish to become an addict." —(*Coronet*).

"Girls learn to talk much sooner than boys do," says a psychologist. "Not only does the brazen female get in the last word, but she also puts in the first." —(*Talelights*).

John Barrymore was out walking one afternoon, when he saw a certain notorious snob approaching. He tried to avoid the man, but the other singled him out with a hearty greeting: "Good afternoon, Barrymore. You are positively the only person I've met today worth stopping to speak to."

"Really," rejoined Barrymore. "Then you're much more fortunate than I am." —(*Wall St. Journal*).

"The man who brags about sitting on top of the world might do well to remember that it turns over every twenty-four hours." —[Wallace Davis in *Saturday Evening Post*].

"A fellow who is always skating on thin ice seldom has close friends." —(*Saturday Evening Post*).

Reading the poor marks on his son's report card, a father was very angry.

"Don't be so hard on him, dear," said his wife soothingly. "I know the boy's trying, and....."

"Oh, it isn't really the marks I mind so much," interrupted the father, "it's the deception. "Why the dickens does he have to look so bright?" —(*Tailor*, London).

A youth applying for a job was asked by his prospective employer,

"Do you smoke?"

"No," said the youth.

"Do you drink?"

"No."

Jocularly the employer continued, "Then your recreation must be going out with girls?" The youth shook his head.

"Do you mean you haven't a single vice?"

"Oh, yes, I have," the other admitted; "I tell lies." —(*Dublin Opinion*).

There's one thing to be said for ignorance—it causes a lot of interesting arguments. —(*Newark Star Ledger*, U.S.A.).

Young man: "Pretty barbed-wire dress you have on."

Girl: "What do you mean, barbed-wire?"

Young man: "Oh, it protects the property, but doesn't obstruct the view." —(*California Pelican*).

A dying dictator stretched out on his bed breathing his last. By his bedside was his second in command, tears streaming down his face. The old dictator patted his aide's hand feebly.

"Do not grieve so, Comrade", he whispered. "I want you to know that because of your loyalty I am leaving you my money, my cars, my plane, my country estate, my yacht—everything!"

"Thank you, thank you", cried the man, "you're much too good to me. Oh, if there was only something I could do for you!"

The dying man boosted himself up a bit. "There is", he gasped, "just take your foot off the oxygen tube!" —(*Maclean's*, Canada).

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KRISHNA RAU,
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Associate Ed

U. VASUDEVA

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Safety First at the Seaside

What's New in the News IT

Birth of a Baby—A Record!

A unique gramophone record has recently been put on the market. It is a true-to-life recording of the birth of a baby.

The mother who agreed to have the birth of her first child put "on record" in this way is the wife of the managing director of a British recording firm. During the twelve hours that labour lasted, the "expectant father" recorded every sound in a room adjoining the one in which the baby was delivered.

Thus, for the first time in the history of the British gramophone, the pangs and joys of child-birth have been immortalized on a disc. Following copious cuts and careful editing, the record plays for fifty-five minutes.

It ends with the delighted mother's joy-filled sob. "Oh, it's beautiful!" she whispers solemnly, heaving a deep sigh of relief.—(W.D., Oct. '56).

Ambulance Service on the Map

Thanks to the recent completion of an ingenious scheme, the movements of Surrey ambulances can now be plotted minute by minute. Miniature coloured "cars," placed on a large-scale magnetized map of the Home Counties, enable the services' HQ. at Kingston to keep track of every ambulance on the road, and to discern, at a glance, what type of work it is on call for by its colour.

If an ambulance is on an emergency call, a red miniature "car" is shifted into position on the map to indicate its location. This is replaced by a green miniature car once the priority work has been completed. Vehicles that are doing general hospital work are represented by brown and white miniature cars.

It is also possible to call any ambulance by radio. Apart from Kingston, radio transmitters have recently been installed at Reigate Hill, Banstead, Hog's Back, and Guildford. By means of Walkie Talkie sets, ambulance control stations and ambulances can be alerted directly and urgently in the case of major incidents, such as train crashes, etc.

It is estimated that thousands of pounds will be saved by the scheme. Instead of returning to base for orders, ambulance crews can now be given instructions for their next call while they are under way, thus saving unnecessary journeys, petrol, time and labour.—(W.D. New in Science, Oct. '56).

Better Vision in Sight

A new mirror lens designed to restore use of vision to 60 per cent of near-blind people has been demonstrated in the United States.

Its inventor, Doctor William Feinbloom, told the Florida Federation of the Blind that a person with only two per cent of vision can see well enough through the lens to read a newspaper.

"This new lens," he said, "enables the partially blind person to walk about freely, work at a desk, do many types of industrial work, read a newspaper, watch television and, in some cases, even drive a car."

The lens, called a "mirrorscope," magnifies an object three and one-fifth times, but eliminates the usual distortion found in magnifying lens by the use of mirror reflection.

Resembling a small motor-car headlight, the "mirrorscope" contains two mirrors facing each other. Dr. Feinbloom said the light strikes a rear concave mirror, is reflected off a convex mirror in front, and the magnified image then enters the eye.

The "mirrorscope" has helped to restore useful vision to 200 people with as little as two per cent of sight.—(World Digest, Oct. 1956).

Corneal Grafts

The Debrecen Eye Clinic in Hungary, which recently announced successful operations for restoring sight to the blind, has now announced a method stated to be "unique in the world" of preserving the eyes of dead people for surgical use. Until this method was discovered the eye could be preserved for only three days, when the cornea "greyed over" and was no longer of use. The substance of the Debrecen method is that the eye is placed in a jar and frozen to minus 80 degrees centigrade. The jar is exhausted of air and of all dampness, so that the eye is kept in a dry vacuum.—(Good Health, London, Sep. 56).

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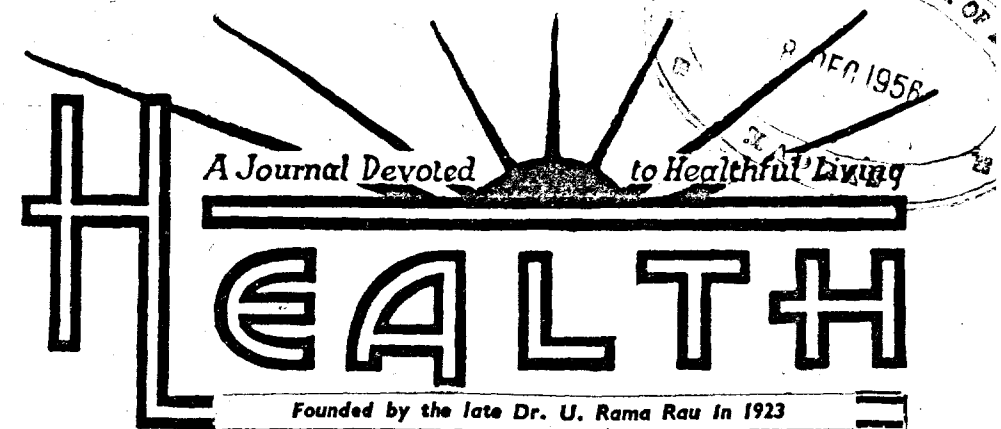
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CHILD WELFARE

THE fourteenth of last month was observed as the National Children's Day throughout the country under the aegis of the Indian Council of Child Welfare. President RAJENDRA PRASAD in a short and sweet message sending his love and best wishes to the children of the land said, "let us make the children conscious, on this day, of the fact that they are the most valuable wealth of the nation, because in course of time they are themselves going to constitute the nation. Their thoughts and actions, to-day, are, therefore, the basis of the wisdom, and aspirations of the Indian nations of the future. So also let us, the elderly people, do all that we can for the welfare of the children." It is the duty of any civilized Government to provide children with a good education, good environment and first-class health facilities. This is the task before all Governments of

the world and the aim of the World Children's Day is to draw attention to such important questions as the place of children in society, and Governmental, social and community responsibilities towards them.

The United Nations International Children's Emergency Fund (UNICEF) has done very good work for children who have lacked fundamentals like good food, clothing and shelter. This is a body which should never be starved of funds. When the matter was discussed in a U. N. Committee sometime ago a suggestion was made by the representative from Sweden, that steps should be taken to augment the finances of the UNICEF by prevailing upon the people to donate a day's income to the fund, for the amelioration of the lot of poor children all over the world. This would only go to stress the need which we have often pointed out,

for voluntary effort in supplementing governmental grants for providing children with their fundamental requirements. There is no doubt that increasing attention is being paid in India to child welfare work, though, we realize that much remains to be done in this regard. As the Union Health Minister RAJKUMARI AMRIT KAUR rightly pointed out in her message "our service should stretch out its hand to those who are in dire need of it, to the village child and to those who are backward, delinquent or physically handicapped."

The observance of "Children's Weeks" should turn people's thoughts to their responsibilities and duties to the children in the matter not only of brightening their lives but also of saving the lives of the new-born and of mothers. The rates of infant and maternal mortality in India are still appallingly high, though as

a result of the public health activities under the First Five-Year Plan, there has been a noticeable decline in these rates. At present there are numerous villages in this country without any welfare centres, doctors or midwives and many mothers die, in child-birth or when being taken to distant hospitals or they are attended by untrained *dhais* and sustain serious injuries, that cause life-long misery and suffering.

"The Second Five Year Plan provides for a great expansion of Health Services and it is estimated that by the year 1961, there will be 90,000 doctors, 1,06,500 nurses, midwives and health visitors, though another 10,000 doctors and over 1,53,000 trained nurses and midwives will still be required on the basis of one doctor, one nurse, and one midwife for every 5,000 of the population and one health visitor for every 20,000."

It is our fervent hope, that at the end of the next five years, considerable progress will have been made in the implementation of these Child Welfare programmes.

Carrots and Their Food Value

Carrots are among the most valuable vegetables and should be eaten both raw and cooked. They contain vitamins A and C and are rich in the minerals, sodium, potassium, calcium, manganese, iron, copper, phosphorus, sulphur and chlorine. Young carrots are usually considered superior to others, but the reverse is actually the truth, for the "delicate" flavour of the young carrot is due merely to immaturity and it is, therefore, relatively unwholesome, whereas the fully matured specimen is rich and sweet.

If carrots are ruined by peeling and boiling they lose much of their goodness and flavour. Raw carrots grated finely are juicy, delicious and digestible. Do not, however, grate them and leave them exposed to the air, or they will deteriorate quickly. Prepare them as near as possible to the time of serving, or, if you must prepare them some time beforehand, cover them well to exclude air. Grated raw carrots may be eaten plain or with vegetables, such as grated raw brussels sprouts or cabbage. They blend very well with celery.

Carrots should be scrubbed well and any blemishes should be trimmed off. The simplest way of cooking is to steam them, but there are other methods which ensure that they retain their flavour and goodness. The duration of cooking will vary with the size of the roots—usually half an hour for those of average size, but longer for the larger ones. A quicker method is to slice the carrots thinly and cook them in as little water as possible in a pan with a tightly fitting lid, shaking the pan occasionally. A handful of seedless raisins added to carrots cooked in this way makes a very good dish which is very attractive to children.—(*Health for All*, April 1956.)

Worries and How to Get Over Them

(Concluded from page 248 in November 1956 issue of HEALTH)

LESLIE D. WEATHERHEAD, D.D.,
(Minister of the City Temple, London)

LET us try to understand what worry is and whether we can take any steps to exercise that fear-created devil.

We must be careful not to become the kind of superior person—or supposedly superior—who pats another heartily on the shoulder and, having nothing to worry about himself says, "Now don't worry, don't worry!"

First of all, we should separate worry from concern. My wife says that when she is concerned I call hers "worry", and when I worry I tell her that my feeling is only concern! But if she or the daughter is out visiting in the evening and has said she will be in, by eight o'clock and has not returned by nine or even ten, of course I am troubled. If I were not, all it would prove would be that I did not care. But I call that "concern." It is a sign of love.

That concern would prompt me to telephone to some of the friends on whom she might have called, or to the place where the meeting which she had attended was held, or to the shops where she made her purchases.

If the word "worry" must be used, it is legitimate worry and makes me do anything I can to ease the situation. I would reserve the word "worry" for that fruitless activity of the mind which keeps thoughts revolving endlessly without issue inaction. It is like racing a motor-car engine without letting in the clutch.

1. That brings us to the first practical thing we can do, and that

is to make sure what we are worrying about. That may sound a silly thing to say, but it is good advice. I would counsel a person not to "try to put it out of his mind", at least not yet, but rather to set it right in the centre of his mind and look at it in isolation, making sure that he knows every detail and facet of the worrying situation.

Suppose, for example, I am worrying that so-and-so will try to blackmail me, or report me, or that I am worrying about whether I shall lose my job or my health, or that I am worrying about whether I have got cancer, or have no security for my old age, and so on, I must calmly set the whole situation out and try to look at it in isolation from other problems.

This isolation prevents the mental distress from spreading through the mind in which case one rapidly worries about everything, and becomes irritable and very difficult to live with.

It is possible to lose sight of, and actually "forget," the origin of the worry, but it is there, functioning deep in the mind and sending up to conscious life all sorts of vague fears and fancies and even physical symptoms. By isolating it in consciousness and confronting it steadily, we may find that we are worrying about something that is most unlikely to happen, or about some situation which, with God's

help, we can tackle adequately and perhaps quite quickly.

2. The *second practical* thing is to say, "Right! So I'm worrying about that. *Now what can I Do?*"

Doing is like letting in the clutch that makes the hitherto uselessly racing engine carry one forward through the difficulty. Often I have lain awake worrying how to answer some difficult letter, and then it has dawned on me that it is far better to sit up in bed and write it out roughly, and then sleep! So, if we can *do* something, let it be done at once! If not, can we *decide* what to do? Deciding is a kind of doing. We may decide, for instance, to get a first-class physician to overhaul us. That will end the worry about whether we have got some disease or not.

One other word about doing. Never make a big decision when you are depressed. A long winter, a spell of illness, lack of sunshine and fellowship, prolonged concern for the health or well-being of a loved one, and we can get "low" and, in panic, make decisions which we afterwards regret.

My own *third step* is to ask and answer this question, "*What, in regard to this worrying situation, is the very worst that could happen?*"

When we have looked steadily at the worst that could possibly happen, then what is *likely* to happen often seems quite mild! For when we look at the worst, we go on to realize how we would meet that worst, what aid we would summon, what inward resources we would call out, what friends

would help us with advice, care, and even financial aid.

It is not silly to say, "Well, if the worst comes to the worst, I'll do this". It is the highest wisdom. Said Lin Yutang, the Chinese philosopher, "True peace of mind comes from accepting the worst".

One thing is very clear; to fight worry, one just must not sit and brood. So when we have decided what we are worrying about, looked the thing right in the eye, done anything that can be done, or decided what to do in any of the eventualities we can foresee, including the unlikely worst, then we should try to forget the worry by a game of golf, or game-watching, or a music party, or the cinema, or a theatre, or a long walk with a friend. The mind needs *RUN* as well as worship, laughter as well as rest, fellowship as well as lonely prayer.

A definite decision is of enormous help. It ends conflict and kills most of the fear in the state of anxiety. Further, it helps us to get things into a better proportion.

It is perhaps the maximum help to remember that God is there, the Friend Who understands and sustains in every experience we have to face, and to whom, in a real sense, we can hand over. God can deal with every situation that makes us worry. He always knows a way through. To begin each day with a positive assertion that "He can bring us through" is perhaps the most important ingredient in our prescription for anxiety.—(*World Digest*, June 1956).

"Costly thy habit as thy purse can buy, rich but not gaudy;
For the apparel oft proclaims the man."—(*Shakespeare*).

OBESE OBLIGE



THE human body is, in a quite literal sense, the product of its nutrition. Feuerbach wrote "*Der Mensch ist was er isst.*"—"Man is what he eats."

The most obvious nutritional defects are those produced by gross calorie imbalance. Obesity becomes a problem when the age-old threat of starvation is removed by an adequate food supply. This is particularly true where the specialization of society involves many people in sedentary occupations. The problem has recently been accentuated by modern man's sedentary and ease loving habits which often include sitting and frequent snack-nibbling.

Overweight is undesirable for a variety of reasons. It not only curtails longevity but seriously handicaps individuals in other and subtle ways. No age is spared: men, women and children alike are affected.

Obesity has an unfavourable effect on mortality experience. This excess mortality of obese individuals is accounted for by their very high death rates from various diseases, particularly the degenerative lesions—those conditions which have been least affected by recent advances in medical science and public health measures. To-day, in the Western nations, when the chief germ enemies of mankind are being brought under control, the degenerative diseases stand out as the principal cause of chronic disease and disability.

Life insurance statistics reveal that hypertension develops among "over-weights" at an annual rate of 4.6 per thousand as compared with only 1.8 per thousand among those of normal weight. Degenerative heart diseases associated with arteriosclerosis and hypertension are likewise more frequent in over-weights.

Diabetes is a striking example of the penalty of obesity. Analysis of the weights of thousands of diabetics at the George F. Baker clinic showed that among those whose disease began at age 40 and over, 85 per cent previously had been overweight in some degree and 60 per cent to a great degree.

In the popular mind, gallstones and biliary disorders are common in fat individuals. The common adage about gallstones—*fair, fat and forty*—still holds true.

The relationship between overweight and cancer is not clear-cut, but cancer of the endometrium appears to be definitely more frequent in over-weight women than in those of normal weight.

Certain rheumatic diseases are frequently associated with obesity or are made worse by it. An outstanding example is gout, with which over indulgence in food and drink and accompanying overweight are so notoriously associated.

In pregnancy, complications are more frequent and operative deliveries are required more often in the overweight woman. Moreover, stillbirth rates are almost twice as high as in patients of normal weight. It is noteworthy also that an unduly high proportion of obese women bear large babies,

and these mothers appear especially susceptible to diabetes.

Obesity is often a handicap in personal and social relationships. The fat child is ridiculed by his playmates. For the overweight girl, marriage is less likely than for her slimmer rival. The fat person is not always the jolly individual he is pictured to be; over-weight is sometimes a manifestation of his feeling of inadequacy.

Thus we see that overweight profoundly affects the life and health of many individuals. The exact mechanism of the relationship between over-weight and many of the conditions mentioned is not clear. The extra burden that obesity puts on the various systems of the body is primarily mechanical, but overweight may also reflect disturbances in metabolism.

In any event, the correction of obesity may prevent or delay the onset of these conditions if weight reduction is begun early. Even after their development, reduction can help. It is of major importance in the treatment of patients with degenerative heart disease and hypertension.

Life insurance studies demonstrate that it is desirable to maintain throughout adult life that weight which is normal at about age 25 or 30, with proper allowance for height and general body structure. Against this, there is a tendency for weight to increase with age; unfortunately, many people accept this as inevitable: this is regrettable indeed.

The late Lewellys F. Barker taught his students a useful rule-

of-thumb which deserves perpetuation. It ran thus:—"for adult males, the ideal weight is 110 pounds plus $5\frac{1}{2}$ pounds for each inch over 5 feet in height: for females, 100 pounds plus 5 pounds for each inch over 5 feet".

A large segment of the public is becoming increasingly aware of the fact that to be slim is not only stylish but healthful.

Although weight reduction is best carried out under medical supervision, the success of the programme is the patient's responsibility. He must clearly understand that only a good, but restricted, diet in which the calorie intake is less than the energy output will enable him to get back to his proper weight. To maintain this weight, old eating habits must never be resumed.

It might not be amiss to remind the supervising physician that he too is subject to obesity with all its hazards. By setting an example for his weight-losing patients the doctor will gain many rewards (but not pounds). If the physician who supervises a weight-reduction programme has a trim figure himself he will probably enjoy more patient-co-operation than his over-weight-fellow practitioner.

Yes, just as "*noblesse oblige*" so does "*obese oblige*." That the obese are obliged to assume a variety of increased risks was obviously appreciated by the witty one who said, "Everything I like is either immoral, illegal, or fattening!"—(Condensed from Editorial in *International Medical Digest* for August 1956 by TNSR.)

SIGMUND FREUD

(1856-1939)

In the future, every sick person will have reason to be grateful to Sigmund Freud, who was born in Vienna a hundred years ago, and died in London only in 1930. He was the great interpreter of those hidden griefs which can rend souls and make life unendurable. Back in the 1890's, he began to explore an obscure mass of illness—functional, hysterical, half-imaginary—for which there were no names, and no cures; cases dismissed by doctors, with a shrug, as unreal, unmentionable, too trivial for discussion, symptoms which could not be located in any of the organs.

Freud, indeed had begun his own medical career investigating the nerve cells of the physical brain. But he abandoned this line of work realizing that the nature of such maladies is not to be found in an organ of the brain, but in the '*Unconscious*' mind, of which we get only odd and occasional glimpses. Freud explored this dim *unconscious*. He dived down and found there many strange shapes in regions that never see daylight. Those painful emotions which we hide—even from ourselves; those primitive, savage, animal impulses, belonging to our long pre-human past, but without which we should hardly be human. In the course of growing up, we learn to repress and control these feelings. Indeed, repression is an essential feature in maturity. But repression does not mean that those ignoble feelings are lost. Fears, hates, illicit loves, remain in the *Unconscious*

charged with emotional energy, with power to cause neurosis, and even physical illness.

Freud discovered these laws by a tedious method called *psycho-analysis*, through which he not only explored the *Unconscious*, but was able to make these painful impulses conscious, and thus deprive them of their dangerous power.

This treatment, which lasts months, even years, involves regular visits to the psycho-analyst. It is possible only for a small minority. The intense personal concentration needed for a Freudian psycho-analysis is exacting and laborious—for doctor and patient. Psycho-analysts can treat only five or six patients in the course of a busy day.

People who talk light-heartedly of 'having themselves analysed' don't know what a boring, and excruciatingly painful affair it is. And, like a severe surgical operation, psycho-analysis has to be reserved for real necessity. In the course of these psycho-analytic probings, Freud discovered laws which can be used quite apart from medical practice—in child-training, education, and practical psychology. It is unnecessary for us to be psycho-analysed; but we can all learn useful things from the knowledge that Freud taught us.

Now-a-days, in fact, no doctor in any branch of medicine—or even patient—can escape being influenced by Freud. Yet it is ironic that his work should still be

impotence, but in women there may be an undesirable increase of hair growth on the face and limbs.

The relation of the hormones to homosexuality has also been investigated in recent years. No separate relation between the amount of sex hormones and homosexuality has been shown to exist.

Female sex hormones administered to homosexual females have no influence in their homosexual tendencies. No homosexual patient has been reported to have become transformed into a heterosexual by the use of hormones. Large doses of female sex hormones administered to male homosexuals will occasionally help in lessening their libido but will not have any influence in their homosexual tendencies. Male sex hormones have no effect on the homosexual tendencies of either male or female.

The hormones are but one factor in human sexuality; there are two other elements: the genetic and the psychologic. The genetic factor sets the sexual pattern and defines the general limits within which the other factors may operate. The male and female sex hormones cause growth and development of the organs needed for the sex act. The male sex hormone further more increases the sensitivity of the external sex organs to mechanical stimulation, but has no other effects on the sex-urge.

Sexual maturity is achieved in the late teens or early twenties and this is brought about in part by the development of the endocrine glands, but the psychological

factor is actually the more important of the two. In the adult human being, abnormalities of sexual behaviour are due mainly to psychological deviations, with the hormones playing at most, a secondary role. Endocrine factors can be of importance only when there is other evidence of endocrine disease but this is quite rare.

Human beings who have been castrated may show external behaviour similar to normal persons which shows that the sex hormones are *not indispensable* to at least partial sexual activity.

Homosexuality is purely a psychological phenomenon and is in no way dependent on the sex hormones.

The so-called sexual deviations and aggressive behaviour as well as impotence and frigidity cannot be explained entirely on the basis of the sex hormones as they are not altered by simply administering the hormones except when purely physical factors are involved.

The investigation of abnormal sexual behaviour must include a consideration of the total personality of the individual in which the psychological factors are of the greatest importance. Certain sexual disturbances may be ascribed to endocrine factors only when there is evidence of other endocrine disease. However, even the presence of endocrine disease, the sexual urge may be normal, but where it is not, the use of the sex hormones may restore the previously existing normal sexual state.

—(Condensed from the *Medical Digest*, Bombay).

Always remember: "Prevention is better than cure."

1. Try to maintain a regular bowel habit. 2. Do what you can to promote good circulation. 3. Remember the importance of plenty of fresh air. 4. Watch your water and food intakes, so that your kidneys will have plenty of fluid to help

them do their work and will not be overwhelmed by an excess of protein-waste. 5. Keep your skin clear and active by a suitable bathing programme. — (*Good Health*, London: August 1956).

PREVENTION OF ACCIDENTS IN CHILDHOOD

Accident facts as a basis for prevention

(W.H.O. Advisory Group)

IN many countries, accident prevention work is concentrated on traffic, though home-accidents account for a large proportion of accidents in childhood. In Great Britain, for example, one-half or more of accidents occurring to all children up to the age of 15 are accidents in the home.

The Street.—Lack of playing grounds for children and general overcrowding in cities result in children playing in the streets, where many get hurt. At the WHO meeting, attention was drawn to this danger particularly as it exists in Germany, the Netherlands and Great Britain. Figures for the Netherlands show that the traffic accident-rate for school-children is greater during the summer holiday months. The provision of suitable playing grounds should be therefore, encouraged.

Investigation by the Paris police into some 1,500 accidents involving child pedestrians indicate that in most cases (77%) the children are "responsible," usually by stepping off the footpath without paying due attention to traffic.

Traffic statistics in Germany show that the following ages are particularly dangerous: 4 to 5 years, when children acquire greater independence; 12 to 13

years, when they start making more use of bicycles in traffic; 18 plus, when motor-bicycles come into use. In England, the dangerous cycling age is somewhat lower (about 10 years) and in Sweden, some years ago, there was an outbreak of bicycle accidents among five-to-six year-olds. That the bicycle presents a serious risk is shown by figures from the United States of America where, in an average year, *bicycle accidents will result in 500 killed and 44,000 injured*. Education of parents and children may help to reduce such accidents. Legislation also offers possibilities here.

Poison.—In Norway, a girl died while being brought to hospital after she had swallowed a few drops of liquid out of an almost empty tin. The tin bore the trade name of a new insecticide, but gave no information on how the product was made up. Had the doctor who saw the child known that the insecticide contained phosphorus, he might have been able to save her life.

An attractive looking mothball was swallowed by another girl in Norway. She felt very ill, but after a while seemed to recover and asked for something to drink. She was given a glass of milk

looked on as shocking! It is no more repulsive than many things. Yet, to some people, the word 'Freudian' still has a flavour of the slightly improper. This is absurd. The father of psycho-analysis was one of the most ethical men who have ever lived. *He taught the human race to understand the dark sides of human nature.* Some people are worried by his handling of sex. He showed that, even in the infant child, sex life has begun, and the sex feelings are much stronger and deeper than we realize with our real conscious minds. In his exploration of the *Unconscious*, he found not only the instinct of sex, but an instinct of death, always watching out to prostrate us, and at the very end—being victorious!

Repressed feelings are often expressed in illness. Freud had a rule that his patient being psycho-analysed must turn up at the agreed hour every day. If he did not come, he must nonetheless pay the psycho-analyst's fee. It seems

a harsh custom. But Freud found that the causes—even real symptoms—given by a patient when he missed an appointment, were due, not to the reasons which the patient mentioned and really believed, but to an unconscious desire to escape. They represent our desires to avoid the difficulties of life. Our human troubles lie frequently in our unconscious selves. This was a revolutionary conception of disease in the age which discovered bacteria, antibiotics and tumours. *Knowledge of human nature prompts us to know that Freud was right.*

The cause of much illness lies not in our stars, but in ourselves; not in bacteria, but in the depths of the *Unconscious*. Not everything Freud said was right, but his influence in medicine resembles that of Pasteur or Lister. *Gradually, the power of Freud's teaching will influence a new generation, and medicine will grow more humane.*—(Health Horizon, Summer, 1956).

The Printed Word

Modern medicine, or at least modern physiology, may be said to have started with William Harvey. Quickly there followed Boyle, the chemist Boerhaave, the great "bedside" teacher, the one first to bring patient and theory together; and his Swiss pupil, Albrecht von Haller, whose *Elements of the Physiology of the Human Body* (1759-1766) is still quoted. But now we are in the stream of books, medical books, books on history, books of literary value, some of which we like to read. Undoubtedly many manuscripts and learned treatises dropped to the bottom of the stream, some to be hooked by patient fisherman in years to come, but most to be buried in what is known to geologists as primeval sludge. And most were perhaps no better than the sludge itself. Fortunately today there is still sludge, and not every book published can escape it. Many books and articles written should never have left the quivering pen of inadequately prepared authors, whose knowledge has been meagre but whose enthusiasm has been boundless. Indiscriminate writing is surely worse than no writing at all.—(USAF Med. Jour., Jan. '56)

*The quality of mercy is not strained.....it is twice blest;
It blesseth him that gives and him that takes.*—(Shakespeare).

HOW OUR BODIES GET RID OF WASTE PRODUCTS 20

H. O. SWARTOUT, M.D., London

THE human body may be likened to a machine. It has moving and working parts, and can take in what may be called raw materials—largely in the form of food and turn them into body-building and body-repairing substances, or use them to produce heat and energy. In doing this, the body produces waste materials, which are of two general types.

Some of them are composed of food fractions that the body cannot, or does not digest. Wastes of this kind pass through the entire length of the digestive tract, and never enter any other part of the body.

Other wastes are composed of substances that have been used either to build or repair the body, and have later broken down, or been chemically changed in the body tissues, to produce heat, or energy, or both.

The unused or unusable food fractions that pass through the digestive tract are more or less changed by bacterial action, chiefly in the large intestine. They become mixed with innumerable living or dead bacterial bodies and cast-off cells from the lining of the intestine.

This mixed mass in the large intestine is called faeces. It passes slowly through the large intestine, collects in the lower section of it, and is expelled periodically from one time to three times a day. If there is but one evacuation a day, it most commonly occurs in the morning.

Evacuation of the large bowel is normally brought about by the

contraction of muscles in the walls of the bowels. There is an interesting relation between the various sections of the digestive tract, which act together to make a wave of contraction that starts in the upper part of the tract, and travels slowly downward to the lower parts. When food is taken into the stomach, a series of slow contraction-waves (peristalsis) is started to help in digesting the food there. Normally, these waves are followed by mild contractions in the small intestine and then in the large intestine.

This happens whenever food enters the stomach; that is why some say there ought to be an evacuation of the bowel after each meal! If only one evacuation occurs in the day, it logically should come after the first meal of the day. This meal comes at a time when a fairly long period has elapsed since the previous meal, thus causing a comparatively large mass to collect in the lower part of the large bowel.

Neglect to evacuate this mass in the morning is a fairly common cause of constipation. Caring for it will go far toward curing constipation in many cases.

Regularity essential.—A desire to empty the large bowel may come at an inconvenient time. If this desire is repeatedly resisted, and the bowel is not emptied, the tendency is for the desire to grow progressively weaker. On the other hand, purposely going to the latrine every day a few minutes after breakfast (morning coffee) and trying to empty the bowel,

even in the absence of a desire to do so, will often build up a regular habit at this time.

Wastes that come from digested food fractions are generally liquid or gaseous in nature. If not liquid or gas of themselves, they are soluble in water and are thus in a liquid form in the body. Being formed in the tissues as a rule, they must have some way to get out of them. Going into solution in the blood is the commonest first step in this direction. The most abundant waste of this kind is carbon dioxide, a gas formed when digested food is used in the body to generate heat and/or work energy. It is formed in smaller amounts when body-tissues break down. Because carbon dioxide can easily dissolve in water, it is rarely found in the tissues or in the blood except in solution.

Digested food may contain more of certain soluble mineral substances than the body needs—common salt, for instance—and this excess counts as waste material.

Tissue-breakdown may also result in some soluble mineral wastes. But this breakdown results rather in wastes containing nitrogen, because it comes from the chemical decomposition of protein, a "building stone" in all living tissue.

Similar wastes may result from taking an amount of protein-food greater than the body needs for growth or repair. All these nitrogenous wastes are soluble in water, and are carried in solution in the blood.

As the blood circulates throughout the body, it carries carbon

dioxide, various mineral compounds that count as wastes, and various *nitrogenous* waste products. As the blood passes through the lungs, it travels in vessels with very thin walls. There is a thin, moist membrane with oxygen from the air on one side and carbon dioxide from the blood on the other side. Under such circumstances an interchange (*osmosis*) of these two gases occurs. Thus in the lungs the blood builds up its stock of oxygen and gives off carbon dioxide, which is exhaled.

The blood also circulates through the kidneys, which contain certain peculiar structures with specialized cells that can remove from the blood any excess of water, also mineral and nitrogenous wastes. The mixture of the water and these other wastes is called urine. It collects in the bladder and is expelled at intervals.

Perspiration.—As the blood circulates through the skin it passes through tiny vessels in the walls of the sweat glands, which are especially adapted to select from the blood certain mineral wastes and some water. These wastes in water are discharged upon the skin surface as perspiration. Although the most important action of perspiration is to help in regulating body-temperature, it also accomplishes the removal of a moderate amount of waste.

What we should do to promote good health is to pay attention to what will help these organs do their work and to avoid overworking them. Here then, is your programme:—

THE HORMONES AND SEX

EDWARD PODOLSKY, M.D., New York

SEX is made up of a great many things and among the most important of these are the hormones, which are chemicals manufactured by the endocrine or ductless glands of the body and poured directly into the blood stream. They exert a great influence on the physical, mental and emotional make up of the individual. Some very interesting facts have recently come to light in this connection.

Doctors have found that the menopause or change of life need exert no adverse influence on *libido*, i.e., the ability to have satisfactory sexual relations. In fact, some women appear to enjoy sex relations for the first time after the cessation of their monthly periods, possibly because they no longer fear pregnancy. Many women report great sexual satisfaction just before and after the monthly periods when the internal sexual organs are congested and the amount of female sex hormones are at their lowest level.

These observations would appear to show that in human beings, the sex-urge and sex-power may be present and even normal, though the sex hormones are diminished or absent implying that these hormones are not absolutely essential to *libido*, though they may indirectly influence it by affecting the external sex organs.

The question of sex hormones and *libido* has been investigated by many physicians in recent years. Female sex hormones do not increase sexual desire in women who have undergone meno-

pause and who had been frigid prior to its onset. Female sex hormones administered in large doses to young frigid woman do not produce any significant improvement in their *libido*, whereas the administration of large amounts of the male sex hormone to women may increase the *libido*. This is accompanied by an increase in the size and the sensitivity of the clitoris.

If female sex hormones are administered in large doses to male adults there is a decrease in the sensitivity of the penis, and this may result in a decrease in the *libido*. This has even been advocated by some as a treatment for male sex offenders.

In order to understand the mechanism of the sex urge, we should remember the difference between sexual feelings, (which are largely psychological and which are relatively little influenced by hormones) and end-organ sensitivity (sensitivity of the penis in the male and the clitoris in the female) which may be directly influenced by hormones. The sensitivity of the penis in the male and the clitoris in the female may often be increased by the administration of the male sex hormone in both sexes and perhaps the female sex hormones in the female.

Excepting in certain cases in women who are in the stage of menopause, female sex hormones cannot be expected to exert any favourable effect upon frigidity. The male sex hormone in fairly large doses will occasionally give satisfactory results in frigidity and

(usually considered safe). The milk rapidly proved fatal, because the mothball contained a fat-soluble poison. Again the container gave no information on the composition of the product.

Risks would be reduced if the wrapping of dangerous substances gave clear warning of danger, named the poison involved and possibly also identified the correct antidote to be given in case of accident.

In Sweden, some special types of poisoning stand out. On the one hand, there are dangerous medicines (barbiturates, for example) on the other, there is tobacco, small children being poisoned by chewing or swallowing cigarettes or cigarette butts. Why should Swedish children be particularly prone to this rather peculiar kind of accident? The answer is perhaps that in Swedish homes there is no obvious place for disposing of cigarette butts (such as an open fireplace), that low tables, about 50 cm. high, are fashionable, and that many mothers smoke cigarettes. Baby is naturally attracted to mother's things, particularly when mother is out of sight.

Burns.—The open fireplace, whatever role it may play in preventing tobacco poisoning contributes to many burns in Great Britain. Girls are comparatively frequent victims because of their clothes, which catch fire more easily than the tighter fitting clothes of boys. In some homes in Britain, the gas ring tends to get placed on the floor—an obvious danger to children, once the accident has happened. Even in modern kitchens that have gas or

electric cookers, the house-wife may put the wash tub or the kettle of hot water on the floor, because there is no other convenient place to put it. The old-fashioned kitchen range thus had its advantages. The handles of pots and pans that are left sticking out from the cooker are dangers that are well-known. The attention being given in Great Britain to the risk of burns is witnessed by recent legislation which sets forth the safety standards to be observed in heating appliances on sale to the public.

A philological danger.—Overheard in front of shop window:

"Mummy, it says 'inflammable' on that tin. Does it mean the stuff will burn?"

'Don't be silly, darling. Inflammable means that it *won't* burn!'

A strong plea was made at the meeting to replace the doubtful word by the word *flammable* (with an opposite *non-flammable*) so as to avoid dangerous confusions. Flammable has some currency, particularly in the U.S.A. (*Lexicographers please note*).

Water.—Drowning accidents are particularly frequent in countries with a long coastline and many lakes or canals e.g., Finland, Sweden, the Netherlands. In the Netherlands, drowning occurs more often among children of pre-school age and in remote country districts. This pattern may be explained by the fact that children are taught to swim at school and that in densely populated areas, a child in difficulty is more easily noticed before it is too late.—(*Mother and Child*, September 1956).

BE GOOD TO YOUR HEART

Dr. B. RICHARDSON, London

HEALTH is a state of well-being that involves the normal functioning of all parts of the body, namely, the heart, stomach, nerves, muscles, and the brain.

We must learn to be good to that wonderful muscular organ that keeps the blood in circulation, which we call the heart.

No other organ carries so much responsibility for the well-being of the body, as the heart. All other organs are dependent upon it. Constantly, day and night, your wonderful heart continues to beat. It can be likened to an efficient power unit or electric generator, for from the heart the stream of life flows out through a vast network of blood-vessels to all parts of the body.

When we are at rest, the heart beats quietly and slowly, conserving its great reserve powers for the time when they might be sorely needed. When an emergency arises the heart will immediately quicken its pace, speeding up the circulation of the blood to wherever it may be needed. When the heart is strong and healthy the whole body benefits. But when it is sick the whole body suffers. That is why it is so important to take care of your heart, for upon its condition depends your ability to get the best out of life.

A well-balanced diet will provide all the elements that are necessary to keep the body in good health. However, no matter how many vitamins and minerals our food contains, we cannot utilize them until the various factories of the digestive system have dealt

with them. Even then they still cannot be used until they have been transported out to the tissues where they are needed by the blood-stream which in turn is kept in motion by the heart.

The heart lies in the centre of the chest between the two lungs, but is more to the left of the mid-line than to the right. It is not always easy to feel this great throbbing centre by placing your hand upon your chest, but it can always be heard by means of the stethoscope.

The heart's function is to move the living stream of blood through all parts of the body, feeding all the cells, and removing all the waste materials that result from the activities of the cells. If your heart fails, the whole transportation system breaks down. So we must give a little thought to our heart, just to be sure we are giving it the care it deserves.

Causes of heart trouble.—What causes the heart to break down and wear out? Can a man strain his heart by overwork? No, it is very unusual to strain the normal, healthy heart by overworking, surprising as it may seem. The heart is much more likely to be damaged by disease, and by poor habits of living than by overwork.

Common causes of heart trouble include persistent nervous or emotional strain, insufficient exercise, lack of proper rest, over-eating, as well as inhaling poisonous fumes of various types. All of these tend to weaken the walls of the blood-vessels within the heart, cutting down the normal nutrition of the

heart muscle, and often causing severe pain in the chest. Usually the effect is only temporary, but if these conditions persist, the damage may become permanent.

It is not possible to deal here with all the causes of heart disease, but if we endeavour to avoid emotional strain it will be a good start in taking the advice: "Be good to your heart."

The heart is so sensitive that it responds to even mild changes of emotional tone. I should estimate that in almost half the patients that come to me presenting symptoms of heart trouble, it is emotional tension that has produced the symptoms.

Our language contains many expressions suggesting the intimate relationship between the heart and the emotions. We often use such words as "light-hearted, heavy-hearted, faint-hearted, hard-hearted and heart-sick;" all suggest that the heart is intimately bound up with our emotional life.

We should realize that a loss of health is too high a price to pay for living in a state of constant emotional tension.

Sturdily built.—Fortunately the heart is built of very tough materials that do not break down easily. The muscles of the heart are more durable than any other muscle tissue in the body. The inside of the heart is divided into four large chambers, all of which are lined with a very smooth, durable lining, which offers no obstruction to the blood-stream as it rushes through the various chambers *en route* to the lungs, or to the rest of the body. The outside of the heart is

covered with a very tough, fibrous bag, called the pericardium. This protects the heart from damage on the outside. At the same time it also provides a smooth, water-lined casing in which the heart moves freely without interruption.

It is simply amazing how much work the human heart will do in one day. At a normal rate of speed the heart beats about seventy times a minute. This amounts to more than 100,000 contractions in one day—37,000,000 per year. In seventy years this adds up to more than two-and-a-half billion contractions.

How does the heart keep going without breaking down or wearing out?

Unparalleled durability.—No machine made by man can begin to match the human heart for efficiency or durability. Every day it pumps between five and ten tons of blood. That is an enormous amount of work for an organ not much larger than your fist. For its size your heart is the most wonderful pump in the world, and there is not one piece of metal in it! Although it may weigh only about half a pound, it continuously sends the blood coursing through many miles of tiny vessels, feeding every cell in your body, and helping to repair the tissues wherever damage may occur. During heavy exercise your heart pumps as much as six gallons of blood per minute. Normally it pumps about one quart per minute when the body is at rest. This means that in an emergency your heart is capable of putting out nearly twenty-four times as much blood as it normally does when at rest.

Running repairs.—If your heart is damaged by disease, it repairs itself while it works. If infection strikes and the valves begin to leak, your heart will thicken up its muscular walls to compensate for any lack of efficiency. Even while it works, its own cells select from the blood-stream the materials they need for their own nourishment and growth. Your heart will do this for perhaps seventy or eighty years without losing even a few minutes for repairs. Under the stress of some acute illness your heart will keep on working, day after day, pumping at two or three times its normal speed, to help the body to overcome some serious emergency.

In the past fifty years we have learned to control many diseases, particularly the acute infections—pneumonias and inflammatory conditions. But we have not been so successful with the degenerative diseases such as the heart troubles, vascular diseases, and the like. It is certain that our habits of life and of eating and drinking have an important bearing on these degenerative diseases.

The rate at which the heart beats, varies according to the needs of the body. Under stress of acute illness or vigorous exercise the quiet pace of the heart is speeded up, and its reserve powers are called forth and the individual

prepares, as it were, for fight or flight, whichever may be wiser at the moment. The heart of an athlete, because it has been developed by hard training and exercise, beats more slowly than the heart of the average person. In young children the heart rate is almost double that of adults. It seems that the smaller the animal, the more rapidly the heart beats. The heart of a mouse or a canary beats about a thousand times a minute. This is about seventeen times a second! Compare this with the heart of an elephant which beats only twenty-five times a minute!

Secret of smooth running.—How can we keep our heart running smoothly to meet all necessary emergencies? By good, wholesome, sensible living, according to the laws of life and health. Every organ in the body reveals the wonderful wisdom of the Divine Architect. There is nothing superfluous or unnecessary. Each organ has its own work to do, and all depend upon the heart for that stream of life that moves in and through them.

If we would really enjoy life, we must understand and obey the laws of health. It is important to know how to live so that every organ may be preserved, for it certainly pays to *be good to your heart.*—(*Good Health*, London, October 1956).

Fewer Vegetarians Suffer from Heart Disease

In the east, more people "fade away" without suffering any particular disease, than in the west. This is attributable to the fact that most Asians are vegetarian. The average annual consumption of meat per person in Asia is 2½ lb., while in the U.S.A., Argentina and Australia, it is 125 lb. per person. Heart diseases are relatively unknown among vegetarians, but forty per cent of meat eaters die of them.—(*Science Notes*).

COSMETICS AND THE SKIN

*'Mirror, Mirror on the wall
Who is the fairest of us all?'—(Snow White)*

HAD Snow White lived today she would have faced much greater competition. The wicked Queen could, with the backing of the modern cosmetic industry, have armed herself from top to toe with all the panoply of powders, creams, hair tints and waves, lipsticks and eyeshades at the top to cosmetic stockings and painted toe nails at the other end, with deodorants, breath, teeth and hand preparations, rejuvenating hormones, bath salts and powder all thrown in for good measure! Yet would she not have exhausted all the aids that modern cosmetic houses can provide?

Lipsticks.—Consist of a mixture of waxes, oils and fats. They often cause *contact dermatitis*. Patients complain of recurrent attacks of scaling or swelling of the lips with erythema and occasionally exudation. Lipsalves, used as treatment for the dry lips after an attack, may themselves irritate. A wife's lipstick may cause dermatitis in the husband! Dermatitis may follow a change of make, but allergy to the same brand used for many years may also develop. Eosin is most commonly at fault. Bromofluorescein dyes have also been incriminated. As eosin causes photosensitization, sun exposure may precipitate the inflammation. Perfumes and the coloured lakes may be irritants, but only rarely the stick constituents.
—*per se.*

Nail preparations.—These consist of liquid nail polishes and

lacquers, base or undercoats which make the lacquer less brittle, and solvents for removal of the polishes; also cuticle removers and artificial nails. Nail polishes are made of nitrocellulose lacquers, organic solvents, resins for adhesion, and plasticizers such as dibutyl-phthalate for flexibility.

Contact dermatitis usually occurs on the eye-lids, the face or the sides of the neck, *not* on the fingers. One or both eyelids may become acutely swollen and red, or streaks of irritable red scaling dermatitis occur. *Cases of anal or genital irritation and atypical eczemas in children due to contact with painted nails have been recorded*, and Madden reported the case of a woman affected by the nail polish of the woman with whom she shared a bed! Contact dermatitis resulting from the use of nail varnish to stop a ladder run in a stocking, or to paint spectacles and ornamental jewellery, can prove a pretty diagnostic problem for the dermatologist.

Shampoos, hair tonics and lacquers.—The older soap, spirit, and dry shampoos are now largely displaced by detergent shampoos, with chemical additives whose properties include degreasing, lathering, spreading, perfuming, colouring, shine, and gloss. They are supplied in powder (soapless), liquid, and cream forms. When sensitization or primary irritant dermatitis occurs, detection of the irritant substance may be most difficult. Conjunctivitis and cor-

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neal damage have followed accidental dropping of detergent shampoos into the eye.

Hair dyes and rinses.—Advice is often sought by patients with scalp disorders as to hair dyeing, and not uncommonly scalp and hair conditions are rightly or wrongly attributed to dyeing procedures and are a source of litigation. Bleaching is normally done with ammonia and hydrogen peroxide, sometimes followed by a methylene blue rinse. Brittleness of the hair may result, from repeated treatments. In general there are three classes of hair dyes:—

(a) *Vegetable dyes*, which include henna and chamomile, are innocuous and safe on their own. Bleach and alkali (sodium biborate), however, may be added to such rinses and 'compound' henna

may contain pyrogallol or copper sulphate capable of irritation and absorption-poisoning. Synthetic hennas act like the 'para' group of dyes.

(b) *Metallic dyes* include salts of lead, bismuth, silver, copper, iron, nickel, and cobalt. Copper for hair darkening is perhaps a greater hazard for hairdressers, and silver nitrate causes skin blackening.

(c) *Organic dyes* (synthetic oxidation, the 'para' group) comprise the most important range of dyes, both in use and variation: *e.g.*, paraphenylenediamine, paratolylenediamine and its compounds. Dyeing takes place in an alkaline solution by addition of oxidizing agents such as hydrogen peroxide. Actual penetration of the dye into the hair fibre occurs.—(From *The Practitioner*, London, May 1956).

(To be continued)

The Latest About Aspirin

When aspirin was first introduced it was looked upon as a remedy that had no ill-effects, and upon that reputation it has become a "best seller" and on tap throughout the civilized world. Anybody can prescribe it, and it is on sale almost everywhere, including grocers' shops. For years pharmacologists told us that it passed through the stomach without leaving any ill-effects, and every doctor felt happy in telling his patients to "take a couple of aspirins and go to bed."

Research has since shown that aspirin depresses the digestive processes, and that, in some cases, it may cause severe haemorrhage from the stomach. Figures from the U.S.A. have shown that many children were accidentally poisoned by this supposedly safe and simple remedy.

A report from the B.M.A. conference published in the *Daily Telegraph* (London), July 11, 1956, quotes a family doctor as saying that it has even more dangerous aspects. "Heavy doses of aspirin for headache or high temperature at this time of the year may lead to polio, and in paralytic form. This theory was advanced by a family doctor, Dr. G. I. Watson, of Peaslake, Surrey, at the British Medical Association Conference here to-day." He stressed that aspirin lowered the body's resistance against other virus diseases and pleaded for more research into the subject, being clearly of the opinion that aspirin was not the safe and simple remedy many people thought it to be. And then he added: "Do not dose Peter or Margaret with Aspirin if they are running a temperature at night. Sponge them down with cold water"—(Health for All, October 1956).

OUR DUTY TO OLD FOLKS

(The importance of voluntary effort)

Sir SELWYN SELWYN-CLARKE,
Medical Secretary, Society of Medical Officers of Health, London

It is the duty of everyone to give up some of his or her leisure to bringing happiness into the lives of the aged. When old people live alone, there is always a risk that they lose contact with neighbours and relatives. If they were not sociable at an earlier age, they tend to become even less so. In a minority of cases, they may end by living in a sad state of neglect and squalor, from which they no longer have the power to extricate themselves. A knowledgeable and kindly visitor can often put matters right.

In many instances it is preferable that the first visit should be made by someone with a thorough knowledge of the social services, and of the physical and mental equipment of those able and willing to continue to visit the old person, lest the task is so heavy for a particular volunteer, that he or she is discouraged from continuing. The burden, in heavy cases, can be spread among a number of willing workers by means of a rota system. Quite a number of these rather difficult cases would never arise had the signs been recognized at an earlier stage.

I expect that you are all aware already of many instances where old people are living alone, some in isolated hamlets, others at the top of multi-storey houses, without relatives, or friends, and with little or no contact with the outside world. Many of these lonely old people would give anything to see

a kindly friend or neighbour, once, twice or more often each week, to whom they could turn, unburden themselves of their troubles and anxieties and, perhaps, enjoy a gossip over a cup of tea.

As a general rule, I think it will be conceded that most old people like to remain surrounded by familiar objects in the cottage, flat, house or room where they have lived for most of their lives. It follows that it is no solution to the problem of the care of the aged to remove them to a residential home run by a voluntary body or by the local authority.

On the other hand, if an old person is beyond the stage of attending adequately to his own needs and yet is not suitable for residential home or hospital it is sometimes possible to arrange for a family to take him into their spare room as a lodger or paying guest. Alternatively, when the old person has more space in his own home than he needs, the family can move into the rooms not needed and provide food and services for him in exchange for free lodging.

Whenever possible, however, the old person will remain in his own home, and then neighbours can arrange amongst themselves to visit him daily, help him to get up, wash and dress and into a comfortable chair. Another neighbour can, perhaps, help with the cleaning of the cottage once weekly, arrange about laundry

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(especially bed linen) and do his weekly shopping.

Malnutrition continues to crop up in the aged, despite the existence of our welfare state, often the result of apathy or ignorance on the part of the old person himself.

At night time, the neighbour or voluntary worker will help the old person to get settled for the night, placing the commode handy, putting a small bowl of water, or glass of milk and a packet of biscuits, together with an electric torch or safety "nightlite" and a handbell on to the bedside table. A covered hot-water bottle for his feet, a nightcap to keep the draught from his thinning hair, and a last moment treatment of his back and pressure points with methylated spirits and talcum powder should make him comfortable for the night. If he possesses a wireless or television set, it should be possible for these to be controlled without his leaving his bed.

Aids for walking and gadgets for holding cups and cutlery are useful, especially when the person is partially paralysed.

Old people, long retired from active work but so often accustomed to doing things all their lives, are usually much happier when busily employed on something within their capacity. In my experience, it is easier to find useful work of a light nature for women than for men.

In rural districts, especially amongst an agricultural community, the lighter jobs in a garden are usually within the powers of the elderly, particularly if they

can be helped by having flower and vegetable beds dug over and manured for them.

The day may come when caring for the elderly in a family becomes almost too heavy, and then the local authorities come to the rescue with domiciliary help, or by admitting the old person into a convalescent or residential home for a few weeks, or into a long-stay hospital. This gives time for the family to have relief from the tension, and to recuperate for another spell. And here I am glad to record the fact that, contrary to the popular view, there is evidence that, for the most part, relatives of elderly people do continue to have a sense of responsibility towards them.

Unless the circumstances are exceptional, however, our aim should always be to avoid uprooting the elderly, since this may well precipitate the very physical or mental deterioration which we are so anxious to prevent.

Some of the many voluntary organizations which are greatly contributing to the well-being and happiness of old people in Great Britain are:—

The British Red Cross Society; District Nursing Association; Family Service Units; National Corporation for the Care of Old People; National Old People's Welfare Council; St. John Ambulance Association; Women's Institutes; Women's Voluntary Services.

Numerous Roman Catholic orders, Protestant and other bodies like the Salvation Army also give devoted service to the old folks. There is almost unlimited scope of the "good neighbour" type for the innumerable instances in which less organized voluntary effort is called for, and that is

where, you, Reader, and I come in! We shall find that the local health and welfare authorities are only too glad to help and guide us.—(*Health Horizon*, Summer, '56).

[NOTE:—The problem of 'Old Folks' is gradually becoming more and more acute even in India and we may soon have to tackle it in the same way that it is done in England and U.S.A.—Editor, HEALTH].

SAFETY FIRST AT THE SEASIDE

(Hints on Swimming)

Dr. JOHN GEARING, M.D.

DON'T is a discouraging but sometimes very necessary word, and here are some major "don'ts" which are emphasized by the Royal Life Saving Society.

First of all, be careful when diving into unknown waters. If you're uncertain of the water's depth why not jump in feet first? You can bend your legs if you hit the bottom but the same can't be said of your neck.

Remember, you're not impressing anybody by swimming out to sea until you're a dot on the watery horizon. Holiday-makers are probably too busy eating ice-cream to notice your futile struggles when you get into difficulties, and even if some one did see you it's going to be quite a time before help reaches you. If you're not particularly proud of your swimming prowess don't go to an abandoned part of the beach or an isolated cove to practise your limited strokes. If nobody's bathing in such a place, there's probably a reason for it. There may be overhanging cliffs, deeply shelving sea-bed, or strong undercurrents.

Never swim alone; even if you are a proficient swimmer you'll get just as much pleasure swimming parallel to the shore in your depth as in charging irresponsibly out to sea.

Don't float on your back on an inflatable rubber mattress. Wind and current can snatch you out of your depth before you realize it. And be careful when you swim after a rubber ball that has been thrown into the waves. If the tide is on the ebb, not only will the ball be continually floating farther away from the shore, but you're going to have quite a struggle to swim back with it.

If you are using under-water diving equipment this holiday, make sure that it's in perfect condition, and do keep a careful eye on youngsters playing with old motor-car inner tubes. If the tube is only lightly inflated it can sag in the middle under their weight, and the two sides fold around them holding them under the surface.

Remember that local authorities have good reasons for posting "No Bathing" warnings and hoisting red flags when the sea is too rough for swimmers. "But I'm a strong swimmer," some argue and selfishly plunge into the water, quite probably endangering the life of a rescuer as well as their own.

Cramps can attack the most expert swimmer, and if you feel it coming on don't struggle, but shout for help. Struggling only

lessens your chance of being brought to the shore.

If you want to keep cramp at bay don't bathe directly after a meal; allow the food time to be digested—about 1½ hours if possible. Do not enter the water when exhausted from vigorous exercise, when the body is hot, or cooling after perspiring, or, on the other hand, when shivering. The muscle tone is low and the shock of lowering the blood temperature may be dangerous.

You're inviting cramp, too, if you stand at the water's edge doing a lot of toe-testing before you eventually take the plunge. Neither is it advisable to bathe in the open air if after a short time in the water there is a sense of chilliness with attendant numbness of the hands and feet. This usually points to the fact that your circulation is not quite normal.

If you should accidentally run into a current while swimming don't struggle futilely against it and dissipate your energy, but swim diagonally across it in the direction of its flow.

Naturally any beach can be a danger to a non-swimmer, so it is essential to learn how to stay on top of the water. Remember if your body is to float in the water your lungs must be filled with air. When swimming you must deliberately breathe in and out, evenly, regularly, and perhaps extra-deeply. A non-swimmer

must learn to like the feel of water on his face. Practise at home with a large, deep bowl of water. Submerge the head with the eyes open if possible—breathe OUT through the mouth—lift the head and breathe IN. Repeat this until it becomes a habit.

You can keep afloat provided that you don't fight against the water. Adopt a standing position in shallow water with the body bent forward at the waist and then let the top half of your body fall forward gently on to the surface, keeping your head up, arms in front of you. Let your muscles relax, and don't tense with nervousness. The water will carry your weight, and with a small amount of movement from your legs and a sculling movement with your arms, you are water-borne.

When you want to stand up again it is absolutely unnecessary to thrash the water alternately with arms and legs, swallowing several pints of brine in the process, unless one likes doing things the difficult way. Just keep calm, and if you're floating on your back a downward movement of the legs will quickly straighten your body, and if you are on your front lift your head farther back and your legs must move down.

Never become afraid of the water—keep a calm mind—keep breathing—and you'll keep floating.—(*World Digest*, August 1956).

The Old Time Doctors were Best

We have a communication that recalls the yarn about the doctor who wrote out a prescription in his usual illegible hand. The patient got well anyhow, before he had the prescription filled. In fact, he forgot what it was. But he used it two years for a railroad pass, and twice it got him into the theatres. Finally, to cap the climax, his daughter played it out on the piano and won a scholarship to a conservatory of music!—(*Cincinnati Enquirer*).

Resuscitation of the Drowned Person

Safety First at the Seaside :

Course set by the Royal Life Saving Society

THERE have been many cases recorded where people have been brought ashore apparently drowned and have subsequently died, although, if artificial respiration had been immediately and correctly applied, it might have saved them.

Immediately you remove an apparently drowned person from the water, place him face downwards on the nearest flat surface, and loosen all tight clothing at the neck.

Lay the victim's hands one over the other and under his forehead so as to raise his nose and mouth from the sand. If possible put a handkerchief under his face. The victim should be lying on a firm surface. Now kneel on one knee and a little in front of and to the side of the patient's head, with your other heel at the side of the patient's elbow.

Your mid-line should then be in the same line as your patient's, and your extended arms should slope obliquely forward so that your hands lie on the patient's shoulder-blades and your wrists are over the spines of the shoulder-blades.

Having taken the proper position, you must begin by giving the victim's back a couple of sharp slaps between the shoulder-blades with your open hand, the wrist

being loose. This will make his tongue fall forward and cause any water to be expelled.

Your first motion must always be the expiration pressure, so that the air flowing from the lungs will immediately carry away most of the water in the large bronchial tubes and mouth.

You apply pressure by rocking your body gently forward over the victim's back until your arms almost reach the vertical. Very heavy pressure should not be used, as under normal conditions 24 lb. to 30 lb. is sufficient for an adult person.

Your next movement is to cause inspiration. To do this, lift the victim's arms by a grip near the elbow, so that the whole of the upper arm acts as a kind of lever for extending the shoulder muscles. You must not force arm-raising against strong resistance, as this movement would flatten and not expand the chest.

The Holger-Nielson-method, which is described in the preceding paragraphs, can be employed in all cases of apparent death in which artificial respiration is indicated and it can be performed for a lengthy period without extreme fatigue.—(*World Digest*, August 1956).

Our Duty to Bharath

I believe in the Union Republic of India as the government of the people, by the people, for the people, whose just powers are derived from the consent of the governed; a democracy in a republic; a sovereign nation of many sovereign states; a perfect union, one and inseparable; established upon those principles of freedom, equality, justice and humanity for which thousands of Indian patriots sacrificed their lives and fortunes. I therefore, believe it is my duty to my country to love it, to support its constitution, to obey its laws, to respect its flag, and to defend it against all enemies.—*T.N.S.R. Chari.*

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Pleasant Topics from Periodicals

29

Family Planning

The social worker stood on the doorstep of the little cottage and regarded with awe the man's swarm of children playing in the front garden. Noticing that the mother of this good still looked remarkably young, she said to the father, "Your wife must have been just girl when you married her."

"Yup. Not above sixteen," replied the man. "Good heavens!" exclaimed the social worker. Don't you think that's robbing the cradle?"

"Mebbe you'd call it robbing the cradle," chuckled the man, "but I was the one who helped put nine back in it."—(Pageant, U.S.A.).

Life's Like That

Discussing the plight of a sick playmate, our two daughters began exploring their knowledge of hospitals. Naturally they started with the hospital where they'd been born, and Jean, our youngest, included me in the conversation by asking what hospital I'd been born in.

"In those days," I explained, "not everyone went to a hospital. So I was born at home." That stopped her, but only briefly. "Oh," she said, after thinking it over for a moment. Sort of a do-it-yourself scheme, eh?"

A group of convivial Irishmen were breaking up after a grand party and began to see each other home. Eventually they arrived at Casey's house and hammered on the door.

Mrs. Casey put her head out of the window and asked what was wrong.

"Please come down, Mrs. Casey," was the reply, "and tell us which of us is Casey, so the rest of us can go home!"—(Parade, Canada).

Dieting Indeed!

A man was introduced to a circus sword-swallower. Not having seen a sword-swallower before he asked him to demonstrate his art, whereupon the fellow apparently swallowed some pins and needles.

"But," protested the man, "those aren't words; they're pins and needles."

"I know," was the reply; "I'm on a diet."—(The Log, U.S.A.).

The Better Course

Doctor to man in bed, whose room was filled with noisy youngsters:

"You need plenty of rest and quiet. I suggest you go back to work."—(The Evening News, London).

Typists should not Think?

"But I thought—" said the typist, wearily.

"It's not your business to think!" snapped the manager; "All I pay you for is to take

down what I tell you and type it. Now take this!"

Later, in the pile of letters brought for him to sign, was this:

"Dear Mr. Smith, 'Don't forget the 's.' Thinks it's aristocratic. Father was a junk-man. With regard to your letter of—look it up. Why can't the fellow use a typewriter if he can't write readably? I can quote you the following prices. *Hi, Jenks, what shall we stick on for that fellow Smith? Twenty? Thirty, you say? Right. He can afford it.* Awaiting your esteemed orders, I am truly yours. *Thank goodness that's done!*"—(Grist).

Teacher had been explaining that, in the interests of hydro-electric power, the Swedes had built enormous dams across some of their great lakes. She asked the class to write essays on the subject, summing up the chief points.

One boy reduced the whole lesson to simple proportions. Succinctly he wrote: "The Swedes have damned big lakes."—(News Chronicle, London)?

Two executives were talking about their winter holidays. "I had trouble with my wife," one man complained; "she's the type of person who is happy only in the most expensive hotels. So we had to stay at a place that charges £4 a day."

"That's rough," his friend sympathized.

"Wait," said the other. "The next day she went horseback-riding. What does she do but fall off the horse and get knocked unconscious for four weeks."

"Unconscious for four weeks!" the friend exclaimed. "Good Lord, man! What on earth did you do?"

"Moved to a cheaper hotel."—(Maclean's, Canada).

Teacher. "Annie, give the formula for water."

Annie: "Yes, Sir. H₂O."

Teacher: "Whatever are you driving at? Do you think you're in kindergarten?"

Annie: "No, Sir. You said yesterday it was 'H to O'."—(Joker, Copenhagen).

Jones was at a dinner party. He was shy and nervous, and could never summon up courage to speak because of his inability to say anything worth while.

All evening he had been trying to think of something nice to say to his hostess. At last he thought he saw his chance.

"What a small appetite you have, Mr. Jones," said his charming hostess with a smile.

"To sit next to you," he replied gallantly, "would make any man lose his appetite!"—(Banter).

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