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HEALTH

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

HEALTH

ESTD. JAN. 1923.

A Journal Devoted to Healthful Living.

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

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PROHIBITION

RUINED health, wrecked families, crime and insanity due to drink receive very little attention, but the loss of excise revenue as a result of the adoption of the policy of prohibition is an eye-sore to many. If only prohibition had not been introduced, the Government coffers would be full to the brim that the Government can undertake many a project towards the advancement of the nation, they say. Such remarks were heard in the course of the discussion on the excise demand which took place in the Madras Legislative Assembly during the third week of March. To this was added another, *viz.*, that moderate drinking will not do any harm. The use of the word 'moderation' is irrational here. You cannot speak of moderation in arson or burglary. No criminal could defend himself by saying that he set fire only to a small house or that he helped himself only moderately. There is also another aspect to be considered in dealing with this matter. The people engaged in the manufacture or sale of intoxicating drinks are bent upon making as much money as possible to get rich quick. We have not so far heard that a man who sells a bottle of whisky or toddy to a customer enjoins upon him a condition that he should take only so much a day. They are there only to make hay while the sun shines and have very little consideration for the health of their customers. The more drunk the customer, the greater are the chances of the dealer making more money. That is why experts are agreed that total prohibition is the only remedy. While that is the case even in foreign countries where drink is not considered a crime socially, it is much more so in a country where the two predominant religions enjoin abstinence upon their followers. And yet drink has increased, and therefore your *shastras*, injunctions, etc., are a failure; total prohibition will also be a failure; therefore do not throw good money. Thus argued an advocate of moderation in the course of the debate. It is not because the injunctions did not appeal to the people, but because the temptations placed in their way by an alien government with a view to make as much money as possible, morally or immorally, to spend as they pleased, were so great that they were not sufficiently strong-willed to resist it. And once they were in it, there was no limit to it, with the result that families had to starve, quarrels and crimes, even serious crimes, increased to alarming proportions. It was why the Congress placed prohibition in the forefront of its programme. If the Congress had continued in power undisturbed ever since it took office in 1937, the whole province would have gone dry by this time and the national health and wealth would have increased manyfold. But the Adviser regime, a relic of the past, which stepped in, not only did not pursue the policy laid down by

the Congress Ministry but also undid what they had done, with the result that the excise revenue which was on the border of 6 crores in the pre-war period has increased by nearly 300% within 7 or 8 years. And if we remember that this is only a tax and that the amount mulcted from the poor people addicted to this vice is many times this amount, one could easily estimate how much of national health and wealth had been lost during this short period. We are therefore glad that the Congress Ministry which has taken office in Madras has again introduced prohibition in 8 districts in 1946-47 and proposes to extend it to 8 more districts in 1947-48. H. E. the Governor, a teatotaller himself, we are glad to note, is taking a keen interest in the matter, and we understand from the reports of his tours published in the press, that whenever he visits a district in which prohibition has been introduced, he is making enquiries from the people about the effects of this measure. The replies which he has received are heartening, and we trust that the Congress Ministry in Madras will go ahead with the policy of prohibition undeterred by the pleas of the advocates of 'moderation' or by the loss of revenue, and make the Province completely dry in 1948-49. What is lost by way of excise revenue will come to the Government many fold in thousand and one ways. The only test by which any measure should be judged is whether it results in good to the greatest number of people, and since prohibition has passed that test it is the duty of the Ministry to go ahead with its policy and confer the greatest boon to the people by bringing about peace and contentment in the families.

LAUGH AND LIVE

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THERE are theories and theories about longevity, some woven from pure imagination and many others based on medical and scientific research. A woman who, in the midwest, at the age of 107, attributed her long life to wearing two petticoats was perhaps no less comic than a woman in England who believed that she had lived to 105 because she smoked a pipe. And some one may as well give his formula as honey, corn and plenty of fresh air. The simple and sure secret of enjoying best health and long life, however, is an open secret and it can be epitomised in as few as two "laugh and live".

The very idea of cares and anxieties is galling to us. Do not we usually say to others, "Wash off your cares or laugh away your anxieties." Fear and worry are continuous spasms. They contract all the capillaries and bring about the symptoms of a slow acting deadly poison and finally tend to shorten life. The bored man begins to yawn which means that the passage of blood through the lungs is encumbered. The one sound and solid principle, therefore, that every one should have in life is that it is definitely bad being bored for long and should try to laugh a lot instead. Not a single dull, morose, melancholy and gloomy person has ever reached a fanciful old age. It has been reached by only those who kept the flames of laughter burning within themselves.

Eugenists who lay emphasis on inheritance, sociologists and physicians who favour environments, nutrition experts who stress the importance of diet and psychologists who hold that the mental outlook goes a long way, all pale into insignificance before the exponents of the philosophy of laugh and live. Rightly has it been said that of all functions that affect the body and soul together, laughter is the healthiest. Laughter involves the movement of diaphragm and as such it provides an exercise to lungs, liver, stomach and spleen that lie near it. It aids digestion, circulation and purification of blood, sweating and has a refreshing effect on the strength of all the organs. And besides stimulating the different organs it creates a pleasant disposition of mind and both together are synonyms of health. Wholesome food, sleep and physical exercise without cheerfulness cannot do half the good that should come of them. A mere dose of cheerfulness can do as much, probably more, than what pounds of medicinal powders can. Who does not know from common experience that many times diseases are caught from the very thought of them. Suspicion also likewise proves fatal in innumerable cases. Concentration on our ailments accentuates our trouble and a diversion on the contrary has a recuperative effect. Laughter mingled with confidence constitutes the best form of diversion and its necessity cannot be over emphasized.

Even while living moderately in all things, work, play, food and drink—it is not possible to ignore the healthy effect of a healthy laugh. A smiling person, cheerfulness being contagious, imparts cheerfulness to others and makes not only himself but also all those who come in contact with him happy. Seriousness makes life miserable and paves the way to the grave. Rosy colour of vitality cannot be expected on the cheeks of sour and melancholy persons who are always fretting and chafing at their sorry plight. Despair only unnerves people, cripples their energies and invites death; hope infused and injected with laughter makes them vigorous and strong with pep, fire, youth and personality. Why abandon yourselves then? What is funny, tickling and mirthful should be circulated as much as possible. The world undoubtedly has enough of woe already which it is every one's duty to decrease rather than increase, for it is true that while the misery all round cannot be removed altogether it is certainly capable of being transmitted and lightened.

With laughter the discontented are apt to forget their discontentment, the depressed their depression, the miserable their misery, the angry their anger, the diseased their illness, the lost their losses and the poor their poverty. A father who smiles encourages his children, a master who smiles energizes his servants, a teacher who smiles inspires his pupils, a wife who smiles wins the love of her husband, the doctors who smile exercise a hypnotic influenee upon their patients and lead them to speedy recovery. The popularity of leaders in every walk of life is also traceable to the same origin, namely their magic smile.

Ruskin, Johnson, Helps, Carlyle, Steele and others have all been unanimous in paying rich tributes to the divine gift of laughter—the laughter of love—without which the world would be a poor place to live in indeed. "The man who cannot laugh is fit for treason, spoils and stratagem. No man who has heartily and wholly laughed can be altogether irreclaimably bad", says Carlyle. Smile dispels all gloomy thoughts, enlivens man, removes all obstacles from his path, inspires self confidence, patience and perseverance, and, in a word, it works wonders. K.V.P. has said that smile is in fact the golden key that opens the door to success. "I had rather have a fool make me merry, than experience make me sad" says Shakespeare.. Further still, "What sunshine is to flowers", Addison writes, "smiles are to humanity. They are but trifles, to be sure, but scattered along life's pathway, the good they do is inconceivable." Advocating the great tonic of laughter Ella Wheeler Hilcox has written to the same effect thus:

"Laugh and the world laughs with you,
Weep and you weep alone .....

Let us therefore laugh and live and live and laugh.

City Clean—City Beautiful!

K. P. BHAT,

Govt. Representative, Pensions Appeal Tribunal, Madras.

THE Government as well as the Corporation have been spending huge amounts with the object of making the city healthy and beautiful. But the city cannot be beautified unless it is clean. Though many schemes are undertaken to provide the city with beautiful parks, playgrounds and public conveniences it cannot put on a beautiful appearance unless the so-called ugly spots of the city are first cleaned.

Let us examine the causes of the city being so dirty,

First there is the problem of the beggars. Unless one provides them with suitable homes and the city is entirely free from beggars, and especially the lepers and the other ugly sights which we come across at every street corner and bus stands, whatever one may do in this direction will be of no avail. Secondly, there are those homeless pavement-dwellers who make the street pavements their permanent place of residence and give it a dirty appearance. Thirdly, the insanitary habits of the city dwellers themselves which is mainly responsible for the dirt and the ugly and the unclean sights which we find everywhere. Under this heading the following things may be mentioned which deserve special consideration or may I say special condemnation.

(1) It is not an uncommon sight to find even the so-called educated people trying to pass urine at every street corner or in the by-lanes even though public conveniences are built at several places. They do it as a matter of course and would untie their cloth or unbutton their pants as soon as they find a street corner or a by-lane and ease themselves without the least hesitation even though several people are passing by or watching them.

(2) The habit of the parents allowing their children to sit on the road-side and the children easing themselves on the road-side while the parents watch them from their houses.

(3) The practice of throwing rubbish and dust from the house-windows or from the verandahs of the top-floor to the road-side which some inmates of the houses do even though dustbins are provided in front of every house.

The above are only some of the instances of the insanitary habits of the city-dwellers. There are several other practices.

Though the pavements on the road-side have been constructed at several places and widened on several roads, yet the use of them seem to be not for the pedestrian but for the hawkers and beggars and others. They are mostly used by the petty hawkers displaying their wares and beggars begging for alms and at some places by the homeless to cook, and sleep and commit every kind of nuisance and at some places by the astrologers and fortune-tellers.

Though several public conveniences have been built, people are not making use of them, they would rather prefer committing nuisance on the road-side itself. What is all this due to? One answer is lack of education and proper propaganda in this direction.

More than a year ago I wrote one or two articles to the press pointing out the above defects and suggested that in addition to the authorities taking proper steps to enforce the sanitary Laws and Regulations they should also start some kind of propaganda to educate the public to observe them. But nothing seems to have been done and the city remains as dirty as ever. Cannot the city Councillors who talk a lot about the various schemes and projects to beautify the city do something by way of propaganda and education on the lines suggested above? At the same time would the Government, especially the police department, try to do something in this direction by enforcing the sanitary and public health laws and regulations strictly and thus achieve the end in view though partially? No doubt, there are big problems, especially the beggar problem and providing homes for the homeless etc. But cannot something be done in that direction while several lakhs or crores are being spent on other projects and schemes?

Preventable Blindness

Dr. M. A. KAMATH

(Continued from page 22 of Mar. '47 issue of HEALTH).

3. Two other nutritional disorders occurring in children and causing blindness or impairment of sight are,

(*a*) Certain forms of cataract occurring in young children and practically present from intra-uterine life and supposed to be associated with calcium metabolism and defective nutrition of the child while in utero. To prevent this condition the mother's diet should be carefully regulated during pregnancy and lactation. Vit. D is essential for calcium metabolism and is especially necessary during pregnancy and lactation; and can be derived from exposure to sunshine, the irradiation, as we have seen already, producing the necessary essential factors not only in animal tissues but in foodstuffs also.

(*b*) An excess of carbohydrates, such as sweets in children's dietary, generally produces what is known as the "phlyctenular condition," which often, persists long inspite of an apparent cure by proper treatment. If the cornea is affected a kind of opacity is left in that structure with possible interference with sight, not necessarily amounting to blindness.

4. The next disease of the eye, which is a fruitful source of blindness practically from the first week of birth is Ophthalmia Neonatorum, a form of acute purulent type of inflammation of the conjunctiva of the eye occurring in the newborn, due to contagion of the eyes from the purulent discharges like gonorrhœa or "whites" of the maternal genitals during the birth of the child. Col. Wright of the Madras Government Ophthalmic Hospital has collected statistics of the incidence of this disease and also of Keratomalacia mentioned above. Oph. Neon. is of course common among the new-born, but Keratomalacia is much frequent at later age; the latter condition may also be found in children and even in adults. Blindness is a very much more common sequel in Keratomalacia than in Oph. Neon.; in fact, it is much rare to lose an eye from Oph. Neon. unless the cornea is already badly damaged before the case reports to treatment.

It is a regrettable fact that even in cases attended to at birth by a qualified midwife the incidence of Oph. Neon. is appalling. This, therefore, points to the greater importance of better and more insistent teaching in connection with the prophylaxis or preventive treatment of Oph. Neon. Measures ought to be adopted in this country similar to those adopted in European countries in this respect. When the incidence in the City of Madras among cases born in special maternity institutions is so high, it is probable that the situation is much worse in the mufassil.

Fortunately gonorrhœal ophthalmia, whether in the new-born or in the adult, does not seem to be as destructive in India as in Europe. Whether this is due to the greater resistance power of the Indian to the disease or to the diminished virulence of the causative organism, it is difficult to say. Dr. Heppel, (once Venereologist of the General Hospital, Madras) is of opinion that gonorrhœal urethritis does not appear to be such a severe affection or as difficult of treatment in Madras as it is in England. His experience is, therefore, in line with that of the Ophthalmic Surgeons in Madras.

Harman estimates from a Home for Blind Children, that 50 p. c. of cases of blindness are due to Oph. Neon. Statistics of children of school-going age in England show that about 20 to 30 p. c. were due to this disease.

Though a preventable disease, there is, unfortunately, no evidence of reduction in incidence in recent years, although there is evidence of a reduction in the amount or degree of blindness caused by it; but this is due rather to more advanced methods of treatment. If trained midwives are made available to poorer classes and efficient medical aid established for all children in rural parts much of the blindness from Oph. Neon. could be prevented.

5. Smallpox is no less important in the production of blindness, which is easily preventable by timely vaccination. But some people are averse to vaccination and actually avoid it or postpone it on some pretext or other. It must be remembered that smallpox is more severe in the non-vaccinated than in the vaccinated, and that the severer the disease the greater are the chances of the eyes being affected also.

The percentage of blindness due to smallpox alone was once estimated as high as 25 p. c. of the total number of blind cases in India. But the figure is considerably less now, not only due to introduction of compulsary vaccination and lesser incidence of smallpox thereby, but also to better methods of treatment of the eye-complications of the disease.

6. Cataract—This is a disease of the crystalline lens of the eye, in which its transparent substance becomes opaque, and rays of light from external objects are prevented from passing through it and casting their image on the retina, the result being impairment of vision or varying degrees of blindness. (It is so named as it was believed that it was due to "the flow of a watery humour down into the eye," the word having been derived from Greek, katarrasso, meaning to fall down, as of water-falls).

In this article headed "preventable blindness" we are not, strictly speaking, concerned with cataract, as cataract cannot be prevented, but if properly treated should yield best sight. But in our country, unfortunately, there is the itinerant Hakim who has his own method of treating the disease; and while the surgeon "takes out" the cataract by operation and restores sight, the Hakim "couches" it by pushing it back by means of a needle or special instrument devised for the purpose; in this case the couched cataract acts as a foreign body in its new situation and produces certain untoward results, ending in several instances in slow or rapid destruction of eye-sight; so much so it is estimated that in only 10 p. c. of couched cases that sight of varying acuteness is present. 90 p. c. of the cases therefore end in blindness.

7. Trachoma or Granular Ophthalmia or Egyptian Ophthalmia, is a very chronic disease and usually ends in corneal opacity and at least partial blindness. If the disease is treated in time most of the serious complications could be avoided. It is estimated that about 3 or 4 p.c. of all cases of blindness is due to this cause.

8. Blindness may also be the result of congenital syphilis, which usually shows itself as an opaque condition of the transparent cornea, but it may affect any part of the eye, usually the choroid and the retina, and may produce blindness if not treated energetically and in time. Luckily at present we have good specifics, better than some years ago, and if the patient resorts to scientific treatment in time there need be no anxiety about the prevention of blindness. It is estimated that in Western countries more than 50 p.c. of all cases of blindness are due to syphilis, congenital or acquired.

9. Glaucoma is another condition of the eye which produces blindness. In this condition there is a considerable rise in the intraocular pressure or "tension" interfering with the nutrition of the delicate retinal structure and causing blindness. We do not know of any preventive measure against this condition, but we can prevent blindness by timely treatment.

10. Hereditary blinding diseases are best prevented by "sterilisation of the unfit," or preventing them from marrying.

Now, much of the blindness we meet with in India is certainly preventable. What is essential is the education of the masses and establishment of proper relieving measures in proper centres, and extension of the Maternity and Child-Welfare work in the rural areas. It is the duty of the State and the Public Health Department to find measures for the prevention of blindness on the lines above mentioned under the various causes.

PRAYER

I

To live to learn,
And find each close of day,
Myself a little nearer truth,
A little farther on my way.

II

A little life,
But give me God, the power,
To conquer self and all the doubts,
That rise from hour to hour,

III

And give me strength,
When problems try my soul,
To know the right and do the right,
With honesty my goal.

IV

Nor let me fail,
To do the best I can,
To overcome earth's greatest curse,
The base ingratitude of man.

I wish you well and wish you wealthy,
And better still, both happy and healthy.

RAI SAHIB DR. R. R. SHUKLA,
M.O., BIJAI NAGAR.

Free distribution of educative pamphlets, drawing attention to the importance especially of Keratomalacia, Oph. Neon. and Small-pox, and denouncing the practice of couching of Cataracts; penalising quack-treatment, especially of irritant applications to the eye and the 'couching" operation. will tend to greatly help in the reduction of "mortality among eyes."

Distribution of posters on the above subjects in Health-Week Centres, Schools and Colleges and other public places should be done. Standardised lectures on preventable blindness to senior students and teachers in Colleges and Training Schools will no doubt tend to disseminate knowledge regarding the question.

It is pointed out that propaganda work is at present being carried on in several large cities of India in this direction; and it is hoped that before long figures of blindness in our country from preventable causes would reach their minimum.

Breast Feeding As a Clinical and Social Problem

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AS this paper will deal mainly with the clinical and social aspects of breast feeding it is not proposed to discuss the anatomy of the breast and the endocrinological aspects of lactation in more detail than is germane to the issue.

The effect of suckling.—That suckling stimulates lactation has been shown in interesting animal experiments by Ingelbrecht (1935), Selye and McKeown (1934) and others. Gomez (1939, 1940) has shown that injections of both anterior and posterior pituitary extracts are needed for lactating hypophysectomised rats to raise their offspring to weaning age. Astwood (1941) suggests that prolactin (fr m the anterior pituitary) acts on the breasts and also on the ovary. Ely and Peterson (1941) have suggested that ejection of milk from the alveoli is due to oxytocin secreted reflexly by the posterior pituitary as a result of the milking or suckling stimulus.

Colostrum.—According to Ludwick, Spielman and Peterson (1941) the effect of leaving milk in the mammary gland for varying periods of time after the maximum intra-alveolar pressures had developed, was found to alter the composition of milk. Apparently as milk secretion ceases because of pressure, the milk begins to come into equilibrium with the blood. Colostrum, like milk, can be produced at any time during lactation by suspending milking for a long enough period of time. It appears that natural colostrum is the result of filling the alveoli with secretion products some time before parturition, so that partial equilibrium has been established.

The time and limitation of milk secretion.—From the experimental work of Swett (1931) and others it is clear that milk secretion is a continuous process.

A study of pressure relations to the rate of milk secretion by Tgetgel (1926), Garrison and Turner (1936) and others indciates that the rate of milk secretion decreases as the pressure in the alveoli increases due to the accumulation of milk.

As one might expect from the foregoing paragraph, there is an increase in total milk yield when cows are milked 3 times instead of twice days. For instance, Copeland (1934) found that milking Jersey cows 3 times daily resulted in an average increase of approximately 19 per cent in butter fat and 21 per cent in milk yield.

These considerations about pressure effects in milk production by increased milkings in cows leads one to doubt the general efficacy of a strict 4-hourly nursing regime often imposed on lactating mothers. The feeding of only 1 breast per feed, which means that each breast is emptied only once every 8 hours, would have similar deleterious effects on milk production.

The fact that heifers respond to thrice daily milkings better than the mature cow (Boutfleur, quoted by Espe 1938), and the fact that nursing failure is commonest in primiparae (Waller, 1943; Gunther, 1942) leads one to suggest that a 2- or 3-hourly suckling regime should be instituted for the first 8 weeks post-partum, especially in primiparæ. One mentions a period of at least 8 weeks because Waller (1943) has found that the "draught reflex" takes about this time to become established.

Nervous control-mechanism of suckling.—It is assumed that in the perfectly calm lactating animal there is a perfect balance between the sympathetic and the parasympathetic systems. Stimulation of the sympathetic system, through the liberation of adrenalin, would lead to constriction of peripheral bloodvessels and to contraction of smooth musculature not necessary to life, as, for example, the smooth musculature of the mammary glands. This would lead to a diminution of milk supply. The smooth muscle cells reported by Swanson and Turner (1941) as occurring round the mammary alveoli and the duct tissue in animals, are hypothetical in man.

When the 2 components of the autonomic nervous system are in a state of balance, the "letting down" of milk is facilitated. In cows little milk is removed for the first minute. Then there is a certain turgescence, the milk collecting ducts are said to shorten, causing the milk cistern to fill rapidly. This reaction of the udder is probably due to the liberation of oxytocin (Ely and Petersen, 1941).

A similar mechanism appears to exist in lactating women. According to Gunther (1942), when the child is put to the breast there is a latent period of a few seconds, after which there is a tense warm feeling arising in both breasts and the milk runs from the nipple. It should be noted that both breasts are stimulated, as a few drops of milk are often expelled from the breast which is not being suckled.

It should be realised that there are 2 stages to the expulsive process. When the baby takes the nipple in its mouth, both breasts are affected. This first part of the expulsive mechanism does not need the baby's presence, but it is incited by thoughts of the baby, hot or cold drinks, or the time for nursing. The second stage, affecting only 1 breast, is brought about by a nervous reflex, as has already been mentioned above.

With regard to the method by which the baby gets milk it must be stressed, as has been shown by Gunther (1942), Robinson (1943) and Waller (1943), that the milking action of the baby's tongue and jaws, and the expulsive pumping action from within the breast itself, are more important than the actual suction in causing the milk to flow.

Related to the "pumping action" of the breast, the important work of Waller (1943) should be mentioned. From a study of the content of fore- and hind-milk in the 2 breasts he has concluded that there is a pumping action also in Man. For instance, the first breast had 3·4 per cent fat in the fore-milk, 7·6 per cent in the hind-milk, while the second breast had a fat content of 4·9 per cent in the fore-milk and 6·8 per cent in the hind-milk. The sample of fore-milk in the second breast was taken a little later than the fore-milk in the first breast. Waller remarks that the experiment provides on a small scale evidence of a change in the composition of breast milk corresponding to that found in animals. This has been attributed to the rapid forcing of fat-laden milk from the alveoli down through the duct system and is a direct result of the sudden rise in the pressure.

The emotions in lactation.—A fact well known to dairy farmers is that a frightened nervous cow cannot "let down her milk." There is no reason to doubt that a similar state of affairs exists in the human.

The tense primipara, afraid of childbirth, with a tense cervix, a vivid imagination, with advice from elderly relatives, who is given a general anaesthetic to keep her quiet during labour and who is then subjected to the rigid discipline of a modern maternity hospital, with its almost mechanical air of efficiency, should be forgiven for not "letting down her milk.

She is probably worried about not being able to feed her infant, and mysterious references to "test-weighing", "so many ounces" and seeing her baby only at rare intervals, do nothing to set her mind at ease.

What probably happens is that an imbalance develops between secretion and expulsion of her milk (Waller 1943, 1945), the supply of which being sometimes cut down still more by the mother's being put on a restricted fluid diet for some days after parturition, said to decrease the chances of breast engorgement.

Often the baby is put on a 4-hourly regime right from the beginning, thus increasing the chances of milk secretion failing due to increased back pressure in alveoli and milk ducts. Consequently the "milking reflex" (Waller, 1943) for the development of which the woman should be calm and rested, is not given an opportunity of establishment Milk supply then fails. In this connection Darner and Hunter (1943) found that infants delivered of 100 mothers not disturbed by visitors at the initiation of breast feeding, more frequently regained their birth weight by the time they were discharged from hospital, and suffered a smaller initial weight loss, than did a 100 infants of mothers who had visitors. Undisturbed mothers had a more abundant supply of breast milk.

Proper health education should do a great deal to prepare women, in body as well as in mind, for childbirth and successful lactation.

Social and economic influences in lactation.—In a series of 153 women studied by Walsh and Stromme (1944) it was found that 33·4% of them had no wish to feed their infants. It is obvious that when a woman has no wish to feed her infant, that she will not do so. But in many cases, if artificial foods are not available as, for instance, in times of food scarcity, many mothers who would not have done so under normal conditions, are able to breast-feed. Debre (1945) has stated that the shortage of milk supply in Paris during the German occupation resulted in an increase in the number of nursing mothers. In one Paris district 90% of the mothers nursed their babies, compared with 38% before the war. These markedly malnourished mothers were usually unable to feed their babies for longer than 6 months. What is interesting, as there was no alternative, is that they *did* feed them.

In a recent study, Gordon (1942) found that mothers in the poorer districts tend to give up breast feeding at an earlier date than the better-off parent. In a study of a large number of mothers in the Borough of Ilford between 1920 and 1938 a decline in breast-feeding of about 14% occurred. The percentage of breast feeders was less at the Clinic than in the surrounding district. Whether the mother with a failing supply of breast milk gravitated to the Infant Welfare Centre, or whether the Centres themselves did not stress sufficiently the importance of breast feeding, is a question which could not be answered.

Within (1945) suggests that before each feed the mother should manually express a little milk in order to clear the lactiferous ducts of any occlusive substance which may have collected. This is a suggestion well worth trying. If at 1 feed the baby has not taken all the milk produced by the mother, the residual milk should also be manually expressed to prevent accumulation in the ducts and consequent back pressure.

Neale *et al.* (1942) have come to the disturbing conclusion that doctors are responsible (in Birmingham) more than any other agency, for weaning babies unnecessarily. Doctors are said to be apt to take babies off the breast whenever any difficulty arises, instead of trying to solve the problem of successful breast feeding.—*Clinical Proceedings*, Nov. '46.

(To be continued)

Topics from Medical and Health Periodicals

Nutritive value of skim milk.—According to Hutchison (*Medical Journal of Australia*, May, 1945) skim milk containing one percent. of fat and added lactic acid is of value in the following conditions and especially in the first mentioned.—(1) Diarrhœal 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.—*Med. World (1946) August 2, . 738.*

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The house fly may be eradicated.—A prediction that the housefly will be eliminated is based on an experiment conducted at Bear Mountain Inn and Bear Mountain State Park, situated on the Hudson river, above New York City. A DDT residual type of spray combined with other poisons was used, and it *destroyed* virtually all the flies in the region. The test was begun in June, 1945; Applications were made in the late spring and early fall. Dr. C. H. Curran, entomologist connected with the American Museum of Natural History, was in charge. He says that effective spraying requires a trained staff and a careful analysis of specialzied local conditions. Eradication of other disease-bearing insects would markedly diminish sickness, not to mention the savings in costs of screens and other protective materials.—*Good Health.*

●

The malaria triad.—"Conditions for ready propagation of the disease from returning military personnel prevail in most parts of the United States, even in the northern states where malaria was once endemic. The situation promises to affect many clinicians to whom malaria is an unfamiliar disease, remembered primarily for its triad of periodic chills with fever, anæmia, and splenomegaly.

"Periodic chills with fever, anæmia, and splenomegaly have been traditionally recognized and taught as the triad of malaria. Recent experience with acute cases indicates this triad no longer constitutes the key to diagnosis.

"So-called 'prodromal' complaints are sufficiently consistent to suggest the diagnosis at earlier stages of the disease. These include fever, headache, malaise, backache, and 'foul-smelling' perspiration.

"The final diagnosis still rests on finding the parasite in a blood film. Failure to consider the disease and this usually simple means of diagnosis has resulted in many errors, some fatal."—*Noehren, T. H. Ann. Int. Med.* 25:293 (August) 1946.

Rice diet helps patients with high blood pressure.—Much attention is being attracted by the report of a diet that seems to help patients with high blood pressure and kidney disease. Dr. Walter Kempner of Duke University, U. S., developed the diet and reports it. It consists solely of rice, fruit juices, sugar, *vitamins, and iron.*

Dr. Kempner's theory is that one of the kidney's functions, that of de-aminating the *amino acids of protein*, is disturbed by lowered oxygen supply, and the result is high blood pressure. The rice diet was developed to reduce the amount of protein the kidneys have to handle and thus lower the amount of harmful, abnormal substances which he believes causes the high blood pressure.

Not all patients benefit from the diet, though no ill effects from it have been seen. Blood pressures were reduced in about 60 per cent. of the patients, he said. The diet, like that for diabetics, must be prescribed individually for each patient so far as amounts of rice and the other ingredients are concerned.

One nutrition authority listening to the discussion on whether the patients would be getting dangerously little protein from the diet, pointed out that the protein in rice differs from that in other cereals.—*Oriental Watchman.*

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Nasal irritants.—Chronic nasal discharge, always disagreeable and sometimes alarming, seldom endangers health, writes Dr. A. W. Proetz in the *Annals Otology, Rhinology and Laryngology* (Vol. 54, p. 730). Nasal mucus has a protective function, and only secretions bearing irritating chemicals or virulent organisms can be harmful when swallowed. The discharge normally present in the nasopharynx may be altered in various ways. Immoderate and prolonged medication may convert a transient ailment into a chronic condition. Cocaine, phenol, menthol and eucalyptol may have this effect. Preservatives in medicinal preparations are often irritating and inflammatory. Tobacco smoke stimulates the formation of great quantities of mucus. Nasal reactions to alcoholic drinks may shut off airways and close sinus openings. The sinuses usually become normal the next day, sending out the accumulated mucus in ropes or globules. In an overheated atmosphere with low humidity, water rapidly evaporates from nasal mucus, and its increased thickness permits storing up of the discharge. Abrupt and extreme change in temperature, as well as the dust of home, highway, mine or factory, also alter the secretion. So do allergic outbreaks. Diabetes, kidney inflammation, colitis and constipation change and increase nasal secretion, either directly or as a result of circulatory congestion.—*Good Health.*

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