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HEALTH

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Edited by Dr. D. RAMA RAU and D. KRISHNA RAO, M.B.B.S

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RURAL MEDICAL RELIEF

We had fondly hoped that after the remarkable revelations made by the Bhore Committee that the villages are absolutely lacking in medical relief and that immediate and urgent attention should be devoted to this matter by bringing into force the schemes they had recommended, the Government of Madras would come forward to implement these recommendations. But the scheme of rural medical relief now announced by the Government of Madras is neither fish nor flesh or red herring. They propose to register the qualified practitioners of the indigenous systems of medicine in the villages and when such a qualified person is not available the person that the Collector of the District considers best among the non-qualified practitioners as rural *vaids* or hakims, on their paying a registration fee of Rs. 15 and a stamp duty of Re. 1/8, and with the money thereby realised they intend to afford facilities for giving professional training to the selected *vaids*, and if after this training they sit for an examination and come out successful they will be given a certificate indicating the nature of the training and the qualification obtained by them. They are not themselves prepared to give any stipend to the *vaids* or hakims selected, for the service they render to the community. It is left to the sweet will of the Panchayat or Local Board under whose jurisdiction the registered practitioner will carry on his trade.

Our readers will remember that a scheme for rural medical relief was instituted several years ago by the late the Rajah of Panagal when he was First Minister to the Government of Madras, and an annual subsidy fixed for them. But this scheme did not make much headway as the poor subsidy that the Government gave to the rural practitioner both for his personal services and for the cost of medicine he administered was considered too low to serve as an incentive to qualified practitioners to settle down in rural areas. The Hon. the Minister for Pubic Health announced the other day in the Legislative Assembly that 185 (138 + 47) rural dispensaries had been closed down for want of medical practitioners. We therefore wonder how any scheme of rural medical relief can be successfully worked out when the Government absolve themselves of all responsibility for the payment of any subsidy to the rural practitioner under their new order of things, and when they also say that the practitioner cannot claim any payment as a matter of right but should be content with what little the Panchayat concerned or, in the absence of a Panchayat, the District Board concerned shall, in its generosity, decide to give. It may be argued that the practitioner can charge fees for the service he renders and the medicines he dispenses. Wherever there are practitioners in the indigenous systems of

medicine in the villages they charge for the services they render and they will continue to render such service so long as they are popular and command the confidence of the villagers. What is the incentive for those qualified people to get themselves registered on payment of the present fee and the stamp duty when they can carry on their trade as ever before without paying the fee and the duty, especially when no prohibition is sought to be placed on their carrying on their trade without the hall mark of this recognition? We had expected that the Government would realise their responsibility to the people in this behalf and come forward with a definite and effective scheme for rural medical relief, but unfortunately they seem content with robbing PETER and paying PAUL, and absolving themselves of all responsibility in this behalf. Their so-called plan will deceive nobody, and the rural population will not be any the better for it. We very such regret that a people's government should attempt to shirk their responsibility in this light-hearted manner.

There is one other important matter to be considered in this connection. The villagers lack facilities for surgical treatment and maternity medical relief. While we do recognise that the indigenous systems of medicine are popular with the people, it will be admitted on all hands that the practitioners of these systems of medicine do not possess either the required knowledge or the capacity to treat surgical cases. In the matter of maternity relief also, they lack the requisite knowledge and experience to tackle even ordinary cases, not to speak of complicated ones. How can any scheme of rural medical relief be said to be satisfactory, or to meet the needs of the situation, when provision is not made for the treatment of surgical and maternity cases? We trust that the Hon. the Minister will plan on all-embracing lines on the basis of the scheme suggested by the Bhore Committee in their masterly and voluminous report.

Ten Causes of Poor Physique

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I AM often affected by the thought that our people are getting degenerated in physique, generation after generation. Probably our earlier generations were much more taller, stouter, stronger, healtheir, and happier and our future progeny will be possibly more degenerated unless the matter receives early and proper attention. It is indeed a pity to see a pale face, and a vigourless, ill-developed body in our youths instead of a vigorous, strong, and stout body with a rosy face. It cannot be overemphasized that only the healthy can be wealthy and happy during their short span of life. The sickly with poor physique can hardly thrive in life and they aspire for peace and happiness perhaps in vain. The following few factors are chiefly responsible for the present state of our health and every patriot should strain his every nerve to remove these ruinous causes from the country so that the health and development of the rising generation can be improved

1. **Inferiority of race in respect of physique.**—It is a common experience of all that a man or a woman usually attains his or her physique according to the race of his or her parents. The short beget the short, the tall beget the tall, and the hale beget the hale. The better forms are of greater function, and hence the strain of parents is of importance. I may perhaps mention here that Mill's distinguished four main types of physique the hypersthenic (the short and broad build), the hyposthenic (the tall and slender build) the sthenic (above average between the former two), and the asthenic (the tall and weakly build)—'Sex Education,' Bristol, p. 23, 1945. International marriage in the light of eugenics may be considered in this connection.

2. **Hereditary diseases.**—Apart from the natural inferiority of physique there may be some parental hereditary diseases and these may retard the proper growth of their offsprings. Parental taints may be avoided in certain cases by careful mating. Restriction of espousal amongst such affected people as well as thorough eradication of the transmissible disorders from the people may improve the physique of future generations.

3. **Evil effects of climate.**—It is considered that the climate of a particular region determines the distinctive attributes and characteristics of its races. It also profoundly influences the health of its inhabitants. (June, '41 issue of the *Antiseptic*). The earth has been divided into many regions having different climates and every climate has its advantages as well as disadvantages regarding the development of physique of man. People should seek their abode under the climates that are not detrimental to their health if, of course, their circumstances allow them to do so. Man is, however, considered to be remarkably acclimatised to varying climates. Detailed description of all these points is beyond the scope of this short paper.

4. **Lack of health education.**—Mass education specially on matters of health is indispensable for the improvement of health and physique of a nation. School children and also people at large should be given adequate instruction on matters of health, such as sanitation, healthful habitis, prevention of diseases etc. in schools and at some public places, respectively. Some centres which may be styled as 'health-centres can be established at different places of the country for this purpose. Various public health departments may take this work on hand under a carefully chalked out plan. Lack of health education is, to a great extent, the cause of ill health and poor physique in our country, and this must be removed.

5. **Children of diseased parents.**—Apart from hereditary defects the parents may suffer from some other acquired ailments, and conception may occur during their ill or debilitated condition. Children born of such parents are often weak and of poor physique. Continence and birth-control are the chief remedies in such conditions.

6. **Innate malformation.**—Developmental defects such as microsomia (dwarfs) microcephalia (idiots) anosteoplasia, and hydrocephalus due to causes like tumours and inflammatory processes in the cranium are the congenital causes of defective mind and poor physique. Removal of endocrine deficiency and all other disorders of the parent may decrease the percentage of such maldeveloped figures.

7. **Diseases during early childhood and adolescence.**—These are the periods of life for growth of both the body and the mind. Repeated attacks of various diseases during these age periods are usually followed by retarded physical growth and perhaps by subnormal intellectual capacity also. Certain diseases of childhood as rheumatic fever, mumps, etc. can leave their mark on the adolescent physique, and the defects thus found in adolescence cannot always be remedied. Prevention is better than cure, so, all possible preventive measures against diseases should be adopted in time in order to give the body and the mind a chance to develop normally.

8. **Errors of food, drink etc.**—Adequate and proper food, rich in

* Read before Indian Medical Association Br. Nalbare on 6-4-'47.

vitamins, fresh air, pure water etc. are absolutely necessary for the optimum growth of all types of physique. It has been proved that many disorders occur due to the lack of vitamins in food. Production of the hormones which are again indispensable for the upkeep of health and vitality, is also dependent upon the intake of plenty of vitamins. Abnormalities of growth of the body may be brought about by the anomalies of the endrocrine bodies. Fresh air and pure water are also no less important factors for health than good food. So, we should pay attention to all these points while considering the physique and health of a nation. Poverty is also often responsible for poor and sickly body of our people and all possible means should be adopted to get rid of this dangerous foe.

9. **Lack of adequate rest.**—Like food adequate rest (both mental and physical) is absolutely necessary for full growth and development of the body. During sleep, which must of course be undisturbed, both the body and the mind get rest. Sleep is the best remedy for fatigue. A man in modern times may often be subjected for his livelihood to overwork and mental anxieties which are all detrimental to health, and thus he may not have a chance to give his body and mind an adequate amount of rest. With the improvement of other conditions, as the pecuniary condition, our people may get a better fortune to enjoy proper rest and a happy life.

10. **In equilibrium between physical and mental exercise.**—Both physical exercise and mental exertion are required for proper development of the body and the mind respectively but these should never be carried to excess, and these must be kept in an equilibrium otherwise the body or the mind whichever is exercised to an excess must deteriorate soon in absence of proper application of the other. Inactivity is also followed in the same way by deterioration of physical strength and mental faculty. Lack of exercise makes the body weak, and the mind dull. So one should pay due heed to all these points when one takes some sort of exercise in order to avoid its adverse effects.

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REST AND ACTIVITY

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REST and activity, the two opposite extremes of the same phenomenon, are the staunchest pillars of health. The question of nutrition having been done, rest and activity play the most important role in the regulation of health.

Day and night, shade and light, rich and poor, heat and cold ruler and the ruled are the various examples of the phases of rest and activity, occurring constantly passes through both of these phases, and each marked event is the consummation of rest and activity.

Every man or living being work till he is fatigued and then takes res is the event, with which every bod is familiar.

A man is being born, that is h enters into activity, then he dies th is he takes rest. In short when w begin a work we enter into activit and when we finish with it, we a at rest. So, we can see that activi and rest are the mile stones of eve event in our life. The aim of th article is to prove, that the cause

ill-health or the frustration in our life, lies in the very fact that rest and activity are hampered in our task.

If a man remains idle, and he does not achieve what he wants, he really wants activity.

If a student keeps awake reading for the long hours of the night, soon gets ill, and eventually he fails, there he needs proper rest to get through.

So one can see that the equilibrium maintained between rest and activity is the key note of our health, or our success.

When a man gets out in the hot sun, he gets uncomfortable, as soon as the heat becomes unbearable, he seeks a cool resort, and then he becomes comfortable. So on a wintry day, when one is lying in a shady place, he craves to go out in the sunshine and thus maintains his equilibrium.

So when a man is sick, which is always the result of hyperactivity of tissues, he requires rest: when a man is weak, he requires activity to cure *himself*. In short, for sickness rest and for weakness exercise, should be the key word in the treatment of various ailments.

Now let us examine how this rest and activity can be obtained in our common practice in various diseases.

Diarrhœa.—It is generally the outcome of an irritating substance or substances in the alimentary canal. It is always due to either taking an indigestible article in our diet or eating normal food in excess. The common sense remedy is to stop further eating or to eat only digestible things until relieved. The medicine becomes imperative only when one cannot abstain.

Fever.—It is due to the reaction of our system to the infective organism. When a germ or infection enters our body, the mechanism of the body, mainly the plasma, produces the antibodies to kill the infective organism, and thus a fight ensues between the host and the germ. As a result of this fighting activity, the body gets heated, and we get what we call a fever. In order to give the best fight to the disease, we must stop all other activities, so that the body can produce maximum member or quantity of antibodies, and thus be able to overpower to the disease in shortest time possible. This is what is meant by complete rest.

Sometimes the infective agent is severely poisonous, and we get very high temperatures, which often kill life. In such cases, we are forced to use Quinine, Sulfa preparations, Penicillin and many cases are benefitted by their judicious uses. But we must acknowledge that rest is the paramount need in all cases. Dietetic rest is obtained by complete fasting or allowing only sugar-milk-water. Soda or such things which are badly needed by the working mechanism of the body.

Brain congestion is greatly relieved by cold packs on the head, and cramps can be relieved by massage or warm packs.

In fractures, the surgeon or the bonesetter is required to put the fractured bone in proper position. The splints and the bandages are required to hold the limb in position. But the healing is really effected by rest, or immobilization.

All injuries tend to heal by themselves. All we are required to do, is to give rest to the injured part and keep and maintain it clean, and supported.

In pulmonary tuberculosis, it is now openly acknowledged that rest if effective, is the only treatment to give cure. All medicinal measures have more or less failed to impart any calculable good, and it is the rest and rest alone, with proper manner of feeding, that gives the cure.

In functional diseases of the heart,

rest is the ideal treatment: proper rest and activity are found sufficient to cure almost all functional diseases of the heart.

Hence it will be seen that all curable diseases are cured by rest, medicine always playing the second role.

During convalescence, activity or exercise is helpful.

When cure is effected through rest only, it is always more perfect, more lasting and less expensive. In contrast when a cure is established with the help of a medicinal agent, it is always less perfect, less lasting and more expensive. The poor man gets his activity in his engagement work, while a rich man receives the same activity through exercise which at least costs time, if not money.

If cases are treated intelligently and honestly with rest and activity in their due proportion, medicine stands only a few chances to help cure. Let our science be applied with reason and honesty of purpose.

Eliminate Quacks in Homeopathy

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OF late, there has been a mushroom growth in India of so-called homeopaths. They are styled as doctors. They arrogate to themselves all the dignity that a medical licentiate, after going through the rigour of close study at a medical college for at least five years, can command. The four lettered M.B., B.S., degree pales into insignificance before their stupendous degree, often extending to more than ten capital letters. They move about flourishing a stethescope, while presumably most of them do not know its use. 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. There are non-existent homeopathic institutions which grant spurious certificates merely for payment; some adopt the face-saving device of training through correspondence prior to the grant of a certificate. As a business proposition, this, involve as it does no outlay, outstrips every other kind of business with a most lucrative return.

The amazing ignorance of such 'homeopaths' of the simplest hygenic laws is not at all to be surprised at. Their posture as a doctor, on the other hand, very often evokes nothing but great pity. Their knowledge of physiology is nil. Some of them, indeed, are highly indiscreet in their treatment and flout precautions which even a layman knows from his every day experience. The author knows of a concrete case: A 'homeopath' who claimed years of experience in this line of treatment, was handling a typhoid case of a young lady in the last summer. The patient's temperature ranged between 102 degrees and 105 degrees; chest was painfully sore; there was extreme emaciation and weakness; voice was husky and feeble. But this homeopathic enthusiast in his zeal for the system he professed to follow prohibited spunging, use of ice-cap and administration of boiled water, which are obviously so essential for a patient of this character.

Such is the shocking—nay crimina ignorance of these 'quacks'. They trade upon the credulity of Indian masses. The Sind Government has rightly issued directives to these homeopaths restraining them from styling themselves as doctors. Homeopathic remedies happen to be very cheap and by charging exorbitant prices they find their practice a very promising get rich-quick method.

The author should not be understoo to cast the slightest aspersion on homeopathy as such. The science, thanks to the genius of Hahnemann, is full of potentialities and has long proven to be a boon to the suffering humanity. Yet it offers wide scope for further development and research. In view of its cheapness it is particularly suited to a poor country like India. What is needed is State recognition of the science; establishment of homeopathic colleges with learned personnel; provision of a well-regulated course and conferment of degrees; liberal grants for research work; encouragement of papers and theses on the subject; wide publicity of its literature and periodical deliberation on the subject.

The task that should immediately engage the attention of the State is the elimination of these 'quacks.' The Government should step in by providing necessary legislation banning their nefarious trade—which in addition to bringing unmerited discredit to the system does incalculable harm to the suffering humanity—with criminal liability for breaches. This will bring about the desired purge and cleanse the otherwise dirty atmosphere for the development of Homeopathy as a science.

TEA

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History.—

A.D. 350—First mention of tea in Chinese books.
780—Chinese hand book on the subject.
1610—Introduced in Europe by Dutch East India Company.
1664—King Charles II of England presented with tea by East India Company.
1666—Tea became a fashion in Europe.
1862—World supply of tea from China.
1880—Tea cultivation in India and Ceylon.

Composition.—

(1) Water	...	5·0—8·0 %
(2) Caffeine	...	2·5 –5·0 ,,
(3) Nitrogen	...	4·75–5·5 ,,
(4) Soluble matter.		38·0–45·0 ,,
(5) Tannin	..	7·0–14·0 ,,
(6) Ash	..	5·0—5·75 ,,

Mode of action.—(1) *Theine* 2%.—The most active alkaloid; identical with caffeine; stimulant and narcotic; exerts influence chiefly on nerves and nervous system. Gives refreshing and exhilarating effect.

(2) *Tannin* 15%.—Powerful astringent; precipitates pepsin and coagulates albumen; imparts digestion; stops peristalsis; causes constipation; excessive and continued use upsets digestion; irritates gastric mucosa and produces emaciation.

(3) *Volatile oil* 4%.—Produces flavour and aroma; action similar to digitalis; produces wakefulness.

Advantages:—(1) 'Clears the mind'; (2) abolishes fatigue; (3) wakefulness; (4) causes diuresis; (5) increases capacity to muscular work; (6) extremely useful; (7) decreases reaction time; and (8) not cumulative or habit forming or after effects.

Disadvantages:— Excessive indulgence produces:—

1. *Nervous system*—(*a*) Nervousness; (*b*) tremulousness; (*c*) palpitation; (*d*) mental worry; (*e*) insomnia; (*f*) giddiness and depression; (*g*) headache; (*h*). sensory disturbances and (*i*) insanity.
2. *Digestive system.*—(*a*) Anorexia; (*b*) chronic constipation; (*c*) retards digestion; (*d*) fermentation and flatulence; and (*e*) dyspepsia.

3. *General.*—(*a*) Stimulant and intoxication; (*b*) langour and debility; (*c*) restlessness; and (*d*) muscular twitchings.

Sequelæ:—(1) Gastritis; (2) dyspepsia; (3) constipation; (4) peptic ulcer; (5) oxaluria; (6) polyuria; (7) gout; (8)extra-systoles; (9) paroxysmal tachycardia; (10) palpitation; (11) angina; (12) anæmia; (13) insomnia; (14) acne rosacea; and (15) mycotic infections.

Method of preparation:—

1. *General*—Allow water to boil fully: Pour it over the tea leaves and allow to infuse for five minutes. Then add sugar and milk to make it palatable and take hot.

2. *Medicinal*:—(*a*) *Beef tea*:—Put half a pound or a pound of rump steek, cut up into a small pieces into a covered saucepan with one pint of cold water. Let it stand by the side of the fire for 4 to 5 hours and let it then simmer gently for 2 hours. Skim well and serve.

(*b*) *Raisin tea*:—To half a pound of raisins split and stoned, add a pint of boiling water. Infuse like tea or cook the raisins and water slowly for about 2 hours. Strain and take hot or cold.

Conclusion:—In view of the above facts, it is always advisable to use tea as a beverage only when occasion demands and not as a fashion or daily habit. Taken in moderation it is refreshing and invigourating to the mental workers because it relieves fatigue and increases capacity to work. But routine use or too much addition to it should be strongly prohibited considering the seriousness of its aforesaid sequelæ.

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Meat Not Necessary for Good Nutrition

BECAUSE he is so eminently fitted for the task, Professor H. C. Sherman one of the world's leading authorities on nutrition and author of many text-books on the chemistry of food and nutrition which are used by students of home economics in our leading colleges, was borrowed by the Government from Columbia University to become chief of the bureau of Home Nutrition and Home Economics of the United States Department of Agriculture.

Professor Sherman does not regard the reduction of pork and beef with which the country is faced as a calamity but, instead, together with all other nutrition specialists who have spoken on the subject, believes it will be a great help to the health of the nation. Attention should be called to the fact that the use of pork, in addition to the harmful effects which may be expected from all meats, is fraught with still another danger, the possibility of infection with trichinae, a parasite which invades the muscles and produces intense suffering, even death.

In discussing national foods needs in *The New York Times*, Professor Sherman writes: "When as much milk is taken as is nutritionally desirable, the protein requirement of good nutrition will have been very nearly if not fully met." In addition to protein of superior quality and fat, milk supplies lactose, which helps to combat harmful bacterial digestion in the colon. Cereals and vegetables, in fact, many of the ordinary foods we eat, contain enough protein to meet the body's need for this essential element, so that the use of meat is not only a wasteful practice but a harmful one. The excess protein ingested when meat is eaten must be eliminated by the kidneys, thus placing an extra and very onerous burden upon these delicate organs which so greatly overtakes them that they wear out prematurely.—*Good Health.*

ECZEMA

Eczema, meaning "boiling out," stems from a Greek word. People thought these poisons made the skin boil and produced an eruption in trying to escape from the body

HOWARD T. BEHRMAN
and
OSCAR L. LEVIN

YEARS ago, almost any skin disease involving a patch of red, scaling, itching and weeping skin was attributed to eczema; no one knew what produced the symptoms. Accordingly, at some stage in development more than half of all skin diseases were called "eczema."

The term stems from a Greek word meaning "boiling out." It was given this meaning when people believed that diseases of the skin were outward manifestations of some internal poison. They thought that the poison, in trying to escape from the body, made the skin boil, and thus produced an eruption.

Because of this curious theory, many sufferers were not given treatment. It was feared that if the eruption were cured in one part, it would appear in another. There was also the fear that treatment might drive the poison inward, and keep it in the system. In this enlightened day and age, it seems hardly necessary for any one to state that there is no foundation whatever for such antiquated ideas.

Eczema is a common inflammation of the skin. Its symptoms are: redness, itching, small blisters, and the discharge from the skin of a fluid that stiffens linen, and tends to dry into scales and crusts. Incidentally, eczema is *not* catching.

This sounds specific enough—but, unfortunately, many other skin diseases have exactly the same symptoms. Actually, a skin disease is called eczema when it has all the features just mentioned, and is apparently caused by some unknown agent, either inside or outside the body.

For example, a man visited his physician and complained of an eruption of this type on the outside of his thigh. Without modern scientific investigation, it was classified as eczema of an unknown origin. Later, when the eruption had spread to the hands, face and neck, the patient became seriously worried. Again, he consulted a physician, this time a man specializing in diseases of the skin. The second doctor made a detailed investigation. It revealed that the patient always carried a box of matches of foreign manufacture in his trouser pocket. The box rested against his thigh at the spot where the trouble began. The doctor found that the sulfur and phosphorus mixture on the striking side of the box, and also on the match heads had an irritating effect on this particular patient's skin.

This man's reaction to these chemicals was so violent, that he would have become a hospital case, with an entire body rash, had the cause not been discovered and the matches removed from his pocket.

Another instance, also an actual case, concerned a woman who asked her physician about an itching, red rash on her hands and forearms, a type of irritation that many chemicals and substances produce. This woman did not normally come in contact with strong chemicals, soaps, or other irritants. She was the sort of woman who used her hands for holding cocktails, waving people out of her way, and playing Mah Jongg. After questioning, the doctor discovered that a friend had given her a beautiful

set of Mag Jongg tiles, made in Japan. I hasten to add that this took place before the war, at a time when anything made in Japan was not necessarily suspicious. It was finally discovered that these Japanese tiles were covered with a lacquer made from a distant relation of poison ivy! The Japanese Mah Jongg set sold well, and, as a result, many woman developed skin rashes from playing with the "poison ivy" tiles.

Neither the woman, nor the man mentioned here had eczema. If the cause of their skin eruptions had not been discovered or determined, it would have been diagnosed as eczema for want of a better explanation.

There is a lesson to be learned from these illustrations. It is of the greatest importance for patients to provide their doctors with all details of their daily lives when consulting them about skin conditions.

There are other examples of specific skin diseases.

Among these are those fellow Americans who would develop a rash on Sunday nights, after a relaxing restful day, spent with pipe, slippers, and the Sunday papers. This rash improved during the week, and flared up again on Sunday night.

"Aha, my friend." exclaims Sherlock Holmes, the dermatologist, "you're rather fond of the rotogravure sections."

"Yes—so what ?" replies our fellow American.

Well, you've guessed it! The rotogravure sections of the Sunday papers were the clue to the mystery of the Sunday night rash. The ink from which they were printed frequently contained a red dye, which is an irritant to some people's skin. The irritation took several hours to develop—if it did not, it might have been a Sunday afternoon rash.

From the foregoing examples, there are irritants that affect certain people, and not others. Likewise, there are certain substances that affect only certain parts of the body. For example, the scalp, face, and neck may react to a hair dye, or to a perfume; the forehead to hat bands, especially those recently cleaned; the ears and nose to plastic or metal eyeglass frames; and the eyelids and neck to nail polish. The latter may sound strange—but the damage is done by contact with the finger nails.

Underwear shorts may affect the thighs or abdomen. Plastic watch straps may inflame the wrists. Even, forgive me, nylon stockings *might* affect the legs!

I can hear the American housewife say: "Just give me the nylons; I'll take my chances."

And, she is right. All who anticipate their early release need not be frightened by exaggerated warnings. Ill effects from wearing nylons are infrequent. The few women who are susceptible can develop an annoying and itching eruption from wearing these stockings.

There are innumerable other instances where diagnoses could not be made until after long and detailed investigations. A baffling case was that of an attractive young woman on whose lips a severe itching and burning eruption broke out. Many tests were made, with lipsticks, cosmetics, foods, and other substances. Yet these and other procedures produced no effect. At long last the cause of the irritation was tracked down—her fiance's moustache wax!

We seem to be concerned not with what eczema is, but with what it is not. This is necessary. The importance of the cases described is that there are some diseases classified as eczema, that are due to specific agents. These agents can only be discovered by means of painstaking examinations.

The number of cases classified as eczema has been shrinking steadily. It will continue to do so as our

methods and means for ferriting out hitherto unknown causes improve.

For our purposes, eczema can now be defined more exactly. It is a skin eruption in which there are certain complex internal factors more important than the local existing cause. In other words, though there may be a local existing cause, such as a match box, Mag Jongg tile, or moustache wax—the removal of this cause, while essential, may not effect a cure. What is more, a skin irritation due to some such simple cause, may develop into an eczema. Even though you track down and remove the primary cause, the irritation process on as eczema.

Again, heredity comes into the picture. Some people are apt to develop eczema because of family tendencies. Blondes and redheads usually have sensitive skins, that are irritated by sun, wind, and other agents. Other people are susceptible to eczema because of an infection in the teeth tonsils, or sinuses. People with dry or oily skins may be predisposed to skin eruptions. People with dry skins are easily irritated by soap, and, in general, lack sufficient resistance to skin infections. There are people whose sweat glands do not function well. Consequently, they don't perspire enough to remove irritants from the skin, or cool the body.

Poor nutrition may also cause eczema. Lack of vitamins may lower skin resistance to the disease. Lack of vitamin A can cause a type of eczema complicated by pus formation. Lack of vitamin B can cause scaling of the nose and lips. Deficiency of various elements of the vitamin B family can cause a peculiar eruption on the arms and legs,

Various internal parts of the body influence the skin in the development of eczema. Among these are poorly functioning glands, such as the thyroid, and others; and upset stomachs, livers, and kidneys. Often a good doctor tracks down some unsuspected disease elsewhere in the body by following an eczema clue.

These conditions—and others—can predispose a man or woman to eczema. In other words, they are indirect causes. They are also causes directly responsible for it. Some people are hypersensitive, or allergic, to drugs or proprietary remedies which may do others good. If the hypersensitive individual takes these drugs, it may easily produce a skin disorder, or predispose him to it.

If you have a skin eruption, it may be possible that a supposedly harmless laxative, tonic, or blood purifier in your medicine chest is either the cause or part of the cause of your trouble. Perhaps you get a rash in the spring or fall of the year. You probably attribute it either to the weather or astrology. It's more likely to be caused by the insect spray or moth destroyer you use during these seasons.

Of course there are many more factors that bear on this disease, that can be briefly mentioned. Nervous also enter the picture, A period of emotional tension can produce inflammation of the skin. Does this sound farfetched? If so, reflect on what happens when you are embarrassed—your face gets red. What happens when you are nervous or excited?—your hands perspire. What happens when you're frightened?—you break out in little pimples, known as "gooseflesh." So—you see—mere thoughts and emotions do produce definite skin changes. When these thoughts and emotions take firm hold, they can also play an important role in the production of skin eruptions.

The patient, on being convinced that he has eczema, next wants to know the answer to the question that doctors here many times a day. "All right, what can you do for me?"

The answer is—a great deal. One of the first jobs is to determine the cause and to eliminate it.

Another decision the doctor must make is whether the condition is acute or chronic. If it is acute, the itching must be relieved, and the inflammation

reduced as soon as possible. Normally, the patient will be given wet dressings and soothing lotions at this stage. The doctor will urge him to avoid such irritants as soap and water. If there are any predisposing factors—such as the match box, Mah Jongg tiles, hair dyes, or hat bands—and also specific worries or digestive troubles—these must be eliminated or modified. Proper diet is important; so is proper intestinal functioning.

In chronic, or long-standing eczema, the skin becomes thick and leathargy. The irreverent medical student calls it "pigskin" or "elephant's hide." When this stage is reached, the cure becomes a long and difficult task. It is important for the doctor to study the patient minutely, to eliminate all potential irritants. Each person presents an individual problem. The doctor must decide what investigation and laboratory tests to make and the results analyzed and interpreted. Careful attention should be given to the patient's diet. The rate at which the patient's body absorbs sugar from his food must be checked. Functioning of the glands should be tested, and a search made for specific infections.

In addition to his chronic eczema if the patient has some mild skin eruption elsewhere, such as "athlete's foot" this should be treated at the same time. If not treated, it may aggravate the eczema.

A word of warning—if a local remedy is prescribed—the greatest care must be exercised in applying it. To apply it skilfully if often as important as to choose the right remedy. It is also essential to carefully follow instructions. Strong remedies require careful judgment, and you may be sure your physician has assessed your requirements.

In some cases of obstinate eruptions, X-ray treatment, administered by an expert, may produce a cure when other methods have failed.

Eczema, then, occupies a unique position in the field of dermatology. It is not only the wastebasket for all unexplained eruptions with characteristic symptoms, but it is also the keystone of skin diseases. Specialists in this subject deal with the commonest and most distressing skin disorder. If he knows how to treat this disease, you may be certain that he is able to treat most skin disorders.—*Hygeia.*

Don't Abuse Your Heart

As a preventive of diseases of the heart and arteries as well as a remedy for these conditions, no drug can take the place of emotional control, rest, and exercise. It has been demonstrated that fear and anger, both primitive and protective instincts act as poisons on the heart and blood vessels and on other parts of the body, especially the gastro-intestinal tract. These views are expressed by Dr. Emmet Keating in the *Illinois Journal of Medicine* (Vol. 88, p. 252). Coronary occlusion may in a period of stress cause the sudden death of apparently healthy men and women. Common laborers have little coronary disease. Their hard work promotes good digestion and tends to banish worry. Intellectual persons are more prone to worry than are laborers. Hobbies are a refuge from emotional strain. When old men without a hobby retire, life expectation is about two years. Early rising has several advantages. It gives time for the morning bath or shower and for a leisurely breakfast. There is no need to hurry for the train. You have the contented feeling of being on time. Rest to be really effective should be enjoyed. The best exercise for a healthy adult is that of making a living. If his occupation is sedentary, he should walk a mile three times every day. Persons who suffer from disorders of the heart usually require exercise, but to be safe it should be directed by a physician.—*Good Health.*

Breast Feeding As a Clinical and Social Problem

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(Continued from page 31 of Apr. '47 issue of HEALTH).

Paterson (1944) feels that someone should always be on the look-out to prevent engorgement of the breasts by expressing the milk by hand in order to prevent back pressure. He states that the situation will not improve until the obstetrician, the maternity nurse and the midwife also fully realise their responsibility in this direction. He goes on to say that instruction by a competent health visitor in the patient's own home would be successful in a proportion of cases. Feeding difficulties in the first few weeks of life must be taken much more seriously by the medical profession and not left entirely in the hands of the maternity nurse and health visitor.

The Birmingham Committee (Neale *et al.*, (1942) found, as might be expected that queueing for shopping, part-time work, *i.e.*, too much physical exertion and emotional disturbances such as anxiety about husbands, were adverse to breast feeding. Matters such as illegitimacy and illness in the family were likewise found by Robinson (1943) to limit breast feeding.

Food and lactation.—Ebbs (1943) states that in order to supply the food essential for normal pregnancy and lactation, in the amounts recommended by the Food and Nutrition Board of the National Research Council 1941 (United States of Ameriea) it would be necessary to provide the following foods daily in approximately the amounts specified: milk, 40 ounces; cheese, 1 ounce; butter 2 ounces; 1 egg; meat, 1 serving (liver once a week); potato, 1 serving; yellow or green leafy vegetable, such as carrots, spinach, chard, string beans or green peas, 1 serving; orange juice, 3 ounces (or equivalent); other fruits, 1 serving; whole grain or enriched bread, 4 slices; whole grain or restored cereal, 1 serving. Extra calories necessary would be provided in the other foods eaten in the daily diet according to individual needs and taste. A supplement of fish oil or its equivalent should be prescribed to provide 400 to 800 units of vitamin D per day. A good supply of fluid is necessary for keeping up the supply of milk. It is obvious that only relatively wealthy women could have access to the diet mentioned above.

Of all the dietary essentials it would appear that protein in the diet tends to increase the yield of breast milk, while a decrease lowers the quantity secreted. One has found that the addition of 1-2 ounces per day of skimmed milk powder to the diets of poor lactating mothers, often increase the milk supply.

The importance of protein in the diet of all pregnant women has been stressed by Williams (1945), McCance, Widdowson and Lehman (1942) and other workers. Garry and Wood (1946) have recently prepared a most excellent review on the human dietary requirements in pregnancy and lactation.

While a good protein intake contributes towards good lactation, any specific action of other, dietary essentials on the amount of milk produced has not been established. This does not mean that they are not important but that they probably have a qualitative rather than quantitative effect. Debre (1945) states that in conditions of severe malnutrition of mothers during the German occupation, the milk had roughly the same food value as before, except f r a slight diminution of phosphorus.

The synthesis at milk.—It is not proposed to go into any great detail about this subject, on which there is a mass of information (Petersen, 1944; Espe 1938).

While milk and blood have the same total osmotic pressure (6 6 atmospheres), it is not generally appreciated that the 2 are not in equilibrium and it may well be that the lactogenic hormones have something to do with the establishment of the forces necessary to maintain a state of non-equilibrium between them. According to Simms (quoted by Petersen, 1944), on a molar basis, the ratios of concentration in milk as compared with blood are: fat, 20; sugar, 40; potassium, 7; calcium, 14; magnesium, 4; and PO_4, 7 to 1. Blood, on the other hand, contains 2, 4 and 8 times as much protein, chlorine and sodium respectively, as does milk. None of the major constituents of milk has the same concentratioa as a similar constituent in the blood. For thn other constituents the concentrations in the blood and milk are identical.

The mammary gland therefore acts as e permeable membrane to many blood substances, while for others there is a selectivity. One can only speculate on the nature of the selective mechanism.

Maternal factors interfering with good lactation.—From a study of 1,000 lactation histories Robinson (1942) concluded that lactation as such was not affected by the following: season of the year, size of the breasts, return of menstruation, rheumatic endocarditis, simple enlargement of the thyroid, pre-eclampsia and ante-natal symptoms relieved by calcium.

Breast feeding, however, was affected by the size and character of the nipple, masculinity, obesity, morning sickness, pyelitis, severe varicose veins, breast abscesses and cracked nipples. One might assume that masculinity and obesity should be placed with the endocrine disorders.

It is interesting that masculinity was always associated with morning sickness in Robinson's investigation, suggesting an endocrine relationship between these 2 conditions. Morning sickness would also produce a state of malnutrition which would result in a deficiency of milk supply. That pyelitis and

severe varicose veins should affect milk production is not surprising.

We are left, therefore, with the conditions localized to the breasts, such as the size and character of the nipples, cracked nipples and breast abscesses. Waller (1943) found in a group of women studied by him that damage to nipples was experienced by ¾ of those who failed to continue breast feeding and in just over ⅓ in the successful group. Failure was commonest in primiparae, in whom the ratio of breast to bottle feeding was 12:26; in multiparæ, 10:4.

The higher incidence of failure in primiparæ, trauma of nipples, mastitis and breast abscesses are all related to overloading of the breasts with consequent statis, as has already been touched upon above.

As regards engorgement, only an outline of treatment can be given here. Waller (1945) stresses the importance of massage of the breasts during pregnancy from the time colostrum starts to be formed, in order to clear all obstruction to the flow of milk, by expressing the secretion.

He mentions the care given to the breasts by the Maoris in a country where, prior to European settlement, there were no animals from whom milk could be obtained for infant feeding. In regard to the primipara, "her breasts, which had received special attention during the months of her pregnancy, would have the milk flowing easily, and so the child is fed from the breasts soon after it is born. In the old days the breasts were massaged, and also the nipples, and Maori mothers never had the difficulty of the women who have come into contact with civilization. When a woman became pregnant her breasts were attended to from 3 months after, right up to the birth of the child."

With reference to the care of the nipples, Waller (1945) stresses the importance of their proper examination with a lens to see if all the duct openings are patent. He condemns the use of spirit, which hardens the nipples too much. For the last weeks he recommends the application of yellow oxide of mercury ointment. With reference to the "grotesque advice" given that nipples should be scrubbed with a nail brush in the antenatal period, Waller doubts whether any woman has ever had the fortitude to obey. He gives excellent advice on the treatment of inverted nipples and "tied" nipples.

The success of Waller's methods is shown by the fact that in 904 in patients under his care, there were only 2 cases of mild and transient mastitis. On the other hand, in a certain maternity hospital he mentions that 6·7 per cent of the women (11 out 163) developed suppurative mastitis.

Conditions in the infant which interfere with lactation.—As shown by Robinson (1943), infants do not feed properly due to illness, prematurity, mental defect or cleft palate. To this one might add infants who suffered trauma during birth. The demands of twins might be too much for the mother to meet. When the mother has been drugged during labour, the baby at times does not suckle well. This not infrequently sets in motion the train of events leading to engorgement, mastitis and factational failure.

Other rather flimsy reasons sometimes given for taking the baby off the breast are "the baby cries at night", "winds", and "constipation".

Whether true allergy to breast milk exists is a matter which needs further investigation. Breast milk intoxication, due to deficiency of thiamin is found (Fehily, 1944) and should be considered before it is decided that "the mother's milk does not agree with the baby".

The following quotation on infant feeding is from Waller (1945). He is referring to Budin the pioneer in accurate measurement in infant feeding. "In the case of every infant in his charge the amount of food actually taken was registered at every meal to see whether it corresponded with the amount needed theoretically to ensure a certain rate of growth. And I have not the slightest doubt he found that, in the early days of life, some babies required 30 to 40 minutes to obtain from the breast what they needed, and some only 10 or even 5. Nor would he have hesitated to order 7 or 8 feeds in the 24 hours if by that means better results were reached than when the number was 5 or 6. I do not gather from his writings that he ever took amounts of food for granted until the daily total and the rate of growth were proved to be so steady and secure that weighing could be safely omitted and calculations based on timing substituted. This reminder of his scientific thoroughness seems to me to be badly needed."

"Instead one finds in operation a rule applied from the outset and quite automatically that babies should be fed 5 or 6 times daily for 20 minutes at a time without the corresponding necessity to find out what happens at the feeds. A quite arbitrary choice of days is made on which the body weight is checked: the third, seventh and tenth, with test-feeds instituted for that reason. The errors arising from rules which have reduced the conduct of feeding to a mere routine of punctuality and timing are grievous enough to make Budin turn in his grave. Take, for instance, the interpretation commonly put upon test-weighing. When the difference in weight before and after a feed is registered and is found to be small, it is, in my experience, practically always taken to mean a deficiency of milk. Whereas the nurse may have done no more than to leave the baby for a certain length of time with an inexperienced mother and have no knowledge that it was asleep while it was supposed to be feeding. I have seen a child given to its mother to be fed, while the nurse, instead of being at the bedside, went off to complete some other task. Her only instruction was: "mind you watch the time and stop when the 20 minutes is up". In due course the baby was carried away again, weighed and found to have taken an 1¼ oz. of milk, after which it was put back in to the cot. Since its body weight required a feed of at least 3 ounces to bring it to the correct total for the day, I asked what was the next step, and was told the feed would be entered in the daybook and the ward sister would give orders later what supplement was needed. Returning to the mother, there was no difficulty in demonstrating that the breasts still contained far more than the baby needed. This may be a modern way of doing things, but it is also something worse than tomfoolery. Better far abolish clock, scales and daybook and return to old-fashioned methods. Then the nurse was taught to wach a baby's behaviour, and to judge by the length of its sleep, the number and character of its stools and the amount of urine it passed whether it was being nourished.

"The harm done nowadays is not confined to turning out badly trained nurses, but extends to the mothers who easily are led to believe that feeding is less an affair of technique than a sum in arithmetic, and that if their babies don't thrive at the breast when 'clocked in' and 'clocked out' like factory hands, the sooner they are fed artificially and by measure, the better. Neither realises that it is this absurd guidance by the clock which already constitutes artificial feeding; artificial because applied without understanding, it takes no account of the physiology of lactation or of the emotional side of motherhood and overlooks the baby's dependence on both if it is to thrive. I say that we must take the blame of having allowed this fragment of a scientific method to masquerade as the real thing. We must recognise that, whereas arithmetic is an invaluable aid to skilled nursing, applied in this way, it can introduce as many errors as it was designed to avoid. It leads, moreover, to a kind of slick, sham efficiency resting upon record books, charts and graphs, and all the false deductions so often drawn from them".

Conclusions.—From a study of the recent literature an attempt is made to arrive at a more scientific approach to the problem of breast feeding.

It is clear that while the endocrine glands, tha state of health of the mother, the emotional state and the diet of the mother, the health of the child and other factors mentioned are important in determining the success or not of breast feeding, current medical and nursing advice, based to a great extent on social custom rather than on scientific fact, contributes to failure of lactation in women who, by all standards, should be able to feed their infants.

The conclusion is reached that rigid adherence to 4-hourly feeding schedule, especially in the primipara, probably contributes greatly to the development of engorgement, stasis, and consequent failure of milk production. Feeding times should be adapted to the needs, physical and emotional, of the individual mother and child as has recently been stressed by Mirvish (1946). It is realised, however, that a complete "self-demand" regime is inconvenient for the modern mother. On the other hand, a baby is not a machine.

There is grest need, therefore, for more education in regard to breast feeding.

I should like to thank that Dr. H. Cablans, and the librarians of the University of the Witwatersrand Medical Library, The University of Cape Town Medical Library and the Department of Agricultural Central Library for their kind assistance in finding references.

This paper is published by permission of the Secretary for Health.—*Clinical Proceedings.*

TO-DAY'S CHILD

A mother is worried concerning the behaviour of her little boy. He is aged 7, an only child, and his father is still in the Forces, B.A.O.R. The mother says the boy is very unruly, disobedient, tells untruths and thinks little of taking small articles not belonging to him. He gives trouble to his school-teachers, shouts, and is domineering. His mother adds, "He is very healthy and strong for his age."

Psychological advice: Yes, I understand how trying your little boy must be to you, with all your present-day difficulties. We must face realities, and by accepting the facts try to adjust feelings so that nervous strain does not add to the burden.

He is at a very "difficult" age; at 7, 14, 21 (cycle of seven years) chemical and glandular development is active. All little boys at the age of 7 tend to be rebels. If weakly, they may be self-contained and moody; bowel and bladder irregularities may occur; they may be difficult over food, listless, pale, and catarrhal—lots of this is due to nervous reactions. Or such boys, lacking in animal vitality, are bookish and older than their years, and grow up narrow minded, and although "good little boys," they often become prigs, introspective, and mean characters. You can report that your little son is very healthy and strong; what a blessing. But in a little while your trial will be passed, and, D. V., your boy will be shaping for leadership, with stamina and "guts," fearless, and meaning to be somebody and to do something. Do not be anxious; those matters causing your anxiety fears regarding his character are common to cases where a father's influence is lacking. Certainly be reasonably firm with him. Stop his weekly pocket money if he has been really troublesome during the week, but tell him plainly *why* you do so. Play on his "feelings" by telling him only little babies do this or that and he is growing up a little man now. Give him some little job in the house to do regularly and don't talk *down* to him. Show firmness with due tact regarding pocket money, sweets, and toys—if he sulks, let him get over the mood alone. Do not let him see that he *can* upset you. Refuse to permit yourself to be worried. You need have no fears, I assure you. He is normal. It is not so much what he does, or does not do, that matters, as what you *think* about his ways. Avoid creating a situation *suggesting* he has power over you.—*Health for All.*

Topics from Medical and Health Periodicals

Deadly sleeping pills.—The American pharmaceutical Association urges the passage of laws inflicting a fine, or imprisonment, or both, for the possession of sleeping pills of the barbiturate class unless prescribed by a physician. These pills are sold under such names as veronal, luminal and amytal. There is already a Federal statute governing their sale, but it is not adequate since it applies only to drugs in interstate commerce. Hence, the passage of laws by the States is recommended. Twelve States now have no ordinances governing the sale of barbiturates. New Jersy recently enacted a law to prevent the refilling of prescriptions for such drugs. In 1945, twenty-nine deaths from barbiturate poisoning were reported in that State. Addiction often results in commitment to a mental hospital.—*Good Health.*

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Tomato pomace for diarrhea.—The control of diarrhea with tomato pomace is described by Dr. Lester M. Morrison of Temple University Medical School in the *American Journal of Digestive Diseases* (Vol. 23, p. 196). His observations cover over one hundred patients in a period of five years. The pomace is simply dehydrated tomato pulp. Its ttate is pleasant. A dose consists of tablespoonful, which is given every three hours. In several cases, this amount should be taken after every bowel movement. Some of the patients had up to ten or twenty stools daily. Where the diarrhea was of simple or non-organic cause, it usually ceased within twenty-four hours of treatment. This remedy was effective in cases which did not respond to ordinary medication. It promptly relieved such symptoms as heartburn, nausea, vomiting and belching.—*Good Health.*

●

Coffee and caffeine beverages may cause stomach ulcers.—The black coffee which is a favourite early morning eye-opener and the popular caffeine-containing corbonated beverages which many more take for between-meal pick-ups are bad medicine for the one out of ten in the population who have stomach ulcers or are ulcer susceptible. Excessive use of caffeine may help to cause ulcers in these susceptible persons.

Scientific evidence for this is presented by Dr. J. A. Roth, Dr. A. C. Ivy, and Dr. A. J. Atkinson of Northwestern University Medical School, U. S.

Caffeine, they found, stimulates production of strongly acid stomach juices rich in pepsin. In normal persons this stimulation of stomach acid output is abrupt but transient. In ulcer patients and those susceptible to stomach ulcer, the effect is prolonged. The difference is so marked that caffeine can be used to help diagnose stomach ulcer and to detect ulcer susceptibility. The test is made with a test meal of caffeine in water equivalent to two cups of coffee.—*Oriental Watchman.*

New ideas expressed on heredity in mental disease and defects.—New ideas on the heredity of mental disease and defect were expressed in a report by Dr. Abraham Myerson, of Boston, at the spring meeting of the American Psychiatric Association. Feeble-mindedness, he reported finding from a study of forty-seven cases, tends to be sporadic and not greatly associated with family feeble mindedness as previously held. "It is time." Doctor Myerson declared, "that the whole concept of feeble-mindedness as occurring in many members of the same group and persisting for generations was thrust into the limbo of the forgotten and misleading."

Schizophrenia, on the other hand, he believes from his study may occur in the families of at least half the patients with this serious mental disease. He found definite family mental disease in 23 per cent of the patients under his care.

Again differing from orthodox psychiatric teaching, he reported finding environmental factors much more directly responsible for epilepsy than constitutional factors.

In the depressive states he found such a large proportion of mental disease in the families of patients that he considers it a trend of great importance to the human race.

He recommended establishment of a national institute for the study of heredity in mental disease. After fifty years of compiling pertinent facts, he believes results will be obtained either justifying drastic national action to remedy the situation or showing that constitution and heredity play little or no part in causing mental disease.—*The Diplomata.*

●

New weapon against rats.—A powerful poison, one pound of which will kill three hundred thousand rats, has been developed at the National Institute of Health (*Science News Letter*, October 6, 1945). It was discovered by accident in the course of food experiments conducted by Dr. Curt P. Richter of Johns Hopkins Hospital. It is called *Antu*, a chemical with a long, involved name. Its value is greatly enhanced by the fact that it is effective almost exclusively against rats. Human beings are not harmed by it. In rats it causes fatal dropsy of the lungs. It can be blown into rat holes as dust or mixed with food. In Baltimore, it was tried on an area containing half a million people without affecting one of them. It is not entirely successful with mice. Dogs are generally protected from the poison by vomiting. Antu will be of great value wherever there is an epidemic of typhus or the plague, since both of these dread diseases are spread by rats. Annihilation of the rodents would add millions of dollers to the annual income of this country.—*Good Health.*

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