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HEALTH

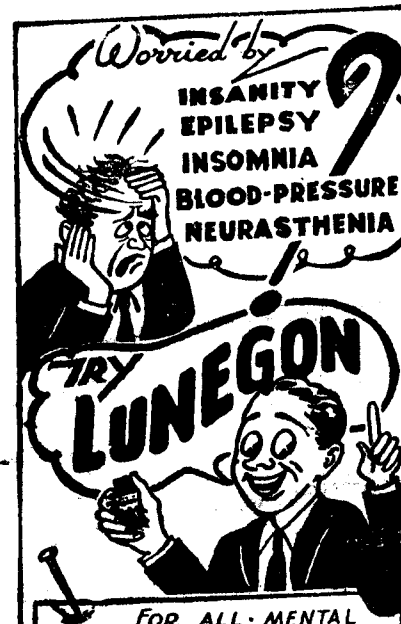


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Vol. XXV

JULY, 1947

No. 7

THE HOUSING PROBLEM

Among the many and pressing problems engaging the attention of the Government of Madras at the present moment, the first place should be assigned to that of housing. There is an acute shortage of housing accommodation in towns which have become over congested by the large influx of people from the rural areas either to carry on some business or in quest of a job to keep their body and soul together. The result of this we see everywhere. The Government have placed on the statute book a law to control rack-renting and prevent the unjust eviction of tenants. While we can appreciate what has been done so far, we cannot say that the legislation satisfies the needs of the situation. The Government are therefore planning for the construction of new houses on a large scale. This, of course, is absolutely necessary, if the present position is to be eased at least to some extent. But the problem of the suitability of many existing houses in large towns has also to be taken into consideration if the problem of public health is to be solved. It is a well-known fact that tuberculosis and some other diseases owe their origin to ill-ventilated, dingy houses, where people have to herd themselves even worse than cattle with no air, no sun-shine. Taking Madras as an example we can say without exaggeration that many houses are absolutely unfit for human habitation. It will serve no useful purpose to question how the

Corporation authorities whose duty it is according to law to see to it that houses are so constructed as to enable the people to live comfortably had allowed such rotten houses to be constructed. What is past is beyond recall, and it is our duty to take note of the existing position and see how it can be rectified. The Ministry of Health in England have forwarded to Housing Authorities the report on Standards of Fitness, prepared by a SubCommittee of the Central Housing Advisory Committee under the Chairmanship of Sir MILES MITCHELL. The Report surveys the powers and duties of local authorities in relation to unfit houses and the guidance on standards of fitness already given in the Housing Acts and elsewhere. It recommends (1) the establishment of a recognised standard of fitness and amenity by which to determine whether an existing house is satisfactory—a standard which varies in some respects from the guidance given by the Ministry in the Manual on Unfit Houses in 1919 and the Rural Housing Manual in 1938, and (2) the establishment of a revised and definite minimum standard of fitness by which to determine whether a house is unfit for human habitation—a standard which in some respects varies from the existing statutory provision contained in section 118 (4) of the Housing Act 1936. In a covering letter enclosing the report the Minister expresses his general agreement with the recommendations

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[July, 1947

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made by the Committee and desires to make such standards effective at the earliest moment practicable. But at the same time he seems to have been obsessed by the fact that if these recommendations are immediately given effect to and a large number of houses ordered to be demolished or ordered suitably, there would be a great demand for men and material for this work that the plan for the construction of new houses for the poor would be seriously affected. The Minister therefore says: "It would therefore not be appropriate to introduce at the present time legislation to put on a statutory basis the recommendations of the Committee as regard to minimum standards of houses since practical effect could not be given to it under present conditions. This recommendation will, however, be sympathetically considered when further housing legislation is introduced. In the meantime the Minister is confident that the report will be of interest and assistance to Local Authorities in considering standards, the Government have in mind to seek when it becomes possible to begin a campaign for the demolition of houses which cannot be made fit and for the improvement of houses which are capable of being made fit." Britain being a small country with limited manpower and with limited supply of materials required for the construction of houses may find it difficult to embark upon any large scale demolition or repair of existing houses without very seriously affecting their plan of construction of new houses. Secondly, conditions there are not really so bad as to justify any one in saying that unless the demolition or repair work is taken on hand immediately, the health of the people would suffer seriously. But the position in India is different. We have no dearth of man power or the materials required for this work.

Secondly, the position is so bad here that unless immediate steps are taken to effect an improvement in the present position by whatever means that might be necessary, the position would deteriorate further affecting general public health for it has been stated uncounted times by experts competent to give an opinion that the increase in the incidence of tuberculosis and other communicable diseases is not a little due to the present very unsatisfactory housing conditions. While the Government are not competent to take any steps for the improvement of housing, the Ministers for Public Health and Housing will have to check that the existing houses in the slums of the city and other important areas are thoroughly examined by competent men with a view to find out how many are unfit for human habitation and how many can be repaired and made fit for the people to live. A survey of this kind is bound to be difficult to carry out within a short time. But it is no good making a survey and pigeon-holing the report in one of the dark corners of the Government. The Ministers must have this survey undertaken with the intention to take necessary steps in the near future by the introduction of legislation if it is necessary. Then and then only would a true future be opened up to ensure the health of the people. The provision of new houses alone, even according to health standards, will not solve the problem. Many of our are air-borne, and the public health of the citizens of new colonies cannot be assured unless side by side with the establishment of these colonies, the dungeons and pigeon-holes are set right. We therefore appeal to the Ministers for Public Health and Housing to take up this matter immediately. This is a problem of life and death and can brook no further delay.

Need For

National Health Insurance in India

MAHESH PRASAD TANDON, M.A., B. Com., F.R.E.S.,

'Ganesh' Bhawan, 525, Aligarh, Allahabad.

With the advance of civilization and the rapid pace of industrialisation, the question of adopting national health insurance in India has assumed some importance. All the evils that are concomitant to industrialisation are bound to appear in protean shape and assume myriad forms for the use of machinery entails handling of persons in factories and exposes them to various risks. In certain industrial pursuits, e.g., coal mining, railways, mining and navy the risk to one's limb and life is more imminent than in others. Industrial surroundings also bring to the fore the problem of sickness. In spite of clear provisions of the law insanitary condition of factories still persists. Workmen live almost in dungeons. The quarters provided for them are, in a preponderatingly large number of cases, insanitary. All this tends to spread disease.

The most pressing problem of India is that presented by high mortality, which is perhaps the highest in the world. It is mainly due to poverty and the paucity of medical aid. There is an alarmingly large number of infantile deaths and then many others that survive grow weak and feeble because of lack of proper treatment during their formative period. By far the largest number of deaths in India are entered under the category of 'fever'. Half a million die of tuberculosis every year in this country. In Cawnpore (U.P.) itself it has been estimated that every year five thousand people die of it. It takes such a heavy toll of lives because of want of adequate facilities for early diagnosis and treatment. The infants, young or old, are all neglected simply

because medical facilities are not within their approach. What to say of villages, there is even lamentably poor medical aid in cities. The hospitals that are to be found can cater only to the needs of a fraction of the population. How woeful the state of affairs is can be gathered from the fact that in the United Provinces one hospital serves an average population of over 17,000 in urban areas and over 100,000 in rural areas. The ratio of medical men to the population is 1 to 10,000 in the province as against 1 to 1,000 in Britain. The lack of private medical aid that is available deters a man from taking its advantage because of expensiveness. The condition in villages is simply appalling. There medical facilities are almost non-existent. There are, as indicated above, virtually no hospitals. There are no qualified medical practitioners, except quacks. There is occasional virulent epidemic, specially affecting rural population having no resistance power.

Such is the magnitude of the task that a consistent effort should be made to check the increasingly high rate of mortality. To combat this growing menace it is imperative that some sort of a compulsory health insurance scheme should be enforced. This will alleviate the distress of the teeming millions of the population by making the necessary provision in that by payment of a certain amount—an infinitesimal fraction of the earning—everybody staves off the nerve-racking anxiety regarding his future.

We cannot ever remain complacent to our national health. Thousands of families experience financial catastrophe of sudden illness, which can

made by the Committee and desires to make such standards effective at the earliest moment practicable. But at the same time he seems to have been obsessed by the fact that if these recommendations are immediately given effect to and a large number of houses ordered to be demolished or altered suitably, there would be a great demand for men and materials for this work that the plan for the construction of new houses for those who have no separate home of their own would be seriously affected. The circular therefore says: "It would therefore not be appropriate to introduce at the present time legislation to put on a statutory basis the recommendations of the Committee in regard to minimum standards of fitness, since practical effect could not be given to it under present conditions. This recommendation will, however, be sympathetically considered when further housing legislation is introduced. In the meantime the Minister is confident that the report will be of interest and assistance to Local Authorities in considering standards, the Government have in mind to seek when it becomes possible to begin a campaign for the demolition of houses which cannot be made fit and for the improvement of houses which are capable of being made fit." Britain being a small country with limited man power and with limited supply of materials required for the construction of houses, may find it difficult to embark upon any large scale demolition or repair of existing houses without very seriously affecting their plan of construction of new houses. Secondly, conditions there are not really so bad as to justify any one in saying that unless the demolition or repair work is taken on hand immediately, the health of the people would suffer seriously. But the position in India is different. We have no dearth of man power or the materials required for this work.

Secondly, the position is so bad here that unless immediate steps are taken to effect an improvement in the present position by whatever means that might be necessary, the position would deteriorate further, affecting general public health; for it has been stated umpteen times by experts competent to give an opinion that the increase in the incidence of tuberculosis and other communicable diseases is not a little due to the present very unsatisfactory housing conditions. While therefore we wholeheartedly welcome any move for the construction of new houses, we would at the same time press upon the Ministers for Public Health and Housing with all the emphasis that we can command, the necessity of having the existing houses in congested areas of the city and other important towns thoroughly examined by competent men with a view to find out how many are unfit for human habitation and how many can be repaired and made fit for the people to live. A survey of this kind, it should not be difficult to carry out within a short time. But it is no good making a survey and pigeon-holing the report in one of the dark corners of the secretariat. The Ministers must have this survey undertaken with the determination to take necessary steps in this behalf even by the introduction of legislation, if it is necessary. Then and then only would a true foundation have been laid to ensure the health of the people. The provision of new houses alone, even according to health standards, will not solve the problem. Many diseases are air-borne, and the public health of the citizens of new colonies cannot be assured unless side by side with the establishment of these colonies, the dungeons and Pigeon-holes are set right. We therefore appeal to the Ministers for Public Health and Housing to take up this matter immediately. This is a problem of life and death and can brook no further delay.

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because medical facilities are not within their approach. What to say of villages, there is even lamentably poor medical aid in cities. The hospitals that are to be found can cater only to the needs of a fraction of the population. How woeful the state of affairs is can be gathered from the fact that in the United Provinces one hospital serves an average population of over 17,000 in urban areas and over 100,000 in rural areas. The ratio of medical men to the population is 1 to 10,000 in the province as against 1 to 1000 in Britain. The little private medical aid that is available deters a man from taking its advantage because of expensiveness. The condition in villages is simply appalling. There medical facilities are almost non-existent. There are, as indicated above, virtually no hospitals. There are no qualified medical practitioners, except quacks. There is occasional virulent epidemic, specially affecting rural population having no resistance power.

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We cannot ever remain complacent to our national health. Thousands of families experience financial catastrophe of sudden illness, which can

be eased or avoided by prepayment of insurance premia. The benefits of adequate care and proper treatment have been brought home to many a young man and woman while they were in military service. The tide of public opinion for better health should, therefore, grow and swell till it can no longer be resisted, for health, like education, must be the concern of the State. It is as well the duty of the medical profession to give their whole-hearted support and join the people in this great effort to broaden the base of national health.

The State should, therefore, envisage some sort of an insurance scheme in its national health programme and thus spread the cost of medical care amongst sick and well, rich and poor. This will afford an opportunity even to low-income or border-line families, whose margin between income and outgo is so thin that medical expenses are never met until illness strikes, to

ward themselves off from indebtedness that they incur on such occasions.

Thanks to the political and social momentum that has gained in the country, it is to be hoped that practical action by formulating schemes for the enforcement of national health insurance will be initiated at an early date. The State cannot be oblivious to the risk of grave harm that flows from its policy of inaction. The old individualism resting on the assumption that individual happiness was something separate from social good no longer holds true. The policy of *laissez faire* would be to-day a gospel of despair and bankruptcy of thought, unlikely to commend itself to the people for it postulates a lower standard of life for all. There is, therefore, need for fresh creative thinking on the part of the State for the successful execution of the various social schemes that may increase human happiness and prosperity.

"Arthur Saxon—Prodigy of Strength"

LGR. S. NATARAJAN,
157, Telugu Brahmin's Street, Coimbatore.

MUCH has been hitherto written about weight-lifters, boxers, and wrestlers in journals both from here and abroad. But never have I noticed a detailed article about this prodigy of strength and dexterity. To a student of physical culture, although India has not shown much progress in this, it would certainly be interesting to go into the deeper roots of things, viz. of how physical culture could contribute so much to the fine making of a personality like Arthur Saxon. It is only with this fond hope of spreading a knowledge about such exponents of physical culture, that I now start writing this article, thereby bringing to light some new facts. No doubt the anti-weight-lifted school does not consider weight-lifting to be a true test

of strength. Whatever may be the view, weight-lifting by itself is quite a different art and must be viewed only by that angle. And an ardent practitioner of that art should naturally be recognised for technique strength and force. Henning by name he was a German stoneman. Arthur Saxon was only nineteen when he made friends with Arno and another German who well teemed Saxon, that today in the history of physical culture, Saxon stands unbeaten.

Forming a trio.—As is common in any field, the two physical culture enthusiasts who first joined Saxon, have left him consequent on Saxon's attainment of fame and that too at such an early age. This however was followed by another change, for, Curt and

Herman brothers of Arthur Saxon have joined him forming thereby a famous inimitable Trio, which stands to day as an inspiration to all physical culture fans.

Outstanding feats of strength.—One of the most outstanding feats of strength of Arthur Saxon was, what is called, a right hand Bent-Press. Many an account of lifts indeed credit him with between 330 lbs. and 400 lbs. his best lift performed officially in his native land and many other stupendous feats of strength combined with force and agility. One such remarkable feat done unofficially with a sum total of 376 lbs., goes to contribute to the enormous physical strength of his. Arthur Saxon used to hold a ring weight of 56 lbs. in his left hand same being stretched long and holding aloft in his right hand another ring weight of 55 lbs. on which his brother Herman weighing 165 lbs. used to seat himself holding a ring weight of 100 lbs. total being 376 lbs. a really marvellous feat which can hardly be duplicated today by anyone even by German professionals much less by others.

A sensation.—And soon a sensation consequent on the disclosure by Herman that Saxon never lifted a ring

weight of 112 lbs. was created. Really it meant that Saxon never used to lift such weights, but used only to curl such weights. In other words, it meant, that, for Saxon such weights are absolutely nothing, for it is evident, he could handle them very easily as he may toss-weight less ones. And now a funny tale it is!

Others combined.—And now the Olympics figure before me with its participants in the iron game. Included in this list may be the best French bets viz., Charles Rigoulot, Cyr. Appolon and the Austrians Swoboda or Steinback and the Germans the veritable Joseph Manger Rudolph Ismayer and Wagner and the Americans Warren Lincoln and Travis and now the second string of lifters viz, the moderns, Herman Goerner, the German South African and Ronald Walker of Wakefield and Kadher El. Tuny of Egypt, Barathan of India and Zaw Weik of Burma. Here every one of them has his own laurels for their magnificent performance, whether it be style or technique, strength or dexterity. Any way a performance of these bets have to be viewed only in the light of what things appear to be at present and taking at the same time the environments mainly into consideration.

SCABIES AMONG THE WELL-WASHED

SIDNEY FRIEDENBERG, M.D., Camden, N.J.

THE smug assumption that scabies is a disease limited to the great unwashed needs to be revised. It may be found among clean and dainty private patients too. Indeed, since my return from service, I have found that this disease is more common in office practice and that its manifestations are more likely to be atypical than was the case a few years ago. This increase, in part at least, may be due to the return of soldiers from Europe harboring unsuspected guests who have come uninvited for an American dinner.

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ner. Frequently these men have taken a prescribed course of treatment for scabies and have been pronounced cured.

The perspiring skin is a perfect invitation to the ubiquitous parasite. I have seen two U.S.O. hostesses whose only contact with soldiers has been through dancing. With modern dancing, contact points are not limited to the hands.

The symptoms of scabies may not be "typical" among Americans habituated to frequent baths with soap

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and hot water, both rare European luxuries at present. Always suspicious in the history is severe nocturnal itching. Only a few scattered vesicles or papules may reward the search. A reddened papule on the penis may be the only diagnostic sign. Secondary infection and impetigo are common only in the child. Impetigo of a child's buttocks is to be considered scabies until proved otherwise. Obscure cases may be clarified by a search between the webs of the fingers or any part of the body for two adjoining vesicles. The examiner should then look with a hand lens: finding of a zig-zag burrow between two adjoining vesicles clinches the diagnosis and obviates the necessity of tests to determine the cause of a pruritis.

Treatment.—Secondary infection should be treated first. Boric acid solution soaks locally and sulfathiazole in full doses orally are satisfactory if there is any evidence of toxicity or spreading infection. Despite the fact that the lesions are not yet clean, treatment for scabies should be begun after forty-eight hours.

The treatment of choice, in my experience, is 25 per cent emulsion of benzyl benzoate. Several pharmaceutical houses have recently offered preparations such as Zylate (Upjohn), Scabenate (Hart), and Emulsion of Benzyl Benzoate (Burroughs Wellcome). The latter preparation was the one used overseas. The newer ones claim more efficiency, but any preparation is efficient if used properly. The dry skin should be treated with an ointment or emulsions.

Three applications of 25 per cent benzyl benzoate emulsion should be made within twenty-four hours, the treatment being preceded and followed by a thorough bath. All clothing previously worn should be boiled or drycleaned, although no one as far as I know has ever found the *scabiei* in clothing or blankets. Every authority

incriminates them, however. Blankets may be aired in the sunlight.

Adults should apply the lotion from the chin down. Males should not omit the genitalia.

Patients should be warned that if the emulsion seems to irritate or if redness of the skin appears, no more treatment should be undertaken for the time being. Some skins are especially sensitive to benzyl benzoate and it must be used with caution. Even 10 per cent is often irritating to a baby's skin, and, therefore, the baby had best be treated with sulfur ointment in one-to-four strength. The ointment must be applied to the face and scalp of babies.

Itching often persists after the parasite has been eradicated. A soothing lotion may be prescribed following the treatment course. If the skin is dry, an ointment such as the following is recommended.

R Phenol 0.40
Menthol 0.03
Hydrophilic ointment (N J F) 60.0

If success does not follow the first course of treatment it is not wise to try and try again. Overtreatment dermatitis is the most frequent complication of scabies. Wait and attempt to soothe both the skin and the patient. At least ten days should pass before another course of either benzyl benzoate or sulfur is tried.

If after apparent success a new crop of vesicles appears, there are two things to do. *First*, the lesions should be painted with compound tincture of benzoin which is a soothing mild scabicide; *second*, each member of the family should be inspected for a possible source; an apparent innocent member may be the home grounds of the *acarid scabiei*.

Urticaria, not so common in the young, is occasionally seen some six weeks after the onset. This is probably a sensitization phenomenon. Benadryl, 50 milligrams, four times a day, is of aid.

Your Children's Eyes

A SMALL boy's report card is responsible for this story that has a happy ending because of a successful eye operation. My son, Jack, and I had gone to the eye doctor to have Jack's eyes tested before he was fitted for new glasses. A visit that had been planned for a routine examination culminated in our leaving that office with a worrisome letter of admission to the nearest hospital. Jack needed an immediate eye operation.

Jack is the youngest of our three children and we think he is wonderful. Imagine the blow it was to us to receive his first grade report card with its three red marks and these neatly written words: "John is lazy and indifferent!" No parents could ever be more irate.

After the indignant fumings subsided, we tried to figure it out, I knew Jack's teacher. The two older children had been in her class and I was certain that she hadn't made a comment of that kind without reason.

I listed as objectively as possible all the words that would describe Jack. I weighed his actions under various circumstances, I considered his responses to various situations, ruling out as much mother prejudice as I could. Some things were in Jack's favor, many were not. He was a restless child, concentrated poorly, was untidy about a lot of things and mischievous and forgetful. Not a flattering list. I knew too that he was eager, enthusiastic and co-operative. Lazy and indifferent didn't fit into the picture. I decided to go to the school and find out about Jack's classroom behavior. I am glad now that I did.

Reading, it seemed, was one of the first grade's main activities. At that

"All cases of cross eyes can be corrected if the patient and his parents cooperate completely," wellknown eye specialist has stated

ADELINE BULLOCK

time Jack acted his worst. He was restless, bored and indifferent. He didn't even pretend to keep his place after his turn to read was over. He would gaze unconcernedly and blissfully out of the window or look hopefully about the room for a little trouble he could get into. That's what it seemed like to the teacher. "Lazy, indifferent." It seemed that the teacher was right.

I talked with Jack about it, even scolded him. He didn't know why he did it. He liked books and stories at home. Then the stories we read together were read mostly by me and they went along at a swifter pace than those in the first grade reader. Perhaps this was the reason, I thought. I kept a closer observation of Jack for I wasn't fully satisfied then with that solution.

Soon I noticed that he was squinting his right eye a lot. Was this a new mannerism he was acquiring? Was it a habit he had gotten into? Or did he do it to see better? I inquired at the school about his vision test. I knew our school gave a thorough test with the telebinocular machine.

"Everything seemed normal at the time he was tested," the school nurse told me. "But the little ones are difficult to test," she added, which immediately left room for doubt as to the accuracy of the results.

"Perhaps it would be best to consult an eye specialist," she advised. That seemed like the sensible thing to do, for the eye doctor, with the use of drops, would

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be able to get a true picture of what these only eyes of Jack's really were seeing. Here I found the answer.

The doctor discovered that a not too serious farsightedness existed; but the real trouble was a "latent or borderline case of cross eyes." I was appalled! Fortunately most cases of cross eyes are obvious. Some, like Jack's, are not. Specialists say that cross eyes are more prevalent than even medical doctors realize. The economic loss to the nation as well as to the individual from blindness resulting from neglected or uncorrected cross eyes is a serious and pitiful one, because cross eyes can be corrected.

Jack's "turn" in the right eye was making it impossible for the two eyes to focus together. He saw everything double; one vision was clear, the other blurred. The squinting that I had noticed was a natural attempt to screen out, or "suppress," as the doctor put it, the blurred vision leaving one clear picture. The longer he continued doing this, the farther the eye would have turned and complete blindness from disuse would have resulted. A lucky thing for us that his teacher had criticized him! How glad we were that we had looked into it!

"Jack's been under a terrific strain," the doctor told me. "An adult's muscles couldn't do what his have been doing. Only because he is a young, healthy child whose muscles have excellent tone, has he endured it this long."

"Then this condition may be causing his reading difficulty too?" I asked.

"Definitely!" he assured me. "It would be impossible for him to focus those eyes on any close object for more than a few seconds at a time. The strain becomes so great that he unconsciously seeks escape or relief by looking at some distant object—the horizon, perhaps."

I thought of the teacher's words: "When his turn to read is over, he loses interest and gazes out of the window." Lazy! Indifferent! No wonder!

The doctor first prescribed glasses, hoping their use in conjunction with exercise and "patch wearing" over the good eye would strengthen the poor one. The first year or so there was an improvement, evidenced more in his behavior than anywhere else. You see, he was no longer under such a terrific strain so the behavior resulting from that strain was eliminated. For a time the eye condition must have been more or less at a standstill. Last year it became worse. The cross was becoming obvious. In Jack's case, glasses couldn't do it. Only as a last resort did the doctor decide to operate. I knew nothing about eye operations, of course. The thought of a mere man, eye specialist or not, operating on my child's eye made me weak. I was scared! I pictured all sorts of awful methods necessary to do the trick on Jack's eyes. Imagination was playing havoc with my common sense. I wanted Jack to be calm and confident and here I was speedily working myself into a froth. I decided to ask the doctor a few more questions about what he would actually do. Facts, I knew, were always better for me than the products of my own imagination.

It was a simple procedure, he told me. A clean, small incision along the conjunctiva, a speedy adjustment of the faulty muscle and tendon and it would be over. It is a delicate operation, like all eye surgery, and the doctor certainly was well trained in his work. But it is not necessarily a dangerous one.

"Complications from muscle operations are rare," he assured me. I felt and acted better.

I talked calmly then with Jack. I gave him some idea as to what he

might expect by way of preparation—enemas and things. I thought that if he was like me he wouldn't like surprise attacks but would want to know what was going to happen to him.

"Holy cow!" was his only reply when he learned about the enemas and he returned to the radio program he was listening to. It was as simple as that to 11 year old Jack.

Thirty minutes from the time he went into the operating room he was back in his hospital bed, sleeping quietly, color good, the worst over. The eye was completely bandaged with a black patch over the dressing to eliminate any possibility of light filtering through.

He was groggy that day but by evening he was quite himself. He had fruit juice and gingerale and was amazingly comfortable. He didn't even need a "pill" that night; he slept soundly until morning. In fact he suffered no pain at any time. The only discomfort he had was from the itchiness of the adhesive that held the dressing in place.

Next day we brought him home. "The dressing can be changed at my office every second day," the doctor told me. "Everything is fine!"

Jack had three dressings that first week. One week from the day of operation, he wore no dressing at all—just a pair of good sun glasses. In three weeks' time he was fitted with new glasses and was back in school. When we return to the doctor again in three months it is quite possible

that he won't need glasses at all. That in itself is not important. It's that we know now that he will never be handicapped in seeing, by his appearance, in undesirable personality quirks or economically because of cross eyes. This alone gives a parent a gloriously thankful feeling. Jack is a different person. It's as though he knows he can hold his head up and look squarely at a person. There's nothing to hide or be ashamed of.

I sigh fearfully when I think how close I came to not mustering the courage to have this simple operation performed and how I almost believed the foolish tales about children outgrowing cross eyes and how rarely operations help—all because I hadn't learned the facts.

No doubt our experience has made my husband and me eye conscious. We have noticed so many young people with a condition similar to Jack's. We feel an almost unconquerable urge to speak to them or their parents on the street, on the subways, anywhere to tell them how simple, successful and totally worthwhile present day surgery of this kind is!

Dr. Luther C. Peter, wellknown eye specialist, says this: "One can reassure parents that all cases of cross eyes can be corrected, but it requires their heartiest co-operation and a willingness to put aside their prejudices and lay ideas."

Surely then, no one needs to go through life crosseyed!

BACKACHE OF NERVOUS ORIGIN

Many people suffer from backache. Often it comes from nervous tension. Major Morgan Sargent, M.D., studied this complaint in a large Army convalescent hospital (*New England Journal of Medicine*, Vol. 234, p. 427). He found that in only four per cent of the cases was there a definite organic cause for it. In some soldiers with combat fatigue, this symptom seemed to serve as a by-pass for other neurotic manifestations, like nervousness, insomnia, tension, irritability and depression.

They were not likely to be greatly troubled with these symptoms if they had backache. In most instances, however, the difficulty was due to muscular tension as a result of nervous tension. Pain was intermittent. Relief could be obtained by alleviating the basic nervous condition. Sometimes an explanation of the cause of the discomfort would soon be followed by a considerable decrease in the symptoms.—*Good Health*.

WHAT TO DO FOR

ECZEMA

ECZEMA comes from two Greek words, *ek* meaning out, and *zeo* boil, and literally implies a boiling-out of some toxin or poison trying to escape from the body. In the light of more recent knowledge about this troublesome complaint, this interpretation is not strictly accurate. Eczema does not necessarily mean that there are poisons seeking release, but it does mean that its basic causes are to be found within the body rather than on the surface.

Eczema is a common inflammation of the skin. It is not infectious, but it is physically disfiguring and psychologically embarrassing. It causes redness, itching, and small blisters. There is a discharge that tends to dry into crusts or scales. If it is not checked but allowed to persist for some time, the skin tends to thicken and become leathery.

It is important to distinguish eczema from other forms of skin inflammation particularly those caused by external irritants. The distinction may be made by the fact that where a skin inflammation caused by an irritant or allergen will clear up when the irritant is found and eliminated, eczema does not heal, although an external irritant may have aggravated it.

Eczema is a form of skin eruption in which internal factors are at the root of its cause. These factors may differ according to the individual. In planning a regimen for new health in the case of eczema, we must therefore cover all points known to have an influence in its cure. To some extent, heredity plays a part; some people are more susceptible to eczema than others because of inherited tendencies. People with very dry or very oily skins are also predisposed to skin

S. B. WHITEHEAD, D. Sc.

trouble, including eczema. The skin of fair people is usually more sensitive than that of dark, both to internal changes and to external irritants.

Eczema may also arise where the sweat glands are not active enough, or where there is toxic infection in the teeth, tonsils, or sinuses. It follows that no single line of treatment is effective in every case. We have to map out a course of action which will restore the body as a whole to healthful functioning, mirrored in a clear, supple, and good skin. Here it is:

1. *Balance the diet with the emphasis on vitamins and minerals*:—One kind of eczema is definitely attributable to a lack of vitamin A; another in which the nose and face are involved, to a lack of vitamin B₁; while the vitamin B complex is also concerned in eruptions peculiar to the arms and legs. Acidity is also a predisposing cause of eczema, and needs to be corrected by the inclusion of the alkaline-forming minerals in the diet.

In practice, this means that each day's menu should include at least one serving of fresh fruit, one salad of fresh vegetables, one serving of potatoes or roots, one serving of a leafy green vegetable, the full ration of dairy foods (butter, milk, cheese), and a sufficiency of whole-wheat bread or cereal foods. Where there is a suspected lack of vitamin B, a yeast concentrate should be used regularly.

2. *Drink fruit juices often*:—Citrus juices, especially lemon, and grape juice, especially of the black grapes, alkalizing and beneficial to skin action. They are preferable to tea, coffee, or cocoa. Lemonade is very useful as an alternative, hot or cold.

3. *Local treatment*:—Relief from itching, etc., can usually be best obtained by wet dressings—compresses wrung out in warm to which a spoonful of bicarbonate of soda has been added. Blood soothing lotions may also be used.

4. *Avoid harsh soaps*:—Soap and water is often irritating to an eczematous condition. If the skin is dry, it is better to cleanse it with a cotton wool pad dipped in vegetable oil or cold cream. If the skin is oily, a pad of fine oatmeal in muslin may be found helpful used with a patting motion.

5. *Check constipation*:—Proper intestinal activity is important. If there is constipation it should be corrected by means of (a) colon douching, (b) properly balanced diet, (c) regular cells, (d) natural posture at stool.

6. *Exercise regularly*:—Exercise is necessary to keep the internal organs

functioning efficiently as well as to keep the skin and muscles well toned. The type needed is free, rhythmic, and relaxing, such as the walk out of doors and the stretching and bending movements indoors.

7. *Take sun baths*:—Ultra-violet irradiation is often dramatically effective in the cure of chronic cases. The sun baths should be taken under skilled supervision or under a medical prescription. Ultra-violet light is not only a specific tonic to the skin, but stimulatory to the whole body in its functioning.

8. *Take air baths*:—Mild air impinging on the bare skin has a tonic effect. It lowers blood pressure, relaxes the nerves, and stimulates the skin. These reactions are helpful in eczema, and the practice of airing the body for ten to fifteen minutes in the air of a warm bedroom each day is cumulative in its effects.

Important Food-Stuffs Commonly used in India

Wheat: The grain is made up of endosperm, 1.5 parts of embryo or the germ, and the rest is the pericarp or outer layers. Its constituents are about 69% carbohydrates (chiefly starch in a form which is easily digested, and is sold in the bazar as white flour), 11% protein, 1.2% fat, 1.7% ash, 2.6% cellulose and 14.5% water. Inorganic salts, combined phosphorus and vitamins are also present. In the process of manufacturing wheat flour, germ, pericarp and integuments are removed, and discarded, only the fine powder from the endosperm is retained, and sold as wheat flour. Hence, much of the protein and all of the fat, mineral salts and vitamins and cellulose are lost to human consumption.

The loss of this embryo and bran-protein is serious in that they are relatively of higher biological value resembling more closely the active proteins of animal tissues. They are richer in nutritionally essential amino-acids; while the proteins Gliadin and Glutelin of the wheat flour are effectually transformed into body proteins without these essential amino-acids. The loss of vitamins and inorganic salts is a severe setback, and this deficiency of wheat flour can only be made good by a judicious selection of supplementary, probably more expensive, food materials. The loss of crude fibre of bran robs the intestines of a beneficial laxative.

Health, July '47]

Thus the whole wheat flour has all the constituents of the whole grain. It is, however, deficient in calcium, iron sodium, and potassium, but these can be easily replaced.

White flour contains appreciable amounts of anti-neuritic factor (B_1) of the vitamin (B), the deficiency of the other factor of this vitamin can be rectified by adding yeast. 3.5% yeast is sufficient for equalling vitamin B of the whole wheat flour. The nutritive value of the white flour may further be increased by the addition of whole milk in its preparations.

Whole wheat flour, much less white flour, by itself is not a complete food. It is suitably constituted to preserve health, but is insufficient for growth. An abundant supply of vitamin A and B is necessary for the utilization of diets containing large proportion of fat. These vitamins are supplied by the whole wheat flour which is therefore beneficial with a fatty diet, but white flour, which contains these vitamins in insufficient amounts, is no help.

Rice: is highly nutritious, easily digested (because of minute size of the starch, grains and delicacy of their cell walls) hence of great benefit to invalids who cannot take starchy vegetables, almost completely assimilated, and (properly prepared) very palatable. It is absorbed chiefly in the intestines and very little residue reaches the colon.

Uncooked "white" rice contains nearly 88% of nutrients—8% protein, 79% carbohydrates and very little fat. "Whole" or "Brown" rice has 2% fat. Thus rice as an exclusive food is very unsatisfactory, being poor in protein and fat, but this deficiency could be easily remedied by consuming it with milk, meat, fish or soya-bean cheese. The removal of the outer layers of the rice-seed robs it of vitamins, some nutrients of flavour, and makes

it very poor indeed. When rice is spoken of as being the staple food, very nutritious, it should always be remembered that it is a rice that has been once milled only, the outer, uneatable husk alone being removed.

Juar: (Jowar, the Indian or Great Millet) is cultivated throughout India since very remote times. The chief provinces in order of importance are Bombay, Madras, Berar, the United Provinces and the Punjab. Juar constitutes the chief food of the working class, the white variety being the most highly prized. Juar is ground into flour and made into bread or porridge. This is the usual form in which it is eaten. Juar contains nearly 12.5% moisture, 9.3% proteins, 2.0% oil, 72.3% soluble carbohydrates, and 1.7% mineral salts, and 2.2% cellulose.

Bajra or the Bulrush Millet is grown to a less extent than Juar, its cultivation comprises extensive tracts in Northern, Western and Southern India. The grain is chiefly used by the lower classes of India and in many parts it is their staple food. The flour, made into cakes or bread with buttermilk, is considered more nutritious than rice. In Khandesh, it is often eaten with butter and various condiments. It contains on an average 8.79% moisture, 5.33% oil, 9.52% proteins, 73.52% soluble carbohydrates, 0.78% woody fibre, 1.73% soluble mineral matter, 0.35% sand and silica; total nitrogen 1.61% and albuminoid nitrogen 1.51%.

Maize: (Indian corn) is grown mainly in Bengal, Agra, Punjab, Oudh, the North-West Frontier, the Central Provinces and Bombay. It is a most valuable food, very nutritious and easily digestible. Maize is lower in protein than wheat but is fully equal in that respect to other grains and it surpasses many in the proportion of oil. It does not make a good loaf-bread as wheat because of its smaller proportion of gliadin, but otherwise

its use as a food ranks very high. Its main food component, starch, is of excellent quality. The fear of pellagra as a result of maize eating may be entirely dismissed. Pellagra is largely the penalty of an inadequately balanced diet and not of any toxic property of maize.

The grain may be divided into the germ (the oil part), the endosperm (the body of the kernel, consisting principally of starch and some gluten), and the husk or bran. It contains on an average 10.8% moisture, 10.0% proteins, 4.3% oil, 71.4% starch, 2.0% cellulose and 1.5% mineral salts.

In Bengal, the ground meal is eaten as porridge; but the green cobs are extensively eaten after being roasted or boiled. The germ of grain yields a valuable oil, maize oil, which can be used as a salad oil.

General:—Cereals form a group of foods containing considerable amount of starch and an amount of protein that is at least above the average for food materials in common use. For adequate diets reasonable amounts of other kinds of food should be used. For a diet which meets all the nutritive needs of the body, any of the cereals must be supplemented by meat or other flesh foods, milk and its products, eggs, vegetables, fruits. Some of these foods supplement the proteins of the cereals which are not of a kind to meet all the needs of the body for protein, and some supply mineral matter and vitamins in which the cereals are lacking. Cereals are wholesome foods, and one kind of grain is about as easily digested as another by normal persons.

Cereals contain from 7 to 16% protein, 70 to 80% carbohydrates and 1 to 7% fat and furnish 1600 to 1800 calories of energy per pound. Skin or bran have mineral substances needed by the body, some protein and vitamin B, and also cellulose which helps to counteract constipation.

The germ contains oil and vitamin A, and the endosperm contains starch.

Milk and dairy products.—Milk is the most complete food available for man. Its proteins are perfect for building new cells and repairing worn-out tissues. It contains fat and sugar which serve as a source of heat and energy for muscular activity. It contains calcium, phosphorus, iron and traces of other minerals which have a regulatory effect and enter into the composition of the body, especially the bones and teeth. It contains most of the vitamins essential for healthy growth, lack of any of these vitamins weakens the body and makes it susceptible to infectious diseases.

After the buffalo and the cow, the goat is the most important milk giving animal. The sheep is so used in some districts of the Punjab. The milk of the ass is also used.

Cow's milk contains on an average 4% fat, 33% casein and albumin 4.6% milk sugar, (lactose) and about 0.7% mineral matter. Buffalo's milk contains on an average 6% fat, 4.5% casein and albumin, 4.7% milk sugar (lactose) and about 0.7% mineral matter.

Cow's milk is superior to buffalo's and is really more helpful to children and invalids. The protein and salts in cow's milk are easier of digestion and assimilation, and the fat-content just sufficient to digest the protein. Cow's fat is to be preferred, being softer and easily emulsifiable in the system. Hard fat causes sluggishness in the liver and thus helps the growth of intestinal troubles. Cow's fat being more fluid has decidedly more vitamin contents; also, the synthesizing property of the cow puts her on a higher level in the manufacture and storage of vitamins and makes her milk the richest source of vitamins under the sun. Cow's milk

has enzymes which help digestion and help to eliminate poisons from the human system.

Milk, despite its high value, is not the "perfect" food for an active adult. Milk as an exclusive diet (modified by bicarb, barley-water or lime water) is almost completely absorbed by babies; it is, however, under the same conditions, not as well assimilated by the adult as when consumed with other foods.

Mawa is made by evaporating milk or milk and sugar over a slow fire with stirring.

Dahi is coagulated or thick sour milk. It is made by boiling milk, cooling to about 95°F. and pouring into a vessel to the sides of which dahi from a previous lot is applied and allowing to remain till set (usually overnight) in a lukewarm place. Sugar may be added to taste.

If the 'dahi' after setting sufficiently hard is poured in cloth and allowed to drain completely, it forms *matha* (a sort of cheese).

If the 'dahi' in the soft condition is beaten with water and salt added to taste, it forms *chhas* or 'acidophilus' milk. It is a therapeutic agent and health beverage and contains a large quantity of B acidophilus. It combats intestinal disorders and suppresses intestinal purification by changing the intestinal flora.

Cream is obtained by passing milk through a separator, the other product being *skimmed milk*. Cream is not pure fat, but really whole milk with a very large percentage of fat. It contains some water, some protein, some mineral matter and most of the fat-soluble vitamin A. Skimmed milk is whole milk with most of the fat removed. It contains protein, milk sugar, mineral matter, water-soluble vitamin B and some fat. Skimmed milk helps to build bone, blood and muscle like whole milk,

and supplies lime so necessary for the formation of bone and teeth.

Butter: in villages is made by churning 'dahi', but in towns by churning sour cream, obtained from milk by separator. Butter contains 70-80% fat containing fat-soluble vitamin A. No other fat, save cod-liver oil and, to some extent, beef suet, supplies this growth essential. Butter is a safeguard against respiratory infections, particularly colds, for both children and adults.

Ghee: or butter fat is made by heating butter to remove water, and filtered to remove precipitated casein and salts. Too much or too little heating will spoil ghee, hence manufacture of ghee is an art. The vitamin B loss depends upon temperature and time. Ghee or butter fat is more easily assimilated than any of the other animal fats. Dr. E. V. McCollum by experimentally feeding animals of the same species and of the same age on purified diets which differed only in the form of fat given found that "growth" could be secured only when the fat in the mixture was butter fat, whereas no growth could be secured when the butter fat was replaced by lard, olive oil or other vegetable fats." Dr. Sherman of Columbia University says, "There is no substitute for butter fat."

Cheese in India is usually prepared by boiling milk and adding to it lime juice or a vegetable rennet. After a time the milk coagulates. Salt is sometimes added for salty taste. The curdled milk is poured on cloth and the whey drained away, leaving in the cloth soft or cream cheese. It is very rich in protein, fat, minerals and vitamins. It is a concentrated protein or muscle-forming food and could be used in place of meat or fish and in combination with vegetables or cereals. It is as easily and completely digested as egg or meat.

Ground-nut meal:—Ground-nut cultivation is extensive in India, especially in Bombay and Madras Presidencies. The following are the compositions of ground-nut and ground-nut cake:—

	Ground-nut pts.	Ground-nut cake pts.
Water	7.5	9.8
Protein	27.5	44.5
Fat (arachis oil)	44.5	5.5
Carbohydrate	15.7	23.8
Fibre	2.2	5.2
Ash	2.5	7.5

Ground-nut cake, i.e., cake remaining after removal of oil by cold pressing, is a cheap and efficient source of nitrogenous material, the proteins. These proteins are particularly effective in supplementing the poor man's cereal diet which is markedly deficient in the basic amino acids. The proteins in wheat and barley are sufficient to promote growth though sufficient for body nutriment and are lacking in lysine. Maize and other cereals are inefficient even for maintaining body weight and are lacking in tryptophane. For proper nourishment and growth, the proteins must have these amino acids. It is these proteins that make meat a valuable food. The ground-nut cake besides having a high percentage of protein contains lysine in good quantity and makes it a valuable food. By adding ground-nut meal to wheat flour or other cereals we can add these missing bodybuilders. Ground-nut meal protein is, however, deficient in tryptophane. This deficiency can easily be remedied by adding dried milk (casein) in certain proportions. The following mixture is very good as a body builder. It keeps well even in moist season.

Wheat flour	...	63
Ground-nut flour	...	31
Dried milk (casein)	...	14
Soda ear.	...	2

Such a mixture was used by the Germans for long time.

Nutritive value of foods.

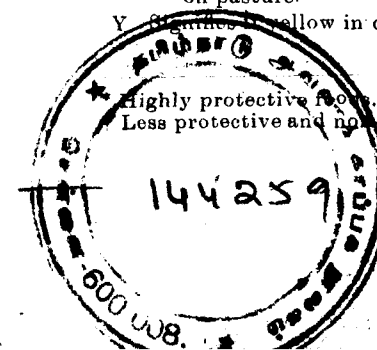
Food	Good Protein	Minerals	Vitamins			
			A	B	C	D
Milk	xx	xxx	x	x	xθ	xθ
Cheese	xx	xx	x	x	—	—
Eggs (E)	xx	xx	x	xx	—	xx
Liver (E)	xx	xx	x	xx	—	x
Fat Fish (Herring etc.) (E)*	x	—	x	x	—	xx
Green vegetables, salads	x	xxx	x	x	xx	—
Raw fruit, fruit juices	—	—	xy	x	xx	—
Butter (E)	—	—	x	—	—	θ
Cod Liver Oil	—	—	xxx	—	—	xxx
Yeast	x	x	—	xx	—	x
Meat (muscle)	x	—	—	x	L	—
Root vegetables, tubers	—	—	xy	x	xxx	—
Legumes (dry peas, lentils) †	—	—	—	x	—	—
Cereals, bread whole meal (E)	x	—	L	x	—	—
Cereals, bread (white) (E)	—	—	—	—	—	—
Cereals, rice (polished) (E)	—	—	—	—	—	—
Nuts	L	—	—	xx	—	—
Sugar, Jam, Honey (E)	—	—	—	—	—	—
Margarine, Olive oil and other vegetable oils (E)	—	—	—	—	—	—

E Foods of high energy or calorie Value
 XXX Signifies very rich.
 XX Signifies rich.
 X Signifies present.
 L Signifies present in small amount or (or traces).
 — Signifies absent.
 θ Signifies in summer, when the cows are on pasture.

Y Signifies yellow in colour.

— Med. Bull.

Highly protective foods.
 Less protective and non-protective foods.



Topics from Medical and Health Periodicals

A remarkable bean.—Dr. John Harvey Kellogg in the columns of *Good Health* and elsewhere, for many years, called attention to the remarkable properties of the soybean. He was one of the first persons to advocate its use as a food for human beings. Cultivation of this legume spread gradually in this country until the second World War, when the acreage devoted to it increased enormously. As fats were very much needed, the Government encouraged the planting of this legume, paying a subsidy to producers. This subsidy will be discontinued at the end of 1946, but experts believe that large crops of these beans will be grown just the same. The soybean contains more protein and fat than does meat, and in sprouted form supplies vitamin A in abundance. The remnant left after the extraction of oil is an excellent feed for stock. It is also used in industry in many ways.—*Good Health*.

Objective measurement of fatigue.—A test to evaluate weakness and fatigue in patients with anxiety and neurasthenic psychoneurosis is described by Van Amberg. The patient is instructed to hold his arms extended to the side, shoulder high, for seven minutes. He is considered capable of average effort if shoulder ache fails to develop in two minutes; if tremors do not appear in the arms before three minutes, in the fingers before four minutes and in the thighs before five minutes; and if evident struggle is not present before five minutes; if he can endure the exercise the full seven minutes.—*Osney Med.* 1:363 (1946).—*Jour. Med. Soc. N. S.*, Mar. '47.

Tuberculosis of hip joint.—Dr. L. A. Key (*The Medical Press*, December 4, 1946) states that a history of the development of monoarticular stiffness which is gradually followed by pain and a limp, is significant of the onset of some form of subacute arthritis, of which the most likely cause is a tuberculous infection. Tuberculous disease may be confused with Perthes's disease, which is most frequently met with at the age of about ten years. There is very little muscular wasting. There is limitation of rotation and abduction, but the movements in other directions of usually a good range although diminished. In cases of tuberculosis of the hip joint there is marked limitation of movement in every direction. Moreover, the X-ray appearances presented by cases of Perthes's disease are quite characteristic.—*Medical World*.

The effect of smoking.

In the February issue you mention that tobacco has a bad effect on health. I have found that to be true. I have been smoking about 1 oz. a week, and recently I developed a twitching of legs on going to bed. I reasoned that this was a nerve trouble, and gave up tobacco. On the third day the twitching ceased. I think tea drinking also means nerve trouble. About ten years ago I had great trouble with my eyes, which treatment failed to improve, and I then

gave up tea drinking and tobacco, and after a month my eyes were better. I am 75 years of age, and my eyes are troubling me again. I have tea on two days only per week, and smoke about 1 oz. tobacco a week. Would this small allowance of tea and tobacco be the cause of the weak eyes?—"Tobacco" (Herts).

You seem to have proved quite clearly that in your case tea and tobacco, even in small amounts, do not suit you, so that I think you would be wise to omit them. I believe that a very great deal of ill-health is due to the widespread, and nearly universal, habit of smoking, superimposed on a deficient diet. If the diet were sound, the smoking would not be so harmful, and if one did not smoke, even a deficient diet would not be so harmful, and if one did not smoke, even a deficient diet would not be so hard on the nerves. The two together, however, produce a state of nervous exhaustion and nerve tension that can be the despair of the sufferer. Doctors are apt to be misled and to describe this malaise to the war. All sufferers from nervous twitchings in bed should cut out all smoking, and revise their diet to include a large amount of raw vegetables daily and they should substitute whole wheat bread for white bread. Even people living in "digs" should be able to do something on these lines.—*Health for All*, April, '46.

Smaller families.—A direct connection seems to exist between the invention and manufacture of new and more efficient farm machinery and our birth rate. In the war years, agricultural production increased despite the fact that the number of persons engaged in farming decreased. Increased use of mechanical devices was responsible for the difference. It is clear that a larger and larger amount of labor will be replaced by implements. One reason for this change is high wages; another is the efficiency and variety of inventions offered. An ingenious new device will set out three thousand tomato plants an hour, doing the work of eighteen men or more. The cotton picking machine is finally a success and will displace many human hands. As a result of these remarkable inventions, thousands will be compelled to leave the farms to earn a livelihood in towns and cities. This will result in a marked decline in the birth rate. Among white people in 1940, the ratio of children to farm women was more than sixty per cent above that of women of small towns, and more than 120 per cent above that of women of cities of half a million or more. An important factor in population growth has been the greater fertility of the poorer classes. In 1935, fertility rates varied from 82.1 for the income group below \$1,000 a year to 31.1 for the group of \$3,000 a year or more. But between 1910 and 1935, the relative differences between the fertility rates of upper and lower occupational levels were reduced more than one half.—*Good Health*.

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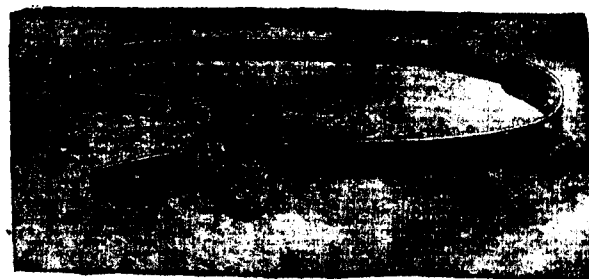
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