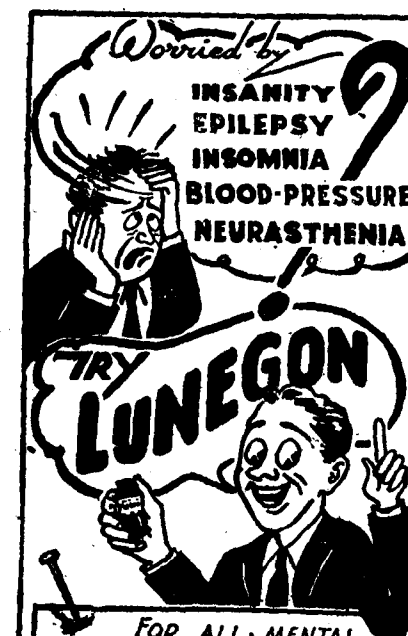


HEALTH

ESTD. 1923

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



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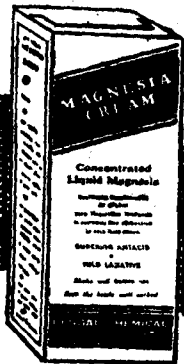
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AUGUST, 1947

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Here and There

COMPARISONS are odious, they say.

It is much more so when the practically poor facilities for medical relief provided for in this country are compared with those made available in advanced countries in the West. Not only are facilities provided there for the treatment of every kind of disease—and their number is legion thanks to the so-called advance in civilisation—but every attempt is made to go into the root causes of each and every disease and take steps to eradicate it by carrying on intensive research into its origin, growth and development. Let us take the heart disease which is responsible for deaths on a larger scale than by wars. An instrument for making mass surveys to detect heart diseases has been, we are told by the *Good Health*, developed by the United States Public Health Service. The muscular movements of the heart, we are informed, are observed on a fluorescent screen and converted into light impulses by means of a photoelectric cell. This mechanical device won a prize at the meeting of the American Medical Association in San Francisco in 1946. It is true that this mechanism could not displace the familiar electro-cardiograph, but certainly it would supplement it.

Compared with the advances and improvements made in the West, especially in the United States of America, we can say without fear of

being accused of exaggeration that India is yet in a primitive stage. The vital statistics cannot be said to be accurate, and even if the numbers of deaths are properly reported and correctly recorded, the entries regarding the causes of deaths are, in nine cases out of ten, absolutely wrong and misleading, that we are not in a position to accurately estimate the causes of the deaths that occur in this land. In the United States of America, it has been estimated, as a result of the National Heart Week Survey, that the victims of cardiac trouble number about 3,700,000, i.e., one person in twenty is affected. In the late war 325,000 of the American forces were killed; and in the same period the casualties from heart disease were more than 2,000,000. One of two deaths after fifty-five is attributed to this cause. In the age group ten to fifteen years, the mortality from this disorder was greater than that from any other malady. Many thousands are, in addition, more or less disabled by the disease. Dr. HOWARD A. RUSK says that the manifestations "are frequently complicated by physical, emotional, social and economic maladjustments."

What are the forms in which the malady manifests itself? Broadly speaking, there are three forms. The congenital form must naturally come first. Not much is possible by way of prevention, since chance rules largely

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here. Second, comes the form caused by infection, including rheumatic fever, syphilis and other maladies. Medical science has, of course, done much for this group of cases, but there still remains much that can be done. The spread of knowledge on the preventive and curative sides could go a great way to lessen the evil. The last but not the least is the degenerative form, and herein lies the greatest opportunity to prolong life. Dr. RUSK is of opinion that the condition is aggravated by overwork, overweight and overworry. He also quotes another authority as saying that the "victims of degenerative heart disease are the successful failures. They pay for the inward satisfaction of accomplishment with the priceless coin of shortened years."

Overwork is blamed largely for this kind of malady. The gravest responsibility is fixed by Dr. RUSK on obesity. The medical evidence is overwhelming in its favour. We need not dilate at any great length on the disadvantages of obesity. We see it, we experience it in our every day life. And obesity is not a malady which cannot be minimised by diet restriction and regular exercise. Dr. JOHN HARVEY KILLOGG has, with his experience with tens of thousands of cases, found out that factors of wrong living, such as over-eating, indulgence in alcohol, tobacco, various drugs or late hours, contribute largely to heart affection. Smoking affects the pulse rate and blood pressure. Daily indulgence in many cigarettes over a period of years is only too likely to affect the heart, although some individuals seem to be able to endure a daily dose of poison for a long period of time. A "No-tobacco" campaign on a

nation-wide scale is suggested by *Good Health* as a necessary accompaniment to a National Heart Week. If such a campaign is found necessary in a country long addicted to this habit, how much more so it is necessary in India where the practice is unfortunately growing of late as a result of the so-called contact with western civilisation, needs no elaboration. But when even the elementary facilities for medical relief are lacking here, and when the vital statistics are hopelessly wrong and inaccurate both as regards the total number of deaths and the causes that have contributed to it, it is too much to expect of the Government to inaugurate a National Heart Week or carry on mass surveys. But it must be said that unless and until the Governments in this country place themselves on a par with other advanced countries in these matters, the health of the nation cannot be assured, and till the health of the people is assured India cannot attain that prosperity in every sphere which alone can place it in a position of equality with other nations in the world. The attainment of independence for India, truncated though the country had become, might no doubt raise the country in the estimation of other nations, but until and unless the Governments adopt effective measures speedily to ensure the health of the nation it cannot maintain that status and position for long. Therefore any expenditure incurred in this behalf is only an investment which would bring forth good dividends in various ways, and we appeal to the Government of India and the Provincial Governments, in spite of all the present troubles and tribulations, to take effective measures in this behalf.

The Pros and Cons of Prohibition

DR. KRISHNA KUMAR,
5, Chah Chand, Allahabad.

WHATEVER little the Congress Ministers have been able to achieve during the short periods they have been in office now and in the past is nothing short of remarkable in the sense that it has aroused an underlying hope in the hearts of the people and has given them a glimpse of the Bharajya that is to be. Amongst the hundred and one reforms it has also occurred to them to prohibit the sale of liquors for ordinary drink purposes excepting strictly for medicinal requirements.

Prohibition can be conveniently compared to *Purdah*! By prohibition wine is kept away from people at a place which is not easily accessible and rouses as much curiosity as does *Purdah* in youth when members of the fair sex are kept hidden. Investigations show that many people owe their drinking habit to prohibition.

The prohibition experiment was first of all carried on in the Salem District of Madras, the home district of Mr. C. Rajagopalchariar, in 1937 though the idea originated in India as early as in 1921. Later on it was adopted in other provinces as well. In the United Provinces alone at present over half a dozen districts have gone dry.

In ordinary life, our humdrum existence, it is said that the gain of one is the loss of the other. Contrary, however, is the case here. Is not the gain of one the gain of the other also? Is not the gain of an individual in terms of health, happiness, success and savings also the gain of the nation, the Congress, the Government? Certainly, it is.

Alcohol is not necessary for man's living as the drunkards erroneously

labour under. It is neither a food nor a mental stimulant. Doctors who do not believe in prohibition are clearly in the wrong. Drinking as such cannot be justified on medical grounds for all but those addicted to it can do without it. It is at once an intoxicant which depresses the nerves and deranges the mental equilibrium. It works like a poison and the temporary pleasure and excitement which flow from it one day, without doubt, compel the non-teetotaler to pay a very heavy price for the vice. Drinks impair a man's efficiency considerably. In fact, hard and sustained work cannot be expected of a drunkard. Moderate drinking may be in vogue in high circles and everything may be incomplete without it, but a sin is a sin and it is impossible to defend the drinking habit.

Drinking is a contagious disease. It brings in its train a host of troubles with the prohibition of which all of them vanish instantaneously. Drinking of necessity means bad morals. "Wine has drowned more men than the sea," says Pubilius Syrus. Gladstone has said to the same effect thus: "Intoxicating drinks have produced evils more deadly and more continuous than all those caused to mankind by the great historic scourges of war, famine and pestilence combined." Drunkenness is nothing else than voluntary madness. A drunkard often unhesitatingly does whatever he pleases in his state of joy. As a matter of fact the three D's—Drink, Disease and Debauchery—go hand in hand.

Imagine the number of households wrecked by the drinking habit in India, or for that matter all the world

over. Domestic happiness—the one important thing in life—is severely affected; the drunkard treats his wife and children most mercilessly. The peace and sanctity of home, the immensity of domestic harmony, the purity of woman, the bliss of marital life, the education of children, the welfare of the community and the higher ideas of man are all nothing to the drunkard who can sacrifice everything at the altar of drink.

Crimes and drinks are inseparably connected. Judge Coleridge once said that there was scarcely a crime before him that was not directly or indirectly caused by strong drink. There was force in his observation, and the truth of it is beyond question. Drinking tells upon your health; it adversely affects your pocket; it makes you miserable and insane.

Equality of opportunities for all does not mean equal opportunities for vice. The condition of right use is implied in the word "opportunities," because literally speaking we cannot have an opportunity for vice. Drinking, on the ground of personal liberty, can thus be easily ruled out.

For yet another reason also drinking is despicable. Once a man is used to it, he does not, for his life, give up his habit. To quote Sir Walter Raleigh, "It were better for a man to be subject to any vice than to drunkenness: for all other vanities and sins are recovered but a drunkard will never shake off the delight of beastliness; for the longer it possesseth a man the more he will delight in it, and the elder he groweth the more he shall be subject to it."

The plea against prohibition is, if not strong, quite an interesting one. Instead of deputing a policeman at a poor man's door why should not we awake the long sleeping conscience of the teeming millions who in a pot of wine hide their lives' misery and forget their hearts' anguish which is more dependable than the former. There-

fore, they say, do anything else, but pray do not snatch the cup away from their lips. The deduction is that the first thing necessary is a change in outlook and the cup will automatically take care of itself.

The introduction of prohibition is a dilemma and a premium placed on crime. Not only does it entail a loss of revenue but also an increased expenditure in maintaining a large police force for the detection and prevention of a flood of crimes. Need a man who is tipsy while returning home be given a cup to drink or allowed to smuggle, rob, shoot, outrage and murder. Apparently the former seems better, but not so in his larger interests.

Now the question remains as to the chances of prohibition being a success in India. Though the history of other countries in this respect is a slur on their fair names, conditions in India are widely divergent than elsewhere and the scope for prohibition is great indeed. The example of America where prohibition was tried and has failed should not baffle us at all. Evasions are bound to be frequent in the beginning but with propaganda of the right type they tend to diminish and ultimately disappear altogether. Indian methods are unique. What could not be achieved by sheer force of law elsewhere can be accomplished by love, faith and sacrifice here. With true temperance propaganda, the sanction of the people and the co-operation of the public, really wonders can be worked in India.

The task, therefore, difficult though, is not impossible and the evil is to be rooted out by moral force rather than coercion. And once the people are convinced that drinking is not a bliss but a curse, the weak, poor, unhealthy and backward India of today will, by prohibition, become strong overnight and an era of peace, health, happiness and prosperity will reign on this land.

Ten Principles of Medical Practice

D. N. DEB SARMA, F.M.B.

Experienced in Public Dispensary, and Tea-Estate Hospital Work.

Spirit of benevolence.—Doctors must possess the spirit of benevolence in order to prove themselves best healers of human ailments. This will move their heart and they will do their best to remove the sufferings of their brothers and sisters without paying heed to the payment of their fees.

Love for truth and justice.—Doctors will render their best service and will do justice to their patients if they be enthusiastic in seeking truths while treating their diseases. This spirit alone will lead them to the best form of treatment.

Love for fame.—This will also lead one to sincere and most careful works. A careful and sincere doctor usually gains reputation in his work and thus both the doctor and his patients are greatly helped.

Spirit of research.—A doctor who possesses this spirit must be a good worker and his patients also will receive scientific and proper treatment under his care. This alone will inspire him for the best form of treatment he can give to his patients.

Minimization of the patient's suffering.—Every member of the healers' class ought to try his best to minimize his patient's sufferings both in intensity and duration; he should learn to feel them at heart as his own. To my mind this is an indispensable qualification for a true physician or surgeon.

Minimization of the period of treatment.—The shorter the period of treatment of diseases, the greater

is the reputation of the attending physician. This will also give the physician facilities for greater amount of work for the cause of the suffering humanity. Also the greater the chance of success of a man's life the less is the number of days of his illness.

Minimization of expenses of treatment.—Many a poor patient in our country can't afford to have proper and adequate treatment for want of money. There is no sufficient means even for the daily bread in many a case. So it is most desirable to treat our patients with the least possible expense.

Minimization of troubles of the patient's relatives.—It is also desirable on the part of the doctor to try to keep the relatives and attendants of the patient who look after him even at the cost of their own health, free, as far as practicable, from the unnecessary troubles entangling loss of health, time, work and money.

Prevention of diseases.—Doctors should always try to apply all possible means to prevent diseases from further occurrence during their usual course of practice with the noble idea of making their country healthy and wealthy.

Keeping secrecy of the patient's tale.—In some particular cases the histories of the patients when disclosed to the public may lower their reputation and status in their societies. So this should be regarded as very important in medical practice.

The Human Body

JOSEPH J. HODGSON.

The skeleton.—The skeleton, or shell, upon which our bodies are built is composed of bones, some long, some flat, others irregular and these, we are told, number about 206.

Bone derives its rigidity to salts, mainly calcium phosphate and calcium carbonate, which make about two-thirds of it. Flexibility comes from gelatinous matter—one third. Most bones, when just formed, are composed mainly of cartilage. In the middle of long bones we have the marrow which is made up of blood cells and fat. All bones are living matter and so require blood to feed and nourish them and nerves to stimulate them.

This framework of the body can be divided into three main groups: the head, the trunk, and the limbs.

Bones of head.—The skull consists of 22 bones—eight in the cranium and fourteen in the face, these, with the exception of the lower jaw, being united with fixed joints like numerous dovetail joints. Sockets (or orbits) are formed conjointly by the bones of the cranium and face for the eyes and nose, and the mouth is formed between the upper jaw and the movable lower jaw.

Bones of trunk and limbs.—If we build the body in an upright position we find that it stands on the lower limbs; the foot—seven tarsal bones, five metatarsals and fourteen phalanges; the leg—tibia (or shin bone), and the fibula (or brooch bone); the patella (or knee cap), and the femur (or thigh bone) which is the longest bone in the body. This is the same in both lower limbs.

It will be seen that these form two columns or upright supports. The head of the femur has a rounded portion fitted into a cup-like basin of the

haunch bone. In the lowest part of the spine the sacrum and coccyx act like a wedge or keystone in the centre of the back between the two haunch bones and form with them an arch-like basin which holds the contents of the lower abdomen.

The main support of the body, however, is the spine, or vertebral column, and this is made up of 33 small bones which are named vertebrae, and which, known by numbers from above downwards, are 7 cervical, 12 thoracic, 5 lumbar, 5 sacrum and 4 coccyx. Each vertebra consists of a body or bony mass in front, from the sides of which there are bony projections known as the transverse processes.

These extend backwards and unite to form the spinal canal through which the spinal cord runs and is protected. The first vertebra is known as the atlas and is like a ring thickened at the sides and having two little hollows on its upper side. These in turn allow the two bony knobs of the occipital to fit into and so give us the nodding movement of the head.

The second cervical vertebra, known as the axis, has a kind of peg which fits into the ring of the atlas above so that the head and the atlas work like a pivot and allow side to side movements of the head.

The sacrum and coccyx, are in adults, joined together and form one bone.

The chest is formed by twelve pairs of ribs and a dagger-shaped bone known as the sternum or breast bone. The ribs are curved and all are fixed at the back to the side processes of the dorsal (or thoracic) vertebrae. The first seven pairs (true ribs) are connected directly to the sternum. The next three pairs (false ribs) are

joined to the sternum by means of cartilage, whilst the last two pairs (floating ribs) are shorter than the others and have no attachment in front.

Each upper limb is joined to the trunk by the clavicle or collar bone, which is a narrow curved bone joined at the inner end to the top of the sternum and at the outer end to the shoulder blade (or scapula). The scapula, situate at the back of the chest, is a flat shield-like bone, and in it is a socket (or cup-like hollow) to take the head of the humerus (or arm bone). This bone extends from the shoulder to elbow where we find the two forearm bones—the radius on the outer (or thumb) side, and the ulna on the inner (or little finger) side. At the wrist, arranged in two pairs of four, are the carpal bones (or carpus), whilst the frame-work of the palm of the hand is composed of five metacarpal bones. In each finger there are three phalanges and in the thumb two.

Varieties of joints.—When two or more bones meet they form joints of varying kinds. We have the ball-and-socket joints at the shoulder and the hip joint, hinge joints at the elbow and the knee, fixed joints in the skull, and gliding joints where only movement of rotation takes place, such as in the forearm with the radius and ulna bones. In all moveable joints the ends of the bone are covered with cartilage to lessen friction and also shock in cases of a fall. The ends of the bones are enclosed in a bag of strong tissue (known as the capsule), having a lining in which is secreted synovial fluid for the lubrication of the joints.

This is always present. The whole is strengthened by stronger bands of fleshy tissue or ligaments. Between the vertebrae of the spine there are pads of cartilage.

The skeleton, therefore, gives shape and firmness to our body, forms the cavities to protect organs, and gives

something to which to attach the muscles.

The muscular system.—Now to cover the bones. All flesh is muscle which enables us to move and our internal organs to function. There are over five hundred muscles in the body and these are grouped in two main classes—the voluntary and the involuntary.

The voluntary muscles, namely those under the control of the will, are in the head, neck, surface of trunk, and limbs and they give us the power of moving these parts. They are attached to the bones by strong bands of fibrous tissue or tendons, striped in character, and having the power of contraction and relaxation.

The involuntary muscles are unstriped and not under the control of the will. They act by day and night, even while we sleep, and they are to be found in the walls of the stomach, intestines, blood vessels, and all the internal organs.

Muscles are live cells and obtain their nourishment and power from the oxygen and food brought by the blood and are controlled by the two systems of nerves—the cerebro-spinal, and the sympathetic.

Contents of the body.—Commencing with the cavity formed by the bones of cranium we have the brain—seat of intelligence, will and sensation.

This can be called the "Control Tower." It records or gets its sensations from the five senses, viz., the eyes for sight, the ears for sound, the nose for odours, the mouth for taste, and the touch for sensation. Motor nerves are the means whereby the brain's commands are carried into effect.

Next we divide the trunk into two main compartments—the upper, which is the chest (or thorax), and the lower, which is the abdomen. These are divided by the diaphragm, a large

movable arched-shaped muscular wall or partition.

In the thorax, which is bounded by the breast-bone in front, by the spine behind and by the diaphragm below, we have our main organs of circulation—the heart, the lungs (or "Purification Plant"), the air tube or trachea, the greater part of oesophagus (gullet or food-tube) and the main part of the thoracic duct, blood vessels and nerves.

The abdomen, the lower compartment which is bounded by the diaphragm above, by the lumbar vertebrae at the back and by the pelvic bones below, houses the stomach which is situated just below the diaphragm towards the left side, the liver (or "Cleansing Station") on the upper right side, the spleen (on the upper left side), the pancreas, behind the

stomach, large and small intestines, the kidneys, right and left ureters in region of the loin, the bladder, rectum, large blood vessels, lower part of thoracic duct and part of the sympathetic nervous system.

The whole of the body is covered with skin consisting of an outer and hard-layer (the cuticle or epidermis) and an inner layer (true skin or dermis). In the latter there are numerous glands which excrete water and impurities of the blood. This is known as sweat which on passing through the pores of the skin evaporates, cools, and thus helps to regulate the temperature of the body.

Between the skin and the underlying flesh we have both yellow elastic and white tissue, known as connective tissue which binds these parts of the body together.—*First Aid.*

Bringing up a Fatherless Child

JEAN WARE

I AM not a child psychologist. I am just an ordinary person whose husband died before his child was born. After a war there are always plenty like me, and I often think it is a pity we can't get together to discuss what sort of a job we are making of our children. Can we turn them out as well equipped for life as those babies who have not lost half their birth-right? I say that, trusting in God, and with reasonable good health and a sense of humour, we can.

During the war many women had to see to their children through the first three or four years of their lives without the help of their husbands; but these women always had the hope that at the end of the war the fathers would return to lick them into shape. There were some problems that could be shelved. I have heard several such women say, referring to a child of two or three, "Oh, my husband will soon lick that out of him—when he comes home."

But I am speaking for the women who know they must do it alone. We must plan, and plan early, if we're going to turn out good citizens and not little Hitlers. Many lions beset our path; some big, some only cubs, varying according to our circumstances; but there are some which confront all with young children, so let us sharpen our weapons to deal with them.

The first lion is the possessiveness of the very small child. To defeat this lion, we ought to try to avoid living alone with our toddlers, especially if we have an only child. Share a home with a sister, or a cousin, or your mother (which is the best of all, if she is like mine), or a congenial friend, preferably with young children of her own, until your child is about three. Once he has learnt he is not the only pebble on the beach, you can safely make your own little home for him. If your husband were here, and you lived a normal family life, your

child would have to learn to share you and to be shared. It is not fair to start him off in life with the idea that you belong to him body and soul. This lion of possessiveness is made all the more terrifying by psychologists when it is given the name of mother-fixation, and thus dangerously exaggerated. There's no need to be afraid of it once you know how to dodge it. I give my child as many cuddles as he wants, but I let him know that, although he and his doings do matter terribly, to me, I have other interests, and I expect him to be interested in other things besides his old Ma. When I am reading he knows he ought to play quietly (not that he always does—he's no saint). On the other hand, when he is engrossed, I don't interrupt with silly questions, such as "Do you love mummy, pet?" which, believe it or not, I've heard mothers do. When I play tennis he picks daisies. There are lots of ways you can show them that you love them not as their slave, nor as their possessor, but as their best friend.

Another lion—or should I say lioness—is that which I call the Poor-wee-soul Lady. There are many Poor-wee-soul Ladies in every town; they mean well, and are so genuinely sorry for the poor-wee orphan over whose head they moan, but they do not realise that the poor-wee-soul's mother, if she has a grain of sense, doesn't want him to grow up with a grievance. Of all the diseases of the spirit, I think self-pity is the worst. Let us bring up our children to "count their many blessings" and, like Mrs. Wiggs of the cabbage patch,

"It will surprise them"

What the Lord hath done."

Roaring in the path of many of us, especially if we are ambitious about our children's schooling, is another fearsome beast—Money. A friend of mine, who like myself is on a small widow's pension, is inclined to be touchy about the money aspect. She thinks

widows should get as much a year as they would have had if their husbands had been alive. She says we have lost so much that we shouldn't have to lose money too. She puzzles and frets how to dress her child as she would have been dressed, and buy her the toys she would have had. For myself, I say we have lost so much that getting less money seems a detail, and anyway it keeps our mind off ourselves to think of ways of earning some. As for buying the things he would have had, I just buy him what he can have now. It is better he should have a happy mother who can dance and jig with him on the kitchen floor, even if she does it in thrice-mended carpet slippers, than one who gives him what is called the best of everything at the expense of her own peace of mind. When I find myself getting into an anxiety state, I say to my son, "Let's be lilies of the field," and we both lie flat on the ground waving our arms, and he shrieks with delight. It soon cures me of worrying, even if it doesn't pay the dentist's bill.

So much for "making it up" to the child for what he has lost. The loss of his father is something no one, nothing, can ever make up; so the best you can do is to make the best job you can of just being a mother. But more important for me than for a woman whose husband is with her is to let the child know that what mother says goes. If he doesn't know before he's two that you're boss, you might as well pack up.

When my son was eighteen months, we were digging on the sands. A woman near me was having a struggle with her daughter and eventually she called to her husband "Come and cope, darling! I can do nothing with her!" I realised that if ever I failed to "cope" I was sunk. If my child still defied me when he was as old as that woman's daughter, I should not have the physical strength to win—and what a

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future for the child. I vowed a solemn vow that before he grew too big, he should learn to obey a quiet, reasonable command from me, so that no undignified display of force should be necessary. He is gradually learning that rages don't pay, so he doesn't often bother to have them. When he does, he simply finds himself deposited in his room. You have to harden your heart and do the things your husband would have done for you.

Sooner or later the dreaded question "Where is *my* daddy?" is bound to arise. It is well to be prepared so as to be quite unemotional about your reply. I had not expected it so soon—my son was only 2½ when he asked and there was something about that wistful question which made me quite unable to answer. I answered it later instead.

I think another danger to be avoided is this—when those we love are dead we are apt to canonize them. For myself I'm trying to talk to my boy about his father just as I would do if he were still in and out of the house—as someone dear and good but not superhumanly clever and saint-like. Otherwise the thought might creep into the child's mind that he is not a worthy son of such a father.

One thing more. If we possibly can, don't leave your child to be brought up by others while you go out to work, not if he's under school age. He's lost his father; don't deprive him of his mother too. He'll never need you again as he needs you the first year; you've all your life when he's older to take a job if you want to. Build him a rock and let that rock be you.

—*Mother and Child.*

Hygiene of the Ear

G. GRIFFIN LEWIS, M.D.

New York.

THE senses are the media through which impressions from the outside world are transmitted to the brain, upon the accuracy of which depends the quality of conception or thought. We can, therefore, understand how much the special senses have to do with the development of the mind. Accordingly, the duller the sense is the less accurate will be the precept. If, for example, a child hears only a confusion of sounds, the ideas accompanying the sounds will be confused.

Numerous projects have been devised to protect a child with defective sense in its education and development, but unfortunately most of these schemes have been for the benefit of the blind rather than the deaf, a fact to be greatly regretted, as the ear takes the more prominent part in the child's development and is more prone to disease, in childhood, than any other organ.

It is important for teachers and parents to realize that a dull child is often a dull hearing child. The little one, who can understand only half or wrongly, will answer not at all or not intelligently, and the treatment accorded to such a child by its parents, teachers or playmates brings the first wounds to its feelings, as a result of which it is apt to become disagreeable, peevish and unfriendly.

It is sometimes difficult to determine the degree of deafness in early life, and parents are often deceived or indulge in the vain hope that, because a child can repeat words of a few syllables like "papa" and "mamma," it can really hear, but that ability is acquired by merely watching the lips. Again, it must be remembered that deaf-mutes are strangely susceptible to vibrations and will for this reason have their attention called to and promptly turn in the direction of one entering the

room, shutting a door or when the atmosphere is disturbed by an effort to attract attention to some noise.

The structure of the wonderfully complex mechanism by which hearing is rendered possible, and sounds are conveyed to the brain, is understood by comparatively few. I shall endeavour to elucidate this mystery as briefly as possible, but, in order to do so, a cursory description of the gross anatomy of the hearing apparatus is necessary. The auditory apparatus may conveniently be divided into two parts; first, the conducting part, consisting of the outer ear or auricle, the external auditory canal, the middle ear and the Eustachian tube; second, the perceptive part, consisting of the internal ear or labyrinth, the auditory nerve and that part of the brain from which the nerve takes its origin.

The hearing apparatus, as a whole, may be said to have two entirely distinct functions; first, hearing to which is devoted almost the whole of the apparatus and which consequently is more frequently impaired; second, equilibration, or the sense of motion and equilibrium, to which only a small portion of the apparatus is devoted and is therefore less frequently impaired.

The auricle or outer ear is a trumpet-shaped expansion by means of which sound waves are collected, carried into the external auditory canal and brought in contact with the drum-membrane. Thus a deaf person improves his hearing somewhat when he places his hand behind the ear, because he thereby adds to the power of the auricle to take up sound. This power does not, however, appear to be great, as amputation of the entire auricle is a form of mutilation sometimes practised by barbarous people on their captives and, it is stated, when the wound has healed there is no appreciative loss of hearing power, from which fact

we may conclude that the main use of the auricle is to indicate the direction whence a sound proceeds.

The external auditory canal, leading from the outer ear to the drum-membrane varies from three-quarters to one inch in length and is somewhat narrower in the middle than at either end, so that considerable difficulty may be experienced in extracting foreign substances from it.

The drum-membrane, which separates the external canal from the middle ear, is slightly oval in shape, with a diameter of one-third of an inch and resembles gold-beater's skin, both in appearance and thickness. On the other side of this membrane is the tympanum or middle ear with an air passage called the Eustachian tube, which passes forward and inward to the nasopharynx. The function of this tube is to furnish the middle ear with sufficient air to counterbalance the atmospheric pressure on its outer side; therefore, if the tube is in a healthy condition, a little click may be heard when one swallows, owing to the entry of air into the tympanum. On the other hand, when through a cold or disease the tube remains closed, the air in the tympanum becomes rarefied, the drum-membrane and the chain of ossicles connected with it are forced inward by the absence of counter-acting air pressure within the tympanum, thus causing an excess of pressure upon the structures of the internal ear and producing deafness. Loss of hearing is far more common from this than any other cause but can, as a rule, be quickly remedied.

The ossicles of the middle ear are three in number and are named the malleus or hammer, the incus or anvil and the stapes or stirrup, so named on account of their resemblance to these objects. These three bones form a chain, which is swung across the middle ear and by their

oscillations transmit vibrations of sound received by the drum-membrane to the fluid contained in the internal ear.

There still exists a belief among the laity that something mysterious or magical surrounds the diseases of the ear and their treatment. With this opinion prevalent, we cannot express surprise that many of the unfortunate sufferers volunteer the information that they had been advised to "let well enough alone," "it is bad to meddle with ears," "never heal a running ear or it will result in brain involvement," and the like.

It is estimated that in the United States alone virtually four thousand deaths occur annually as the result of ear disease. There is no doubt that the great majority of these deaths could be prevented if the disease would have received early recognition and proper treatment. The method of punishing children by pulling their ears cannot be too severely condemned as it is likely to tear the ligaments which hold the auricle in place and do irreparable damage in other ways.

More dangerous still is the habit of boxing a child's ears, which act compresses the air in the external auditory canal so forcibly at times as to rupture the drum-membrane. In washing the ear it should be handled as gently as possible as a rough manipulation may cause boils. They should always be thoroughly dried after washing as dampness in these parts often affects the tension of the tympanic membrane. One of the most common causes of ear trouble is the introduction of cold water into the external auditory canal while swimming, therefore the ears of a person, while in water, should be plugged with cotton wool. At no other time should cotton be worn in the ears excepting when a pain is caused in them by intense cold.

The covering used to protect the ears from cold should not be so tight as to bind them close to the head as this causes them to perspire, thus producing a maceration of the skin. People often make the mistake of having their hair cut short in winter-time and then exposing themselves to cold air, for this is frequently the cause of inflammation of the middle ear. Just as bad a mistake is wetting of the hair in cold weather.

A cold in the head, which produces considerable congestion of the mucous membrane of the nasal passages, frequently interferes with the passage of air through the Eustachian tube, thus producing a partial vacuum within the middle ear and, as the atmospheric pressure is greater on the outside of the drum-membrane than on the inside, that membrane is pushed in, the ossicles are crowded together and the whole apparatus is much less stimulated by sound waves, consequently hearing is greatly impaired.

Almost all of the so-called catarrh remedies, which are ordered to be snuffed into the nose, are dangerous inasmuch as they are liable to get into the Eustachian tube and cause middle ear trouble. Even plain water should never be snuffed up the nose, and, for the same reason, the use of the nasal douche is to be condemned.

Itching in the ear may be due to a deficient secretion of ear-wax or to scales of dry wax which have become adherent to the walls of the canal. A moderate amount of wax is essential to the health and well-being of the ear, since it acts as a custodian at the entrance of the canal to keep out small insects and other foreign bodies, therefore we should not try to pick or scrape it out and thus irritate the lining membrane of the canal, which may result in quite serious trouble. All superfluous wax will, in time, roll from the canal into the cup of the auricle, where it can

be easily removed by a wipe of the finger.

The formation of a plug of hard wax in the ear, with attendant discomfort and deafness, is usually the result of efforts to clean the canal. The use of ear spoons or the rolled-up corner of a wash cloth invariably packs in more wax than it removes and nearly always results in forming a plug of wax. When such plugs form they are best removed by the use of a syringe of warm water. If this method proves unsuccessful, drop into the ear every day for several days a little saleratus water (20 grs. of soda bicarbonate to seven teaspoonfuls of warm water) and then try the syringe once more. When an insect gets into the ear, pour in first a little olive oil to smother it, then syringe it out with warm water.

In syringing the ear lift the auricle gently upward and backward so as to straighten the canal, direct the nozzle of the syringe downward and forward so that the stream will strike against the anterior wall of the canal instead of the drum-membrane.

An attempt to remove hardened wax or any other substance from the ear should never be made by anyone other than a specialist. A rough and careless probing or awkward hooking and scraping to get hold of the object generally fails to extract it and frequently injures the delicate parts.

Instrumental interference with the ear is often hazardous, especially in the hands of the inexperienced. Cases of total deafness and even of fatal inflammation of the brain have resulted from such attempts. Of course it is better a foreign substance should be removed promptly to avoid possible irritation but, if its removal cannot be done by a skilled hand it had better lie in the ear forever than that an attempt of removal should result in rupture of the drum-membrane with the danger of middle ear and brain involvement.

Frost bites of the auricle, when improperly treated, will frequently result in its disfigurement. When frozen it becomes white and brittle and then great care must be taken not to break it or to heat it too quickly. It should be gently rubbed with cold water or snow, in a cold room in order to slowly restore the circulation. An ear that has once been frost bitten is afterward more easily affected by the cold, for which reason after the skin has healed it may be made harder and more resistant to freezing again by bathing it occasionally with a solution of alum (20 gr. to the ounce of water). Drugs applied to the auricle should not be allowed to run into the ear where they might injure the drum head.

Boils in the external auditory canal may be relieved by the application of small pledgets of cotton soaked with equal parts of glycerine and water. Neuralgia of the canal of the ear may be caused by exposure to a cold wind or by a diseased tooth and unfortunately is often mistaken, even by physicians, for a symptom of otitis media and given improper treatment. Any pain in the ear without an attendant deafness is neuralgia, and should be treated with applications of dry heat which is perhaps the safest remedy to use in most ear troubles where pain is present. It may be applied in the form of a hot water bag, salt bag, hot pillow or bottle filled with hot water placed over or just in front of the ear.

The treatment of so-called "ear-ache" when due to inflammation of a previously healthy middle ear, becomes an important matter, not only for the purpose of giving relief but because proper treatment in such cases is frequently of vital importance to the patient.

As soon as pain of any character is complained of apply heat to the ear. A stream of carbolic or boric acid solution, properly heated, should be

allowed to flow into the external auditory canal, the bowels should be thoroughly opened by the use of epsom salts and the patient kept quite in bed. If, in spite of this treatment, the pain continues to grow worse, apply several leeches to the tragus. If the pain still continues the only remaining thing to be done must be accomplished by a specialist, namely to puncture the drum membrane, which invariably gives instant relief.

Bleeding from the ear is usually to be considered a very grave symptom as it occurs only in injuries of the head and in some low fevers when it is a symptom of great prostration.

Middle ear trouble is quite likely to occur in scarlet fever, measles, diphtheria, whooping cough and typhoid fever, therefore nurses and physicians must be on the watch for this complication as the patient may be too ill to draw attention to this very important complication of his disease.

Nothing is more likely to bring on ear trouble than the taking of large doses of quinine to check a cold. Most always with a severe cold in the head

there is more or less congestion of the mucous membrane lining the middle ear. Quinine tends to congest all parts of the ear. The middle ear already congested by inflammation, will be further aggravated and endangered by the effect of quinine. In addition, quinine may permanently injure the auditory nerve.

A remedy most commonly employed in ear troubles by domestic advisers is laudanum and sweet oil. This does more harm than good as the laudanum contains alcohol, which is stimulating to an inflamed surface and the pain is aggravated just as it would be if alcohol were poured into a fresh wound.

The same condemnation may be applied to various kinds of ear drops and all forms of poultices, which in the end are decidedly injurious to the ear. Regardless of the fact that most ear diseases are located on the inner side of the drum-membrane, where external applications cannot possibly reach, "drops for the ear" are bought by the poor and ignorant and inserted, with the utmost confidence, into the outer ear passages.

—The Eye, Ear, Nose and Throat Monthly.

Reform the Children's Clothes

ELIZABETH CROSS

Coupon shortage has made many mothers start a long-overdue clothes reform, and their children have benefited enormously. But there is still a great deal to be done before our children are freed from the wearing of out-of-date and sometimes downright unhealthy garments. Once parents refuse to buy these clothes and take only the more sensible ones, the manufacturers will be quick to realize the trend in public taste.

Children need comfortable, protective, and nice-looking clothes. They like colour, and feel happier and take more pride in pleasantly coloured and

designed clothes. It is false economy to buy clothes that "won't show the dirt," although it is, of course, sensible to have patterned fabrics that stand up to normal play without becoming unsightly in a day. Dark clothes that hide dirt cannot be healthy. Rather must we press for better washing facilities and more efficient laundries.

What all children need, however, are stronger garments and those manufacturers who do make sensible, reinforced play-clothes are to be encouraged. Until these are commoner, mothers can save themselves trouble

by doing some "reinforcements" before the new clothes are put on for the first time. Dungarees and boiler suits are among the most sensible clothes we have available, and they can be adapted to both boys and girls and for mild or colder weather.

In hot weather the ideal is to wear the least possible, but for rough play some sort of protection is needed for small knees and seats! The bib and brace overall is most useful, and a thin cotton blouse can be worn for more formal occasions. Smaller children can have these overalls made in thinner material.

For colder weather the children need only warmer underwear and one or more jerseys. For active children who are going for brisk walks or playing about, the usual overcoat is unnecessary. Such overcoats are expensive, are soon outgrown, and very often restrict free movement and breathing. Given sufficient warm woollies and a loose mackintosh for wet weather, there is really no need for the overcoat at all. Small children are far cosier and freer in some modified "battledress" of knitted or woven woollen material.

Little girls may wear the overalls, or have frocks and matching knickers, although many are happier in tougher shorts, which can be pleated for the bigger girls. The aim should be, from the child's point of view, to make clothes comfortable, nice-looking, and intearable, and, from the mother's point of view, to make them easy to maintain in good order. Crepe material and cellular fabrics are most desirable for blouses, shorts, and overalls also for sleeping wear), as they need

little or no ironing, for this is a serious consideration where home laundry is concerned.

Parents may well take a more active interest in the question of school uniforms and the need for modernizing some of the more traditional garments. On the whole, the wearing of some sort of uniform is really desirable, as it saves a great deal of unnecessary differences and also ensures that the children are clothed suitably for special school activities. Some schools, however, still cling to old fashioned ideas, and require clothes that no longer fit in with the modern child's life. Parents who have thought out a sensible scheme for their own children's clothes may well put forward their point of view and will find, quite probably, that the school authorities will be interested and ready to co-operate.

Finally, let us try to see that our children are no longer overclothed. The healthy child keeps far warmer than the average adult. He or she needs no socks in summer, and is all the better for barefoot play or for the wearing of light sandals. The growing body needs room to stretch and exercise and for the maximum of light and air. Children should be encouraged to take off their jerseys when actively engaged and then to put them on again when resting. They soon learn to do this, and rarely "take cold" from such exposure. The more the skin is subjected to the air the better will it react in a healthy manner.

Let us fit the clothes to the child, and not *vice versa*. The children will benefit, and so will the busy mother.—*Health for All*.

Mouth Infections from Tobacco

A correspondent of the *Journal of the American Medical Association* (Vol. 130, p. 964) reports that there has appeared in Denmark a mouth infection which has become widespread. It at first puzzled physicians and dentists, but is now believed to be due to the use of Danish tobacco, which is of such poor quality that it irritates the mucous membrane, leaving it less resistant to infection. Many patients not realizing that they are suffering from this inflammation, merely feel extremely tired. The doctors think that in such cases the infection has become generalized.

Health, August '47]

Topics from Medical and Health Periodicals

The Sulpha Drugs

The sulpha drugs, the sulpha drugs,
The boon to all physicians,
Are guaranteed to kill all bugs and cure
the worst conditions
They make you fat, they make you lean,
They save the hair upon your bean,
Promote the dunce to college dean,
Those sulpha drugs.

The sulpha drugs, the sulpha drugs,
No need for diagnosis;
Just slip them to the ailing mugs and
leave it to osmosis.
They clean the skin, they swell the bust,
They give the timid nerve and crust,
And clear the home of dust and rust,

Those sulpha drugs, the sulpha drugs,
What scientific wonders;
You get them tinned, in glass, in jugs,
They cover doctor's blunders;
Psoriasis, pneumonia, sprue,
Pertussis, colic and the flue,
They kill them all—and even you !!!
Those sulpha drugs.

—J.A.M.A.

How the mind may cause disease.—V. D. E., Virginia, asks: How does the mind affect the body in producing disease?

Answer: Joy, sorrow, anger and fear, as well as other emotional states, are powerful forces which may exalt or depress bodily functions as quickly and as powerfully as the most potent drugs or the most active physical agents. Through the influence of joy upon the muscular system, there is not only an increased disposition to activity, but an increased capacity for effort and endurance. The heart beats stronger, the brain thinks clearer, breathing is deeper, digestion more active, the eyes brighter, the cheeks glow—the whole body rejoices and prospers under the influence of a peaceful, contented and joyous mental state.

Sorrow produces a bodily condition quite the opposite of that produced by joy. Under the influence of sadness, all the bodily functions are depressed. The muscular system is relaxed and weakened. The sorrowful individual has the appearance of one who is exhausted or fatigued. The frequent sigh is simply Nature's effort to make up by deep breaths the loss of oxygen which results from the decreased activity of the chest. There is a physiologic basis for the current expression, "Weighed down with sorrow."

The effect of sorrow upon the internal organs is most profound. The external blood vessels are contracted, causing pallor, and sometimes a livid appearance, due to diminished circulation through the skin. The hands and feet are often cold, and the secretions are diminished.—*Good Health*, May, '47.

Exercising for beauty.—A new form of exercise is described by Dr. Neil C. L. Stevens in the *New England Journal of Medicine* which is said to be both curative and beautifying. Movements of the facial muscles have been found to be effective in combating acne. The patient is told to draw down the lower jaw as far as possible to stretch the face. This should be done twenty to thirty times a day. Other exercises are to raise and lower the skin of the forehead, to push the lower jaw forward and backward and to bend the head forward and backward and from side to side. The appearance of the face is improved by improving the texture and color of the skin, and by increasing the tone and strength of the facial muscles.

Reduce and live longer.—It is generally agreed that persons who are overweight are more likely to have high blood pressure and diseases of the circulatory system and kidneys than those whose weight is normal. Definite figures on the chances of some such development have been prepared from the records of 22,741 Army officers. As periodical physical examinations are routine in the Army, a good opportunity is afforded for collecting dependable data. Certain of these officers had at times an elevated blood pressure and pulse, although later the readings were normal. Some of the men comprising this group were twenty pounds or more heavier than the standard set down in Army regulations. In the course of years, it was found that these obese individuals were twelve times more prone to suffer from permanent high blood pressure and heart defects than their normal or underweight colleagues who had shown the same manifestations in the past. The probability of being retired because of cardiovascular trouble was four times greater among the portly than the normal.

A river of milk.—The milk consumed in the United States in one year would make a river three thousand miles long, forty feet wide and three feet deep. It is disclosed by the Milk Industry Foundation that in 1946 the average person consumed two hundred quarts of milk and cream. Milk and its products now form twenty-five per cent of the food eaten in this country. Ten years ago, the annual per capita consumption of milk and cream was one hundred and sixty quarts.

On the average, one egg a day is now eaten by each inhabitant. This is ten per cent more than in 1926 and thirty per cent more than in the depression years of the thirties. The annual per capita consumption of oranges is now one hundred and twenty-five, with babies receiving an average of four hundred per year a month. These statistics showed advances in national nutrition which must affect the health of the people favorably.—*Good Health*, May '47.

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