

HEALTH

ESTD. 1923

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



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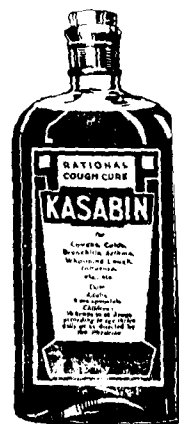
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THE HIDDEN DANGER

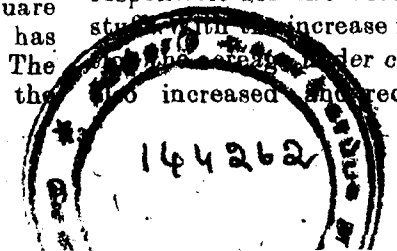
“OUR country is afflicted with earth disease.....as the matter now stands, and with the continuance of the manner in which the soil is now being squandered, this country of ours has less than one hundred years of virile national existence. If that represents a reasonably accurate statement, it is vastly more significant that we have probably less than twenty years in which to build up the technique, to recruit the fighting personnel, and, most difficult of all, to change the attitude of millions of people who hold that ownership of land carries with it the right to mistreat and even destroy their land regardless of the effect on the total national state.....” This statement was made by MORRIS L. COOK, Engineer of the National Resource Board, before the Senate Committee in U. S. A. in 1936.

If the position in the U.S.A., where special attention is devoted to the health of the people, is so bad as to merit such strong observations, how bad the position in India should be, can well be imagined than described. The position even in times of peace was so bad that it was estimated that more than fifty per cent of the population had not even a square meal a day. The position now has become considerably worse. The quantity of foodstuff rationed to the

people is too low to enable them to keep their body and soul together. Though it has been established beyond all doubt that the health of man is directly related to nutrition, very little attention is devoted to it. The Britishers who ruled over our country for nearly two centuries had very little interest in the health and welfare of the people taken under their care and protection. It is only recently that a Government of the people has been established in the land. But serious problems of life and death have cropped up that they can find little time to devote to this all important problem. What little attention they can give is devoted to the maintenance of the ration at least at the present low level, both by way of intensifying procurement activities in the country and by trying to obtain as much as possible by way of import from other countries. True it is that for some decades we have become dependent upon other countries for a portion at least of our requirements of foodstuffs. Before that period our country was more or less self-sufficient. It may be stated that the large increase in the population during the past fifty years is responsible for the shortage of foodstuffs. But the increase in the population has not been matched by an increase in the cultivation of food crops. The recently special

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attention was devoted to the "grow more food campaign" at a considerable cost to the exchequer. While an increase in the acreage under cultivation was noticeable in the official statements published from time to time the production has remained either stationary or it has fallen. The reason is not far to seek. The fertility of the soil has been depleted. That is why special attention is now devoted to the feeding of lands with manure so as to increase the productivity of the soil. But mere increase in productivity alone cannot solve the problem of the health of the nation. It is quality but not quantity that counts. We have now neither the quality nor the quantity. No wonder the people fall a prey to epidemics which have taken a strong hold in the country. Speaking in the House of Lords on February 2, 1944, the Earl of Portsmouth observed: "Positive health, in my opinion, and I believe in that of most of those who have thought deeply upon this question, must begin in the womb and indeed in the womb before conception starts, with the health and vitality of the mother. In that connection the doctors working in the Peckham Health Centre discovered that feeding the families in the centre with the ordinary so-called balanced food diet bought from the shop was not enough. The vitamin and so forth in the ordinary analysis of such vegetables as spinach and in such food as milk were not there; the vitality was not there; and they were forced to turn then to their farms. They were forced to grow the food themselves, so as to get the beginning of positive health

in the unborn child.....They were forced to use not new methods, but the ancient method of returning waste to the soil and creating humus." SMIT and ALBRECHT in their "Feed Efficiency in Terms of Biological Assay of Soil Treatment, Soil Science" say that "the increased yield per acre due to the use of fertiliser is not always a true measure of the value in terms of feeding value." There is a great need therefore for an awakening on the part of the Government and the citizens alike as to the need for a much more rapid replacement of life giving elements to our soil as a means of better living. There is a need for close working relationship among soil scientists, agronomists, doctors and chemists. As a first step in this direction the government should start a research laboratory, composed of doctors, chemists, agronomists and soil scientists, with the main objective to find out the relation between the large increase in deficiency diseases of man and the soil on which his food is produced. The agronomists and soil scientists and the medical profession have made remarkable progress in their respective fields in the U.S.A. and other countries in the task of producing quality foods rather than quantity and of preventing many of the deficiency diseases through proper diet instead of treating the deficiency after it occurs, which is often too late to be effective. Our government should profit by these experiments and make a move in the direction before the hidden danger assumes serious proportions and saps further the vitality of the people.

LEPROSY

The subject of leprosy is one of the oldest in the medical world. Its diagnosis was outlined thousands of years ago. Many thousands of people have studied the disease in an effort to find some remedy. Crores of rupees have been spent in research work. So far remedies have been found which benefit the disease but no remedy which will cure all cases has been discovered. Many cases, however, have been apparently cured and discharged from the leper hospital. This is indeed encouraging, but men are still spending their lives searching for better remedies. As fast as better medicines are available they will be used. Do not feel that nothing is being done, because much is being accomplished in the research laboratories of the world and someday someone will hit upon something that will cure this disease.—*Oriental Watchman*.

Prohibition and Homœopathy

Capt. C. OOMMEN, M.B., B.S.,

President, The A.I.A. (H. & N.), Calicut, Branch: Mavelikara, Travancore.

I SHOULD expect a layman to be somewhat curious about the real relationship of these two, Prohibition and Homœopathy, but I am sure that most homœopaths are aware of the fact that there is a very appreciable amount of prohibition in the principles of homœopathy. In this article I propose to discuss this relationship, showing how far it is specially applicable to our changing outlook in the progressive independent India.

By the term prohibition, we generally mean prohibition of intoxicants, like toddy, arrack, beer, brandy, whisky and other liquors as well as opium, ganja, etc. If the real object of raising the vitality and economic standard of the people as a whole is to be substantially gained, the scope of prohibition should extend to a lot of other articles which too are sapping the people's vitality and are a drain on their thin purse. The so-called medicinal use of drugs including narcotics and stimulants would have to be greatly curtailed and restricted. The general indiscriminate use of tobacco, as also of tea and coffee too, is to be discouraged. A sick man who has formed a drug habit, whether it be Aspirin, Atebrin, Ephedrin, Morphia or anything else, is doing as much harm to himself as a man does by constant use of liquor. The same is the case with a man who must always stuff his mouth with handfuls of strong tobacco. Our friends who should have several cups of tea or coffee a day, each followed by a packet of cigarettes, are by no means better as far as the waste of good money and loss of health are concerned. It is impossible to expect law to cover prohibition of these habit-forming things, but organised social work can go a long way

in checking the spread of such harmful habits.

What I aim is to prove that if this social work can be extended to the study and practice of homœopathy as a domestic and social art of healing, it will effectively help in persuading the people to give up, on their own initiative, such and other harmful habits as are mentioned above, and this will prove more efficacious than legislation in bringing about the desired social reform.

In America prohibition was given a trial, but it failed; the drinking habit of the civilised people got the better of the intended reform. Excesses in smoking and drinking of alcohol are believed to go with civilisation. Most of our civilised friends would object to these excesses being called vices. Indulgence in them, considered permissible and fashionable in modern life, is called 'high living'. Leaving apart all notions of the so-called high living and civilisation, there was, among drink-addicts of all classes of people, including some allopaths of professional fame, a wrong belief that drinking was necessary for their health and happy existence. This has of late been vehemently refuted in India, and public opinion has been organised to a great extent by social reformers, and particularly the Congress, against the drinking habit.

We now-a-days often hear impressive lectures on the merits of prohibition. We read almost daily learned articles on the horrific contagion of the drinking habit and of the real salvation of human race promised in prohibition. Such truisms as, "Wine has drowned more men than the sea",

"Intoxicating drinks have produced evils more deadly and more continuous than all those caused to mankind by all the great historic scourges of war, famine and pestilence combined," are heard being repeated everywhere. With the end of the drinking habit, revival of domestic happiness, the one most important thing in life, is assured; many wrecked homes are hoping for reconstruction; the outlook of a large number of families is becoming brighter; and there is peace for women and protection for children.

We are invited to co-operate in giving a speedy end to the three D's, Drink, Disease and Debauchery, which, it is said, go hand in hand. I might put it in another form, viz., Drug, Drink and Disease go hand in hand. This may confound some among the readers, but I shall presently explain. The social reformers and the Congress have managed to create public opinion against drink to a certain extent. But no such opinion has yet been created against drugging, and that is why some do not seem to understand how drug also is a cause of disease and ruin to domestic felicity. There is no other system of medicine than homœopathy that advocates prohibition of liquors and drugs in material doses, which fact brings to the fore the intimate relationship of homœopathy with prohibition.

To be fair to all shades of opinion it has at the same time to be recognised that the working of the scheme of prohibition of liquors has presented a serious problem. Men who have long been addicted to drink do not give up the habit easily. If they used to spend a few annas daily to obtain liquor before, they are now spending ten times the amount to procure it secretly. Certain critics also point out that the loss of 17 crores of rupees through the enforcement of prohibition in these districts, not to speak of the huge expenses for maintaining the large prohibition staff, is

not adequately counter-balanced by a corresponding increase in the income of the villagers. I cannot conscientiously support such criticisms, which are bound to come whenever a bold step towards a revolutionary reform is taken. But, if the Government take panicky steps to make up for this loss of revenue by imposing unfair taxes on agriculturists and thus tend to work against the grow-more-food campaign in these days when the co-operation of the agriculturists is very essential, I would think that the heaven brought on by prohibition does not promise much salvation to the masses. It is, however, too early to judge the merits or demerits of the scheme in a wider outlook. The opinion that there is an element of coercion in downright enforcement of total prohibition is also not to be regarded with mere contempt. Perhaps a more gentle way, through well conducted temperance propaganda and effective education of public opinion in favour of abstention, would have had its first place. The recent statement of Prof. N. G. Ranga, President of the Andhra Provincial Congress Committee, that, if prohibition was to be a success, it was necessary to engage trained social workers and people with a missionary zeal to carry on the fight against the drink evil, and that it was the duty of the public to conduct a social boycott of all such drink addicts and illicit distillers, will bear out my suggestion. This, coupled with gradual tightening of restrictions on the use and sale of liquors and other intoxicants would have prepared those addicted to the habit for what was then to follow, total prohibition. In my opinion, a trial on this line was likely to prove more successful, had it been begun earlier in these eight districts where prohibition has now been enforced overnight.

My object is not to write an exhaustive essay on the merits and demerits of prohibition, which the readers

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know enough to appreciate the reform. Nor do I hold a brief for its advocacy. What I want is to present the parallel problem referred to already, namely, the serious drugging habit now in vogue, the disastrous consequences of which do not appear to be widely realised. Now, let me repeat what I said once before, that Drug, Drink and Disease go together.

In the existing practice of using drugs in material quantities for treatment purposes, we have an analogous problem. It was Dr. Broady who said the following words: "The single, uncombined, different and confessed poisons, in daily use by the dominant School of Medicine, number one hundred and seven. Among these are phosphorus, strychnine, mercury, opium and arsenic. And this poisoning is called 'scientific medicine' and is protected by law, if you please"! While I should admit that what he said is true to a certain extent, I do not pretend to be so emphatic in my condemnation of the orthodox system of medicine altogether. The allopathic drug has got a place of its own; but what I maintain is, that it should only be very rarely used and in special cases. I say, and every intelligent and well-trained medical man knows, that a good many of these drugs cause harm by forming habits which are injurious to health. Aspirin was once considered an indispensable drug to relieve pain of all kinds. When our markets were first flooded with this allopathic preparation of a harmful drug, it was acclaimed to be the best remedy for all pains, and its use was universally recommended. Even students began to use it freely on their own prescription. One had a few packets of Aspirin, Genaspirin or Caffiaspirin in one's household, to be used at random for each and every pain. Now even allopathic journals repeatedly warn people against the frequent use of this harmful drug, which has unfavourable

reaction on the heart. For instance, HEALTH a journal devoted to the dissemination of knowledge of healthy living, edited by two allopathic doctors and published from Madras, has thought it fit to give an account, in its October issue, of the waste of money and the harm that can result from the use of these drugs in an article under the heading "Many drugs useless or worse".

It will not be out of place here to quote from the writings of other allopaths of experience and renown against the use of most of the allopathic drugs. Dr. Ramage fearlessly asserted that "in most cases the sufferer would be safer without any physician than with one," and Professor Clarke said, that "in their zeal to do good physicians have done much harm. They have hurried many to the grave who would have recovered if left to nature."

The unnecessary waste of money can be exemplified by the following instance. We often read complaints regarding the poor supply of drugs in hospitals. But as a matter of fact the following example will make it clear that there is a monstrous wastage of drugs. A young woman had some trouble at the time of her first delivery. Whether due to mere misfortune or due to mishandling of the case by the doctor who attended the case, the baby could not be got out alive. The doctor thereupon preferred to offer the mother a long term treatment, which she was to follow until her second delivery was ensured safe. She was given 3 mixtures daily and an occasional injection and the course continued without interruption. She conceived a second time, and was advised to continue the daily mixtures and the occasional injections. I think she had had already eighteen months of continuous mixtures, punctuated by injections, and she is progressing in her 7th or 8th month. I hope she may deliver safe

stand is the necessity for this long term drugging. From mere observation, I am convinced that she is just a simple 'pulsatilla' case. A few doses of pulsatilla of the 30th or 200th centesimal potency would have set her right, but the doctor was content only with a term of two years of drugging. Poor woman! Myself being an allopath by qualification, training and previous profession, I can just imagine what drugs she is getting. Is it any wonder if her vital force is gradually ruined and she is made susceptible to more serious diseases, inveterate or chronic? Do not such cases, which must be numberless in our land call for the right sort of prohibition?

I should not be misunderstood as advocating wholesale prohibition of all allopathic drugs. Just as I suggested that total prohibition of liquors, sudden and without warning, was somewhat of an act of coercion, and that a midway course of gradual preparation of the people addicted to the habit had a reasonable place for temporary trial, I would be tolerant to some extent of the system of drugging, under the allopathic school. I also admit and know by practice and experience that allopathic drugs have a place of their own in relieving the sufferings of the sick and helping their cure too. But there is always a difference between the use and abuse of drugs. If only doctors know what homœopathy is, they will realise that most of the diseases do not call for the use or abuse of drugs in pathological doses. The real curative power of a drug is not in its quantity but in its force, which is latent in every drug. This force becomes manifest by a special process of potentisation by which, though the matter is attenuated to an infinitesimal extent, its dynamic force becomes magnified and available for use as a remedial agent. The use of the atomic energy

in the last war has shown the world that there is nothing surprising in such a principle.

To cite a clear example of the dynamic force of the homœopathic drug, let me take the case of cholera. It is a fact well known to every educated class that cholera is a very infectious disease caused by cholera vibrio. Allopathic doctors try to kill the germs in human intestines by the administration of germicides like potassium permanganate and find the death rate only increasing. But homœopathic remedies like Verat Alb., Cuprum, Camphor, Carbo Veg, Arsenic etc., in infinitesimal doses have proved very effective. I myself had to use them in Virudhunagar in the cholera epidemic in the year 1924, and I do not remember of any case of death among those taken up by me, whereas the death rate was over 60% in the hands of others who treated them with allopathic remedies. I could not at that time openly assert that it was Homœopathy that was the cause of my success, as I was then afraid of official ill-treatment. My allopathic colleagues might regard the cures as accidental. It was nothing of that kind. Let them do some research work with this harmless sugar pills in cholera cases at least. I can assure them that they will be well rewarded. It would interest them to learn that Dr. McLaghin, the Inspector, British Cholera Hospitals, in his report to the Board of Health regarding the effect of homœopathic treatment in cholera cases, wrote, "In conclusion, I must repeat to you what I have already told you, and what I have told every one with whom I have conversed, that although an Allopath by education, principle and practice, yet, were it the will of Providence to afflict me with cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of a Homœopathic than an Allopathic adviser." If this has not served to

open the eyes of the Government as to the need for researches in homœopathy it is high time that public opinion was formed to bring pressure on the authorities until the blessings of homœopathy are made available to the suffering masses. To those indifferent allopathic professionals, I would again repeat what Pandit Nehru said, that their set-back was certainly due to their prejudice and want of adaptability, and their not accepting anything which was foreign to their trade.

In assessing the main points in this article, there are two main methods of using medicinal properties of drugs. One is the allopathic method and the other the homœopathic method. In principle, *Ayurvedam* is allied to allopathy. In these two systems we have to use material doses of drugs, and these material doses are harmful to one's health. This apart, the use of drugs in material doses involves unnecessary waste. Great quantities of drugs are required and they entail huge expense. If our country is to adopt homœopathy, we would require only a very small quantity of each drug, and there will be no scarcity of medicine at any time, either in peace or in war time. We need not hear of transport difficulty in the case of any particular drug not available in this country, as it would not be impossible to get a small quantity of it, say one dram at least, by post. From that one dram, a homœopathic chemist can prepare shiploads of that drug in its high dilutions here alone. This might appear too simple a job to be believed. The common man generally does not attach much importance to things simple and easily secured. On the contrary he will be impressed with things which require tremendous expenditure of money, energy and time. But such impressions are mere delusions. If we are to learn the lesson of the atomic age, we should understand the magnitude of what is

apparently minute. A microbe, in spite of its minuteness, may be sufficient to cause a country-wide epidemic. In the reverse order, a minute bit of a drug, attenuated into high dilutions consisting of a number of infinitesimal doses, can save hundreds of victims of an epidemic. This shows that great destructive or constructive power of nature resides in things huge and small, just as the presence of God in everything, irrespective of its magnitude or minuteness, is alike.

A word more about prohibition, and I am done. The principle of homœopathy is to help nature in keeping one fit and overcoming diseases. A dose of a remedy like Aconite or Ipecac, 6th or higher potency, acts by virtue of its power to rouse the vital force of the patient in its fight against diseases. But in those accustomed to drinks and other intoxicants, the reactive capacity of the vital force to any curative agent will be impeded. So, according to the underlying principle of homœopathy, prohibition, even as it stands now, is a great thing in raising the vitality of the race. But, as I observed at the commencement, organised social effort should work up the spirit of prohibition further, and discourage the unnecessary use of drugs as well as the constant use of tea, coffee, or tobacco or other stimulants in our society.

Leaving out a detailed analysis of the harmful effects of tea and coffee for the present, let me just cite an instance to show how harmful tobacco is. The students in a pharmacology class took the tobacco from two cigarettes and boiled it a few minutes in a little water. An old cat was to be the subject of the test. Two drops of this concoction was placed on its tongue. Within two minutes, the cat was in convulsions. Another drop on the poor animal's tongue, and it was dead! This experiment was rather hard on the cat, but it should provide

food for thought to those of our friends—and they are a majority—who consider the habit of smoking a luxury as well as a fashionable indulgence. How many of our Ministers and prominent public men who took the leading part in the inauguration of prohibition the other day had not, at that auspicious time, cigars, pipes or cigarettes in their mouths! Yet, how important is the need for an amount of prohibition in respect of such harmful habit-forming things such as tea, coffee and tobacco! One has to realise that conditions today are such that no Government initiative in this direction can be expected other than through the levy of a heavy tax on the sale of these commodities, but the addicts to tea and tobacco are sure to raise strong objection to any such measure of taxation, as they have already done in the case of coffee in the Madras Legislative Assembly the other day.

It is said that when the tax on tobacco was recently enhanced in England, the devotees of this weed were loud in their protests and "tears were shed over the plight of the working man and the pensioner". They calculated that "a man earning four or five pounds a week would have to spend a fourth of his income for a package of cigarettes a day". It is at the same time sarcastically pointed out that "all his wages would not be enough to provide him with a bottle of champagne a day". Concluding these remarks appearing in *Good Health*, the writer says that "far from being a necessity, tobacco is a harmful product. Anything which will diminish its use will be a decided benefit physi-

cally as well as financially". This is no doubt an unfavourable comment on the coercion implied in total prohibition by legislation. The only other method feasible to bring about this reform of moderation and naturalisation is through social service organisations working in a non-violent manner. We have to educate the public regarding the harms caused by these things, adopting methods of persuasion, rather than coercion. Will India lead the world in this kind of persuasive prohibition! Gandhiji, in his *India of My Dreams*, has avowed his faith in the evolution of an enlightened India in which there will be no room for "the curse of the intoxicating drinks and drugs". He visualises the removal of this curse through non-violent methods.

In the spirit of homœopathy and in the spread of homœopathy, there is a greater degree of prohibition than in the prohibition of the sale and use of intoxicating drinks. I hope this will be realised by all reformers, not excluding the Governments, as well as by the public at large in the near future. It is only this realisation which will enable us to raise the economic status of our country and to fully enjoy the freedom we have won. Mahatma Gandhi helped us till now to fight against the slave mentality. Let us hope that he will now help us to fight against the present monopoly, the success of which will be one of the greatest achievements in human history and will pave the way to a sure achievement of a higher degree of freedom, freedom from disease and freedom from want, not only to India but to the world at large.

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Castor Oil

The frequent or habitual use of castor oil gives rise to colitis and produces very obstinate constipation. The same is true of other medicinal laxatives. Castor oil is rarely useful and cannot be used habitually without in the end doing much harm.

—Good Health.

[Health, December '47]

"Weight-Lifting" (Iron game) As I See It

LGR. S. NATARAJAN,
Coimbatore.

Now that the "Olympics" staged hitherto at Bangalore, have come to a close and that the art of weight-lifting has been made known, it is my desire to say something about weight-lifting and its present place in the field of physical culture. Of course the very caption itself may sound somewhat coarse. For long years, it has been my desire and aim to make this art, viz., "Iron game" as it is known to day; well known to the public. This requires a large amount of publicity, as otherwise, the very purpose for which it stands, might appear fantastic. Before proceeding any further, I think it is essential that a mention about weight-lifting as an art be made. Early in 1939 in one of my contributions to the *HEALTH of Madras*, I pointed out that this art, viz., the modern scientific system of weight-lifting, as a means to developing one's constitution is a foreign one and can be never depended upon for its origination in India. Originated as it was by Prof. Louis Attila, it can now well be imagined how this art must be looked upon by one and all for its real saliency and especially its very many contributions for moulding one's body for real, healthy manhood combined with agility and grace and symmetry. Now the origin having been mentioned, let us now pass on to its present place in the field of physical culture, so that the practitioners or its enthusiasts, as I may aptly call them, or anybody indulging in the game, may evince an interest in it. In comparison with other games, say cricket or hockey, this game is yet too insignificant. This is due partly to lack of propaganda and publicity and partly the nonparticipation of big personalities.

Educative value for developing any art is an essential factor. And this is absent in the field of physical culture as a whole and weight-lifting is not an

exception to this. Almost all physical culture enthusiasts lack in it. Hence the absence of real thirst for developing any art and to make it popular, thereby making the younger generation indulge in this sport for building robust body with vibrant health. And also cultured people do not seem to have a liking for it. These are the factors that contribute to its present position. And how to avert this standstill and make it parallel with other games is a question for consideration.

Years rolled and with the advent of civilisation an association, viz., the Indian Amateur Weight-Lifting Federation was established at Calcutta with the idea of improving this game and to infuse the right type of knowledge governing the laws of weight-lifting. Championship meetings are being held every year to determine the champions in every class of body weight, and trophies and certificates are being presented, all of course with the idea of fostering and promoting great enthusiasm to make the people take to this game and to make people strong, hale and healthy.

Holding of championship contests.—In as much as there is an association specially meant for promoting this art, may I request the authorities of the Federation to conduct the usual tournaments in different centres and that too under the auspices of the Federation, just as the olympics are being conducted in different centres? Having been in this field for the last nearly thirteen years, I venture to make this suggestion only with a view to getting a wider publicity. And I am of opinion that a contest conducted under the auspices of the said Federation will bring a better broop of participants and a better response from the public.

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the child's affection for its mother and father has more than a smack of the passionate erotic affection of maturity, and how any disturbance of the child's adjustment of this to the demands of society causes inhibitions and repressions which adversely affect behaviour. Children demand of their parents love, stability and security, and we are becoming increasingly aware of the shattering effects on a child's mentality which may occur if he is deprived of these essentials.

Apart from the complex personality problems associated with deprivation of affection, separation, infidelity, divorce, death, there is the practical question of bed wetting or enuresis.

One hears it said that bed wetting is simply a matter of lack of training or perhaps a desire to be awkward. I would submit that a large majority of older children and young adults who wet the bed have been deprived of what we have pointed out they so urgently need, affection, stability and security at a vital juncture in their development. The subconscious desire, I believe, is to attain by unorthodox means the attention and notice which they have lacked and also that bed wetting is a subconscious expression of resentment. It was observed how many children when evacuated and separated from their parents during the war were prone to enuresis, and quite a significant proportion of them had not been enuretics previously, or had recovered and then relapsed on evacuation.

No specific treatment has been found to be of avail, though much has been attempted, and I would personally urge that every possible attempt be made to dissuade parents from punishing the children. The target of treatment should be to offer the child what it has never adequately possessed before and of which its emotions are starved. It is noticeable, for instance, in approved schools, how enuretic

children will almost invariably cease to be such when they are in the sick bay and they become a focus of individual attention—one of the few as opposed to one of the many.

There can be also gross emotional upset when the child's sense of security and status in the family is threatened by the arrival of a younger one, especially so when it happens to be a step-brother or step-sister, who are looked upon as intruders; and, above all, if the addition to the family is illegitimate.

More than half the battle is won if relationship between father and mother is on a consistently tranquil basis. Sensitive children through illegitimacy, divorce, separation or infidelity, experience psychological violence from which they may never recover; equally so are they affected by the death of a parent, and however kind a step-mother or step-father may be they almost invariably seem unable to fill the gap.

Birth order and delinquency.—There has been a great deal of research into this and a tendency to attribute the greater incidence of delinquency to the first born. I do not think that there is any scientific foundation for this belief. If it is a fact that the eldest children exhibit more shortcomings than the others it is suggested that there are three reasons; firstly, the comparative inexperience of parents at the birth of first child, secondly, the strain placed upon eldest children with the consequent responsibilities, and thirdly, the adjustment which is necessary when from being an only child it becomes one of two or three or four.

Upbringing.—The method of upbringing, it need hardly be mentioned, is of vital importance to the stamina of the child.

It is sad to see how in one's association with delinquent children upbringing varies, and in a very extreme

degree. It is observable how some children flinch even if they are approached in the friendliest manner. The tyrannical and domineering parent plays a great part in a child's sense of inferiority and throughout life it may on this account be constantly ill at ease, shy, embarrassed and achieve only half of what it is fundamentally capable.

For the safe passage of the growing child throughout the hazardous channels of infancy, childhood and adolescence, a sure and tranquil upbringing is necessary. I feel confident that one of the major manifestations of parental domination or deprivation is that of an arrested sexual evolution when a boy or girl fails to achieve heterosexuality and is stopped short at the homosexual stage.

Super-rigidity, or excessive demands on a boy or girl, may provoke them to becoming resentful and anti-social. So often one hears adolescents say that they have chafed at restrictions imposed upon them by their parents, especially as regards their evening activities; but what undue harshness may bring about in one young person, undue laxity may produce in another. A treatment and upbringing which must be adapted to suit a boy or girl's pattern of personality is necessary. Turbulent scenes, drinking, quarrels, swearing are bound to exert a profound effect on a child's mentality and on his attitude to society, and violence towards the child itself will most probably be reflected later on in a desire, conscious or sub-conscious, to get its own back in one way or another.

Adolescence.—This is the most difficult phase for the maturing child and calls for a depth of understanding. It is a time when physiological demands are heavy on the body and the mind; a time of waking, physically, mentally and spiritually; a time of mental lethargy; of questioning; of criticism; of "I care for nobody,

no, not I, and nobody cares for me"; a time of introversion, self-analysis, feelings of anti-authority; a time of wide swing of mood—of elation and despondency, of calf loves and sexual perversities; a most malleable phase in a child's career, and a time when parents are sometimes driven to exasperation and become excessively irritable and demanding. The adolescent is beginning to use his wings and fly in a somewhat sporadic, haphazard and clumsy manner.

Many boys or girls who go out in the evenings are inclined to stay out at night; they want to smoke, talk at street corners; dance halls and gambling begin to exercise their allurements; and without home, school, guided leisure or spiritual anchor much morbidity may result. There is conflict caused by bodily demands and rapid development and the outward and visible sign of this physiological change can so often be observed in pustular eruptions on the face. It is a time when much physical outlet is needed and wise occupation for the mind; a time when the most discreet but frank sexual instruction is needed; a time when the co-operation of school or employers, the padre, youth leader and parent is vitally necessary.

Education.—One of the earliest signs of delinquency so often is that of truancy and this is frequently untreated and the cause not detected.

A child is most probably playing truant because it cannot keep pace with the other children in the class and the lessons are distasteful and incomprehensible; abundant individual attention is necessary and, if possible, a special school. It is hoped that when the number of special schools is increased the amount of delinquency, predominantly due to incompatibility with ordinary school life, will lessen considerably. At the moment there are not nearly enough

Juvenile Delinquency

R. G. E. RICHMOND, M.R.C.S., L.R.C.P.,

Fellow of the Philosophical Society of England, Medical Inspector, Children's Branch, Home Office.

CAUSATIVE FACTORS

JUVENILE delinquency refers to delinquent acts committed by children from the age of 8, when criminal responsibility can first be imputed, to the age of 17. Children, as designated by the Children's and Young Persons Act, 1933, are those with an age range of 8-14 and young persons from 14-17.

For the sake of simplicity reference to children indicates boys, girls and young persons.

The children of this and other countries have recently experienced the greatest trauma in world history—enemy action, breaking up of family life, and added temptations.

Undesirable features in the home and in the boy or girl which point to possible conflict with society must be clearly understood.

Causation of delinquency may be inborn or acquired. Research has shown that no criminal tendencies are inherited as such, but certain mental characteristics, and in a lesser degree physical disabilities, predispose to a social behaviour.

The main categories of the delinquent boy or girl, psychologically speaking, can be described as follows:—

1. *The mentally defective child*—certifiable under the Mental Deficiency Acts (mainly the feeble minded child).

2. *Children not mentally deficient in the strict sense*—the retarded, educationally subnormal and mentally inefficient children. These find their way into the courts in higher proportion, but as more special educational facilities become available improvement is hoped for.

3. *Children with psychopathic personalities*—a small group of children with personalities by nature of which the child shows a serious lack of insight, though not amounting to insanity, and by nature of which an excessive frequency of anti-social acts or grave offences are committed. This group includes the schizoid, a member of the diagnostic family of schizophrenia (dual personality). A serious degree of psychopathic personality may be described as pre-psychotic.

4. *The true psychotics*—truly insane, predominantly due to heredity, but due also to acquired organic disease though the latter is really an environmental cause.

5. *Epileptic children*—their condition is often hereditary, and may predispose towards delinquency. The electro-encephalograph—a machine for recording electrical impulses from the brain—now greatly helps in the diagnosis of epilepsy.

6. *The maladjusted child*—with emotional disturbance as a primary factor.

Inborn physical factors which may portend susceptibility to delinquency are frailty of physique or super robust and energetic physique, but there is no such entity as a criminal pattern of personality. At present there is no scientific proof of any disordered or unbalanced endocrine system peculiar to delinquent children.

Physical disabilities.—Physical disabilities and abnormalities may accentuate susceptibility to delinquency, but there is no conclusive evidence to support this view. In the general treatment of the delinquent child it is manifestly desirable to do all that

is humanly possible to remove any sense of inferiority or handicap produced by stammer, defective vision, muscular wasting and unpleasant disfigurements.

Lefthandedness is worthy of especial mention. It is thought that provided the capacity of the lefthanded child is wisely guided to its fulfilment and that no compulsion is exerted to turn the child into a right handed one no harm ensues. It is necessary, however, to appreciate how many additional difficulties the lefthanded child has to encounter. To be consistent, for instance, he should write and read from left to right; he should have the inkpot on the left hand side of the desk; he should write backwards. The left handed child has a greater struggle than the right handed child in very many aspects, but there is no justification for asserting that left handed children have greater susceptibility to delinquency.

Environmental factors.—No action can be said entirely due to hereditary influences and none entirely due to environmental; both play their part, but it can be indicated which ones are considered to be weightier in any particular instance.

Scientific opinion holds that there is no evidence to show that delinquent acts are the result of maternal trauma whilst the infant is in utero. Probably the greatest environmental shock received by a child is his expulsion from the security, warmth, and comfort of the womb. It is logical to assert that this shock can be minimised if the infant obtains the security and affection fully imparted by breast feeding, and not by bottle feeding.

Home.—The nurture in the home is the greatest factor in influencing the child in its subsequent external relations. In the home the child experiences its most impressionable

years in a miniature world and society. A child's moods and reactions are pitifully dependent on this and the family group in which it lives and moves and has its being; its feelings and actions throughout its life are a harkback to those experienced in the home. The conduct of all of us in the home is far less inhibited than our conduct elsewhere and the child has to bear the full brunt of it. It craves for security, stability and consistency. Parents are so apt to give rein to the more primitive emotions towards themselves and their offspring, such as bickering, jealousy, possessiveness and selfishness, which are all the more evident in an overcrowded home where spaciousness and privacy are out of the question.

Social workers are only too well aware of the menace of alcoholism, the added burden of the lodger with all its inferences, the mother-in-law, the shared kitchen, the spiritual and mental stifling by ugly and sordid surroundings, lowering of morale and health by a lack of hygiene and by dilapidation, the damaging effect of the presence in the family of other delinquents. The family unit is the nucleus of our Christian civilisation and if that nucleus is pathological the whole structure totters. The spirit of the child flies to beauty in fantasy, in its only too often vain search for beauty in reality, and only too often even fantasies are denied or very short-lived. Religious instruction and worship is unknown in a large proportion of homes.

The child of a large family living in a densely populated area is starkly in contact with human emotion and especially with parental emotion and relationships, relationships which are fundamentally part of the child's mentality. Freud has shown how the subconscious mind in infancy upwards is acutely aware of emotional jealousies and conflicts in our relations with our parents. He has shown how

the increasing demands for their services. I would emphasise that young delinquents need education in its very widest sense and perhaps for many the academic side should take second place.

The essentials for problem behaviour, I would submit, are methods which make the utmost of the richer, creative qualities in the individual, with the greatest possible scope for self-expression and fulfilment.

The delinquent child needs a spiritual background and discipline and means of learning within its capacity, plenty of craft work to the extent of occupational therapy with its multitudinous facilities—weaving, spinning, embroidery, knitting, crochet and rug making, basketry, wood and metal work, printing, book-binding, painting, drawing, pottery, perspex and plastic work, bee keeping, pets, horticulture, young farmers' clubs and group activities, such as folk dancing, dramatics, puppets, play reading, discussion groups and so on.

So often a child is a delinquent largely through sheer lack of outlet and lack of an acceptable channel for the basic inquisitive and acquisitive qualities in its make-up. So much of what appears to be wanton destruction is a foundation of creation and production. With suitable opportunities for creation there should be little or no incidence of the malicious thoughtless damage we see young people committing. I fear craftsmanship has been losing its nobility, yet it is a training which supplies to the boy and girl dexterity, initiative, interest, outlet and suggestion.

The ideal, of course, is to give children an opportunity to work with material and animals "from the raw" and to share in the production of the finished article—for instance, I know of one school (not a Home Office

School) where sheep are kept, the wool obtained, dyed, spun, woven and tailored. Indeed, much of this craft work is possible at home.

The younger child will soon get into mischief if let unsupervised for any length of time, running wild in blitzed houses, or enclosed premises, stealing from shops and barrows; and the saddest sight is to see a child begging.

The older child especially needs group activities, church, boys' or girls' clubs, scouts, guides, youth centres and so on. But I feel we should add a word of warning: sometimes too much is attempted and home-work tires the child before the evening leisure activities begin.

One of the problems of the child leaving school early is to fit it into the most suitable employment. Apart from those who are seriously unstable there is a large number of young people who are put out to do work which is thoroughly unsuitable and they go from job to job, finally exhausting their effort, and trouble comes along. Vocational aptitude tests are rapidly assuming scientific accuracy and it would seem hopeful that in time most children would be included in these tests. It is especially difficult for youngsters, who have little or no mechanical aptitude, to be thrust into a hubbub of machinery and to be expected to perform a monotonous, mechanical task which is abhorrent to them, when really, for instance, they are more suited to farming, printing, journalism or clerical duties.

The cinema.—There is a great deal of disagreement over the influence of the cinema. It would be borne out by child psychologists, I think, that as regards the majority of young delinquents it would be difficult to include the cinema as a major or even a minor factor in their problem. A large number of young people go to the cinema with excessive frequency,

not with the intention of being thrilled or glamorised, but for warmth, comfort and a want of anywhere better to go. A constructively occupied leisure time and happy home life should leave little time for monotony and need to escape from it; the cinema has the potentiality for education, for beauty of form, scenery, drama and music. If such films are enlightening, if cinema going is planned and not indulged, then to visit films of high quality must be of benefit to young people.

In the environmental factors influencing behaviour there is often present in the young delinquent a great capacity for leadership and responsibility, and if this is denied sometimes quite serious delinquency ensues. A boy may become a leader of a gang and commit spectacular offences. Sometimes a boy in a public school who has been the despair of the housemaster and headmaster may eventually find his metier and become an eminent and brilliant leader, and I think many such children have never been put in the way of satisfaction and fulfilment of their dynamic initiative, and exploits of excitement and adventure are sought illicitly if they cannot be obtained otherwise. I was reminded of this especially when reading the review of an autobiography published

recently of one of our most able and renowned admirals. He was expelled from one wellknown public school, having committed robbery of a school fellow with pistol and cartridges, but at another school his genius was watched and he was given trust and responsibility and made a prefect.

Acquired illness.—In the environmental factors influencing behaviour we must not forget to include illnesses, which have been acquired during infancy and childhood, with an especial reference to those affecting the brain and central nervous system, such as encephalitis lethargica and the meningitic infection such as cerebrospinal meningitis. These illnesses cause damage to the brain and nervous tissue and there may be subsequent personality changes, e.g., Parkinsonian expression, etc., but the significance of this as far as delinquency is concerned is relatively slight.

Shock if linked up with other major factors may be an explanation for some delinquency, but it is unlikely to be a sole predisposing factor. The actual experience of bombing appears to have had less effect upon the behaviour of children than the subsequent breaking up of the home and family life.—*Mother and Child.*

NASAL SINUSITIS IN CHILDREN

Dr. J. Gerrie (*The Medical Press*, March 10, 1947) points out that infected sinuses in children play an insidious and dangerous role. Not only is sinusitis common in children, but it is very disabling. It is not likely, however, that infected sinuses are important as foci of sepsis. The commonest symptom is a nasal discharge which is present not only when the child has a cold but persists between the attacks. The nasal passage is obstructed on one or both sides due to swelling of the mucous membrane. The patient is never free from colds. The cough is characteristically dry and hacking. It comes on when the child goes to bed. There may be sore throat as the result of dryness due to mouth breathing or tonsillar sepsis. The child may occasionally suffer from headaches and is generally anaemic and debilitated. Removal of tonsils and adenoids has no effect on a sinusitis, nor have nasal drops and sprays. Antral puncture and lavage are always indicated in such cases. The latter should be carried out at weekly intervals until the antrum has been completely cleared of pus. In the presuppurative stage vitamin A may be of value. Operation is seldom necessary in sinusitis when it occurs in children and should be carried out only after repeated lavage has failed to clear the sinus of pus. Certainly operation should not be attempted in the child until all other methods of treatment have failed as the results are far from being good.—*Medical World.*

Topics from Medical and Health Periodicals

Psychological factors in skin diseases.—Dr. R. Klaber (*The British Journal of Dermatology and Syphilis*, January, 1947) points out that it has long been recognized that psychological factors may have an influence upon certain skin diseases. He states that seborrhoeic subjects are especially prone to secondary staphylococcal infection which may result in sycosis, recurrent boils and impetigo. Emotional conflict may be present in such cases and sometimes more beneficial results are obtained by removing the cause of the conflict than from previous X-ray, penicillin and other local treatment. The relation of fatigue coupled with anxiety is often seen in the case of recurrent boils, especially when no obvious physical cause is apparent. The same background may be encountered in the case of recurrent hordeola.

Dwarfism in healthy children.—The use of testosterone as initial treatment for the stunted growth of nutritional dwarfs seems illogical; correction of emotional and nutritional inadequacies commands first attention. On the other hand, when correction of these factors fails to accelerate growth and when the possibility of hypothyroidism has been ruled out, the daily oral administration of about 20 mg. of methyl testosterone for one or two short periods [i.e. about three months] may, especially in retarded boys of adolescent age, be followed by an acceleration in spontaneous growth and maturation processes. It cannot yet be said that such hormonal therapy is free from permanently harmful effects on testicular function. —Talbot, Nathan B. et al., *N.E.J. Med.* 236: 783, (May 22) 1947.

The dearth of doctors.—The benefits which the people will derive from the remarkable discoveries which medical science has made and is making will be curtailed by lack of physicians. Dr. William Parran, Surgeon General of the United States Public Health Service, estimates that from 1940 to 1960 there will be an increase of thirty-four thousand in the number of physicians (*Journal of the American Medical Association*, Vol. 133, p. 1047). The growth of population alone would require twenty-seven thousand more. However, the demand will be much greater than before. One reason for this is that the improved methods are appreciated and people will be more inclined to take advantage of them. Another factor will be the higher national income. A third will be the spread of prepayment plans for medical and hospital service. This will lead to more frequent visits to the doctor. The Army, Navy and Veterans Administration will call for sixteen thousand physicians. New hospitals and medical cen-

ters must have skilled practitioners. Dr. Parran estimates that there will be a deficiency of thirty thousand by 1960. There is need of ten thousand additional psychiatrists. The number of industrial physicians is now four thousand, but this should be doubled. There are now seventy-five thousand dentists in active service, while one hundred and sixty-five thousand are required. The three hundred and eighteen thousand registered nurses now on duty should be increased to three hundred and sixty thousand as a minimum. Dr. Parran suggests Federal aid for medical students.

The menopause.—Dr. C. Stewart Taylor (*North-West Medicine*, February, 1947) points out that endocrine therapy should be reserved for those patients who have definite depressive symptoms as the result of estrogen deficiency. In general, the hot flashes disappear and there is a sense of well-being experienced. Estrogen, however, does not influence the physical disorders of the menopause. It is best to give stilboestrol 1 mg. daily by mouth, but often 0.2 or 0.5 mg. is quite effective. Hormones should never be given to women near or at the menopause age unless they are experiencing hot flashes as stilboestrol and the other estrogenic hormones may cause menorrhagia, metorrhagia, lumps in the breast and painful breasts. The amount of stilboestrol must be gradually reduced and finally stopped altogether. No patient should use it for months and years.

Care of ingrowing toenail.—Ingrowing toenail is a common and painful condition resulting from three factors which may be of varying degrees. They are infection, mechanical insult by the shoe, and deformity of the nail. Dr. Theodore L. Hyde gives advice to the afflicted in *Northwest Medicine* (Vol. 44, p. 252). He says that paronychia infection may occur even if the toenail is normal. This ailment is readily recognized on the finger, where it is called a felon or whitlow, but may not be identified in its early stages on the foot. The remedy is merely immobilization and cleanliness. Shoe pressure is the chief cause of ingrowing nails, but the patient may be unwilling to adopt proper footwear. The nail deformity may usually be corrected by prolonged use of absorbent cotton packing between the nail and soft tissue. The natural growth of the nail will eventually produce the desired improvement in its shape. The nail should be permitted to grow out so that it can be cut square across the end, with both lateral corners exposed. Complete paronychia (runaround nail) is notorious; chronic. Some nails are so badly neglected and deformed that surgery is necessary. —*Good Health*.