PEOPLE'S HEALTH

EDITOR
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RE. ONE

VOL. IV SEPTEMBER 1950 NO. 12

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ROYAPETTAH,
Madras, 14.

MANAGER,
'People's Health.'

PEOPLE'S HEALTH

A Pioneer in the Field of Public Health

Vol. IV **SEPTEMBER, 1950** **No. 12**

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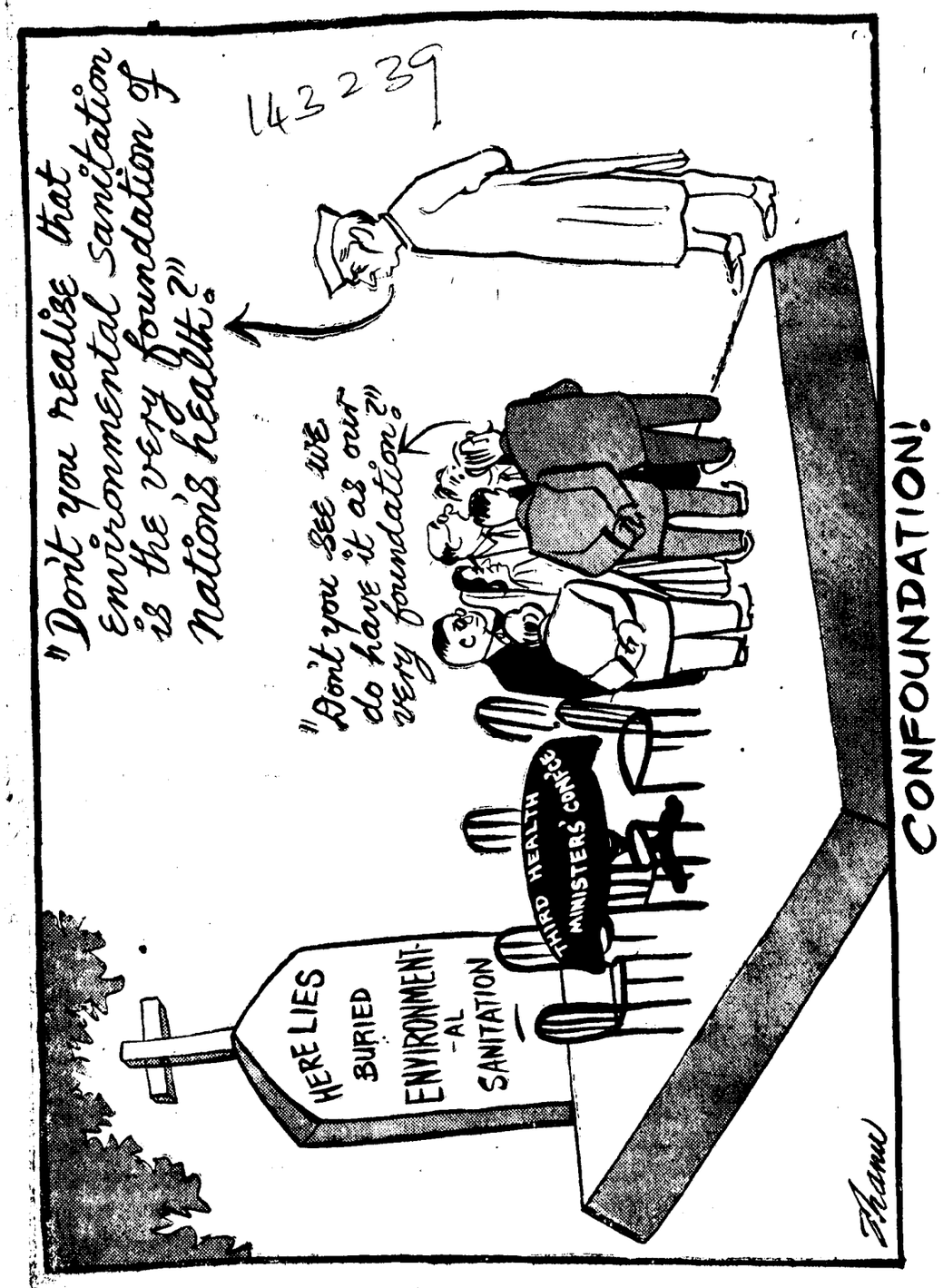


PEOPLE'S HEALTH

VOL. IV No. 12 SEPTEMBER 1950 ISSUED MONTHLY

EDITORIAL . . .

Finish each day and be done with it. You have done what you could. Some blunders and absurdities no doubt crept in ; forget them as soon as you can. Tomorrow is a new day ; begin it well and serenely, and with too high a spirit to be cumbered with your old nonsense.

—R. W. EMERSON

THIRD HEALTH MINISTERS' CONFERENCE

SEPTEMBER has been an eventful month. The Health Ministers of various States met in New Delhi and dispersed after being addressed by our Prime Minister and making resolutions that sadly fail to reflect his views. The distinction which Panditji so sensibly drew between what he termed "private" health or the provision of facilities for *treatment* of diseases and "public" health or the *prevention* of diseases by improving living conditions, and providing food and water, was evidently lost on the conference, which did not care to include, even as a token, a resolution emphasising the State's primary responsibility to attack disease at its root. Our Prime Minister's inaugural speech was, as usual, extempore, emotional, logical and practical. His speech, for one, was not the product of sedulous and conventional office-noting trimmed for the nonce by officials of a slightly higher category, and read out in an unimpressive monotone. Sound commonsense prevailed throughout Panditji's address ; and it is commonsense that appeals to the common man, not platitudes or jargon. We cannot however help feeling that the pearls of wisdom which Panditji threw (to change the metaphor) had on the assembled Health Ministers the effect of water on a duck's back.

In a way, many are probably glad that problems like Kashmir and misfortunes as in Assam keep continually threatening the country and engaging all the time and attention of the Prime Minister. Were he left less busy he would be tempted to investigate the working of departments like Health and find out for himself where the rot has set in. The Prime Minister has today so many grave issues on his mind that he has left the conduct of the Health Ministry severely to the Minister, who is, therefore, comparatively free to lay down whatever policy is advised and go ahead. Ordinarily Panditji might have taken a serious view of the way in which his passionate appeal for better living conditions was ignored by the Ministers in conference. The circumstances today are such that he is physically unable to verify if his correct leads on matters like health are taken due note of by his colleagues. We are, however, hopeful that a time will come when, freed of the ticklish problems, national and international, Pandit Nehru would turn his eyes upon his Health Ministry and see how earnestly living conditions are being improved.

Our regrets at the non-inclusion of a resolution supporting Panditji's stand, would vanish if something is done by the States *in practice* to improve living conditions. After all, the importance of environmental sanitation is no recent discovery; lip sympathy has never been grudged by anybody. Now that the *highest authority* in India has spoken, will the States' Ministers move in the matter and achieve something worth mention before the next conference?

In this connection, it would be well to point out the inadequate arrangements for publicity made at New Delhi, to carry *full* reports of the speeches of the Prime Minister to all the newspapers of the country. Leaving this solely in the hands of the PTI, who after exercising their talents in epitome, flashed abbreviated reports to the four corners of India is undesirable. How nice it would have been if the Health Ministry itself had immediately stereoed the *full* text of the speeches and air-mailed them to the various papers! We would then have read *in extenso* the speech of our Prime Minister, the next morning, instead of choice portions culled by the editors of news agencies. We reproduce elsewhere in this issue the full report, unabridged and unexpurgated, of the Prime Minister's address. It is worth one's while to read it fully.

WHY ALL THIS SECRECY?

We understand that the Press and the public were not permitted to be present when the Health Ministers of the country conferred. Why should the session have been held in secret, if

responsible authorities discussed a matter of concern to every citizen of India, the health of the nation? Was it a conference to promote nation's health or was it a conspiratorial council *against* the health of the nation?

The resolutions alone which were passed at the conference were released for publication. The view-points presented by the various Ministers of Health were not available to the public. Why? These resolutions by themselves interest no one very much. Their paper value gives no food for thought. If the actual *views* of various States had been published, one could gather the general trend that the large policies would take. As it is, the resolutions mean not very much.

This desire for secrecy has apparently spread even to the Regional Conference of the WHO held recently in Kandy, Ceylon. It was given to Mr. Badarinayake, the bold and efficient Ceylon Minister, to protest against the secret session and demand the conference being kept open to the Press. We are glad to note that the conference yielded to his protest and permitted the Press to attend. It is of course open to any assembly to exclude the Press during any portion of a debate, which in the opinion of the assembly may be considered confidential. We do not however see how any aspect of the health of the nation can be considered 'confidential'.

A RIGHT STEP

Col. C. K. Lakshmanan, the leader of the Indian Delegation to the conference of the South-East Asia Regional Committee of WHO, deserves to be congratulated for pressing the proposal to give the highest priority to environmental sanitation even to the exclusion of other items of work to promote nation's health. So far as South-East Asia is concerned, the WHO should have realised or at any rate should now realise that the low level of the health of the people inhabiting this area is primarily due to the gross insanitary environment in which they live. The WHO has recognised that a nation's health cannot be built on a substructure of poor sanitation. The Bhore Committee have also recognised that

> "the creation and maintenance of an environment conducive to healthful living may be considered to be of even greater importance because, in the absence of such provision, the services rendered by the doctor, nurse and other members of the health organisation will *largely fail* to produce the desired results. In the campaign for improved health, *drugs, vaccines and sera* can in no way replace *such essentials as a hygienic home, good food, fresh air and a safe watersupply.*" (Italics ours).

In addition to this praiseworthy effort Col. C. K. Lakshmanan has also stressed another important point. He suggested that maximum use should be made of *local* personnel,

cutting down foreign aid in that direction to a minimum. In saying so, Col. Lakshmanan has merely voiced the opinion of many Indian Health experts. We trust that what was said of "personnel" applies equally to "experts" as well. Then the feeling that the WHO sends out too many *experts* to countries where there are already capable local experts, would go. In Col. C. K. Lakshmanan, we may safely say, we have a competent representative at such conferences. We need a man like Col. C. K. Lakshmanan to put his foot firmly down; not a person to shilly-shally and fall a prey to foreign unctuousness and blandishments and do what would suit *others* admirably.

ENVIRONMENTAL HYGIENE COMMITTEE

The Government of India constituted a special committee to consider the question of environmental hygiene. The committee was appointed in June, 1948. Its report was submitted to Government in October, 1949 and copies of the report were made available to us on 6th September, 1950! There is nothing to indicate that copies of the report were circulated to the Press. It is an interesting but sad contrast to the fanfare with which the Bhore Committee Report was hailed in this country and abroad. That report was held as a veritable Bible on our nation's health. This very Bible recognised the importance of environmental sanitation as referred to above. But no enthusiasm of any kind has been so far exhibited on the report of the Environmental Hygiene Committee. One also gets the impression that the Ministry of Health is not very anxious to give wide publicity to the report, lest the public should demand that something tangible be done in this direction to the exclusion of wild cat plans and programmes to which we have been already committed by the flounders of an infirm administration.

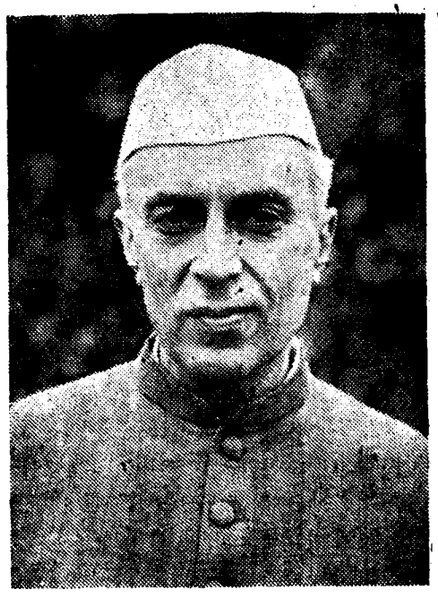
PLEASE LOOK FORWARD

The report of the Environmental Hygiene Committee of the Government of India to which a reference has already been made, will be analysed in a series of articles commencing from the next issue of PEOPLE'S HEALTH.

Attention will be drawn to the highlights and sidelights as well the proceedings of the committee of experts. Sri A. V. Raman was a member of the committee. He resigned his membership just a month before the committee finalised its report. He resigned from it "on grounds of Health".

THE THIRD HEALTH MINISTERS' CONFERENCE

INAUGURAL ADDRESS



by

THE HON'BLE
Shri Pandit Jawaharlal Nehru
Prime Minister of India

The Third Health Ministers' Conference was commenced at New Delhi on the 30th August, 1950. The conference concluded on the 2nd September, 1950. We would earnestly request our readers to peruse Panditji's address. It would be observed that for the *first* time in the history of the administration of this vast country that a responsible statesman gave a *right lead* on the national health policy. Panditji has made it clear, in effect, that the curing of diseases is the concern of individuals and the creation of healthy environment is the responsibility of the State.

—*Ed., P.H.*

FRIENDS, two years ago, I am reminded, I came over to attend, inaugurate or open one such gathering. I have not the least recollection of what I said on that occasion. I have no doubt that on that occasion we uttered several *platitudes*, as we always do on such occasions. I have no doubt also that we meant them and that most of us, if not all, tried our best to give effect to such policies and programmes as we decided on. But the fact remains that while we make progress in various directions, somehow the overall view is very very far from satisfactory. I am not for the moment talking about the activities of Health Ministers but the general activities which

go to promote the public good. Whether it has been our fault or the fault of circumstances which were beyond our control, I do not know. Normally speaking, of course, it is not right or justifiable to blame the stars for our own failings.

The Real Test

We are judged by results. A commander in the field of battle is judged by his victory or defeat in the field and the longest and most eloquently written report of his failure is not enough. Historians may consider later on on whom the responsibility lay for success or failure but the fact is that the battle has been either won or lost. Therefore, the only real test of any report you may write or I may write is victory or what we have achieved. There is also another thing connected with it, namely, not only what we have achieved but it is almost as important *what people think we have achieved*. That is important not merely from the publicity or propaganda point of view but because when you have to undertake vast social schemes it is highly *important what the people think of them*. Because you cannot attain success without people's co-operation, you cannot attain success without raising the morale of the people in that direction. If the people think that you are going ahead or that the country is going ahead, their morale goes up and thereby their capacity to work goes up everywhere. If the people think that we are where we were or worse, their morale goes down, their desire to help goes down, their capacity to work goes down and this affects you and me and everybody else and all our work suffers. Now, of course, there are many kinds of work, very important work, which do not show immediate results, many kinds of research work which the public cannot judge. In fact, the public may even be rather amused or critical about it, and yet they are highly important and any country must carry on those works of research so that they may yield results in future.

Public Health

Nevertheless, the important thing is the results achieved in the present, and the standing and appreciation of those results. That is to say, the results must have a social bearing. It is not much good from the public point of view if some laboratory could do something which is odd and unique. Of course, it may have some bearing on future results, but generally speaking this question must be looked upon—whatever the aspect may be, whether it is health or any other aspect from the general point of view of the social well-being and advancement of the people as a whole. I should like to lay stress on that. As you know, more and more stress on this aspect is laid all over the world. In fact, the whole science of medicine which some hundreds of years ago or even less was largely concerned with what might be called individual treatment, has changed its outlook. Of course, there is still that aspect of individual treatment, but that is a very minor aspect of the problem, and *certainly from the State's point of view it is infinitely less important than other aspects of importance the general public health, sanitation, hygiene, etc.* The whole conception of health and medical treatment has changed in the last few generations and because that conception has changed, because people

have looked more towards the public health and not towards the private health of individuals, there has been a tremendous improvement not only in the public health but also in the private health which follows. If you pursue private health you will have individual health here *and there but generally speaking it does not make much good.*

Now, public health is—I am repeating something which I said earlier—something that is obvious and trite, nevertheless trite things have to be repeated again and again. *Public health depends far more on other factors than just drugs and medicines.* It depends primarily, I should say, on enough food to eat. What is the good of your trying to treat a man who is starved or who is under-nourished? He is weak, he cannot resist disease. If you treat him today, he goes back again because he has not got the wherewithal to live. *Public health depends, I suppose, next on relatively decent living conditions, that is, housing. Housing seems to be more important than all the medicines in the world, from the public health point of view, next only to food partly because of this fundamental idea of changing the environment, of providing environmental hygiene. Not only are its effects physical but they affect the mind, too, tremendously.*

Food

So, from the health point of view you branch off into subjects which are not directly concerned with you at all and yet which fundamentally affect, that is, the question of food and housing. Of course, there are other things too—you might say education comes in but leave them for the present. *I would like to lay stress on food and housing.* Well, we have been talking a great deal about food. In the last two months or so, to our great misfortune we have had to face great calamities. If we had met three months ago and if I had then referred to the food situation of the whole of India, I would have struck a hopeful note. I might have said that in spite of difficulties we have turned the corner, and so on and so forth, and I would have been right in saying it—it would not have been wishful thinking. And I think that the good that we have done in regard to grow-more-food and other schemes, *in spite of a great deal of waste*, is a basic and substantial good which will endure and which will pay us dividends in the years to come. So, if I had said three months ago that the food situation was satisfactory and we have turned the corner, I think I would have been more or less right.

And yet, today we have to face a difficult situation for a variety of reasons, chief of them being failure of rains in many parts and tremendous floods in other parts, failure of rains in Madras and floods in Kathiawar, Orissa, Bihar and U.P. There is an amazing succession of these unfortunate calamities. On top of these comes this tremendous earthquake in Assam which, the more we learn of it, the more we find is of a colossal character, bigger than even the earthquakes we have known. We do not yet know what exactly the damage is. The fact that that area of Upper Assam is relatively thinly populated, is not a so-called developed area, is the reason why the loss in human life and human property is not so great as it might have been in a more populated region, but still it is heavy.

And apart from that actual damage, we have to face today the problem of people marooned and rivers changing their courses. Hills have disappeared and the whole of Upper Assam has changed. I hope to go there in the course of two or three days.

So, because of all these ravages, we have been put on our trial as a nation, such a trial which few occasions, even war, could put a country on. Therefore, we have to realise in all its fulness the gravity of this problem—not one problem but all these problems that face us—we have to realise the extreme gravity in every way and if the sense of urgency that we should have in dealing with it. I have, if I may say so, for the moment lost interest in long-distance schemes which you are going to do in a few years later, as one has to, when there is a grave sense of urgency.

Housing

Then take this housing problem which is not quite as important as the food problem but which is nevertheless of extreme importance. We were discussing this in our Planning Commission the other day and the result of that discussion was an immediate realisation of the overwhelming character of this problem. *The problem, of course, was bad enough, say, ten years ago—very bad. Living conditions, workers' conditions, peasants' conditions, every condition was bad. It progressively worsened during wartime, and all that has happened since then—the partition then the refugees and displaced persons—has made it a stupendous and overwhelming problem. And yet, what exactly are you going to do in your Education and Health Conferences if a person has to live in a gutter, if a child has to live in a gutter? What is the good of your talking of health and education without housing, which is the basic thing. A person should have fair sanitary living conditions, if not luxuries. You go to cities like Bombay or Calcutta. It makes one despair to see the conditions in which people live there.*

Now, I have laid stress on two matters: Food and Housing, which I consider basic to health. These are not normally within your purview and probably your Conference will not consider them (?)

State Control

Now, I just referred to the gradual change-over during the last *few generations from the idea of individual treatment for disease to the idea of public health.* From the Government point of view, this idea is very important. It is gradually being spread more and more and social systems of medicine and treatment are being adopted, something in the nature of what is being done in, say, England: the State coming in and taking charge practically of the whole population. In the ultimate analysis, this is not only good in itself but probably cheaper in the end: that is to say, cheaper not in the sense of the cost in terms of rupees, annas and pies, *but in the sense that if you raise the general health of the nation, the whole productive capacity, the whole mental and physical well being of the individual and the nation increase and the money you spend upon it is very well worth while. We must progress in this direction.* All these things cost money and money is just the thing that we lack, and yet, may I tell you that while we lack money and while that is a great drawback, *I do not think in the ultimate analysis it is money that comes in the way.*

The Human Factor

Money does come in the way and delays matters. *But it is the human factor that counts more, in my opinion.* Even if we had all the money in the world, we cannot obviously suddenly or in a short time raise our standard to the standard, say, of America. We just cannot do it. Whether it is worth while or not is another matter. We just cannot do it all on a sudden. It takes time. And we have to take things as they are and taking things as they are, I should like money but for the moment there are things which are infinitely more important than money and I go back again to the human factor, *the morale of the individual,* his *capacity to look at things; to have some objective in view and looking forward to it and working for it.* If you have that in the people, progress will be far more rapid than if you do not have it and have all the money in the world. I want you to remember this. Money is important undoubtedly. In the modern world it is. But infinitely more important *is the human factor. Money minus the human factor will not go very far, but human factor minus the money will take you some distance, though not very far.* Therefore, we must think always of the human factor and of getting public co-operation and public understanding in the things that we do. It is not perhaps the expert's job. I realise that. I cannot expect each one of you to go into these things and approach the public and convert them or make them understand. It is difficult, but I am merely putting to you a certain governmental point of view, because I should like public service to approach this and other problems. But even experts as you are, if you keep that viewpoint before you, it will help you I think and it will help others too.

Indigenous Systems of Medicine

Now, I find from your agenda that you are going to consider reports of the Indigenous Systems of Medicine Committee, the Homeopathic Enquiry Committee, etc. There has been a considerable amount of argument and discussion on this. I understand that our Health Minister is going to address you on this subject. I have some inkling of her views, because she has expressed them to me on several occasions, and she feels fairly strong on this subject. First of all, we have to be clear in our minds about the public health aspect of this question *which the Government has to consider as being more important than the aspect of individual treatment. In so far as public health, sanitation and preventive aspects are concerned—I speak subject to correction—* I do not know that much attention has been paid by the older systems of medicine to them at all. So that, from that point of view, there is a vacuum or something near a vacuum. If you want to consider anything from the public health aspect, you have to adopt what are called modern methods. Now, what does this word 'modern' mean? *A thing that is modern is not necessarily good because it is modern; and a thing that is old is not necessarily bad because it is old.* Similarly, the converse is also to be considered. *A thing that is old is not necessarily good because it is old; and a thing is not necessarily bad because*

it is modern. Now, if you look back to the development of science and the applications of science—and as a portion of that, the development of the science of medicine—it is a very interesting history. In early days there were various theories in the domain of Physics and Chemistry; in the domain of medicine, etc., in India, in Arabia, in Europe, in Greece, in Rome, etc., and gradually, step by step, old theories changed as more experience was gathered and new methods were adopted. There were also new methods of understanding, of approach and ultimately of treatment too. In other words, you are building; each successive step that you take is building on an old experience. If you adopt that method, that approach, then what has been achieved at one time becomes out of date. If you attain perfection, then of course there is no question of building over it. There you stop. I do not know if it is possible to say of any activity in human affairs that is perfect. If a human being becomes perfect, that human being, if I may say so without disrespect, at once attains *nirvana* and is out of our sphere of action. It is only imperfect people who function in this world. Perfection means a complete solution, a complete balance of everything, and going off into some other sphere.

So it is absurd for us to say that any system, any thought or any line of activity attains perfection. It would be equally wrong for us to say that any system of medicine, at any time of history—including the present time—has been anywhere near perfection. What Dr. Jivraj Mehta or any other eminent doctor would advise their patients to do today, he might not ten years later, on account of a new development. You may strongly recommend something to day something new happens and you revise your opinion. That is the way of advance—having an opinion, accepting all the experience that lies behind you, and adding fresh experience and knowledge to it.

I say that, because it is obvious that the old systems of medicine of India, the Ayurvedic and Unani systems, have been great systems. There is no doubt about the fact that they are famous systems. In their own day they had quite a large influence not only in our country, but in far-away countries. Harun Al Rashid sent for Indian physicians to cure him. Our systems went to Arabia and to Europe and influenced the systems of medicine there. So, there is no question about the fact that India has a very creditable record in the field of medicine in the past. It does not, however, follow from it that we must imagine that that was the *summum bonum* of the systems of medicine; nor does it follow either that you should ignore it and put it aside as worthless.

The Scientific Approach

What then should our approach be? Obviously, in a sense our approach should be one of trying to profit by past experience and integrate it with the best in other systems. One approach, I would, for want of a better word, call the "scientific approach" the approah of a knowing mind, an experimental mind, which is prepared to accept anything which factually or theoretically justifies itself, and going ahead on the basis of it, so long as it justifies itself. When something else justifies itself, take that.

That is the scientific approach. In theory, at least what is called modern medicine is based on that scientific approach. *I am not prepared to admit that every practitioner of modern medicine practises the scientific approach. I think many of them are very far from scientific in their outlook, or in their work.* But a scientific approach is essential in whatever domain of life you are functioning. If you do not have that approach, you lose yourself, or you will get stuck up. You won't make progress at all.

I dislike, I may tell you, calling this modern system of medicine as 'Western' medicine. I think it is a wrong thing to do, because it is as much Eastern as it is Western, because it has grown out of what we have done here and what the Arabs and the Greeks have done in their countries. So, to call it 'Western' is just giving credit for others and not giving yourself credit for something that we did. It is just as some people calling the modern system of numbers as 'Arabic'. As a matter of fact in Arabia they are called Indian figures. The invention of the zero and the decimal system two thousand years ago is one of the most amazing instances of Indian genius. It is one of the greatest discoveries of any time. And to call it a 'Western' or 'Arabic' system seems to be absurd and wrong. So also to call modern system of medicine as 'Western' is completely wrong. Certainly, the West had a great share and a dominant share, too, during the recent past. But the whole thing is based on generations of experience of India, Arabia and other countries. It is this concentrated experience that is known as modern medicine.

Integration Desirable

Now, there is no doubt at all that Ayurvedic and Unani systems have excellent remedies. There can be no difficulty whatever in the integration of all the old and tried remedies of Ayurvedic and Unani systems with any other system. It is fairly easy and, in fact, as you know, many of them have been integrated in that way. The difficulty arises not in integrating the various remedies, but it is a little more basic and fundamental. And that again takes me back to this scientific approach.

I believe that an Ayurvedic physician thinks and talks in terms—you will forgive me if I am wrong—of *vayu, kuff* and *pith*. I am no scientist and I do not wish to go into this matter; but undoubtedly that basic line of reasoning is opposed to what might be called the basic line of reasoning of modern science. Mind you the *vayu, kuff* and *pith* business is very similar to the ideas that prevailed in Europe. It is not a speciality of India. May be those ideas went from India. Everywhere they had that particular type of approach in the Middle Ages. Gradually, by experience and experiments, they evolved different approaches which seemed to them to fit in more with the realities of the case. So, we have to decide very clearly whether the approach is going to be *vayu, pith* and *kuff* business, or any other.

Then again there is this question that many people of India practise some kind of medicine, whatever they might like to call it, including homeopathy, electro-homeopathy and others. There may be nothing against them: they may be very good. But anybody can put up a board and practise

without any knowledge of medicine, or even in that type of medicine. That is an extraordinary thing. It is a dangerous thing which we should forbid. *There must be certain standards which people must reach before they can experiment with human life.*

The conclusion I arrive at is this : First of all, modern system of medicine deals with many aspects of public and private health, surgery, etc., which are practised by other systems, and we have to keep them. Secondly, the approach to any system must be on scientific lines. Our approach must be as friendly as possible, as respectful as possible, but as critical as possible also. We should imbibe and accept all knowledge that we have got and profit by it in regard to medicines, etc. But so far as the basic approach is concerned, I cannot see how we can combine the two approaches, the modern treatment of disease and the older one which prevailed in the middle ages, in Europe, in Asia, in India and which is, to some extent, represented by the background of Ayurveda and Unani, that is, the *vayu, pith* and *kuff* approach to this problem. I do not wish to come in their way. But I would insist that adequate training in modern medicine should be given to every person. I do not mind after he has got that training what system he practises. Provided he has got that training I do not mind, so that I should like the ayurveda practitioner, the unani practitioner, both, to have this training. Let him practise the other thing. But if he has got that training and is prepared to abide by that training he will function more or less rightly. That would apply to homeopathy too. Indeed, where homeopaths and the like practitioners are concerned, in a large measure, the training is more or less the same. I believe so—I am not sure. So, that training should be a common background for all. For people to say that a certain system is cheaper than the other serves no purpose, *for after all the cheapest thing is to give treatment to a patient at no cost at all !*

Modern system of treatment, I believe, lays far more stress not only on preventive health measures but also on more natural treatment, though drugs do come in and have become popular no doubt. But the tendency is there. Fortunately or otherwise, although I have made good friends as doctors, they have not experimented on me too much in my life—either doctors of modern medicine or of ayurveda or unani *hakims* or homeopaths or anybody. *And I believe that the less of medicines and drugs that one takes the better for any individual.* Of course, honestly, I cannot rule it out. There must be an occasion when one has to do it. But there it is that we must pay greater stress *on prevention of disease, on the general raising of public standards of health.*

THE THIRD HEALTH MINISTERS' CONFERENCE

ADDRESS

by

HON'BLE
Rajkumari Amrit Kaur,
Minister of Health, Government of India.

We publish with pleasure the address of the Health Minister, Government of India, who presided over the Third Health Ministers' Conference held at New Delhi.

The noteworthy featue is that the address deals with *private health* as opposed to *public health !* We have commented on this aspect of the question in the editorial columns.

—*Ed, P.H.*

TWO years have elapsed since we last met and those two years have been eventful ones in the life of the country. We have attained the goal of a Republic to which we had looked forward for years and the new Constitutions giving full autonomy to the States has also come into being. All this is to the good. Nevertheless, the hand of financial stringency has lain heavily on us and we are not able to expand our health services or go ahead with health projects as we would like to be in a position to do. And this, in a country whose needs are so vital in the sphere of health, is indeed a sad state of affairs.

Need for Co-operation

Nevertheless, it is a great pleasure to have here again the Health Ministers from the States and their technical advisers for a discussion of health problems which require for their solution the utmost possible co-operation between the Central and State Governments and I welcome you all.

Our agenda this time is short but it contains important subjects such as the question of a common policy in regard to the indigenous systems of medicine and homœopathy, the establishment of a Central Health Council under the provisions of Article 263 of our new Constitution and the organisation

of an All-India Health Service. I shall speak of them in greater detail later during this address, but let me say at the outset that in my opinion the acceptance of a common policy by the Centre and the States in respect of these matters is of fundamental importance in promoting a co-ordinated advance in the improvement of public health in India.

Indigenous Systems are Outmoded

The organisation of parallel health services based on the indigenous systems, homœopathy and on modern medicine which has developed in recent years in different parts of the country is, I feel, a definitely retrograde step. These systems lack some of the essential elements of a complete service to meet the total health needs of the people ;(?) for instance, Ayurveda and Unani have no surgery (?) preventive medicine, obstetrics, radiology and all the more modern developments which are of great importance in the diagnosis, treatment and prevention of disease (?) .

In the circumstances, it is unimaginable that India can deliberately accept the indigenous systems as the bases on which to build her national health services and ignore the claims of modern medicine. Unless the Central and State Governments can arrive at common decisions on this subject and pursue the execution of these decisions on agreed lines in no foreseeable future can I see our country advancing on that path of progressive achievement in the conquest of disease, prolongation of life and improvement of the general health, working capacity and sense of well-being of the people which the application of the resources of modern medical and other sciences has made possible in Western countries such as the United Kingdom where even the hardships and privations of the last world war failed to make an adverse impression on the public health.

Towards the realisation of increasing co-operation between the Central and State Governments the establishment of the Central Health Council and the creation of an All-India Service will, I have no doubt, be of definite value (?) I therefore feel that the present Conference is of great importance in regard to the future health development in India and in our efforts to reach agreement on these matters I would particularly urge that we should be guided by considerations based on the best interests of the country.

Superiority of Modern Medicine

I shall now turn to a fuller consideration of the question of the indigenous systems. The Government of India, after considering carefully the Chopra Committee's Report recommended that a uniform policy should be followed throughout the country in regard to these systems. In laying down its own views regarding such a policy the Central Government was guided by the fundamental consideration that it was essential for India to keep in line with the tremendous progress that is being made in all the progressive countries of the world in the investigation of the causes of diseases, their treatment and prevention. There is no gainsaying the fact that while Ayurveda and Unani were at the height of their glory many centuries ago, they have been outmoded by modern medicine to such an extent that, in the opinion of the Central

Government, it would be wrong to make these systems the bases on which to develop the remedial and preventive health services of the country.

Take the case of an emergency like war. Modern medicine with its highly developed surgery and its wide application of preventive measures to control the spread of infectious diseases can alone deal with a situation such as this. During the last war, in many of the tropical areas of conflict, malaria, dysentery and other diseases were more active agents for the production of casualties among the troops than even deadly weapons, barring the atom bomb, which man's ingenuity has produced. Modern medicine is admittedly incomparably superior to Ayurveda or Unani in dealing with the prevention and control of such infectious diseases.

Again, the home front in many of the countries subject to war conditions was not without its serious problems resulting from the bombing of the civilian population as well as from the shortages in food, clothing and shelter which the war had produced. In the United Kingdom, which had to bear the brunt of German action over a period of years, the application of modern methods of nutrition, the utilisation of sulpha drugs which had come into general use by that time and other appropriate measures helped to keep up such a high standard of health of the people that the general death rate in the civil population during 1941-43 was even less than that during the pre-war period.

These examples are cited in order to show what modern medicine can achieve under the most trying conditions and it would, therefore, be foolish and even criminal for India to decide that her health services should be built on any other foundation than that of modern medicine. It should also be remembered that, during war, the expanding demands of the Defence Services for the best medical aid that can be made available will be met only by the practitioners of modern medicine and not by those who are either pure Ayurvedic or Unani doctors or by others who have had their training in the newer schools or colleges which teach these systems with an insufficient and unsatisfactory background of basic sciences such as Anatomy, Physiology and Pathology. The war period is only a state of extremely abnormal conditions and, if during war modern medicine can meet successfully the difficult situations that arise, it is obvious that this is the system which should be utilised for the more settled period of peaceful conditions during which constructive work on a sound basis becomes possible.

It is recognised at the same time that Ayurveda and Unani do contain certain valuable drugs and medical procedures and it is most desirable that such of these as can be tested by modern scientific methods and proved to be of value should be made available to all mankind. The Central Government is, therefore, anxious to support extended research into these systems and I am glad to learn informally that a Committee, which was appointed by us a short time back have come to unanimous conclusions and is expected to report at an early date. They will, doubtless, indicate the lines on which such research should be organised.

Elimination of Quackery

Apart from research, however, the main question before us is how to eliminate the existing quackery and give to every aspirant the basic scientific training which alone should be the criterion for registration for the practice of the art of healing. It is obvious that India cannot afford to produce doctors who do not fulfil the standards considered necessary by the advanced countries of the world. The Central Government is accused by some persons of a desire to kill the ancient systems of medicine which they claim have survived all these centuries in spite of no encouragement and patronage. I maintain that this criticism is ill-informed and misguided. On the contrary the Central Government is only anxious to ensure that all future medical practitioners shall have a complete course of training in the basic modern medical sciences before they take up training in any other system of medicine. In this way alone will Ayurveda, Unani and Homeopathy be able to make their contribution to the broad stream of medical science which like all other sciences belongs to the world and not to any particular country. I claim without hesitation that this is the best and only way to give practical encouragement to Vaidyas, Hakims and Homeopaths, to raise the standards of their sciences and to give them a chance of competing on equal terms with the practitioners of modern medicine.

I would plead that India's real interests should have precedence over all other considerations. The training that is now given in the newer Ayurvedic and Unani colleges is not satisfactory. We shall fail to satisfy the general urge in the public—an urge that should at all times be encouraged—to demand the best service. The training of medical personnel is, therefore, of paramount importance. And this training must not only be of a high standard but must also be uniform throughout India. I would, therefore, commend that the proposals put forward by the Government of India, which seek to secure a reasonable solution of the problem, deserve the fullest possible consideration. I propose to advise the Conference when the subject is taken up that a sub-committee should be appointed to discuss in detail the various aspects of the subject and to submit to the Conference specific proposals for consideration.

Central Health Council

The establishment of a Central Health Council to provide a permanent forum for the discussion and formulation of health policy on matters of common interest to the Central and State Governments is another important subject before the Conference. This Council will function as an integral part of the health organisation of the country and should tend to promote increasing co-operation between the Centre and the constituent units of the Indian Union in that wide field of collaboration which the Concurrent List of subjects provides. This list contains many matters of great importance such as the regulation of the medical profession, including medical education and medical ethics, welfare of labour, prevention of the inter-state spread of infectious diseases, control of the adulteration of food and drugs, vital statistics and social and economic planning, which also includes health planning.

Apart from promoting co-operation over this extended sphere of common interest, I believe that the Central Health Council will tend to create that common bond of sympathy and understanding between the Centre and the States which will enable joint effort to enter even fields which may on the surface be of concern only to the Centre or to the States. Thus, while the prescription and enforcement of standards in respect of higher medical education is the responsibility of the Central Government, it is unimaginable that the fulfilment of this purpose can be achieved without active collaboration between the Centre and the States.

Similarly, in many matters which are the primary concern of State Governments such as the organisation of measures against epidemic and endemic diseases, the Centre can and should assist State Governments, particularly the less developed ones. Research into the basic problem of elucidation of the causative factors and of the methods of effective control is of great importance and the Centre, with its Indian Council of Medical Research, should be in a position to assist State Governments materially in this direction, as has already been done in the past.

Health Schemes

During the last two years the Central Government has, with assistance from WHO and UNICEF, promoted various health schemes in the States and has contributed its share to the cost of these schemes (!). These include BCG vaccination, the establishment of Tuberculosis Training and Research Centres, antimalaria programmes in four selected areas where control of malaria has already begun to help an extension of food production, the training of teams of workers from the States for organising a venereal diseases campaign and the creation of training facilities for workers in the field of material and child health (! !). The expenditure borne by the Centre in connection with these activities during the last year was well over Rs. 16 lakhs.

Side by side with these developments the Government of India has, in pursuance of the recommendations of an Upgrading Committee which it appointed, started a programme, in association with State Governments, of improvement of certain departments in selected medical institutions in order to enable them to serve as centres of post-graduate medical training not only for the States concerned but also for the rest of the country. These schemes together cost about Rs. 24 lakhs of which the Centre bears one-half. A reference to such developments is made here only to show that the pursuit of active co-operation between the Centre and the States has been encouraged as far as circumstances permit and it is to be hoped that the Central Health Council will help to widen the field of such collaboration.

All-India Health Service

The establsihment of an All-India Health Service on the lines of the Indian Administrative Service is another important subject for consideration by the Conference. Certain preliminary discussions that have taken place with a few State Health Ministers indicate that there exists the fear that the creation of the proposed all-India Service may deprive Health Ministers of adequate

control over those members of this Services who are employed in the States and that the interests of officers of the State Medical Services may be jeopardised. Personally I think that these fears are unfounded. They apply equally to the Central Administrative Service but have, in practice, been of no significance. As regards disciplinary control, the rules framed in respect of the Central Administrative Service provide that State Governments are able to inflict all punishments except dismissal or removal from service. Here too, if the views of the State Government and those of the Union Public Service Commission are the same, the Central Government is bound to accept their common decision. It is only where the State Government and the Commission differ that the Centre steps in to give a decision which will be final. As regards the interests of State Medical Officers a provision on the lines of the Indian Administrative Service can be made. An adequate percentage of the posts in each State may be reserved for being filled by promotion from the State Services. It will thus be seen that adequate safeguards can be made available to ensure disciplinary control by State Governments and to provide for opportunities for State officers to enter the superior service.

I would, however, plead that the matter should not be viewed from these standpoints alone. There are many underdeveloped States which will, under normal circumstances, be unable to secure suitable persons to fill their more responsible posts. The purpose of an All-India Cadre is to secure and retain, as far as possible, the best medical talent available in the country and to train the persons in that cadre to fulfil the various functions which are expected of that Service. In our proposals we have purposely confined ourselves to three main branches of health activity. They are public health, medical education and medical research. We have purposely left out medical relief, the organisation of which involves in a number of States the utilisation of the services of honorary medical men and of subsidised practitioners. I recognise that, in some States, the services of honorary doctors are also utilised for medical education, but they are for clinical subjects. Personally I would prefer to see the development of a system of at least a nucleus of well-paid staff, who are prohibited private practice, in every department of a medical college because it is they that may be expected to contribute their full share to the establishment of teaching and research on sound lines. But there may be financial and other difficulties in the way of fulfilment of this purpose, at least in certain States, in so far as the clinical subjects are concerned. It is in recognition of such a diversity of conditions that it has been suggested that the number of posts from individual States to be included in the proposed all-India Service is a matter for negotiation between the State concerned and the Centre. But, broadly speaking, I hope it will be conceded that all non-clinical posts can come in and I feel that a number of States may desire to bring in a certain number of clinical posts also. The objections raised here will not, of course, apply to posts in the public health and research departments of Governments.

I have attempted to show that the proposals uner consideration admit of sufficient elasticity to satisfy the varying conditions

of different States. I would, therefore, plead that no State should have any serious objection to the acceptance of the scheme. In my opinion, if we take a long view of health development in the country and, particularly of the need to satisfy the requirements of certain under-developed States, the creation of an Indian Health Service is as much a necessity as the continuance of the Indian Administrative Service which has been accepted under our Constitution. I feel that an Indian Health Service with the opportunities it offers for a free exchange of personnel between the Centre and the States will be a valuable instrument to assist the Central Health Council in promoting coordinated development throughout the country. In a country where every effort should be made in the early stages of our development to withstand all that tends to separatism, humanitarian endeavour can, in my opinion, make a more valuable contribution than anything else.

This is again another subject of such importance that, at the appropriate time, I shall request the Conference to appoint a sub-committee to discuses the matter in detail and submit proposals to the Conference.

Voluntary Effort

Before I conclude I may also refer to another subject for consideration by the Conference. In no country in the world is the State able to meet all the medical needs of the people. Voluntary effort supplements largely the work of Governments. Further, activities of a pioneering nature are generally taken up to a large extent by voluntary bodies. Voluntary workers bring to their task an initiative and freedom from administrative controls of a cramping nature which enable them to shape their programmes with greater elasticity than is generally possible when these are undertaken by Governments. In the circumstances, voluntary effort has often led the way to explore new avenues of public health activity and when the value of such departures is demonstrated, the public health authority steps in and takes over the new forms of activity for incorporation in the State health organisation. These facts are mentioned in order to show the important part that voluntary bodies can play in the improvement of the health of the people. In India, where State efforts in the field of health lags far behind similar effort in many of the advanced countries, the need for encouraging voluntary organisations is all the greater. The memorandum on the subject, which has been submitted to the Conference, draws attention to the need for a closer association between State Governments and voluntary bodies engaged in health work within their territories. Such association is to the benefit of both. Governments with their limited resources, should be glad to widen the sphere of health activity in the States by securing the help of such organisations and by giving them grants to supplement their income. Voulunatry bodies in their turn will, in addition to grants from Government, tap resources from the public which Governments may not be able to touch.

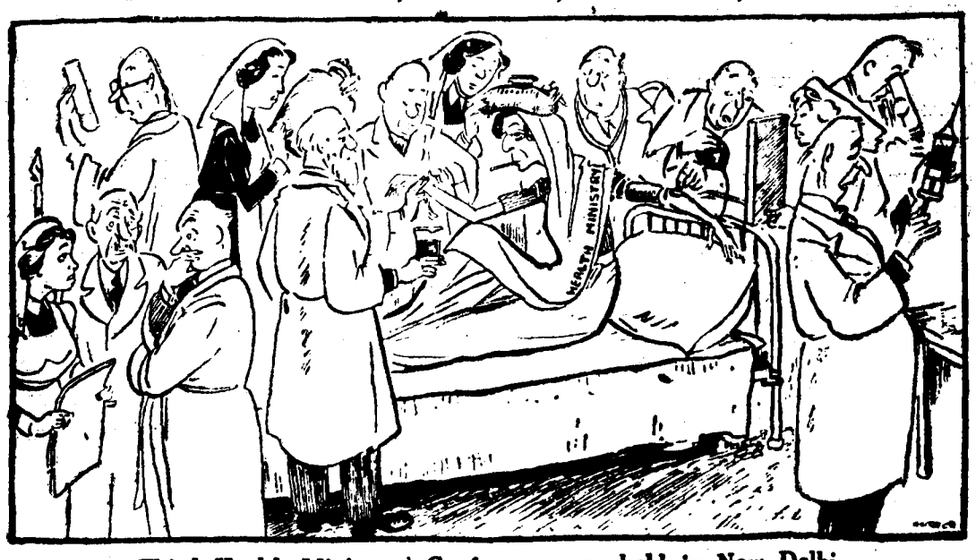
Christian Missions

I would plead that every effort should be made to remove any misunderstanding that may exist between State Governments and

Christian Missions in this country. The letter should make it clear that theirs is a mission of mercy and that it is untinged by any desire thereby to secure converts to Christianity. The relationship that often develops between the doctor or the nurse and the patient is one of deep gratitude and medical missionaries have told me themselves that in their opinion it would be wrong to exploit this situation to force religious views on a patient which, under normal conditions, he or she may not readily accept. State Governments should, in their turn, recognise the extremely useful work that Christian Missions have done and are continuing to do in the fields of medical relief and medical education. Foreign money and the services of distinguished workers from abroad have helped to establish and maintain a variety of institutions, which are often run more efficiently and with a truer spirit of service than institutions under Government. It would therefore be wrong not to acknowledge freely and thankfully the services they have rendered. In present-day India, with our innumerable problems, the closer we can co-operate with these organisations the more fruitful will the results be from the point of view of the country.

I have attempted to touch briefly on some of the more important subjects that the Conference will discuss. Let me conclude by expressing the hope that, in the interests of promoting future health development in India on proper lines, it may be possible for us to reach unanimous decisions on all vital matters and thus facilitate a common programme of action in such matters.

DIAGNOSIS DIFFICULT, PROGNOSIS, APPARENTLY, GRAVE !



Third Health Ministers' Conference was held in New Delhi from 30th August to 2nd September, 1950.

Courtesy, *Shankar's Weekly.*

THE THIRD HEALTH MINISTERS' CONFERENCE

RESOLUTIONS PASSED

A three-day session of the Conference which commenced on the 30th August, 1950 and which concluded on the 2nd September 1950, passed resolutions set out below.

It would be interesting to note that no decision was taken by the Conference of our Health Ministers on the lead given by the Prime Minister of India in his inaugural address. He stated in clear terms that the curing of diseases is the concern of individuals and the provision of healthy environment is the responsibility of the State. It would thus be clear that our health administrations still follow the same old rut of foreign bureaucracy.

—Ed., P.H.

THE Conference appointed a committee with Dr. T. S. S. Rajan, Health Minister of Madras, as Chairman, to consider the reports of the Indigenous Systems of Medicine Committee and the Homœopathic Enquiry Committee. The recommendations of this committee were accepted by the conference.

With regard to the indigenous systems of medicine, the conference accepted certain recommendations which had previously been adopted by the first Health Ministers' Conference in October, 1946. The recommendations are :

"(1) Adequate provision should be made in the Centre and the States (A) for research in and the application of the scientific method for the investigation of indigenous systems like Ayurveda and Unani with reference to maintenance of health and prevention and cure of disease ; (B) for starting schools and colleges for training for diploma and degree courses in indigenous systems of medicine ; (C) for a post-graduate course in Indian medicine for graduates in western medicine."

(2) The practitioners of Ayurvedic and Unani systems of medicine should be absorbed into the State health organisation by giving them further scientific training wherever necessary as health personnel like doctors, physical training experts (*ustads*), sanitary staff, masseurs, nurses, midwives, etc.

The recommendations under items 1 (A) and (C) above are in accord with the suggestions put forward by the Government of India for consideration by State Governments.

Degree and Diploma Courses

As regards item I (B), the conference decided that there should be a degree

course and a diploma course in indigenous systems of medicine. The main principles that should govern the training programmes to be recommended for adoption throughout the country in respect of the two types of courses were considered.

The question of prohibiting the practice of indigenous systems of medicine by unregistered persons was not, however, accepted unanimously. It was urged by some of the members that, in the interests of preventing quackery, it was essential to prohibit practice by unregistered persons. The others expressed the view that decision on this matter should be left to individual State Governments.

The preliminary educational qualifications required for a degree course in indigenous systems should be I.Sc. with physics, chemistry and biology. The preliminary educational qualifications for a diploma course should be Matriculation. Provision should be made during the medical training to give the students an adequate knowledge of physics, chemistry and biology. In a period of five years, the standard of admission, should be raised to I.Sc. In respect of both the degree and diploma courses, Ayurvedic students should have an adequate background of Sanskrit education and Unani students of Arabic and/or Persian.

Both for the degree course and for the diploma course, the teaching of the subjects of anatomy, physiology, pathology, hygiene, radiology, medical jurisprudence and toxicology will be on the basis of modern medicine. The standard in each subject for the degree course should conform to that prescribed by the Indian Medical Council and the standard for the diploma course should be that enforced for the medical licentiate course. Arrangements should also be made for instruction in the physiology and pathology of the indigenous systems.

Teaching of Surgery

The teaching of surgery including ophthalmology and oto-rhyno-laryngology, obstetrics and gynaecology should be in respect of both the degree and the diploma courses on the lines of modern medicine and the standard will be the university standard in respect of the degree course and the licentiate standard for the diploma course.

Pharmacology, *materia medica* and therapeutics and clinical medicine should be taught on the lines of both modern medicine and of the particular form of indigenous medicine (Ayurveda or Unani) which the student takes up. Here also, the standard required will be in each subject those prescribed by the Indian Medical Council for the degree course and those for the training of medical licentiates for the diploma course.

In view, however, of the fact that it is not possible at this stage to define in detail the courses of study of clinical subjects, this matter will be reconsidered by the Central Council of Health Ministers.

The period of training for the degree course should be five years and for the diploma course four years. In a period of ten years, all institutions giving the diploma course should be raised to the degree standard. For the post-graduate course in Ayurveda or Unani for practitioners of modern medicine, the period of training recommended is one year.

In all the non-clinical subjects, it is desirable that the students undergoing training in the indigenous systems should have common instruction, if possible with the students who study modern medicine.

Separate teaching arrangements will be necessary in respect of clinical teaching for students of indigenous systems. Well-equipped hospitals with adequate bed accommodation shall be provided as well as properly equipped teaching departments for the instruction of students in these systems. The teaching staff of these institutions should be adequately paid.

One College for Each State

It was recommended that at least one college in each State offering instruction on the lines recommended should be started under the auspices of Government or with subsidy from the State.

Research should be developed on the widest possible basis and on the lines indicated in the Chopra Committee's report. No aspect of the indigenous systems, including drugs, principles and practices, should fail to receive attention.

The Government of India should concentrate on promoting research as speedily and on as thorough lines as possible because it is on the fruits of such research that a solution of the many matters that form subjects of controversy to-day will be secured.

The Director of the Ayurvedic Research Institute established by the Government of India should also be the Adviser to that Government on all matters relating to the development of Ayurveda in the country.

The Conference was of the view that the recommendations made in respect of indigenous systems should apply to homoeopathy in respect of the two types of courses.

Ayurvedic, Unani and homoeopathic qualifications should be distinctive and not mere imitations of the qualifications in modern medicine or of each other. The recommendations of the Homœopathy Enquiry Committee regarding research were supported.

When employed in State health services, the emoluments should be the same to the doctors of modern medicine, of indigenous systems and of homœopathy, provided the training courses undergone in each case are of the same length and of the same standard.

The State Medical Boards appointed for the purpose of regulating registration and practice in these three systems should deal with standards of education with supervision over instructions and with professional conduct in the respective systems. These Boards should not deal with problems relating to the starting of institutions and their management as has been contemplated in certain Bills sponsored by some State Government. Other organisations should be established for these purposes. Those who have qualified themselves after the five-year and four-year courses should be eligible for registration. Those who take a shorter course should not be eligible for registration. The membership of the respective Medical Boards should consist of registered practitioners of the systems concerned and of registered practitioners of modern medicine. They may also have a legal adviser on them.

In another resolution, the Conference recommended that active co-operation should be developed between the Centre and States and between individual States over the whole field of health. The Conference also

recommended that recruitment to the senior administrative posts, the higher research posts and full-time senior teaching posts should be made by advertisement on an all-India basis through the Union or State Public Service Commissions as the case may be.

The resolution on the establishment of a Central Council of Health said: "Whereas in the opinion of this Conference it is necessary and vital for the health of the nation to strengthen the bond of unity between the Centre and the States through the development of joint action, it is resolved that a Central Council of Health be established with the Central Health Minister as Chairman and State Health Ministers as members, under the provisions of Article 263 of the Constitution of India."

Scope for Voluntary Organisations

A resolution on the role of voluntary organisations such as missions and philanthropic bodies in the development of health services and training of health personnel reads as follows:

"Whereas in all countries voluntary agencies have played a significant role in promoting the health and welfare of the people, the motive force behind their activities being the charitable urge which impels men and women to make a constructive effort to relieve suffering and distress among their fellow beings and whereas the resources of Governments are quite inadequate to meet the pressing needs of the people and voluntary bodies are in a position to make valuable contributions to supplement governmental effort, this Conference urges that Governments should utilise to full advantage and encourage with grants from public funds, on such conditions as may be consistent with the policy of the State, voluntary agencies within their territories for the expansion of health activity in all its aspects.

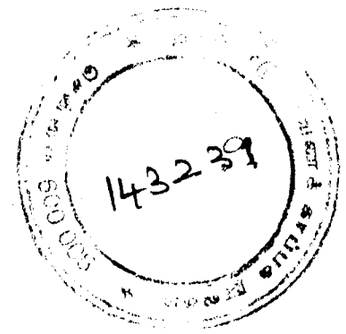
"This Conference is further of opinion that the resolution of the Indian Medical Council recommending to State Medical Councils the desirability of granting registration to foreign doctors holding registrable qualifications in their own countries which have no reciprocity with India should be given effect to by State Medical Councils during the period such personnel are attached to voluntary organisations and so long as they do not practise medicine for personal gain".

The Conference also considered the establishment of a training centre for maternal and child health personnel in Calcutta and adopted the following resolution:

"The Health Ministers' Conference recommends strongly the acceptance by the Central Government of the proposal to establish in Calcutta, in association with the All-India Institute of Hygiene and Public Health, a centre for the training of maternal and child health workers with assistance from the United Nations International Children's Emergency Fund. The Conference also recommends that all State Governments should endeavour to make full use of the increased facilities made available at the centre for training their health personnel. The centre will, when properly developed, provide ample opportunities to State Governments to train the necessary personnel and to provide mothers and children with adequate health services so vital to the national well-being."

—The Hindu.

HEALTH IN AYURVEDA



by

Justice A. S. P. Ayyar, I.C.S.

The author is a well known student of occidental and oriental culture. His versatile knowledge and sense of humour which have regaled many an audience, are seen in this article too, which we hope will be the first of many more from his pen. He has to his credit the authorship of several books which are extremely popular.

Some of our so-called educated men do not hesitate to condemn our age-old culture which has been handed down to us. This article should help our people to think twice before they condemn our traditions.

—Ed., P.H.

AYURVEDA means "The Science of Longevity", and not so much "The Science of Medicine". Its ideal is to make man immortal, its divine originator, *Dhanvantari*, having come out of the churning of the ocean with a pot of nectar in his hands to make *Devas* immortal and immune from death at the hands of *Asuras*. Vishnu, the preserver, was not only, as the divine Tortoise in His *Kurmavatara*, responsible for the churning of the ocean and the getting of the nectar; He, as *Mohini*, or beautiful Woman Incarnate, made the *Asuras* lose their chance of immortality by their lustful running after her. From those days to this, Ayurveda has held that immortality, and even longevity, cannot be secured by one who runs after women. Of course, for the very same reason, it considers marriage to be a biological necessity as it canalises

the sex feeling and prevents its disastrous floods and havoc.

What is Health?

Health, according to Ayurveda, is Harmony, the harmony of body, mind and soul. "*Arogya: Kayabalam, manobalam, dharmaphalam, tathaiva*", say its experts over and over again. Man is a three-storeyed building, body being the ground-floor, mind the first floor, and soul the second floor and crowning turret. If there is only bodily health, a man becomes a *goonda* and a menace to society; if there is only mental health, he becomes a cheat and a pest to society; and if there is only moral health, he becomes an idiot and a problem to society. If he is a harmonious combination of the three, he becomes a pillar of society, and not a caterpillar as in the other three cases. Often, the Ayurvedic experts illustrate this by the harmony of the drum, *veena* and voice in music creating harmony, only noise being created if they go out of harmony. The drum represents the body, the *veena* the *mind* and the voice (*nadam Brahma, sabdam Brahma*) the soul. They also cite the elephantiasis of the leg or the hydrocephalus case to show the break in harmony as a sure sign of ill-health.

First Duty of Man

Ayurveda says that preserving bodily health is the first duty of man (*sareeram adyam khalu dharma sadhanam*). It says that the problem of bodily health is simple and consists of defending the fort of the body, like any other fort, by keeping its stones in repair, and not allowing them to rot or go to pieces, and by mounting sentry at the gates and by preventing unlawful egress or ingress. The body consists of five stones, *viz.*, earth, water, air, fire and ether, and has nine gates (*anchu kallal oru kottai, antha ananda kottaikku onpathu vasal*—as the Tamil ballad says neatly). If the "earth" is neglected, one gets thin like a needle, or fat like a balloon, with not a drop of blood! If the "water" is neglected, pleurisy or diabetes comes. If the air is neglected, wind in the stomach, disorder of lungs, etc., come in. If the fire is neglected, an abnormal or sub-normal temperature sets in, destructive of health. If the "ether" is neglected, and God, the Source of Life, is forgotten, man becomes an empty sack or pricked balloon and falls down! The nine gates, *viz.*, the two eyes, the two ears, the two nostrils, the mouth and the generative and excretory vents, must be well guarded, the ingress as well as the egress, as in a fort, if health is to be preserved. The eyes must see only auspicious things, like the sky, the mountains, the sea and crops (and not lewd scenes); the ears must hear only auspicious sounds, like vedic recitations (and not obscene stories); the nostrils must practise *pranayam* and avoid bad smells; the mouth must eat only *satvic* food and repeat only the names of God and the scriptures (and not eat unclean foods or utter abuse); the egress and ingress of the generative and excretory vents must also be carefully regulated to prevent venereal disease and illegitimate children and disorder of kidneys and bowels.

The body addicted to *karma* is recommended useful work for *lokasangraha*, the mind is recommended *dharmachinta*, and the soul *Brahmavidya*, the three stages being

karmachakra, *dharmachakra*, and *Brahmachakra*, as the Father of the Nation saw clearly and enforced in his *karmacharka*, and Asoka's *dharmachakra*, and would have enforced in *Brahmachakra* had his life not been cut short by the insensate action of a fanatic. His end, with the words "*Ha Ram!*", was, be it noted, a sign of health according to Ayurveda, which says that only a man dying with the name of God on his lips can be considered to have lived a healthy life.

Health Before Medicine

Ayurveda puts health before medicine and surgery on the principle that prevention is better than cure. It believes in providing for health, even before conception, by elaborate rules about marriage. As marriage is a biological necessity for men and women, who are declared to be only ⅓ at birth and to become ⅔ at marriage and to be complete only when they get a child, much emphasis is not laid on love marriages, more emphasis being laid on mutual suitability, physically, mentally and morally. For bodily fitness men and women were divided into three classes, elephants and elephantesses, bulls and cows, rabbits and she-rabbits, and marriages recommended in those classes, marriages between elephants and she-rabbits, etc., being condemned as likely to be wrecked on the physical rock. We know the catastrophe of men of sixty marrying girls of sixteen, or men six feet tall marrying girls of four feet six! Husbands taller than their wives were to be selected, so that no Hindu wife should look down on her husband even physically! The Hindus did not see any absurdity in not insisting on love before marriage, as, in their system, men were expected to love the women they married (and not, as in the western countries, to marry the women they loved), and as people loved their fathers and mothers, brothers and sisters, sons and daughters, though they did not choose them, and, so, there was no reason why they should not love husbands or wives not chosen by them! Elaborate stress was laid on peace and leisure in marital relations which were very carefully spaced and regulated according to health rules, the first relations being under the auspices of religion after the *ritusanti* ceremony. Pregnant women were asked to observe rules of health, diet and hygiene so that they might become radiant mothers. Children were to be treated like kings and queens until they completed five, like servants between the ages of 5 and 16, and like friends after sixteen. Religious ceremonies and *mantras* were to be taught between five and sixteen, and religious truths explained after sixteen.

Why Medicine Preferred to Surgery?

Ayurveda preferred medicine to surgery as the latter involved the loss of a part of the body for ever, be it tooth or eye or arm or leg (or, as humourously added, the head, referring to beheading of murderers by the order of judges) and should not be resorted to if medicine would do, on the principle that dismissal was not to be resorted to if suspension would do, or a suspension if a fine would do, or a fine if a censure would do, or a censure if advice would do, on the well-known maxim of *sama-dana-bheda-danda!* It was not a counsel by incompetents, as Ayurveda had 147

surgical instruments and knew very complicated operations like the operation on the tongue, to cure dumbness, and rhinoplasty (remaking of the nose by plastic surgery), let alone amputation of toe, leg or arm (necessitated by snake bite). Indeed, one of their instruments could cut a hair longitudinally into two. Jivaka, the great doctor who lived in the 6th century B.C., used to operate for piles till the Buddha, who was present at one operation and was disgusted by the sight of blood and pus, suggested to him to find an alternative cure by medicine, and he, being a genius, did so. Buddhism and Jainism with their hatred of vivisection and operation, first drove Ayurvedic surgery to Takshasila on the borders of India, where the *Yavanas* (Greeks) lived, and finally out of India itself!

Some Principles of Ayurveda

Now, here are some principles of Ayurvedic medicine. The first was that medicine was intended to preserve health for useful work, for God and the world, and not to promote lust or sensual enjoyment. So, *Kayakalpa* treatment, for rejuvenation, was not to be administered to old men anxious to marry young girls and live with them. In that way it differed from the monkey gland treatment offered to one and all who could afford to pay for it. Mahatma Gandhi's antagonism to modern medicine, as promoting immorality and indulgence, has its roots in this theory.

Another maxim was that the products of each area suited that area, that the needs of each class suited that class and that diet was more important for health than medicine. So, people in rice-growing areas were recommended to take rice, and people in ragi and wheat growing areas, ragi and wheat. So too regarding fruits, vegetables and water. This was called the "Buffalo theory", as buffaloes thrive by wallowing in swamps, but not horses or cows! Vegetarians were to take only vegetarian foods and medicines, but non-vegetarians were allowed to take non-vegetarian medicines, like boar-lard, python-lard, crab-juice, etc.

Another interesting maxim was that human medicines suited human beings best, next animal medicines, next vegetable medicines, and last mineral medicines. *Example:* Mothers' milk suits babies best; next, cows' milk; next, cocoanut milk; last, milk of magnesia!

Another starting theory was that if there was an intelligent doctor he would be able to find the medicine in the very place where there was the disease! *Casua berina* leaf in black water fever areas, *Oleum chinnapodium* in hook-worm areas, and chaulmoogra oil in leprosy areas, show the truth of this.

The ancient doctors ended humourously, "The greatest disease known to man is hunger and the medicine is food. And no hungry man stops till he gets food and cures his hunger. Let no sick man rest till he gets his cure, as diseases, easily curable at first, become incurable by long neglect."

ARE DOCTORS HUMAN?

by

William Hyatt Gordon, M.D.

Every professional owes a duty to the profession to which he belongs. People are prone to generalise from the experience gained through individual contacts. The lawyers once enjoyed public esteem and confidence. It cannot be said that the legal profession enjoys that reputation today. Of engineers, it is said, for quite a long time, that as a class they are corrupt. It is a legacy handed down to the profession. It has not, as yet, shaken off this disrepute.

The medical profession was once looked upon as the saviour of human suffering and life. Today all the world over, jokes are repeated ridiculing the medical profession. The profession has reduced itself to a mere trade. It is also suggested that the profession experiments with lives, notwithstanding the great advances made in the scientific medical research. The most valuable and potent drugs are experimented with, not realising the limitations of their use.

It behoves, therefore, of each professional to build up a high reputation for the profession to which he belongs by his own conduct in the practice of the profession. The following article which we reproduce through the courtesy of *To-day's Health*, would be of interest to the lay public and the medical profession, alike.

—*Ed., P.H.*

"GET a doctor! Quick!" Doctors everywhere hear and heed this frantic cry countless times each day and night. Hearts are filled with compassion and pity for the suffering, and everyone is willing to help. This, of course, is as it should be. But it is the doctor who must assume the responsibility of making a proper diagnosis and seeing that correct treatment is instituted. With this fact in mind, isn't it strange how seldom anyone gives a thought to who the doctor is, where he comes from or what he is really like? Often no one cares. Generally it is

enough to know that there is such a person to be called on in case of need, as is the fireman or the police officer. Perhaps it is natural to think of him in such a light, but it would be nice for the doctor to be thought of as a person. After all, he is human, too.

A Nationwide Verbal Drubbing

During the last year or two, the medical profession has taken quite a nationwide verbal drubbing. Its shortcomings have served as a topic for conversation at bridge and cocktail parties, for debate at congressional committee meetings, even for radio addresses over national hook-ups by people with theoretic panaceas for all our medical ills. One may hear a community leader reminisce, with nostalgic tears in his eyes, of good old Doc Green, dead and gone these many years from a heart attack–God rest his soul—who stuck by and pulled him through a spell of typhoid fever after three others in the family had died of it. How he does wish we had such doctors nowadays! One can hear wild stories about the cost of medical care, with the accusing finger pointing at doctors—the culprits who are really responsible for it, and getting rich besides off other people's tragedies. The medical profession has been called a "medical trust" and spoken of in that belligerent tone commonly reserved for big business and Wall Street.

Actually, the medical profession is composed of individual doctors, fellows such as those you sit by at Rotary, who attend your church and who are concerned when you are ill. Doctors are the fellows who get out of bed on a cold night (after having been in it hardly long enough to get warm) to see you or your sick baby; the fellows who treat you for pneumonia or heart disease, or perform your operation. Are they the monsters people mean when they talk about the medical profession? No? Well, the medical profession is made up of thousands of such men. How could such an organization become the menace to our society that some people say it is?

Basically Ordinary People

Where do these doctors come from? They are basically just ordinary people. They come from orphanages, from the farm, from the homes of merchants, factory workers, day labourers, the wellto'do and the rich. Representatives of all races and most religions may be found among their ranks. Their proficiencies and respective abilities may be as varied as their origin and social background. As a group, they are of average intelligence; by necessity, if not by inclination, they are academically inclined. Like trees in the forest, some are tall and strong, others bent and weak. Some are old, showing scars wrought by the ravages of time; others are young, straight and unscathed. But when viewed from afar, the forest is as one and stands as a formidable bulwark against the elements. So it is with the medical profession. There are many individual variances, but collectively doctors serve as a mighty protection against pain, suffering and disease.

Away from the hospital and the office, doctors become John, Bill or Pete, or perhaps just Daddy. They have families and cherish their family life as do most other Americans, but because uninterrupted evenings are infrequent, they often enjoy

the simplicities of home more than most. As a group they retain a rather high sense of moral values, but away from the responsibilities of their practice and the surreptitious looks of their critics, they may let their hair down thoroughly. Hunting or fishing trips or trips to medical meetings are not merely trips. They are occasions to be looked forward to for weeks, as a child does toward that day when he will be old enough for school. It means they can get *away*.

Away from what or whom? Doesn't the doctor like his life's work? That isn't necessarily the reason. He occasionally wants to get from under the heavy responsibilities he carries day and night. He wants to get away from people. Regardless of how well he may like people in general, there are those who can be exasperating to an extreme. He abhors people who spend most of *their* first visit running down their previous doctors and telling him how worthless his colleagues are (he knows only too well that he will join the list after two or three visits). He dislikes the very important fellow who enters the office and, to the doctor's polite query as to what is bothering him, replies with a self-satisfied smirk, "That, Doc, is what I came to you to find out."

Another such is the fellow who, when after a painstaking examination he is told that his heart is not normal, indignantly says, "No, Doc, you must be wrong. My heart has always been good." One might point out that a tire that has always been good can go flat, but such logic would probably be missed and would no doubt be a waste of time.

The doctor wants to get away from the telephone—that enemy of rest, robber of sleep and object of his intense hatred. He wants once in a while to go to bed without the ever-present subconscious uneasiness about the "bad ones," wondering which of them will call. Yes, the doctor gets tired, sleepy, short-tempered and snappy, as does every other ordinary human being leading a hard, irregular, nerve-wracking existence, and he reacts as they all do by wanting to get away from it all. One of the inexplicable features of the doctor's psychologic makeup is that after a week away, he breaks his neck to get back again. Truly, that is a hard one to figure out.

Any Difference?

Does the doctor of today differ from the Dr. Green of yesterday? In many particulars, yes; basically, no. The common desire to *help the sick* and needy remains the same, but the route which the modern doctor must travel to attain his goal is very different from that of 60 years ago. At that time, one could take a two year medical course without even a high school education and become a full-fledged practitioner of the medical art. Now, only after years of premedical, medical and postgraduate training at terrific cost in money and years of life can a physician gain the privilege of bringing his scientific knowledge to his patient. These years are filled with hard work and long hours of study. They are years often sprinkled with hardships, denials and deprivation. No longer is it possible to become a master of all fields of medicine (if it ever was). Each speciality constitutes a lifelong course of study.

Is He Getting Rich ?

Yes, one may say, but it pays off. Doctors get rich doing all these things, they are paid well for them ! But are they ? The October, 1948, issue of *Medical Economics* reports a survey of doctor's incomes for 1947. According to these figures, the average general practitioner made $9,541·00 annually before taxes were deducted, while the specialist averaged $14,441.00 before taxes. Is that getting rich ? Is that the tremendous sum the bloated plutocrats of the medical profession take each year from the people ?

The practising life of a physician is not great : his work is never done and his hours are long and irregular. The equipment he must buy, if he is to practise the best type of medicine, is expensive. A parenthetic statement is in order at this point to the effect that not only is the equipment expensive, but the time devoted in learning how to use it is more expensive. An x-ray picture or an electro-cardiogram is only as valuable as the experience of the interpreter. Unlike the merchant, the doctor cannot go away and let someone else take over the business for a while. When he leaves town, his income stops. If one deducts the cost of his expensive education and pro-rates his total earnings over his years of study and training, the doctor is clearly not overpaid. One feature frequently overlooked is that in Doc Green's day the cost of medication was negligible—and, in general, worth just that—whereas the present cost of antibiotics, plasma, medical appliances, diagnostic procedures and hospitalization eats up more than 75 cents of each dollar the patient spends for medical care. It is more expensive but far superior to that of past decades.

A Puzzling Question

Since the medical profession consists largely of average American citizens, why has it received so much adverse criticism ? A puzzling question indeed. Where there is so much smoke there is no doubt some fire, but unquestionably the doctor's public relations have deteriorated. A recent press report tells of an English mother who came to America and found her daughter ill, without funds and without medical care. She was told, according to the press, that she must raise $6 a day for her daughter's care, or buy a coffin. Such a situation, if true, is of course bad. It would be an exceedingly rare and unusual physician who would assume such an attitude. But one such story can do irreparable damage to the entire profession. How many needy patients were treated gratis during that same 24 hours, by thousands of American doctors, without the stories being published on the front page ? Of course, that is not news ; it is usual. Probably no other American citizens give as lavishly, as willingly or as unquestioningly of their time, knowledge, skill—and themselves—as do the doctors. These sacrifices are made not for purposes of publicity or to create a good impression. The deeds are done usually because the individual physician wants to do them and feels that is his duty to do them, and he considers it no one's business but his own.

Not A Paragon Of Virtue

One hears of doctors being abrupt, cross or even rude to people who call them over the telephone. One hears also that they do not immediately run to make house calls when asked. Perhaps there are extenuating circumstances : since the doctor is just an average Joe and not a paragon of virtue, it is possible that he resents being called to the telephone several times during his evening meal by people who " didn't want to bother him at the office." It may irritate him to be called at night by someone who hasn't been feeling well for two or three days. (After a few sleepless hours, during which he worries over his condition, this character suddenly feels the need of immediate medical advice). Legitimate calls to see ill people do not upset doctors. It is the needless disturbance by thoughtless, selfish and often hypochondriac patients that irritates him no end, and understandably so. Many patients resent the doctor's leaving town on a brief pleasure trip, resent his attending social functions, resent his rule of not seeing patients in his office on Sunday other than for emergencies (after all, that is the most convenient time for them to see him !). Yes, there are several angles to the business of the physician's poor press, and not all are due to his unreasonableness.

In many rural communities, the physician continues to be the sole guardian of health and the arbiter of community squabbles. In certain instances, decisions must be made which can mean the difference between life and death. Often there is no one else to whom he may turn for aid or counsel. American physicians are individualists, and most doctors would like to continue in this role. By the very nature of their makeup and training, such men resent the idea of regimentation. They would resent being told how, how many and whom they may treat. Increased cost of medical care is largely due to the same factors which have made food and automobiles and everything else more expensive.

Unfortunately, physicians seem no longer to hold the hallowed position in the hearts of present day Americans that they once did. Perhaps all concerned are partly to blame. In their effort to become proficient in the field of modern scientific medicine, too many doctors have lost some of the *art* of practice which was old Dr. Green's chief stock in trade. Life's stream is flowing more swiftly and has caught both the patient and the doctor in its turbulent whirl. As a result, each has lost something in the way of human values. If everyone were to make an attempt to become acquainted with his own medical adviser, he would find that doctors are people, too.

THE NURSE'S TEMPERAMENT

Few people who have ever attempted nursing will be surprised to hear it said that a nurse's job is often most difficult. That is why, after all, it has developed into a specialized profession. But the home nurse is some one who undertakes the simpler cases which are not removed to hospital. Even so, she finds that she has got to fit into her place like a piece in a jigsaw puzzle.

—*K. D. Keele*

MEDICAL USES OF BLOOD

> Please *do call* at the nearest Blood Bank and contribute your quota of blood to relieve human suffering. Indeed by doing so, you would be even saving the lives of your brother humans.
>
> —*Ed., P. H.*

IN the years since the past war there has been increasing recognition of the importance of blood for the preservation of human life. To meet the need for more factual information, committee of the American Association for Health, Physical Education, and Recreation, was appointed, at the request of the American National Red Cross, by Carl Nordly, then president, and Bernice Moss, then vice-president for health education.[1] The purpose of the committee was to study the educational implications in the procurement and medical uses of blood, and to prepare materials on the subject for the use of secondary school teachers.[2] As part of its work, the committee prepared the following brief statement of the reasons why the study of blood is an important part of general education:

"The only source of blood for human medical use is one's fellow man. Blood cannot be manufactured in a laboratory. It is important for each individual to have an understanding of the medical uses of blood since he is both the potential donor and the potential recipient of this healing fluid."

Information About Blood

The Composition and Functions of Blood in the Body

What are the general functions of blood in the body? Blood carries the necessities of life—oxygen, water, and food—to the cells of the body. It picks up waste products from these cells and carries them to places where they are removed from the body. Blood distributes heat produced by the working muscles and serves as a temperature regulator for the body. It also guards against diseases and carries hormones, vitamins, enzymes, and minerals to parts of the body where they are needed.

[1] Members of the committee are *George Stafford*, Chairman, Health Coordinator, University of Illinois, Urbana, Illinois; *H. F. Kilander*, Co-Chairman, Assistant Specialist in Health Education, Office of Education, Federal Security Agency, Washington, D. C.; *Elizabeth S. Avery*, Health Education Consultant, American Association for Health, Physical Education, and Recreation, Washington, D. C.; *Florence M. Hellman*, Health Coordinator, Kent State University, Consultant, State Health and Education departments, Kent, Ohio; *Raymond L. Hopkins*, Director of Health and Physical Education, Weehawken High School, Weehawken, New Jersey; *Katherine Scrivener*, Director of Elementary Education, Public Schools, Washington, D. C.; *Virginia Van Slyke*, Health Teacher and Consultant, East Syracuse Schools, East Syracuse, New York. The committee is grateful to the American National Red Cross for providing source materials for this report.

[2] These materials were recently published by the American National Red Cross in the form of an illustrated booklet entitled *Medical Uses of Blood, a Manual for Secondary School Teachers*. Copies are available from the American Association for Health, Physical Education, and Recreation, 1201 Sixteenth Street, N.W., Washington, D. C., without charge.

How much blood is there in the body? A person weighing 150 pounds has approximately 12 to 13 pints of blood.

What are the main parts of blood? Blood is composed of a liquid portion, called plasma, and a solid or cellular portion, which includes the red cells, white cells, and platelets.

What is plasma? Plasma is the liquid part of the blood. Plasma is composed of water (about 92 percent), proteins (about 7 percent), and small amounts of fats, carbohydrates, mineral salts, harmones, vitamins, and enzymes.

Medical Uses of Blood

Why is blood needed for medical use? Blood is needed to aid accident victims, to fight disease and shock, in childbirth, and in surgery. (Great quantities would be needed in case of a national emergency.)

Why would great amounts of blood be needed in a national emergency? In addition to the quantities of blood needed for treating the ill and wounded, great amounts of blood would be required to aid victims of possible atomic bomb attacks. Blood is the best known therapeutic agent for radiation sickness. A greater quantity of blood might be needed in a single week during war, when whole armies or cities are open to attack than in a single peacetime year.

How is blood used to aid accident victims? In many accidents a large volume of blood is lost. Blood transfusions may be used to replace this lost blood. Persons who have been burned severely usually lose plasma and develop anemia. Blood is used to replace the damaged red cells and the lost plasma proteins.

How is blood used to fight disease and shock? Blood is used in the treatment of some diseases to replace deficiences in the blood—for example, certain types of anemias in which an insufficient number of red cells is manufactured by the bone marrow. In shock there is a loss of circulating blood through escape of plasma into the tissues. Blood is used to replace this lost volume.

How is blood used for medical research? Blood is used as a source material for its various components which may be used as tools in research or may themselves be studied to learn about the various functions of blood.

What are blood derivatives? Blood derivatives are the individual parts or fractions into which blood may be separated in a laboratory.

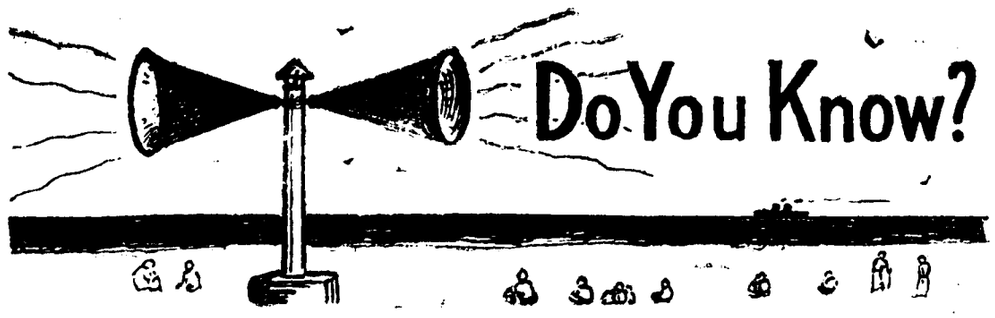
(Courtesy—*American Association for Health, Physical Education and Recreation.*)

NATURE OF BLOOD

Human blood is a reddish, opaqe, rather viscid fluid. Arterial blood is bright red, veinous blood has a dark, bluish-red colour. Examined under the microscope, blood is seen to consist in nearly equal parts of a clear, almost colourless fluid, known as plasma, and an enormous number of small solid bodies, the red and white corpuscles.

The red corpuscles, which are about 500 times as numerous as the white ones, are biconcave discs about one three-thousandth of an inch in diameter. In every cubic millimetre of blood (a millimetre is about one-twenty-fifth of an inch) there are some five million red corpuscles, the total number in the blood of an average man being about 30,000,000,000.

—*The Miracle of the Human Body.*



DUST HAS ITS VALUE

Dust may seem to be homely, prosaic and uninteresting, but it is one of the most necessary things in the world. Sunsets, with the sunlight broken by floating dust which takes on colour, owe their brilliance to the dust-laden air. Clouds would be impossible without dust for vapour in the air to condense on. Water-vapour which would gather on our bodies and clothing is kept from us by dust in the air—air that otherwise would be oversaturated and dripping. The world would be a very damp, cold, and less beautiful place without dust.

—*NT'A REPORTER.*

FACTORS GOVERNING PREVENTION

The increase in facilities for distribution of necessary food, the more widely spread knowledge of the principles of healthful living, better understanding of good housing and the levelling off of income, with few rich and few poor, have been, and will continue to be, important factors in the prevention of incidence of and death from tuberculosis. Unless a world wide catastrophe interferes, it seems clear that social factors will continue to favour reduction rather than increase of tuberculosis.

—W. G. Smillie, *M.D., "New England J. Med."*

HYPONTIZE SCHOOL CHILDREN ?

Q.—There has been considerable promotion in our school for a show in which hypnotists will try to hypnotize some of the children. Is this type of thing considered harmless ? What is the feeling of the medical profession regarding hypnotism ?

A.—Interest in this subject recurs periodically. The medical profession has always opposed the use of hypnotism in this manner. According to a discussion that appeared several years ago in this Magazine (*Hygeia*) medical authorities agree that hypnotism should be used only by well trained physicians who can control its effects and combine it with other essential forms of treatment. Whatever usefulness it may have is probably limited to the field of psychiatry, and even in this speciality many authorities believe the potential dangers of hypnotism may outweigh possible temporary advantages. There is virtually complete agreement that the variation called autosuggestion is ineffective and may even make a person more neurotic.

A discussion of hypnotism "shows" in the *Journal of the American Medical Association* indicated that there is a strong possibility of producing neurotic symptoms in children, many of whom already have some sense of insecurity. The experience may easily cause acute upsets that can affect the child's personality permanently and make him mistrustful and resentful of all authority.

—*Today's Health.*

CALCIUM SOURCE

Q.—Does it do any good to take calcium in tablet form for the teeth ?

A.—According to certain authorities, the best form of calcium is that which comes from our daily diet. If a child gets a quart of milk a day and an adult gets a pint a day, with reasonably good selection of other food, all the calcium and phosphorous requirements of normal nutrition will be met.

—*Today's Health.*

INFERIORITY COMPLEX

Q.—What is an inferiority complex ?

A.—An introspective state of mind whereby a consciousness of real or imagined imperfection in a particular feature—dress, intellect, social status, etc.—exercises an adverse effect on the mentality of the individual, producing sinister psychological phenomena, as awkwardness, nervousness or even complete moral collapse, and resulting in actions which create a grossly unfair and unfavourable impression on the observer

—*'What More Do You Know'*

ANCIENT WISDOM

Sushruta, the great Hindu physician, who flourished about the sixth century B.C. has written :

> "He falls an easy victim to internal and external diseases, who drinks of, or bathes in, a pool of water which is full of poisonous worms, or is saturated with urine or faecal matter, or is defiled with germs of vermin or decomposed animal organisms, or is covered over with the growth of aquatic plants, or is strewn over with withered or decomposed leaves, or which in any way is rendered poisonous or contaminated, as well as he who drinks and bathes in a pool or reservoir during the rains."

POPULATION OF INDIA

The country is divided into three parts : A, B, and C.

The Census Commissioner has estimated as under the population in millions in each of the parts as on March 1, 1950.

Part A.—Assam 8.51, Bihar 39.42, Bombay 32.68, Madhya Pradesh 20.92, Madras 54·29, Orissa 14·41, Punjab 12·61, Uttar Pradesh 61.62 and West Bengal 24.32.

Part B.—Hyderabad 17·69, Jammu and Kashmir 4.37, Madhya Bharat 7.89, Mysore 8.06, Patiala and East Punjab States Union 3.32, Rajasthan, 14·69, Saurashtra 3.96 and Travancore-Cochin 8.58.

Part C.—Ajmer 0.73, Bhopal 0.85, Bilaspur 0.13, Coorg 0.17, Delhi 1.51, Himachal Pradesh 1.08, Kutch 0.55, Manipur 0.54, Tripura 0.58 and Vindhya Pradesh 3.88.

WATER TABLE

Q.—What is the "water table" ?

A.—If you dig down deep enough through the earth you come to a layer where every opening and every pore in the rocks is full of water. The surface of this layer is at ground-level in marshy places but may be at 1,000 feet down in high desert areas, and this surface is known as the "water table". Everywhere the water able is variable, falling in a dry season, rising in a wet one. The "permanent water table" is the lowest level to which it sinks in the area in question.

—*Rushworth Fogg.*

Wit's an unruly engine, wildly striking,
Sometimes a friend, sometimes the engineer.
—George Herbert.

A Vicious Circle

Oh a cold in the head
Is a pain in the neck ;
It keeps you in bed
'Till you feel like a wreck !
You feel like a wreck
'Cause it keeps you in bed :
Oh ! a pain in the neck
Is a cold in the head !

E. M. Bluestone—*Hospital Management.*

* * *

Toil On

I slept and dreamed that life was beauty
I woke and found that life is duty ;
Was my dream, then, a shadow lie ?
Toil on, sad heart, courageously,
And thou shalt find thy dream shall be
A noonday light and truth to thee

—Ellen Sturgis Hooper.

* * *

Optimistic !

"Now that you are through college, what are you going to do ? " the young man was asked.

"I shall study medicine and become a great surgeon," was the reply.

"But the medical profession is pretty well crowded already, isn't it ?"

"I can't help that" was the confident reply. "I shall study medicine and those who are already in the profession will just have to take their chances. That's all."

* * *

Cares and Curses

Many of our cares are but a morbid way of looking at our privileges. We have let our blessings get mouldy and then call them "curses".

—George Eliot.

* * *

Ideal of Nature

To be beautiful and to be calm, without mental fear, is the ideal of Nature. If I cannot achieve it, at least I can think it.

—Richard Jefferies.

* * *

Health Tests for Automobiles !

Health tests are now advocated for automobiles when it's the pedestrian who is run down.

* * *

Basis for Marriage

'The proper basis for marriage is a mutual misunderstanding.'

—Oscar Wilde.

* * *

Way to World Peace

With righteousness in the heart, there will be beauty in the character. With beauty in the character, there will be harmony in the home. With harmony in the home, there will be order in the nation. With order in the nation, there will be peace in the world.

—Confucious.

* * *

Ends and Means

The obvious is often forgotten. Personally, if I may repeat what I have said elsewhere, during all these years of thought and action and activity and inactivity and passivity, more and more it has been borne in on me, this basic lesson of Mahatma Gandhi, that means are always as important as the ends ; that it is not good enough to have a good end in view, but the means you adopt to reach that end are at least as important. If you adopt wrong means, evil means, to attain a good end, the evil means do not lead you to that good end at all.

—Jawaharlal Nehru.

* * *

Thinking and Doing

Thinking and doing, doing and thinking that is the sum of all wisdom, recognised, and practiced form of old, yet not understood by everyone. Like breathing in and out, both should occupy life in a ceaseless alternating flux ; like question and answer, neither should occur without the support of the other. The genius of the human understanding whispers this maxim into the ears of every new-born babe. He who abides by it, checking, thinking against doing, doing against thinking, cannot go astray, or if he should, he will soon find himself back on the right path.

—Goethe.

* * *

The Cure

"Doctor," groaned the patient, "can you cure me of snoring ? I snore so loudly I wake myself up." "In that case," advised the physician, "I'd sleep in another room."

* * *

Too Much for Him

A doctor told a foreign patient : "The thing for you to do is to drink hot water an hour before breakfast every morning."

After a week the man returned to the surgery. "How are you feeling ?" he was asked.

"I feel worse than ever."

"Did you follow my instructions and drink hot water an hour before breakfast every morning ?" asked the doctor.

"I did my best," replied the patient, "but I couldn't keep it up for more than fifteen minutes at a time."

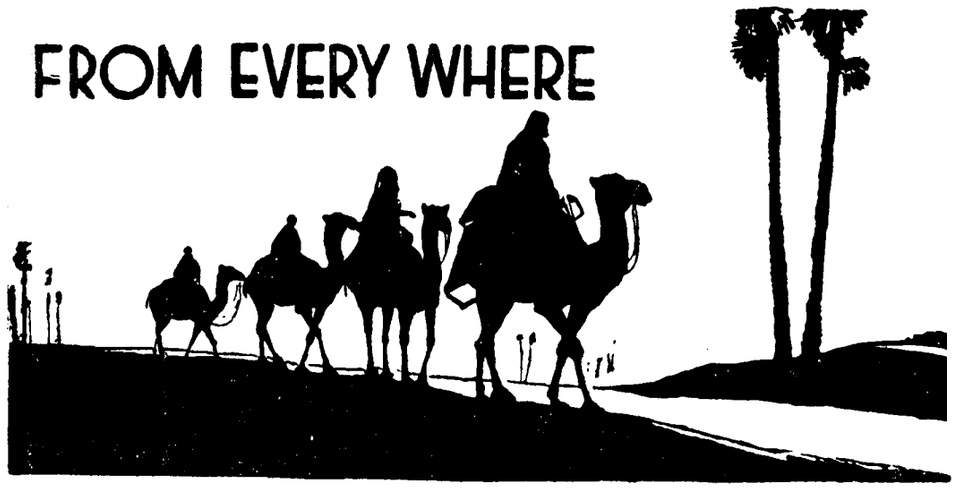
* * *

Doctor's Fee :

"What is your fee, doctor ?"

"Five rupees for the first and three rupees for subsequent visits."

"Let me then have the subsequent visits, doctor."



WHAT DO THEY SAY ABOUT IT?

Readers can contribute to this section. They are requested to send extracts of current literature which, in their view, would interest the people. —Ed., P.H.

HOUSING SANITATION

Dampness and Condensation in Buildings With Particular Reference To Air Raid Shelters. The Surveyor (Dec. 19, 1941).

In brick houses, rising dampness may be eliminated by using a double course of slates set in either a cement or a bitumastic course with a lead core, depending on the type of foundation. There should be no woodwork below the damp-proof course.

Concrete basement walls may effectively be damp-proofed by applying a 3/4 inch coat of asphalt covered with a 3/4 inch coat of cement and sand plaster. Basement floor slabs should be 6 inches thick, and the reinforcing should be 1 inch from the top surface, rather than near the bottom.

Dampness may often be caused by the penetration of rain through outside walls of porous brick and mortar. "Hair cracks" in cement mortar may be prevented by the admixture of lime. When joints are "pointed," they are seldom filled completely, and the penetration of dampness is usually increased. Another defect of pointing is that the new mortar is subject to spalling due to freezing. It is the general practice to strike or rub new joints as the work proceeds. Brick walls may be treated annually with a patented solution. However, this is expensive and results in discoloration.

Dampness frequently penetrates flat asphalt roofs through cracks caused by temperature changes. Such cracks may be prevented by painting the black asphalt with yellow bitumastic which will reflect the sun's rays.

Condensation may be caused by a sudden change in temperature or when the internal temperature is greater than the external. This may be reduced by ventilation. Hard plaster or paint finishes which have little or no absorption should be avoided. Plaster may be finished by using a float faced with felt.

Dampness in underground air raid shelters should be prevented by using tile drainage, coatings of asphalt, sand, and cement, and sump pmps, if necessary.

A 1 : 2 : 4 mix is recommended for concrete. All service pipes should be placed in forms first.

In 75 per cent of the damp shelters the condensation was caused by inadequate ventilation and overcrowding. The conditions may be remedied by installing absorbent internal shell walls of fibre board and short straight ventilation pipes. The fibre board should not be painted.

—*FRED MERRYFIELD.*
(*P.H. Engg. Absts.*)

WATER SUPPLIES

Largest Man Made Reservoir Filled in Period Of Six Years. Water Works Engin. (March 25, 1942).

Presented herein are interesting miscellaneous pieces of information concerning Boulder Dam and the Water it backs up the Colorado River Canyon for nearly 120 miles. This reservoir, containing enough water, to supply New York City for 30 years is impounded behind a dam built in 5 years at a cost, including appurtenances, of approximately $127,000,000. Included is a diagram showing the filling of the reservoir, Lake Mead, from its beginning on February 1, 1935, to the latter part of July 1941, when water first flowed over the spillway. At this latter date the water was 581 feet deep back of the dam and the lake contained, in round numbers 31,000,000 acre-feet. This was equivalent to slightly over 10,000,000 m.g. Aside from the power benefits from which the Federal Government grossed $4,500,000 in the year 1939–1940, an important benefit is the furnishing of a supply of water for the Metropolitan Water District of Southern California which includes Los Angeles and 12 other cities. The upper 72 feet of the reservoir capacity is reserved for flood control use. In an extreme flood in the Colorado River, which would amount to some 300,000 c.f.s., the flood control at Lake Mead would reduce the flow below the dam to 75,000 c.f.s. Included also are interesting figures concerning the heat generated by the settling of the cement, with the subsequent problem of cooling the concrete, and the amounts of silt carried by the Colorado River and deposited in Lake Mead.

—*PAUL W. VOGEL.*
(*P.H. Engg. Absts.*)

SANITATION IN HOSPITAL KITCHENS

Proper Dishwashing Procedures important in Safeguarding Health of Patients. Helen Morgan Hall. *Hospital Management,* (June 1941).

This article deals with methods of sanitation in the kitchens of hospitals and public eating places to control the spread of infectious diseases and to reduce bacteria by proper dishwashing and cleanliness of food handlers. Methods of reform in the kitchens for carrying out cleanliness are given as educating the food handlers, proper dishwashing methods, and also the use of paper cups and other paper utensils. In many small public eating places confronted with the problem of obtaining and using water hot enough to kill pathogenic bacteria, the only practical method of sanitation is the use of chlorine and single-service paper cups. However, in hospitals where adequate hot water

is available, there is a choice between the use of heat, chemicals, or paper utensils, to achieve satisfactory sanitation.

—*IRVEN M. COX.*
(*P.H. Engg. Absts.*)

MILK AND OTHER FOODS

Safeguarding our food Supply. L. C. Bulmer. *Birmingham's Health* (Feb. 1937).

The Bureau of Food and Dairy Inspection embraces three distinct divisions: (1) dairy and milk inspection, (2) general food inspection, and (3) meat inspection. The primary phases of the work involved embraces sanitary inspection of dairies, physical examination of cattle, supervision of the status of health of employees, milk sampling for chemical and bacteriological analysis, and general sanitary inspection of ice cream and other milk products. The problems which pertain to food control are numerous and varied. The problem may be broadly classified as: (1) Economic, (2) Aesthetic, (3) Food safety problems. Each classification is discussed.

All meat offered for sale is required to be officially inspected and passed both before and after slaughter. The Department in 1936 inspected 146,343 animals and condemned nearly a quarter of a million pounds of meat. Among the causes of such confiscation were tuberculosis, cholera, pyemia, pneumonia and general emaciation.

—*H. B. FOSTER, JR.*
(*P.H. Engg. Absts.*)

MALARIA TESTS

Discovery in African tree rats of a disease that resembles malaria in humans may help to hasten conquest of this disease a group of biochemists in the United States believes. The scientists report that the disease of tree rats, which they adapt to mice in the laboratory, may prove the long-sought improved medium for testing new drugs to combat human malaria.

Previously researchers have had to rely on bird malaria for preliminary testing of drugs. Bird malaria, however, do not correspond very closely to human malarias. This has been a major drawback in dicovering more about how the disease attacks humans and how it can be further controlled.

Biochemists of the Wellcome Research Laboratory at Tuckahoe, in the State of New York, reported using the tree rat disease to test a new series of anti-malarial drugs called aryloxypyrimidines. They told a recent meeting of the American Chemical Society that the research indicated that the drugs held considerable promise for treating human malarias.

—*Indian Medical Guide.*

PUBLIC RELATIONS FOR PUBLIC HEALTH—DEFINED

"Public relations is the continuing process by which the health department endeavours to obtain the goodwill and undertsanding of its employees and of the people in the community which it was created to serve. It must do this by first making a thorough analysis of its policies, objectives and methods of operation, and second correcting them to the extent that they fail to coincide with the public interest. It must then make every possible use of newspapers, radio, posters, moving pictures and all other means of expression to tell the people about its services."

—*RAYMOND RICH.*
—From *A.P.H.A. News Letter*

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