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HEALTH

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Contents

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A Journal Devoted to Healthful Living

HEALTH

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CONFERENCE on MORAL and SOCIAL HYGIENE

THE All-India Conference and Exhibition on Moral and Social Hygiene organised by the Indian Branch of the Association for Moral and Social Hygiene, an international organisation, in New Delhi, in October, is an outstanding event, capable of helping considerably to raise the moral and social standards of the people, if sustained efforts are consistently made to put down social vices which have assumed alarming proportions of late all over the country. It is but natural that at the Conference attended by representatives from all over the country, young and old, those sticking fast to ancient traditions and those who are carried away by the notions now prevailing in many countries either by personal knowledge acquired through a short sojourn to those countries, or by knowledge gained from books, two seemingly different points of view but aiming at the same result, should have been put forward. President RAJENDRA PRASAD, inaugurating the Conference, put forward the plea that they should recognise the good in their old concepts and customs and try as far as possible to remove the defects that have crept in instead of trying to build on altogether new foundations, about the security and soundness of which they might not be quite sure. While he had no objection to being modern he was at the same time anxious that modernisation should be based on something which has been found useful and helpful in the past. The other point of view was put forward by many speakers who pleaded for the adoption of measures that have been found useful in other countries. But the aim of both the schools of thought is the same, viz, the eradication of the social vices

from our midst, by rousing the moral consciousness of the community.

The figures furnished to the Conference by Miss Leonar Rangel Ribeiro, Organising Secretary of the Conference, though not complete, are yet sufficiently staggering to rouse the moral consciousness of the people. For every known case that has sought treatment, there may probably be 4 cases who keep the information back for the mere shame of it and not only suffer in silence themselves but also sow the seeds of disease in their progeny with the result that the birth of blind, decrepit and deformed children is increasing considerably, throwing a heavy burden on the community and on the State. Those who took part in this Conference in their self-righteous indignation at the growing spread of the social vice and in their anxiety to condemn as strongly as possible members of the male sex who are as much guilty as members of the other sex, have, we note from the proceedings published in the Press, entirely ignored or brushed aside this aspect of the problem. It is by laying special emphasis on this aspect that propaganda efforts can be made to yield results.

Many were the suggestions put forward by various speakers to root out this social vice from the body politic. The Hon. RAJKUMARI AMRIT KAUR, India's Health Minister, knocked on the head the wrong notion held by many that continence was harmful to the average man both physically and physiologically, by quoting M. VON GRUBEN, an authority on the subject, who as far back as 1905 had said "that there is not a shadow of proof to show that continence is damaging to health. To the continent, continence becomes progressively easier. It is what the sages in other countries have from time to time advocated". And the sages are mostly our own. It is to this President RAJENDRA PRASAD drew pointed attention. "We have a very, very old tradition", he said "by which complete continence has been enjoined on men and women. It is one of the teachings of the Hindus that such continence is capable of lifting men to the position of Gods". And yet, why is this social vice increasing unabated? It is the lust on the one side, and the lack of the necessary facilities and amenities which make life worth living on a moral plane, on the other side. The Health Minister therefore pleaded that people should give up the attitude of shunning fallen sisters and should do everything in their power to rehabilitate them in the eyes of society. She also dismissed as unfounded the theory that the segregation of prostitutes to certain select areas would minimise the evil. The opposite, she said, had been proved in certain countries and she quoted from the League of Nations Report on "Traffic in Women" published in 1937, wherein it was categorically declared that "the existence of licensed houses is undoubtedly an incentive to immoral traffic, both national and international". The most effective remedy against the evil is, according to that report itself, "the abolition of licensed or recognised brothels." But these brothels are allowed to continue in many States, and the Suppression of Immoral Traffic Act, in spite of its adorning the Statute book in many States is, according to the statement of the Organising Secretary, a dead letter in some States like W. Bengal, Bihar etc. It is therefore but just and proper that the Conference should have pressed for an All-India legislation in the matter. But as President RAJENDRA PRASAD observed "legislation by itself cannot achieve much." Side by side better housing facilities should be provided, the standard of living should be raised and education and propaganda should be undertaken on a large scale. As the Health Minister observed: "We want hundreds of Josephine Butlers who will extend the hand of fellowship towards these sisters whom circumstances have compelled to follow a wrong path. We want hundreds of men with the spirit of understanding of Gladstone fearlessly to condemn the wrong-doers among their own sex." Then and then only can this social problem be tackled satisfactorily. That is why the Conference has demanded the creation of a Separate Ministry of Social Welfare at the Centre to devote itself wholeheartedly to this all-important and urgent problem. Whether the expansion of the Ministry at the Centre is now possible is a moot point on which there is likely to be difference of opinion, as the Conference itself was divided on this issue. But this human problem is of equal, if not more, importance, than economic and other problems and it should be faced squarely sooner or later. Sooner it is faced the better it would be for the country.

"Most Effective" Treatment for Asthma

New Inhalant Therapy

What is claimed to be the most efficacious treatment so far applied for bronchial asthma, has been developed by a London firm of pharmaceutists.

The treatment consists of a new inhalant known as Asmatron and a new simple pocket inhaler. The inhaler, known as Simplex, is an atomiser—with one important distinction: whereas the ordinary atomiser gives an average atomisation of 36 to 27 microns, Simplex produces an atomisation of 12 to 15. Thus a minute quantity of the inhalant is sufficient to provide instant and complete relief to the patient owing to the increased rapidity of absorption by the bronchi.

The inhalant is claimed to offer the patient more than temporary relief since inhalations can be repeated as often as is necessary without any harmful effects. Asthma patients are thus given means of treating themselves with the knowledge that they will obtain safe relief immediately. This has the important psychological effect of removing the dread with which asthmatics are afflicted through conscious and sub-conscious apprehension of potential spasms—a state of mind universally acknowledged as a powerful contributory factor in the frequency and violence of the attacks themselves.

Asmatron has been approved by the British Ministry of Health. Long-term testing of the product, which is still in progress at three London hospitals, has so far yielded highly encouraging results.—*B.I.S.*

Tuberculosis—

WHAT EVERYONE SHOULD KNOW ABOUT IT?

Rao Saheb T.N.S. RAGHAVACHARI,
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I. Tuberculosis is a common disease of past middle life. Tuberculosis is an infectious disease caused by the tubercle-bacillus. It is the organism which produces consumption (*Kshaya Rogam*). Although it very commonly attacks the lungs, nevertheless it may attack almost any part of the body; the bones, the skin, the joints, the brain or any of the internal organs. In order to produce any form of tuberculosis the child must first be infected and the tubercle bacilli must enter its body.

You may think of the disease as one which gives rise to definite and evident symptoms, such as fever, loss of weight, extreme weakness, loss of appetite, as well as persistent cough. Such is often the case, in young people, in whom the disease progresses rapidly and when sufficiently far advanced shows the above symptoms. Many, however, do not realize that consumption is also a very common disease of men and women who are over forty or fifty years of age. In these elderly people, consumption appears very different from the same disease in the young people. These elderly folk are more resistant to the disease; it is milder but more chronic. It progresses for years without characteristic symptoms; there may be no fever, no loss of weight and no prostration. There is usually very little coughing even in far advanced cases. The symptoms of illness they usually have point to disturbances in their stomachs rather than in their lungs; they suffer from indigestion. Even if they cough, they usually attribute it to chronic bronchitis, repeated colds or to asthma. Such people do not feel vigorous but attribute this weakness to declining strength and failing health. They do not seem to mind their illness but strive to keep active. *The danger of their disease is not so much to them, as it is to others.* They may live to an old age inspite of their chronic illness, but they eject from time to time, tubercle germs in the phlegm (sputum) which comes out when they cough. They unwittingly spread the germs, in the atmosphere all around; these are a constant menace to the health and life of the children and other young adolescents who happen to live in the house. These young people acquire from them an active and serious form of tuberculosis.

II. Tuberculosis is not hereditary.—In the older people, tuberculosis often goes undetected for reasons already mentioned. *This unrecognized tuberculosis* in elderly people (mothers, uncles, aunts, and grand parents) makes consumption a family disease. By "*family disease*" is not meant that the disease can be or is inherited (from the parents or grand-parents through the blood while the child is in the womb). It does not imply even an inherited predisposition or tendency to the disease. Tuberculosis is no more an hereditary disease than is typhoid fever or smallpox. An infant from a consumptive mother is seldom infected at birth, but that baby is in great risk of getting the infection from the mother, unless necessary precautions are taken to prevent the spread of the disease to the child. The erroneous belief that this disease is hereditary arose from the fact that it spreads in the family where adequate safeguards and precautions against spread are not taken. If the disease is detected in time, precautions can be taken to prevent the spread of the disease. An eminent tuberculosis specialist of America, Dr. Myers, says, "Tuberculosis in the aged is one of the greatest problems from the standpoint of the spread of the disease and its danger lies in its mildness.....X-ray is one of the most valuable phases of the examination in such cases when the disease is chronic. In fact many frank cases of tuberculosis in the aged will remain undiagnosed unless X-ray studies are made. Therefore, an X-ray film examination should be a routine procedure".

III. The elderly people should not ignore the fact that their neglect and indifference—often born of a fatalistic theory of *karma*—may lead to the spread of a serious disease to several other and younger people. Now, the world-wide B.C.G. vaccination seeks to spot out unrecognized latent and incipient stages and cases of tuberculosis and afford a certain means of control and prevention. It is imperative that all children in our country (from infants upwards to children in secondary schools) should be compelled to take this precautionary measure of control and prevention.

The problem is a very real one today and it goes further than the protection of personal health and the relief of personal suffering. It involves the safety, the well-being and the very lives of many others. It is well, therefore, to remember that there is a constant menace to our younger generation from each case of tuberculosis that is undetected and, therefore, unprotected.

In Europe and America, sustained and systematic efforts have been made during the last fifty years to fight tuberculosis and the mortality rate has been considerably reduced thereby. Thus, for instance in the U.S.A., the mortality rate from tuberculosis per 100,000 has been reduced from 194 in 1900 to 79 in 1929 and to about 40 in 1949. The incidence rate has also been similarly brought down.

If this has been possible in America, and Europe, why should it not be possible in India? The active co-operation of the public and their sympathetic support to the preventive and curative measures planned by the Government and other Health organizations in the country will eventually result in banishing this dreadful disease from our land.

JAI HIND.

Chew your food—

THOROUGHLY

A. C. VINE

THOUGH you may be careful to arrange your diet with due regard to correct proportions and amounts of starches, proteins, and fats, etc., you may yet be troubled by indigestion, simply because you have eaten your food too hurriedly. There is a very good and sufficient reason why you should take time to chew your food thoroughly. It is not one of those things that do not matter much, as we shall show.

Obviously we need to chew, in order to break up the foods into pieces small enough to be swallowed without discomfort! Not so obviously, but very surely, we should chew food into *very* small pieces, in fact into creamed consistency, because this gives the digestive juices a chance to get at it and reduce it to an assimilable condition.

This is especially true of starchy foods like bread, rice, potatoes, etc. Why? Because the digesting of these foods begins in the mouth, not in the stomach. The digestive juice that begins to convert starchy foods into a digestible form is saliva. Before foods can be of use to the body, they must be brought into solution. The starch in foods is insoluble until it comes under the chemical action of "ptyalin," the active principle in the saliva in the mouth.

Just a word about saliva.

In the structures surrounding the cavity of the mouth are three pairs of quite large glands called "salivary glands." One pair, called "parotid glands" are found below and in front of the ears, and deliver saliva into the mouth through ducts which open through the cheeks near the molar teeth in the upper jaw. The "sub-maxillary glands" are situated beneath the lower jaw on each side, and supply saliva through ducts which open under the tip of the tongue, just behind the front lower teeth. The "sub-lingual glands" can easily be seen in a mirror. They form ridges between the tongue and lower gums.

These salivary glands do not all produce identically the same kind of solution, but they do all secrete saliva. Now, the value of saliva as a digestive fluid depends upon the presence in it of a "ferment" called "ptyalin." which is the active principle capable of bringing starch into solution. It converts starch into a soluble variety of sugar called *maltose*.

If large pieces of starchy food are swallowed hastily, with little saliva, perhaps washed down with some beverage or other, the first stage of its digestion is almost completely neglected. So it goes on its troubled way through the digestive tract, souring and fermenting, often causing pain, and unnecessarily burdening the eliminatory organs.

Fortunately for lazy people, the people who eat in a hurry, saliva is not the only fluid in the body which is capable of digesting starch. Lower down the alimentary canal starchy foods are again dealt with. But the first process should take place in the mouth, for saliva acts chemically only on starches. If they are taken into the stomach imperfectly chewed and insufficiently mixed with saliva, they simply impede the digestion of the proteins and other foods, and are rendered more difficult of digestion by the other processes going on around them.

So the necessity to chew food well will be obvious. The more thoroughly we break up the starchy foods, the more complete will be the digestion of them as the saliva is mixed with the tiny particles made by good chewing.

While talking about this aspect of saliva and its action on food, it might be profitable to mention that the salivary glands of infants up to five or six months of age do not act chemically. Thus it is inadvisable to feed babies of that age with starchy foods of any kind. Bottle-fed babies should not have any cereal preparations mixed with their milk until they attain the age of about six months, when their saliva begins to have the quality of being able to bring starches into solution.

When we consider that the salivary glands secrete about two quarts a day, and deliver it to the mouth, another reason for drinking water freely is apparent. Anything you put into your mouth increases the flow of saliva and sometimes even one's thoughts and the smelling of a savoury dish have the same effect. It was a wise providence that ordained it so, because the hurry and scurry and excitement of our day are causing more and more people to bolt food hastily to the detriment of health and the depressing of the spirit. The hasty sandwich or bun washed down with coffee at lunch time causes far more headaches and peevishness than we imagine.

So chew your food well. Just don't be in such a hurry over it. Try this: chew a mouthful of bread until it actually becomes sweet to the taste. You don't believe it ever will? Try it, and see. This experiment will make you a convert to the rough mastication. Your food will become fit to swallow and capable of being assimilated along with the other food you eat.

Chew it thoroughly, enjoy your food more, and be well.—*The Oriental Watchman*, Oct. 1950.

As knowledge increases, concepts of disease become more complex rather than simpler. Every diagnostic test and every therapeutic measure exhibits both in its technical complexity and in its field of application the property, *not* of expansion merely *but* of expansion with perpetual acceleration towards infinity.....It is abundantly clear that we are rapidly approaching the time when humanitarian demands can be satisfied only by inroads upon our resources in money and man-power prejudicial to our standard of living when the claims of physical health will conflict with the claims of economic health, when "cost of living" will acquire a new and ominous meaning.—*The Spectator*, March 10, 1950.

NEED FOR A NEW OUTLOOK

In Dental Education

MANSOOKH K. PATEL,
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WE all agree that the demand for dental care is universal. We are equally also painfully aware of the fact that the number of dentists at present falls dangerously short of the basic requirement. It is also obviously evident that for good many more years to come—it would be a folly to foretell a definite period—the number of qualifying dentists from the present and the proposed dental colleges with university affiliations, will still be infinitely lower than the basic need. The pattern of dental curriculum adopted by the University, excellent and ideal as it is in keeping with the accepted standards of advanced countries (like the U.S.A. or England), holds out little hope for the output of trained dentists for our requirements. The country cannot afford to wait indefinitely without having the facilities of services of a much greater number of dental practitioners than the meagre number now available. Naturally, the questions uppermost in our mind are: "What then requires to be done in the matter?" and "What should be done to increase the output of dental personnel?". These are the pertinent queries which the profession must seriously ask itself, and should courageously and satisfactorily answer.

While it may seem strange, yet the fact cannot be ignored that dentistry in India is facing the dilemma of pursuing an "international standard" in dentistry without possessing the equivalent means and materials which such adventures in the field of education entail. There is a great famine of dentists in the country. Progress of dentistry is retarded for want of the recognition of the facts, that the people are not sufficiently educated to appreciate the advantages modern dentistry offers as a means of health restoration, and also that adequate number of dentists are not available to make such services possible to the millions of our people. These considerations lead to the natural inquiry: "Is the time not ripe to institute a different course of training in dentistry a sort of a basic dental educational curriculum—in order to provide the country with efficiently trained practitioners?" The needs for such a new orientation in dentistry and for a drastic departure in dental educational field are imperative. Indeed, they are most urgent.

The status and utility of the present dental colleges may be maintained and enhanced by a liberal grant of material aid. Let them become the centres of graduate, post-graduate, refresher, specialised and short-duration courses, for conducting researches and the avenues for training teachers. The void of shortage of general dental practitioners will be filled only by the introduction of the basic dental educational programme—a sort of a vocational training of a three years' duration after high school. The recipients of such a training must be recognised under the Dentists Act, and should be considered as fully qualified to practise dentistry. Such a class of dental practitioners would be ideally suited for fulfilling the demand for dental services in towns and villages of India where not a single dentist, in most instances, is found. Every medical college in India can conveniently accommodate such a vocational training for dentistry, with little or no inconvenience to itself, and without much financial drain upon the Government or Municipal resources.

We all agree that dentistry is a scientific vocation; it is a cultural pursuit. It deals with the welfare of the living human beings, and has a vital bearing on the national progress. For the realisation of the ambitious status that dentistry aspires to achieve, it must necessarily pass through the natural period of evolution. This process alone will help build its character and individuality, unfold its numerous utilities, fulfil its mission of service to mankind, and blossom forth as a science and art of recognised potentialities. A rational outlook needs to be developed if the many problems that dentistry in India is seriously facing are to be appreciated. These problems must be tackled in the light of our capabilities, resources and status. Let us beware of the allurement of elusive ideals which are not within our grasp. To assume pretentious airs of imaginary perfection is to be led blindly into retrogression. Colossal shortage of dentists, total absence of training centres for the supply of the required number of qualified dentists, and undernourished or ill-equipped dental colleges are amongst the chronic maladies which are surely, steadily and insidiously undermining dentistry's evolution and progress. Such a tragic state of affairs will continue to flourish till a new outlook is developed, or till a path of practical wisdom is pursued. Let dentistry be encouraged to grow itself as other health promoting professions have done.—*The Indian Dental Review*, April 1950.

Clubs a Health Agency

Retirement from work at sixty-five, now so common in this country, poses an important health problem. Physical and mental deterioration is likely to set in if complete idleness is indulged in. An occupation, a hobby, some form of entertainment is in reality an effective form of physical medicine. Gathering places for the elderly have been found to meet this situation admirably. The Council Clubs for Older People in New York is an example. At its fourth anniversary, observed recently, it was announced that the total number of visitors had been one hundred and forty-five thousand. There are four hundred and fifty members. As there is room for only one hundred and fifty, arrangements have had to be made to stagger the attendance, limiting calls to three a week. At first, the minimum age was sixty-five, but has now been reduced to sixty. The retiring president is ninety-two.—*Good Health, U.S.A.*

Extermination of Diseases

W.H.O. aims to free mankind from those diseases which theoretically admit of abolition. This is an alternative conception to that of international hygiene, which, as its name implied, covered the spread of diseases from one nation to another and was designed to prevent pestilences from travelling from their endemic centres. The new aim is expressed clearly in the first sentence of the report of the first session of the Expert Committee on International Epidemiology and Quarantine. The ambition is not new, it was visualised by George Buchanan. In the days of *L'Office International D'Hygiene Publique* it could not be realised; but should UNO succeed, it becomes a practical proposition of W.H.O.

The only diseases which at present could be exterminated are those due to intake deficiencies, and the plagues which have become more or less fixed, whose causal parasites are known and whose methods of diffusion are controllable. The suppression of the deficiency diseases is an economic problem—the well-fed cannot suffer from them—but it is a continuous problem, for a fall from the state of being well-fed will always bring the diseases back again. The abolition of the pestilences is different, for if suppression is once achieved, the diseases disappear for ever. New parasitic diseases will arise, but with good organisation we can expect to be able to prevent them from becoming pestilences. At present the chief pestilential diseases are: malaria, tuberculosis, leprosy, syphilis, gonorrhœa, influenza plague, cholera, smallpox, typhus and yellow fever. Of these some —malaria, leprosy, typhus, smallpox—have been exterminated locally; others, such as the venereal diseases, might be, but have not been; whereas others again, such as influenza, have not been and, with our present powers, cannot be exterminated. All these diseases are endemic somewhere, all are capable of pandemic spread. Some, indeed, may be considered as pandemic at the present day—tuberculosis, syphilis and others. These would not admit of suppression unless and until the pandemic distribution can be broken up.

The plague which offers the best prospect of extermination is cholera, for its endemic centre is confined and it has never established itself elsewhere. So the *vibrio* of Koch might be forced to extinction. But, we are informed that in Celebes a *vibrio*, allied to but not identical with that of Koch, produces some local "cholera." This would not surprise us, but a disease starting locally should not be an alarming proposition and, we believe, it is one which mankind will for ever have before him.

True typhus caused by *Rickettsia prowazeki*, now a strictly human parasite, should be capable of abolition in a peaceful world, for it requires a special vector which is controllable. We have found that malaria can be exterminated locally, but the freed countries are always in danger of fresh importations and so long as *Plasmodium* is available, we may be sure that it will find some vector to carry it. We do know why one species of *Anopheles* should harbour *Plasmodium* whereas another should not, but such biological characters must not be assumed to be permanent.

Some diseases, such as smallpox, diphtheria and yellow fever might be kept in suppression without becoming exterminated, though in time extinction of a highly-evolved parasite should follow suppression of its activities.

There is no easy way of suppressing diseases, nor are similar means applicable to all, with the exception of the intake deficiency diseases. Thus scurvy could be abolished tomorrow, and possibly the same is true of rickets though its ætiology is less simple; but we could not abolish diabetes, for here the deficiency is not in intake and we have no knowledge of the true causes of deficiencies of substances which the body must supply by its own activities.

The international sanitary conventions are based on quarantine, which, though of value as a temporary measure in stemming the spread of parasitic diseases, we shall all admit, is not a measure commendable to modern scientific conception. At present we seek to limit quarantine because it is inhibitory to traffic, but we may hope to abolish it altogether as being unnecessary and to supplant it with measures of greater soundness. "Each country should develop its internal resistance to disease, rather than rely on measures taken at its frontiers." This means the substitution of universal hygiene for international hygiene. As a step, W.H.O. advocates the specification of maximum as well as minimum measures of quarantine in exceptional as well as in normal circumstances. This is a principle which should be applied to all public health measures, for to do anything which is unnecessary is not only a waste of effort, but hinders our finding out what is necessary.—*The Medical Officer*, Aug. 5, 1950.

The Father in Family Life

The part that the father should play in family life in order to bring up normally behaved children is stressed by Dr. Wilfred C. Hulse and associate, of the Long Island College of Medicine. Their article appears in *American Practitioner and Digest of Treatment* (Vol. I, p. 139). A child, they say, needs an affectionate father for proper psychologic growth. This is especially true of a boy. In our culture, the father is often a remote person who leaves home early in the morning, frequently returning only after his small children have gone to bed. On week ends, too, he is either too tired or too preoccupied with his own affairs to find time to pay much attention to the little ones. The general idea seems to be to place the sole responsibility for the children on the mother. In reality, the family must be a co-operative enterprise if it is to be happy and successful.—*Good Health, U.S.A.*, July, 1950.

Sleep

Observers who have surveyed sleeping habits report that nearly everybody turns about 35 times during eight hours of sleep. Most persons have 15 to 18 sleeping positions which they change three or four times per hour. T.N.S.R.

REMOVAL OF

Tonsils and Adenoids in Children

THE tonsil problem in children is an age long one and there has been a great deal of controversy about the removal of tonsils and adenoids indiscriminately and without sufficient cause. The precise function of the tonsils is still a matter of speculation. Germs are believed to be arrested from entering the system, through the agency of the tonsils and adenoids and it has also been suggested that they produce ("antibodies") substances which neutralize the poisons produced by germs, producing disease in the human system. Immunity to various bacterial diseases is built up gradually as a child grows to maturity. The removal of tonsils would thus appear to be needless and unwarranted. But those who sponsor the need for removal argue that during several hundred years that have passed man has enormously changed his environment and his habits but not the structure of his body. Tissues suited and adapted to the requirements of the stone age are not suited to the present times when enormously increased chances of infection are the order of the day. "Surgery is a confession of failure," and a surgeon removes an unhealthy structure because he cannot cure it. Some day no doubt it is hoped infected tonsils will be transformed by some agent at present undiscovered into healthy ones again and continue to do their destined functions normally! Dr. Robert Scott Stevenson, a leading consultant and E. N. T. Surgeon of England, reviews the whole situation relating to the surgical treatment of tonsils and adenoids and after an elaborate assay of the *pros and cons* for tonsil removal offers some very pertinent and lucid suggestions for the guidance of the profession and the public.

"The operation for tonsil removal in children," says Dr. Robert Stevenson, "has been much criticised in recent years, chiefly by children's physicians who were perhaps influenced against it by the operation having become almost too 'fashionable' between 1919 and 1949, but also by Health Officers who have based their criticisms on statistics, relating to untoward post-operative sequelæ.....There is unanimity of opinion and complete agreement amongst all authorities now-a-days, and that is that if disease is to be cured by the operation, the removal of the tonsils must be complete, *i.e.*, the lowermost limit of the tonsils must be cut out in its capsule, leaving no stump, however small. If even a small trace of the tonsil is left behind, reproduction begins from it and a mass of spongy tissue develops which will give rise to all the disabilities and symptoms which required the operation". He discusses at length the different toxic reactions and secondary infections that follow incomplete removal, also the conditions and circumstances which alone would warrant the removal of tonsils and adenoids in children. The throat specialist should make up his mind by weighing all available evidence, relating to enlarged glands, rheumatic fever, attacks of diphtheria or other frequent throat troubles. Has the patient had repeated sore throats, frequent colds, attacks of ear aches? How long have the cervical (neck) glands been swollen? "Unhealthy tonsils and adenoids are the usual cause in such cases and if further investigation confirms this suspicion they should be removed. But if there is no history of frequently occurring sore-throats, colds, nasal obstruction, ear-ache, it is unlikely that the tonsils are to blame and they should be left alone, no matter how they look". —(*Health Horizon*, July 1950).

The Masquerader

ALBERT P. SELTZER, M.D., Sc.D.

"KNOW syphilis and you know medicine", the great Dr. William Osler, one of the fathers of American Medicine once said. His statement signifies that syphilis can imitate and mimic almost any other disease of internal medicine. For this reason, syphilis is termed "the masquerader."

Syphilis is one of the five venereal diseases, the most important and serious of them. It is a common, disabling and frequently chronic disease. It remains a major public health problem.

Syphilis is almost exclusively a venereal disease. It can be passed from an infected pregnant woman to her unborn child and it can be contracted occasionally in a non-venereal way, but it is almost always acquired through sexual intercourse with an infected person. Syphilis is an infection. The infecting organism is a microscopic one called animal which is corkscrew-shaped and looks like a compact metal spring. This delicate organism lives only an hour or so outside the human body; it cannot be grown in the laboratory, nor will it infect any animal other than the human.

The onset of syphilis is very quiet. For 6 weeks after the organism enters the body, there are no signs whatsoever of its presence. Then at the site of entry, a sore forms, known as a chancre. The chancre is a hard, painless ulcer about the size of a quarter; it produces no discomfort and may not even be noticed, it lasts a matter of weeks. If syphilis is caught at this stage it can usually be cured. Therefore the appearance of a persistent sore on the sexual organs requires prompt medical attention.

Soon after the sore appears a change takes place in the blood stream. The exact nature of this change has never been established, but it can be detected by a group of blood tests, the most popular of which is the Wassermann test.

If untreated the chancre persists for a time, then disappears of its own accord. A few months later another phase takes place *viz.*, a widespread skin rash. Without treatment the rash also disappears

and eventually the last stage of syphilis will arise and attack any organ in the body and produce any pattern of symptoms and signs, *viz.* insanity, tumor of skin or bones, heart disease, blindness, deafness, paralysis etc. It should be noted that syphilis is usually curable before the final stage. It is therefore desirable to treat the disease early.

In treatment we have something better today in the spectacular penicillin. It is safe and quick. Nine times out of ten this cures the disease in 10 days.

The fact that syphilis is so mild in its early stages is one of the most dangerous aspects of the condition. The patient apparently feeling well is unaware that he has the disease. By so doing he runs the risk of ugly complications and brings similar dangers to the sexual partner. Today blood tests are easy. Treatment is quick and effective. We have the resources at hand to stamp out this dread disease entirely. Yet it continues to thrive on human lust, ignorance and stupidity.

The health rules on syphilis are easy. Avoid experimental contacts, have periodic blood tests and follow the doctor's orders mechanically until final cure is reached.

Syphilis hides under the cloak of innocence. It is a wolf in a sheep's clothing; it is the great masquerader. When it does appear, it packs a mighty wallop leaving broken homes and broken lives in its wake. Treat it with the respect it deserves. —*Hygeia*, March 1950.

Salt-Free Cookery

Much has appeared in medical literature in recent years about the advantages of a so-called salt-free diet in certain illnesses. Of course, foods contain more or less salt and absolute elimination of it would be disastrous. However, the common practice of adding considerable amounts of this condiment in the kitchen and at the table may be harmful. Patients who have to subsist on a salt-free diet under the direction of their doctor are likely to complain of its monotony and tastelessness. To meet this situation, Dr. Emil G. Conason and Ella Metz have prepared. *The Salt-Free Cook Book*. It contains scores of recipes, many menus and a table of the salt-content of various foods.

Dr. Conason tells us that the body fluids of man contain 0·85 per cent of sodium chloride. Any excess is, in the normal individual, excreted by the kidneys. But in numerous conditions, salt tends to accumulate and to hold water in the tissue spaces (edema or dropsy). The intake of salt should be restricted in the dropsy of heart failure, kidney disease, the dropsy of cirrhosis of the liver, toxæmia of pregnancy, migraine epilepsy, intractable insomnia and nervous tension states, rheumatic arthritic swelling, high blood pressure and in a reducing diet.

A number of investigators have reported favourable results from salt restriction in the treatment of high blood pressure. The best known of these is Dr. Walter Kempner, of Duke University. He prescribes a rice diet, supplemented with fruit in any form. He reports benefit in seventy per cent of cases.—*Good Health*, U.S.A.

BREAST FED is BEST FED

At the present time when our Indian educated women, imitating the fashion of many sexless Occidental women, have given up suckling their babies and entrusted the feeding, nursing and rearing to irresponsible and loveless servants and nurses, the above article in the *Reader's Digest* for June 1950 furnishes a most exhilarating and welcome eye-opener. It stresses the need for breast-feeding of babies by mothers, not only for the sake of the healthy infancy, robust childhood and respectable adult life of the new borns, but also for the proper healthy life and well proportioned development of the mothers themselves. Relevant extracts alone are given which bear the authenticated impress of distinguished research workers. Those interested are advised to read the original article in full. T.N.S.R.

The latest bulletin from the U.S.A. maternity front, begins by saying "Breast feeding, outmoded for the past 25 years and more, is triumphantly on its way back. Mothers are now being impressed with the importance to their own well being of completing the complex reproductive process which sets mammals on a higher level than the lower forms of life."

It is big news, then, that leading hospitals in U.S.A. and England, are now actively promoting old fashioned breast-feeding as the best feeding for the infant. A high-powered list of doctors have made mothers realize that they and their babies both profit from the intimacy and warmth that somehow was frozen out of too many streamlined "Scientific" nurseries in recent years. The popular idea that young women today are too nervous or too civilized, has been blown sky high. "The modern woman's breast", says Dr. Parks of Washington University, "is as functional as it ever was."

Health Commissioner Herman Bundsen of Chicago says, "Breast-fed is best fed", for a baby. Dr. Truby King the famous New-zealand, specialist, says, "there is a special and intimate relationship between the milk of the mother and the needs of her own offspring". Breast-fed babies gain more consistently in weight, have fewer allergies, greater immunity to various diseases, notably fewer skin and digestive disorders. More important still, the baby of a mother who enjoys nursing is likely to be bubbling with cheer and bursting with good humour as well as pink-cheeked in health.

It is a dramatic fact that the cry of her new baby will make the mother's uterus contract and it goes back to the size more smoothly and easily as she breast-feeds him. "A patient who nurses her baby", says Dr Parks, "is more likely to be back to physiological par six to eight weeks after the birth of her baby." There are even more important assets in nursing for a new mother. For months, many organs of her body, uterus, ovary, pituitary, nerves, and blood stream as well as breasts have been involved in a tremendous and intricate

effort to produce milk. When a mother's breasts are made to dry up immediately after delivery, this process is cut short as abruptly as pregnancy is by a mis-carriage.

Dr. F. Charlotte Naish, British expert on the subject of breast-feeding, and herself the mother of five babies, points out that a new mother whose body is already trying to move from the cycle of pregnancy into the next natural one of lactation is thrown completely out of gear by skipping lactation altogether.

Some women hesitate to nurse because they are afraid they will lose their handsome figures. "Nonsense," says Hazel Cortin of New York City's Maternity Centre Association, a veteran of 30 years' ripe experience with young mothers. "Women who have nursed have better figures than even those who have never borne a child."

Many hospitals start supplementary bottle feedings at the first sign that a new mother is not an artesian well of milk, even though experts have shown that babies will not nurse properly if they are given supplementary feeds. Dr. Clifford Grulee of Chicago was able to raise the percentage of nursing mothers in one hospital from 50 to 95% *simply by refusing to give* any baby a bottle feed during his first weeks of life. Some nursing mothers have to wait for some weeks for a full supply of mother's milk to give their babies. "Several hundreds of cases are on record where breast-feeding has been established after weeks of apparent failure. It takes time and patience to succeed," says the Superintendent of a large Woman's Hospital in Des Moines.

There are 2 advantages in letting a small baby nurse more or less at will. One is that this kind of nursing is very helpful in "*bringing in*" a mother's milk. Short periods of frequent nursing produce more milk and fewer sore nipples than an iron-clad 4 hour schedule on which many hungry infants tear at their mother's breasts like baby tigers. The second and more important one is, "life is a startling and even terrifying adventure to a new born baby. To make him feel that this new world is a friendly and welcoming place (and to let him grow into a worthy and respectable citizen later on) he needs to begin with a great deal of warm and intimate contact with his mother. He wants the smell and feel of the mother and the closeness of her arms."

Women Live Longer than Men

Women not only have a stronger hold on life than men, but their superiority is increasing. Half a century ago, the difference in average life span of the sexes was three years; in 1948, it was five and a half years. In studying the 1948 statistics, the United States Public Health Service found that the average duration of life for white women was seventy-one years, for white men sixty-five and a half. For non-white, the figures were sixty-two and a half years and fifty-eight. The statistics for 1949, not yet computed, will no doubt be even more favorable for women.—*Good Health.*

MORBIDITY SURVEY

A COMPREHENSIVE survey of the incidence and prevalence of illness, and of the amounts spent on the various types of medical care, will shortly be under way throughout Canada. The survey is being conducted as a co-operative effort between the Department of National Health and Welfare and the respective Provincial Departments of Health, and comes in response to the steadily increasing demand from many quarters for reliable information on the volume and frequency of the more common types of sickness suffered by the Canadian people.

The survey has been in the planning stage for the last two years, and it has already undergone a rigid working trial in both a rural and an urban area in Canada. The organization of the survey, including the determination of the information to be sought, the drafting of the questionnaires, and planning the method of enumeration, is being carried out by the Department of National Health and Welfare, with the Dominion Bureau of Statistics providing the technical help and advice. The actual process of carrying out the enumeration has been undertaken by the respective provinces. In British Columbia, Public Health Nurses will be used as enumerators, with Health Unit Directors acting as regional supervisors.

The information sought is to be obtained by means of a sample survey. In this province approximately seventeen hundred households, or about five thousand people, will be included in the sample. The sample has been scientifically chosen in such a manner that it will be representative of the province as a whole. The various economic and industrial areas of the province are included in the sample in proportion to their size in the total population, and the sample is so drawn that every person in the province has an equal chance of being included. The size of the sample set is such that the maximum sampling error will be unlikely to exceed twenty percent in any of the categories tabulated, which means that for most of the rates established the margin of error will, in fact, be considerably less than this twenty percent maximum.

Another feature of the sample is that it has been designed to provide information on a provincial basis about illnesses of the most frequent occurrence in Canada, and not to give precise information respecting relatively uncommon conditions. The line has been drawn at illnesses with an annual incidence of two or more per one hundred population. Data concerning diseases which occur less frequently than twice per hundred population per year will also be available, but they will be less precise than those for the more common illnesses. However, for many of these less common conditions, fairly accurate national estimates will be forthcoming, even though reliable rates by provinces will be impossible, due to limitations of the sample.

The survey is being conducted on a household basis, so that as well as yielding information about individuals and their sickness experience, it will also provide considerable data on the experience of family groups and of household groups. To collect this material each enumerator will work with three sets of schedules; one to record the particulars of the individual and his illnesses, a second to record the medical expenses of each family, and a third to contain certain specified detail concerning the household and the environment.

The selected households will be visited once a month for a period of one year, and the details of all illnesses secured by the occupants transcribed. Each family will be given a special calendar for recording all sickness as it occurs. The enumerators are being carefully trained in order that the information which they record will be as accurate as possible, and that will be unbiassed by anything the enumerator may say or do.

The data collected will be used in two ways; firstly, and of prime importance, as a basis for provincial and national estimates concerning sickness, medical care and expenditures for medical care, and, secondly, as an account of the experience of a specific group of families. The estimates will be of two types. On the one hand, there will be measures of the volume of such items as the total amount of sickness, the extent of disabling illnesses, the amount of medical care and other types of health care received for this amount of sickness, the volume of dental care, and the volume of expenditures for various types of health care. On the other hand, there will ensue estimates of the incidence and prevalence of different kinds of illnesses which occur as frequently as twice per hundred population per year. On the basis of similar studies made elsewhere, it is expected that the following types will fall in this category: respiratory diseases, digestive diseases, accidental injuries, degenerative diseases, psychoneuroses, communicable diseases, rheumatism and related diseases, female genital and puerperal diagnoses, and skin diseases.

It will be clear that the present survey will not by any means tell all one might like to know about illness in our Canadian population, but it will, for the first time, provide the broad picture of sickness and of unfulfilled needs. It will indicate in what directions additional information must be sought, and it will be of paramount value to the medical profession in assisting the profession to apply its strength and skill to the greatest effect.—*Vancouver Medical Journal.*

Tomatoes Grown in Polluted Soil

Tomatoes were grown in soil contaminated with sewage sludge and the fruit was sprayed with suspensions of excreta. From the results of the analytical tests it was concluded that tomatoes could be grown on contaminated soil irrigated with sewage effluents, and if the fruits were eaten raw they were *not* likely to transmit human bacterial diseases.–*P H. Eng. Abst.*, Nov. 1949.

Bread and Nutrition

In a survey of nutrition made in 1944 in Newfoundland malnutrition was found to be rife, and the long extraction flour of that time was replaced by the American enriched white flour. This enrichment included aneurin, riboflavin, nicotinic acid and iron. At the same time as this enrichment to the flour was brought into vogue, vitamin A was incorporated with margarine.

A comparison of the results of this survey with those of a subsequent resurvey in 1948, both of which were carried out by eminent nutritional experts, left no doubt of the beneficial effect of the change introduced in 1944. The outward signs of malnutrition were less evident and less prevalent in 1948, and with this the people appeared to show greater energy and activity. The death rate and infant mortality were noticeably reduced by 1948. The Newfoundland experiment is however considered by Dr. Amos who is a pioneer in the field, to vindicate those who have always advocated a full enrichment policy and also to provide the answer to those who have suggested that such a policy might lead to some important dietary factor being neglected because of its presence only in long extraction flour.

Scutellum:—*Separation from wheat.*—The scutellum of wheat is the membrane separating the germ from the endosperm and is very rich in vitamin B_1. It accounts for only about 1·5 per cent of the weight of the wheat kernel; still it contains over 60% of the total B_1 vitamin found in each grain. It is obvious, therefore, that the level of the vitamin B_1 content to be found in long extraction flour will be markedly influenced by the manner in which the scutellum of the wheat is distributed between the flour and the wheat offal. Generally speaking, the milling systems in use today furnish a satisfactory level of vitamin B_1 in the national 85 % flour and so there is no need for any special plant to segregate the scutellum and hold it back from the offal (chaff) sack. It is believed however, that such a procedure might on occasions find a place in milling practice of the future.

Workers at the Research Association of British Flour Millers have turned their attention to this subject of segregating the scutellum during the milling operation and have obtained some very encouraging results. They tried several methods of separating particles of endosperm and bran-matter but finally adopted a procedure based on differential adhesion to a moist surface; particles of scutellum and germ adhere much more firmly to a wetted surface than to particles of endosperm and bran. These research workers have designed and patented a machine capable of automatically effecting nine separate differential adhesion treatments to the stock of wheat fed to it.

The essential parts of the machine are:—A moving, inclined endless rubber band, a spray of atomised water which impinges on the band, a heater, and two brushes (a soft and a hard one) which can be adjusted to contact

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DOCTORS ARE HUMAN

THE medical profession is composed of individual doctors, fellows 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 to see you or your sick baby; the fellows who treat you for pneumonia or heart disease or perform your operation. The medical profession is made up of thousands of such men.....

Does the doctor of today differ from the Dr. Green of yesterday? In many particulars, yes; basically, no. The general desire *to help the sick and needy* remains the same, but the route which the modern doctor has to take to attain his goal is very different from that of 50 years ago, and very much harder. It is not possible now to become a master of all fields of medicine (if it ever was) as each speciality constitutes a lifelong course of study.....

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 whenever 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 "did not want to bother him in his office." It may irritate him to be called at night by someone who has not been feeling well for 2 or 3 days. After a few sleepless hours during which he worries over his condition, he 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 people that irritates him no end, and understandably so. Many patients resent the 'doctors' leaving town on a brief pleasure trip, resent his attending social functions, resent his rule of not seeing patients in his rooms on Sunday, except for emergencies (after all, that is the most convenient time for them to see

Bread and Nutrition

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certain chemicals constantly applied to the body will in course of time—generally a matter of years in the case of human beings—produce a cancerous growth. That is why in regard to certain occupations, the risk is recognised in law in Great Britain and workers in those industries have been authorised to claim compensation.

It has also been suspected for many years that smoking, involving as it does the introduction into the body of products of combustion, might be a cause of cancer. After extremely painstaking investigations carried out in Britain during the past three years by research workers of the London School of Hygiene and Tropical Medicine and the Medical Research Council, the suspicion has been confirmed beyond doubt. Tobacco smoking, it has been shown, definitely predisposes towards cancer of the lungs, though to avoid alarm it should at once be pointed out that the risk, although quite real, is not great.

The method used in this research involved interviewing individually about 2,500 cancer patients in 20 large London Hospitals. About a fifth of these proved to have cancer

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as opposed to a non-[illegible] the scutellum rather difficult, as during their lifetime people vary their habits so much, as a result of personal taste, economic factors and so on. Eventually, however, any person was classed as a smoker who had smoked at least one cigarette a day at least one year. The results were quite clear-cut. Lung cancer is much more prevalent among smokers than non-smokers and the added risk appears as might be expected to be roughly proportional to the amount of tobacco smoked.

More detailed analysis indicates that cigarettes are more dangerous than pipes. Advancing years increase the risk; among those over 45 years of age it seems likely that lung cancer is as much as 50 times as likely among those who smoke 25 cigarettes or more a day than among those who do not smoke at all.

It thus seems clear that by abstinence man has within his power the means of almost eliminating one particular form of cancer.—Extracted from the article by Dr. Trevor J. Williams, Deputy Editor of the Scientific Quarterly *Endeavour*.—*B.I.S.*

Children deprived of a normal home

Section I of the Children's Act, 1948, states that a local authority has the duty to receive into care any child under the age of 17 years who has neither parent nor guardian, who is abandoned or lost, whose parent or guardian is either temporarily or permanently unable to provide properly for the child. The authority also has the duty of trying to arrange for the parent or guardian or relative or friend to take over the care of the child when this is consistent with the welfare of the child. Throughout this Act you find the words "welfare of the child" recurring and the whole spirit of the Act is that everything possible should be done in the interests of the child.

Normally it is not possible to make long term arrangements for a child on short notice, and in 1949 the Home Office issued a memorandum on reception centres, based on advice given to the Secretary of State by the Advisory Council on Child Care, in which a short period of skilled observation in order to decide how the child could best be helped was suggested. Foster homes, chosen with care, approximate most closely to normal home life and being used to an interesting extent. When new accommodation is being provided small children's homes are being planned. Sometimes it is in the interest of the child to place him in a voluntary home or some other suitable place. Always there is the hope, expressed by the Curtis Committee, that all deprived children shall have an upbringing likely to give them all the chances, educational and vocational, of making a good start in life which are open to children in normal homes.

The Children and Young Persons Act, 1933, deals largely with the cases brought before the juvenile courts. Frequently there is a period in a remand home to allow for full information on the home surroundings and for school and medical reports to be obtained, and at the same time to have the child under skilled observation. The court may decide to commit the child to the care of the local authority or an approved school order may be made, or the young person may be placed on probation or under the supervision of a probation officer and required to reside in an approved probation hostel or home.

There are a number of children in voluntary homes. The Children Act of 1948 and the Children and Young Persons Act, 1933, provided for the registration and inspection of such homes by the Home Office, and the local authorities have the power to visit any such homes in their area.

Considering, therefore, all types of children deprived of normal home life, it will be seen that legislation has provided for their supervision and the Central Training Council set up by the Home Office under the Children Act is providing fully subsidized courses for house mothers and fathers, boarding-out officers, etc., and a variety of refresher courses are being arranged.

I have been unable in this brief outline of the child in the Welfare State to deal with such special subjects as child life, protection or adoption: but I think I have said enough to convince you that the Welfare State has done much to help the child. I leave you in your discussions to consider where the gaps exist and what more can be done, without interfering with the sacred ties of family home life, or diminishing that precious sense of parental responsibility.

—*Mother and Child.*

Dietary Control of Dental Caries

Two groups of children, 50 in each group, were observed from birth to the age of 5 years. One group which had few sweets in its diet and received regular vitamin supplements, showed 1 12 as many carious lesions as the other group, which had plenty of sweets and irregular vitamin supplements. Easily fermented carbohydrates, especially saccharose were responsible for the result in the latter group.

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The Child in the Welfare State

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BEFORE considering the child we need to turn our thoughts to the family: the child's place is in the family, and both parents and children have duties each towards the other. The State is made up of families and has a duty to the family; likewise, the family has a duty to the State, but if these duties are misconceived neither the State nor the family will prosper.

Let us, therefore, consider the subject of the child in the Welfare State under three main headings: the child in the normal home; the child neglected or ill-treated in his home; the child deprived of a normal home. It is inappropriate that I should be referring to the child in the normal home since the Home Office has no official interest in such cases. However, having agreed to speak to you on the subject I can hardly ignore this most important aspect of it, and perhaps I may be forgiven if I confess that I began my public health life in maternity and child welfare.

The child in the normal home

Under the National Health Service Act the local health authority must provide for the care of mothers and young children. Antenatal care is provided for the pregnant mother and advice is given to the mother of a young child, both in her own home and at clinics. A large number of child welfare centres have been set up and both doctors and health visitors try to ensure that a child has a good start in life. The need to educate the father has not been forgotten.

In addition there is provision of day nurseries to help the mother who, for some reason, is unable to look after her child during the day. I remind you of the Day Nurseries and Child Minders Act. The National Health Service Act also provides for a general practitioner service and for home nursing and domestic help in an emergency. There are clauses in the Act referring to the prevention of illness and after-care. Immunisation against diphtheria has been widely accepted and efforts are being made to prevent whooping cough and tuberculosis from threatening young lives. All these and other services provided free of charge enable parents to obtain skilled help and advice for their children in the early stages of illness, without financial anxiety.

The Education Act provides for free education and all types of schools are provided, from nursery to secondary. Further education is available after school-leaving age. There are special schools for handicapped children; milk and meals are provided. Many parents' and teachers' associations do grand work in strengthening the ties that should exist between those responsible for the child's upbringing. There is also the school health service, and if a child begins to stray from the path of virtue or to exhibit behaviour problems the child guidance team can investigate and advise. Local authorities can provide activities for children's leisure time or assist a voluntary organisation to do so. The next generation is not forgotten, homecraft and parenteraft being taught to children and young folk.

The National Insurance Act by providing maternity and sickness benefits helps the family in time of emergency, and the unemployment benefits reduce the risk that a child is harmed while the father is out of work. Family allowances increase the income of the household in respect of benefit to children. When a child is ready to leave school the youth employment service is waiting to suggest suitable work, and if a child is handicapped he can be registered under the Disabled Persons (Employment) Act and so be trained or assisted to find suitable employment.

Summing up this group of children who are being brought up in their own homes by reasonably good parents we see that a great deal has been done to provide and help those parents. Perhaps the great need today is to preserve the family as a unit, and to do that by every means in our power, underlining for the parents the fact that parental responsibility must be accepted and used wisely.

The child neglected in the home

As to the child neglected or ill-treated in the home, the term "neglect" means the failure to provide adequate care. The subject was raised in the House of Commons in July 1949. An inter-departmental working party has since been considering what more might be done under existing powers to prevent neglect or ill-treatment of children, and whether new powers are needed. The departments represented were the Home Office, the Ministries of Health and Education, the Scottish Home Department, the Department of Health for Scotland, the Scottish Education Department and the National Assistance Board. So far no statement has been made in Parliament of their findings. We can, however, briefly review the various services concerned with the problem family and whose workers are likely to find some of the children who are being neglected or ill-treated in their homes.

Local authorities have extensive powers and duties to assist families generally, not only in their capacities as health and education authorities, but also as housing and welfare authorities, and they have specific duties in regard to neglected and ill-treated children under the Children and Young Persons Act. School attendance officers are directly in contact with the neglected child, and in the LCC area there are care committees responsible for the welfare of children in the primary schools who select cases requiring special attention. The local housing authority is responsible for the general management and control of the houses which they provide under the Housing Acts and they exercise general supervision over their tenants. Housing managers, some trained on the Octavia Hill system, are often employed and give special attention to the families of low standard. The local welfare authority is responsible under the National Assistance Act for the provision of temporary accommodation for persons who are in urgent need. Under the present housing shortage, evicted families present a serious problem, especially the hard core of undesirable tenants.

Under the Children and Young Persons Act the local authority has a duty to present to the juvenile court information on home surroundings when a child or young person is charged with an offence or is in need of care and protection or beyond control. It is also the duty of the local authority under this Act to bring before a juvenile court any child or young person who appears to them to be in need of care and protection, and the child may be placed by the court on probation or under the supervision of a probation officer who will try to enlist the cooperation of the parents and so improve conditions in the child's home.

In connection with probation there is the interesting experiment of the Mayflower Training Home at Plymouth, provided for mothers who have been found guilty of offences of neglect or ill-treatment of their children. The mothers are sent to the home on probation, usually for about four months, and take with them any of their children under the age of 5. Training is given on how to run a a home and bring up children.

The National Assistance Board has the duty under the National Assistance Act to help in kind and money the families whose resources are inadequate and in many of these families there are children some of whom would be considered neglected.

Voluntary organizations specifically concerned with neglect and ill-treatment such as the National Society for the Prevention of Cruelty to Children, may initiate care and protection proceedings. There are many other organizations, such as the Family Service Units, the Marriage Guidance Council, the workers belonging to various religious denominations and other voluntary bodies concerned with the welfare of families, and they may help and advise in cases where children are being neglected. We all know that the increasing number of divorces, separations and broken homes are apt to leave a tragic trail of neglected children. There is, in addition, the problem of the unmarried mother and her child, which is too wide a subject to discuss now.

In short, while we may say that there are many factors playing a part in causing neglect and ill-treatment, there are also many workers, both official and voluntary, anxious to relieve the conditions of the neglected child. At the same time, we must always remember that the easy solution of separating a child from his parents should only be adopted when all other efforts have failed.

INDEX TO HEALTH—1950

Topics from Medical and Health Periodicals

The Patient's Last Journey

See, the Physician as a rower plies.
The patient lingers and at length he dies.
But two physicians like a pair of oars
Waft him more swiftly to the Stygian shores
—(*Barrowclough in Med. World*, June 2, '50.

●

Environment a factor in disease.—Students of New York Medical College now have instruction in environmental medicine. By means of lectures and visits to welfare agencies, they learn about the impact of economic and political forces on community health. Open to study is a group of hospitals with a total of more than twelve thousand beds. Medical science is broadening its view from merely curing specific diseases to a consideration of the patient in all his relations to society and to the surroundings in which he lives.

●

Flourine protects teeth.—The experiment of adding a flourine compound to drinking water to reduce teeth decay [illegible] is apparently meeting with success. This chemical has been added to the water supply of Newburgh, New York, for three years. The city of Kingston, of about the same size, thirty miles away, has been used as a control. David B. Ast, D.D.S. and associates, give the results in the *American Journal of Public Health* (Vol. 40, p. 716). They report that under the flourine treatment, six times as many children are free of caries, sixty per cent have a lower caries rate, and seventy-five per cent have a decrease in the loss of first permanent molar teeth. There has been no mottling of teeth, as happens with a higher concentration of the chemical. The younger children have received the greatest benefit. It is planned to continue the experiment for ten or twelve years.

●

Salt withheld in heart disease.—Striking results with a salt-free diet in heart troubles are reported by Dr. A. Levin Nielsen and associates in the *Journal of the Danish Medical Association*. Previously, salt free meals might contain up to three grams of sodium chloride daily, but in the new program the limit is one gram. Sixty four cases were selected. "Almost dramatic" improvement was shown by some patients after a few days. Follow ups were made some months after discharge from the hospital. Of thirty-one who had adhered to the restriction, twenty-seven had kept their gains; of nineteen who had not persisted, three were still as well as before, eleven were worse and five had died.
—*Good Health, U.S.A.*

●

No standards for ice cream yet in Britain.—The Food Standards Committee appointed by the Minister of Food in 1948, to review the composition of foods and to recommend standards, have considered proposals that a Statutory Standard of Composition should be prescribed for ice-cream. The Committee have consulted Local Authority Associations all over the country and taken evidence from Trade Associations, concerned. They have also considered the rates at which necessary raw materials for ice-cream manufacture, can be allocated to the manufacturers from available supplies at present.

The Committee are of the opinion that a standard is in principle desirable for ice cream. They recommended, however, that action should be deferred since (because of the scarcity of fats, milk solids and other ingredients) a satisfactory standard could be prescribed at the present time, only at the expense of a reduction of supplies.

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Manufacture of cultured buttermilk from non-fat dry milk solids (Skimmed milk powder).—Cultured buttermilk of very good quality may be prepared from reconstituted skimmed (non fat dry) milk solids. The suggested procedure for its manufacture involves pasteurization at 180°F for half an hour, which sterilizes the reconstituted milk solids and yet does not impart a pronounced cooked flavour to the finished product. A slight preference exists for a 10% total solids content, since cultured buttermilk containing 8% solids was too thin whereas the 11% product was too viscous. A resulting acidity calculated as lactic acid of 0.85 to 0.90% was found to be ideal from the consumer point of view.—(*Milk Plant Monthly*. April 1949).

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Mass production and distribution of foods.—The story of food distribution in the U.S.A. from the county store to the super-market of today was told by Mr. M.M. Zimmerman, pioneer of the American self service market during his recent visit to London.

Since the time of its inauguration in 1932 the "super-market and self service" industry has grown to some 14,000 units with an annual volume of trade amounting approximately 30 per cent of America's 32 billion dollar food bill.

In addition to self-service meats, new lines of pre-cooked foods are now being developed and prepacked for consumer use and the time is not far distant when practically all fresh vegetables will be packed in transparent wrapping material for self service sales.

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Increase in madness. "Families that produce madmen also produce geniuses." This is from a note recently furnished to the Hon. Minister for Public Health, Rajkumari Amrit Kaur, by Dr. Davis of the Ranchi Mental Hospital. Dr Davis also states that there has been some increase during recent years in cases of insanity occurring among the *middle class educated people*. Mental conflict between narrow, conservative, or orthodox ideas and modern progressive views was one of the causes of the increase in the incidence of insanity. Another cause was mental shock produced by witnessing communal bloodshed. Dr. Govindaswami of the Bangalore Mental Hospital considers chronic starvation to be an additional cause of mental breakdown in India at the present day.

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