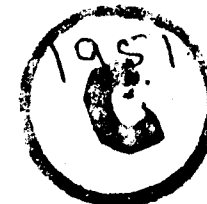


236 ~~236~~
~~237~~

HEALTH



Vol: xxix

No: 1

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HEALTH

ESTD. 1923

A JOURNAL DEVOTED TO HEALTHFUL LIVING

Contents

VOL. XXIX. No. 1 JAN., 1951

The New Year

—Editorial.

Blood as Life-Saver

—Rao Sahib T.N.S. Raghavachari

Amblyopia or Blindness

—Dr. R.S. Agarwal.

Ten Evils of Innutrition

—Dr. D.N. Debsarma.

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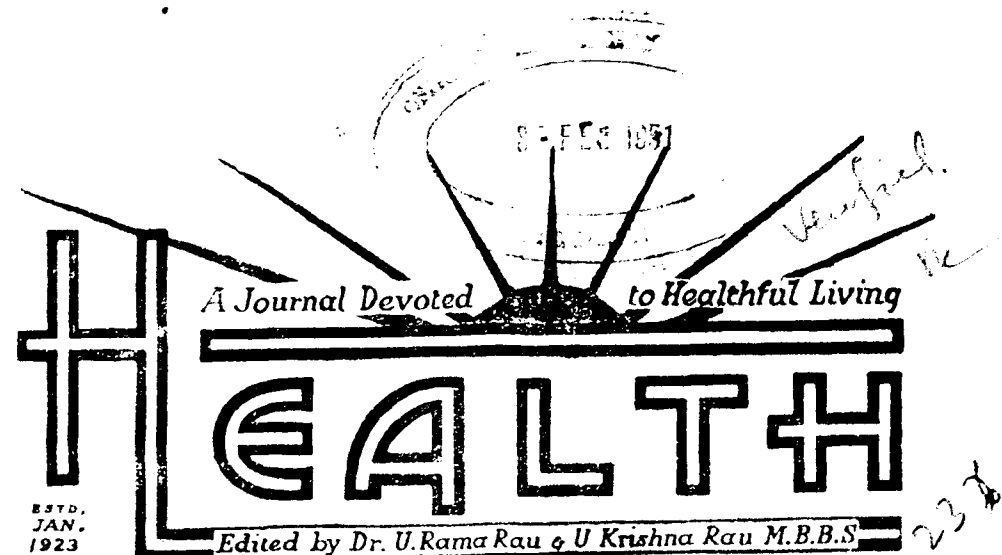
	As.
1. Houses in Relation to Health	4
2. What to do before the Doctor Arrives	4
3. School Hygiene	8
4. Water in Relation to Health	4
5. Air in Relation to Health	4
6. Health and Disease	4
7. Preventable Diseases	4
8. Common Disease-carrying Insects	4
9. Milk in Relation to Health	4
10. Alcohol and its Dangers	4
11. Personal Hygiene	8
12. Home Nursing	Rs. 1-0
13. Food in Relation to Health	4

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Vol. XXIX

JANUARY, 1951

No. 1

THE NEW YEAR

THOSE who occupy high elective seats in Government hear only one voice, and that is the voice of the people who elect them. Though there are many problems, national and international, which confront the people at the present time, it seems logical and necessary that they give particular consideration to the question of better health service for the people of this country and demand of the Governments with one voice the implementation of the recommendations of the Bhore Committee which went thoroughly and exhaustively into this matter and submitted a monumental report to the Government of India. Sporadic attempts here and there, or the holding of meetings in some places off and on, are not enough to convince the Governments how greatly the people are exercised over this matter. If is regular, systematic work, based on a definite plan that would force the Governments, in spite of their preoccupations in various other matters, to turn their serious attention to this all-important problem, on the successful tackling of which depends the future of the State. And any plan evolved in this connection should be such that, while attention is concentrated on the main purpose, it should also be capable of producing the side-effect of the education of the people in regard to their rights and responsibilities and the duty that the State owed to them. It is only by dinning into their ears these things that they can be made health-conscious to come forward in large numbers to give their whole-hearted support to the main purpose. For populi, vox Dei, and no Government, much less a responsible Government, can ignore the united voice of the nation.

Health]

[January, 1951

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When we say this we do not mean that the present Governments in the Centre and in the States are unmindful of their serious responsibilities in this matter of vital importance. Pandit JAWAHARLAL NEHRU, our Prime Minister, has given concrete proof of his great and abiding interest in this all-important matter. Our Health Minister, the Hon'ble RAJKUMARI AMRIT KAUR, is fighting hard with her own colleagues in the Cabinet for the provision of more and more funds for the promotion of public health. But when too many demands are made on the exchequer for this, that and the other, it is but natural that those at the helm of affairs should think that while other problems require immediate and urgent attention, much would not be lost if the problem of public health which had long been neglected was given secondary place till such time as financial conditions improve, or the demands on their slender purse for other purposes get reduced to sizeable proportions.

It is not our case that nothing is done at present. The Governments have done their best within what they consider to be their limited resources; many plans for improvement are in the womb.

But public health is the foundation on which the superstructure of the future State has to be raised, and that is why we consider that greater importance and urgency should be attached to this problem than to any other. And to bring round the Governments in this country to this point of view, it is necessary that public opinion should become vociferous and insist upon the grant of top priority to plans for the improvement of public health. We therefore consider it necessary that All India, Provincial, District, Taluk and Village Health Organisations should be established all over the country to educate the people and mobilise their support for such a demand. If only the educated and the lettered take a vow on this New Year Day to devote themselves wholeheartedly and increasingly to this great cause, much could be accomplished within the next twelve months and we would have a net work of organisations all over the country devoted to this great cause. In the fervent hope that this suggestion of ours would be taken up in right earnest and acted upon to bring about the much-needed improvement in public health, we wish all our readers a HAPPY AND PROSPEROUS NEW YEAR.

Small Homes Impair Mental Health

The high cost of building has led to a tendency to erect smaller homes. This is described as harmful by Dr. C. E. A. Winslow, as Chairman of a Committee of the American Public Health Association. The minimum floor space for a single individual should be four hundred square feet, while a family of six should have an allowance of 1,550. Many new houses have fifty per cent or even less. Impairment of mental health is likely to result from cramped quarters. Frustration may follow from overcrowding. Conflict between the desires and needs of various members of the family or fatigue due to performance of household duties under unfavourable circumstances may be as great a health menace as poor heating or stairs without railings. A sense of inferiority may endanger the well-being of children as much as unsanitary plumbing.

—Good Health, U.S.A.

BLOOD AS LIFE - SAVER

Rao Saheb T.N.S. RAGHAVACHARI,

Retired Public Health Bacteriologist,

St. Thomas Mount, Madras-16.

I. Ancient beliefs.—For some thousands of years, the ancient physicians and philosophers had recognized that the heart was an organ very essential to life. They considered that the blood had some spiritual quality that set it apart from the flesh. They recognized also that there were two kinds of blood vessels branching and extending to all parts of the body, one holding blood of a bright vermilion colour and the other with blood of a deep purple colour—the arteries and the veins respectively.) But they had very weird ideas about other organs. The liver was considered the centre of the blood system and food was brought there and elaborated into “natural spirits.” From the liver the blood flowed (by a wave-like ebb and flow motion) like a tide carrying the “natural spirits” to various parts of the body. These natural spirits were changed into what they termed “animal spirits” in the brain and in that changed form ran out along the nerves emptying from their tips back into the veins!! The pulse beats they felt at the wrists and the temple, were due, according to them, to the expansion of the blood vessels when the heart expanded. The chambers of the heart (auricles and ventricles) were merely (“churns”) mixing chambers to stir the blood and mix it with a mysterious thing “vital spirits”. The heart also warmed the blood and all the heat of the body was supposed to be generated there. The lungs were fans which cooled the blood!!

II. The true concept.—These philosophical ideas collapsed when Harvey demonstrated by his classical experiments that the heart was *not* the seat of the soul, nor a mixing churn, nor yet a furnace to heat the body. As a result of his demonstrations, which were first discounted and even discredited by some teachers and preachers, we now know that the heart is a pump, the blood vessels its pipes, and the blood is only a vehicle for carrying oxygen and food material to the various parts of the body. Blood is one of the least alive of the tissues of the body. It has nothing to do with character or temperament. Its only peculiarity lies in the fact that it is a liquid and can, therefore, escape when the body is wounded. The idea of the metaphysical virtues of the blood was held very strongly in Europe 300 years ago. A German surgeon proposed to try transfusion of blood to reconcile the parties of an unhappy marriage; the incompatible pair were to be reciprocally transfused so that by sharing each other's blood they might share the same traits and interests in life!! But in view of the risks that were involved and of the evil consequences of this principle, the French Chamber of Deputies in 1666 (in the interest of human welfare) forbade, with

severe penalties, all attempts at blood transfusion. And it was not till the beginning of the present century that the value of blood as a life-saving medicine, was recognized and put into practical use with adequate safeguards.

III. Medicinal value and uses.—Blood transfusion is relatively, therefore, a new therapy and though it is no older than this century, its usefulness has already filled many dramatic pages of medical history. During the First World War (1914—1919) blood transfusions were used to a limited extent and the transfers were directly from one person to another. The value of blood therapy soon came to be realised and techniques were promptly perfected; blood transfusions in medical practice became more extensive. During the Second World War (1939-1943) it was realised that vast quantities of blood would be required. Blood banks where donors could go and offer their blood were opened in several centres throughout Europe and America—and to a smaller extent also in India. Millions of pints of blood were collected for the use of the armed forces. Under the pressing needs of War, scientists speeded up blood developments, which otherwise may have taken some decades. The methods of preserving whole blood vastly improved and the potentialities of blood as a life-saving medicine were expanded phenomenally. Tests were evolved for grouping the blood of donors on the basis of compatibility for transfusion into patients. It was also found that blood could be separated into its various components or “fractions” as they

are called. The most common ‘fraction’ was ‘*plasma*’. Plasma could be dried and preserved in a fit condition for use later on. It was later found that after the removal of all cellular material, plasma could be treated and processed to yield over half a dozen other derivatives, all of which have been used for treating various diseases. In addition, it was shown that from plasma could be prepared a “glue” for skin-grafting, a kind of sponge which could be left in body cavities after surgery and a cellophane-like thin sheet for replacing damaged coverings of the brain and protecting nerve ends after surgical repair.

IV. Transfusion.—The transfusion of whole blood has now become a ‘routine’ procedure instead of its being an emergency (*in extremis*) measure as during the First World War. It is now standard practice to give blood transfusions (after proper tests for compatibility) in major surgery, in anæmias, and in erythroblastosis of infants (a disease of new born babies characterised by jaundice and a great increase of red blood cells). Accidents cause terrible loss of blood in the victims and whole-blood transfusions are life-savers indeed in such cases.

V. In Burns.—A most revolutionary change in medical practice has been wrought in the treatment of severe burns. The burns alone used to be treated in the past by the doctor but now he treats the whole body and the medicines he relies on, are whole blood, penicillin and other similar drugs. Blood is however, the most important of these. Except for the

application of vaseline-impregnated bandages the burned surfaces are left alone and the doctor concentrates on building up the body's resistance to withstand the shock and the toxæmias which follow burns and which formerly caused nearly 75% deaths in cases of burns. During the initial shock, blood-plasma is used and later on whole blood to repair the severe damage caused to the red cells. Frequent injections of serum albumin (another blood derivative) are also given and when the patient reaches the stage of skin-grafting, two other blood fractions are used *viz.*, fibrinogen and thrombin. In many cases where suturing is difficult, such as between fingers and toes or under arms and knees, skin grafts may be glued on with fibrinogen and thrombin. The raw surface is sprayed on with fibrinogen and graft is dipped in thrombin and plastered on the wound. The human glue formed by the two blood fractions, keeps the graft in place and is itself slowly absorbed by the human body tissues. This wonderful degree of development which has been reached in America and possibly also in parts of Europe, has not, however, been achieved in other parts of the world including India.

VI. Aids in surgery and during child-birth.—In thoracic surgery (organs of the chest), a patient undergoing an operation on the heart or for the removal of a cancer in the lung will require about 20 pints (320 ounces, or roughly 6 Madras measures) of blood. The great loss of blood (hæmorrhage) which takes place in certain cases of child-birth—

once considered the murderer of mothers—is now replaced by transfusion and this demands large quantities of blood too.

VII. Aids in other blood diseases.—It is now very largely used with significant success in the treatment of some diseases of the blood itself *e.g.*, anæmia of a certain type, which affects particularly the very young children, and does not respond to any other treatment by drugs or diet. Constant fortification of the patient's blood with transfusions of whole blood, arrests the disease. Leukæmia is another disease of the blood—which is popularly called blood-cancer on account of the uncontrolled growth and multiplication of the white cells of the blood—which is controlled now-a-days, though not cured, by transfusions of whole blood. Similarly, aplastic anæmia, resulting from defects in bone-marrow function, is also controlled likewise.

In simple chronic anæmia, the red cells alone suspended in sterile water are injected, while the plasma separating from the blood is stored for other use. Economy is thus effected. Recent researches in America point to the possibility of separating the white cells also and storing them separately. When the technique is perfected, doctors hope to treat successfully (by using this fraction) dangerous conditions often brought about by influenza, typhoid fever, various other infectious diseases, the effects of poisoning by sleeping powders and by the extended use of sulpha drugs.

VIII. Blood Banks.—All that has been stated above clearly

points to the very valuable nature of blood as a medicine and to the great necessity for collecting large quantities of blood, from healthy donors, preserving them as such and processing it to get different fractions for use in emergencies. Blood Banks have now been

established for this purpose, in many of the large towns of India, but many more are needed, both of these banks and of the discerning selfless and generous donors, so as to be able to meet all the needs of suffering humanity.

JAI HIND.

Amblyopia or Blindness

Dr. R. S. AGARWAL,
15, Daryaganj, Delhi.

DURING the course of my practice I have come across many amblyopic patients and have been able to treat most of them quite successfully, sometimes with surprising results. One boy having only perception of fingers in the right eye was cured in two hours. Others were cured in ten days, a month or more.

Eye experts usually either neglect these cases of amblyopia or give some fancy explanations. Recently a lady doctor happened to visit my institute from a distant place. About five years ago she observed that her right eye was having very poor vision and then consulted many eye-specialists. The first doctor of the Agra Medical College diagnosed 'pigmentation of the macula lutea,' then all the other eye specialists whom she consulted held up the same diagnosis, and failed to give any hope of improvement. After some time the left or the better eye began to show some deterioration in vision both for distance and near. She was told that the left eye also was showing signs of early pigmentation of the macula lutea.

I thoroughly examined the lady doctor and recorded the following points:

1. Vision test:—

Distant vision	Without glasses	With glasses
Right eye	3/60	3/60 with + 1.25
Left eye	6/15	6/12 with + 1.25
Near vision—		
Right eye	Snellen test type No. 5.	Snellen test type No. 5 with + 1.75
Left eye	Snellen test type No. 5.	Snellen test type No. 2. with + 2.75.

2. *Field of vision*:—Contracted partially in the right eye.

3. No scotoma or speck before the right eye.

4. *Fundus*:—Normal in both the eyes, but macula lutea of darker colour increasing.

5. *Hypermetropia* increasing in the left eye in the old age.

6. *Diagnosis*:—Amblyopia in the right eye; hypermetropia and presbyopia in the left eye.

I told the lady doctor that I differed from the opinion of the doctors. It was not a case of

pigmentation of macula lutea but that of amblyopia.

"What?", said the doctor. "Do you mean all these experts were mistaken in their diagnosis?"

I replied, "It seems so. Had there been pigmentation of the macula lutea, the central vision would have been absent and there would have been a central blind area or scotoma. The darker colour of the macula lutea was due to your dark complexion. You must show some considerable improvement in the amblyopic eye by means of certain eye exercises in a week's time."

This argument and definite hope was very convincing and encouraging to her. She bought some of my publications on Dr. Bates methods (*Eye Troubles in Old Age, Mind and Vision, Prevention and Cure of Myopia without Glasses, Central Fixation as an Aid to Eyesight*) and went away with the promise that she would soon return for one week's treatment.

She joined the Institute on the 3rd October 1948 for treatment. Being bulky she had some handicap in carrying out the instructions perfectly, but she had the advantage of the medical intellect. What I told her about amblyopia and its treatment, she could understand very well.

When the sight is poor and cannot be improved by glasses, it is usually due to amblyopia. The word amblyopia means blindness without any organic change. The macula lutea, the centre of maximum vision, becomes less sensitive, and it is why a letter or a part of a letter regarded by an amblyopic eye does not appear

better than the other letters seen from the field of vision. Some cases of amblyopia cannot count fingers. The vision in some cases is affected slightly or more. The field of vision is usually contracted. The perception of colours varies greatly at different distances. In some persons the vision is quite good at one time while at other times the patient gets attacks of amblyopia. Amblyopia is usually present in the squinting eyes.

Treatment.—*Medicines*:—Resolvent 200, Elixir Oculose, Ophthalmolmo for eyewash and Sollux to drop were prescribed.

Eye-shade:—An eye shade was put on the good eye so that the amblyopic eye may be forced to function and this enabled the bad eye to develop the sensitiveness of the macula lutea.

Eye exercises:—(a) *Swinging*:—Almost all cases of amblyopia are benefited by the swinging practice. The doctor patient sat before a swing stand which is made like a window having vertical bars, and moved her body from side to side like a pendulum. The head and eyes also followed the body movement. She shifted her sight on the background from side to side. The bars of the swing stand appeared to move in the direction opposite to the movement of the head and eyes. At times she regulated the movement of the body with breathing. This exercise brought relaxation in her eyes and mind.

(b) *Central fixation*:—This exercise is specially meant to improve the sensitiveness of the macula lutea, and when it is done

correctly brings quick results. A Snellen eye testing chart was given to her in the hand. The top letter on the card is 'C'. When she looked just below the letter 'C' on the white background, the whole letter was visible without any attempt to see it, but the bottom part of the 'C' appeared more distinct than the top part of the 'C'. In the same way when she shifted her sight to the top part, it appeared more distinct. It took about two or three seconds to shift the sight from the bottom to the top and then from the top to the bottom. Similarly she practised on the smaller letters. Sometimes she repeated the central fixation exercise with the better eye also.

Glasses:—She was advised to use glasses for near work. To use the amblyopic eye she had put cotton behind the glass of the good eye.

Results.—In a week's treatment she showed considerable improvement. The amblyopic eye improved to 6/21 for distance, and read Snellen test type No. 4 without glasses and No. 3 with glasses. The left or the better eye improved to 6/9 for distance and read Snellen test type No. 4 without glasses and No. 1 with glasses.

Dr. Bates mentions a very interesting case:

"A well-known surgeon suffered from attacks of blindness at regular periods. The blindness was complete so that he had no perception of light. The attacks of blindness worried him very much because he was afraid, while performing an important surgical operation that in the midst of it, would come an attack of sudden

blindness which would tend to interfere seriously with his work.

"The neurologists whom the surgeon consulted all told him that he was threatened with insanity. Every ophthalmologist whom he consulted gave him a different pair of glasses to wear, none of which gave him any relief.

"While examining his eyes with the ophthalmoscope and seeking to find some treatment which would improve his vision, I discovered that he was suffering from amblyopia. Then he was told that the reason why his sight failed was because of this amblyopia. Then began a great battle. The doctor knew a great deal about physiological optics and would not encourage me to treat him until he was convinced that I was right and he was wrong. His logic was wonderful, apparently unanswerable, and yet utterly wrong.

"The loss of sensitiveness of macula lutea was of such high degree that when he looked at a letter on the Snellen test card, the letter seen through the field of vision appeared better than the letter regarded directly. The strain to do this was terrific and produced loss of vision; but the patient was unconscious of it. If he saw the letter, he argued, he must see it as black as it really was, because he was not colourblind. Finally, by central fixation exercises, he became able to observe that the letter regarded appeared better and more distinct than the other letters seen through the field of vision. It took a fairly long time to accomplish this, but when it had been done the patient said that it seemed as if a great burden had been lifted from his

mind. He experienced a wonderful feeling of rest and relaxation throughout his whole body. He finally became able to read 6/6 or more, and although he was more

than fifty-five years of age, he also read diamond type at from six to twenty-four inches. His attacks of blindness ceased. His memory had greatly improved."

REGAINING LOST HEALTH

PURAN CHANDRA GUPTA,
5, Chah Chand, Allahabad.

IN the day-to-day papers we see medicines are published for regaining lost vigour, vitality, health and manhood. We come across with these medicines not only in papers—daily, weekly, fortnightly and monthly, even local markets are flooded with tonics, pills, oils and ointments which are completely guaranteed and have been tried upon millions of patients with the help of which you can feel ten to fifteen years younger, you can have the sparkle of youth in your eyes and the bloom of health in your cheeks, purified blood, robust health, permanent youth and real pleasures of married life. Some of these medicines are supplied on free trial and on failure price is refunded. There are also some uncles and fathers to advise you in regaining lost vigour.

Let me tell you for once and for all that no one can ever purchase lost vigour, vitality and health with money alone. You will have to strive and make sacrifices for it.

For the sake of momentary pleasure people sacrifice in an instant all the stock of vital energy that they laboriously accumulate. As a result they feel hopelessly weak and the mind

refuses to do its work. Then in order to remedy the mischief they consume large quantities of milk, ghee, egg, fish etc. and take all sorts of 'bazaru' medicines and tonics. This is by far the easier way, but then, in almost all cases, it ends in failure and sometimes in total collapse of the sexual power. "The clock of life instead of moving twenty years back" as claimed by the advertisers, "actually moves some years onwards". The consumption of ghee, fish, egg etc. makes the position worse.

How can we be healthy if we expend all the health that we acquire? There can be no doubt that men and women can never be virile or strong unless they preserve their semen, so precious an element. In man, the semen—equivalent in energy to sixty drops of blood—is a very vital and important constituent of his body. To human body semen is of supreme importance. According to the degree of the wastage of semen, the growth of man—constitutionally, mentally and emotionally—is interfered with. Excessive wastage of this precious element results in health bankruptcy.

Therefore, any system which aims at cultivating radiant health, virile sex power and magnetic

personality cannot afford to ignore the preservation of semen. As a matter of fact the hidden treasure that God has given us should be conserved by rigid self-discipline.

For the loss of semen the following factors are responsible:—

(1) Over-eating or use of wrong dietary.

(2) Excessive use of tobacco, tea, coffee, alcohol etc.

(3) Excessive mental worries.

(4) Excessive sexual indulgence within the sphere of marriage or outside it.

(5) Suffering from night discharges.

(6) Masturbation commonly known as self-abuse started at an early age and practised for a number of years. Masturbation is the greatest of all sexual evils. The harmful results of masturbation are two fold in character, first destructive to the sexual function itself, and second debilitating to the constitution. Owing to the secret character of the practice it is not possible to make any definite statement as to the extent to which it is carried on. One investigator has said that out of every hundred men, ninety nine have masturbated at one time or another, and the hundredth is a liar. It may not be very far from the truth but the situation is bad enough without exaggeration. By some of the young men it is practised only for a short time and to a moderate extent and by others excessively for long periods. In most cases the practice is commenced in utter ignorance of the harm that may result from it, and when the victim learns that it is injurious and vicious he either

stops it or tries to stop it. In India the production of semen in the human body starts usually at the age of 14 years when the male body has to grow rapidly. It is unfortunately at this very age that the vital fluid is wasted.

Remedial measures.—The adoption of the mode of living described below will not only go a long way to put a check on the bad practices of losing semen but will infallibly improve the general health of a man and bring about restoration of his sexual vigour, vitality, health and manhood.

Think rightly.—The first great requirement is to enter into the fight with the unfaltering determination that you are going to break the habit by which you lose your semen, and then stick to it until you have done so. To think constantly of failure and ill-health is to court failure and disease. To think of health is to pave the way to health.

Self-restraint.—The question is often asked: "What should be the frequency of sexual union in a married pair?" The tuition that is needed for much married and enervated India is not that of indulgence but complete restraint if only for the sake of regaining lost vitality. Married people should understand the true function of marriage, and should not violate Brahmacharya, except with a view to progeny. Sexual enjoyment is not only not necessary for but is positively injurious to health. All the strength of body and mind that has taken long to acquire is lost all at once by a single dissipation of the vital energy. It takes a long time to regain the lost vitality and even then there is no

saying that it can be thoroughly recovered.

Eat rightly.—The daily food plays a very important part in maintaining or building up sexual vitality. It should be non-stimulating in character. Meat and eggs, fish and chickens should not be used freely. Not only alcoholic drinks but even tea and coffee should be avoided, and it is hardly necessary to say that pepper, hot sauces and condiments of all kinds are objectionable. Uncooked foods, particularly fruits, green vegetables containing as they do all the vitamins on the earth should be used extensively in diet as a preventive measure against constipation. Avoid over-eating. There should be perfect control over the palate. Eat not to satisfy your palate but your hunger. A self-indulgent man lives to eat; a self-restraint man eats to live. Control should be acquired over the organ of taste.

Have plenty of sleep.—For the restoration of spent-up energy sleep is as important as nutritious diet. Early to bed and early to rise makes a man healthy, wealthy and wise, is a sound proverb. 9 o'clock to bed and 4 o'clock to rise is a sound rule. Go to bed on an empty stomach. Therefore, your last meal must not be after 6 p.m. In the case of night losses avoid sleeping on the back.

Cultivate laugh habit.—The very idea of fear and anxiety is galling. "Wash off your cares or laugh away your anxieties." Fear and worry are continuous spasms. They contract all the capillaries and bring about the symptoms of a slow acting deadly poison and finally tend to shorten life. The

bored man begins to yawn which means that the passage of blood through the lungs is encumbered. The one sound and solid principle, therefore, that everyone should have in life is that it is definitely bad being bored for long and should try to laugh a lot instead. Not a single dull, morose and gloomy person has ever reached a fanciful old age. It has been reached by only those who kept the flames of laughter burning within themselves.

Take muscular exercise.—Some kind of exercise sometime, but very regularly, is indispensable. Should nothing more be possible in the beginning, walking which is the easiest but capable of immense good, must be resorted to. It works wonders like a good, cheap and effective medicine. One who walks regularly accentuates his power of digestion, has an urge for eating, increases agility of body, reduces unnecessary fat, makes his body strong and healthy, develops his mental faculties, promotes his power of remembrance, fills up his face with joy and heart with enthusiasm, and, above all, prolongs his life.

Take cold bath.—Any one who aims at health, vitality and virility should not overlook this great health-building measure even for a single day. Every morning for a shorter or longer period, according to the season, take a cold bath. Wash off daily with cold water the dirty secretion that accumulates below the foreskin of the penis and is a cause of itching.

Enrich your blood.—One paramount consideration in the attainment of vitality and virility is to purify and enrich the stream

of blood. Keeping in fresh air, deep breathing, muscular exercise and air, sun, and water baths will help you to an abundant supply of blood. The best foods that improve the quality and quantity of blood are juicy fruits and fresh green vegetables.

Avoid anxiety and worry.—Stop worrying and brooding over your trouble. Have an optimistic outlook on your life.

Keep yourself busy.—Idleness is the great insurmountable obstacle. Your mind must be so occupied with other matters that there will be no opportunity for dwelling on licentious thoughts. If you have nothing to do, find something. Inactivity will give your mind a chance either to dwell upon erotic thoughts or to worry about your condition, and both of these should be rigidly avoided.

Cultivate the society of refined people.—Seek the society of the good and the pure. A man is known by the company he keeps. He is what his society is. One must, therefore, keep company with those who are healthy, strong and cheerful persons and like whom he himself wants to be.

Avoid passion-breeding literature.—Refrain from reading passion-breeding novels and magazines and read the works that sustain humanity. Make one book your constant companion for reference and guidance. Read such books as fill you with noble thoughts and meditate over the lives of great men and live in the constant realization of the fact that sexual enjoyment is the root of much misery. Avoid theatres and cinemas. Recreating is where you may not dissipate yourself but recreate yourself.

Last but not the least, it may be added that the ways of regaining lost health about which there is a great hallow are not entitled to the importance and high place that is given to them. It is possible to compare them with hunters received by a horse, so that he goes a few steps ahead, but not with gram or grass. The best remedy is had in the storehouse of Nature and are fresh air, clean and pure water and unadulterated living. Tonics and medicines for regaining health should be expected in food rich with vitamins, endearing sunlight, life-giving air and water, rest and exercise. They are impossible in medicines.

Quiet, Please

A loud-mouth scatters more germs than does a person speaking softly, a German scientist found in an investigation, published in the *Heidelberg Chirug*, into the effectiveness of surgical masks. Poorly fitting masks were useless. A well-fitted mouth mask was effective whether or not the nose was covered, provided the person was healthy. But it's not a good idea for an amateur, instructed to wear a mask, to take a chance on that. He can carry a nasal infection without knowing it.—*Today's Health*, October, 1950.

"A College education is one of the few things a person is willing to pay for and not get".—*W. L. Bryan, President of Indiana University, U. S. A.*

Ten Evils of

INNUTRITION

Dr. D. N. DEBSARMA,
Nutritionist, Dalowjan Tea Estate,
Oating, Assam.

1. Healthlessness.—Lack of proper nutrition of the body results in lack of health (soundness of the body and the mind). Only a proper and balanced diet can nourish the body and give physique and vim to it.

2. Degenerateness of mental faculty.—Innutrition may cause also degeneration of the mind. Mental faculties cannot properly develop without adequate nutrition to the body. The brain cells may degenerate under malnutrition.

3. Proneness to diseases.—An undernourished body loses its resisting power and becomes prone to various diseases. Proper nutrition protects it from many of them.

4. Degenerateness of race.—A race is likely to degenerate in its virtues when the peoples of the race are underfed and malnourished. They cannot preserve their forefathers' qualities in full.

5. Barrenness.—Endocrinopathy, anæmia etc. may develop in undernourished persons, and they may thus become barren.

6. Unhappiness.—Malnourished people are sickly, they lack in vigour and animal-spirit, and they are often unable to do their duties properly. Ill persons can hardly attain success and be happy in life.

7. Shortness of lifetime.—The undernourished and unhealthy people can hardly stand well the

Health, Jan. '51]

cares and anxieties of life. The constitution of their body and mind is weak and they become worn-out soon. They grow old soon, easily fall ill, and ultimately die a premature death. The average length of life of the Indians is only 27 years.

8. Harmfulness to the society.—Due to ill health the ill-fed are often unable to earn even their own bread and thus they may become a burden to their society. Many of them may also remain as a source of infection as they may harbour various infections to which they are little (or not) resistant. India calls for a provision to feed the underfed and to cure the sick in order to remove such curses of the country.

9. Meagreness of service to the country.—On account of ill-health caused by lack of nutrition of the body the starved people cannot contribute their mite which they owe to their Motherland for the formation and existence of their nation.

10. Backwardness of the nation.—A nation cannot prosper unless its people are strong enough (both physically and mentally) to compete with the other peoples of the globe in different fields of work such as art, science, warfare,

etc. And it is the diet that maintains their strength for such a competition. A starved nation remains backward. It is to be noted that the diet of the Oriental is notoriously deficient in fat and first-class protein—a circumstance

believed to exert a profound effect on national vigour.—(*Lancet*, 21st Oct. '50).

References:

1. M. Masani.—*Our India*, 6th Cheap Ed., Reprinted Aug. '48, p. 153.
2. *The Lancet*, Oct. 21, 1950, p. 485.

The Charming Away of Warts

ORGANISED religion and medicine are both inclined to scoff at or ignore that which they do not understand. For instance, according to the *Encyclopaedia Britannica*, it took three hundred years of bitter controversy in Europe to establish that the easily demonstrable phenomenon of hypnotism does occur. This is probably a sound instinct, for the very existence of the organisation depends on a fairly rigid structure of belief. Yet—

Not by the pass-key that the warder flaunts,
But by the unexplained and loosened stone
And board that creaks (God! how that creaking
taunts!)

Shalt thou escape and in escape atone
For thy self-prisonment, O captive man.

One such "creaking board" is the fact that warts can be charmed away. Here is the summary at the end of an article, which itself summarises a mass of work that has been done on this subject, chiefly by Continental dermatologists:—

"Warts in children can be cured by suggestion. The results seem to be better in children than in adults. *Verrucae planae juveniles* respond to treatment by suggestion in a higher percentage of cases and within a shorter time than *verrucae vulgares*.

"Children below three years of age and feeble-minded individuals are not suited for this treatment. Warts have a tendency to heal spontaneously. However, the average duration of untreated warts is more than ten times longer than that of warts treated by suggestion. The great number of other methods which have been recommended in the literature for the treatment of warts are probably unspecific and, with the exception of radio-therapy and surgery, act mainly as disguised suggestion. It is assumed that cure by suggestion and spontaneous healing are similar processes, and that the successful suggestion merely accelerates the spontaneous healing of warts by causing hyperaemia in the surrounding tissues. This opinion is supported by histological findings."

It does not matter what form of suggestion is used—painting the wart purple, flashing coloured lights on it, anointing it with oil of snails (brewed at the new moon), or mere incantations: The one essential is that the wart-bearer shall believe that it is going to disappear.

We accept that as a fact and this essay is going to suggest some implications of the fact.

Why Warts Only?

First of all, why warts only? Why not other benign growths? Why should we not have a pool of some of the weirder-looking dermatologists (who could be secretly tipped by a merit award from Bevan's Bounty for making fools of themselves), one of whom we could summon to chant over our patients: "Ena, dena, dina, da, O Lipoma, go away!" or "Ha, ha, ha, Ha, ha, ha, go away, Lipomata!"

And if virus warts can be repelled by suggestion, why not other virus diseases? I cogitated over this for a long time and came to the conclusion that this constantly happens every day: the boy, who says to himself, "I get warts or polio! Bilge, only dirty little twirps like Smith minor get warts or polio." Or the man who says, "Shingles! Nonsense, I have never had such a thing in my life!"; these probably represent healthy attitudes of mind that are sufficient to repel organisms or occasional or borderline pathogenicity. That opens up a considerable vista of thought—is the mechanism by which faith removes warts and mountains in constant use, preventing warts and mountains?

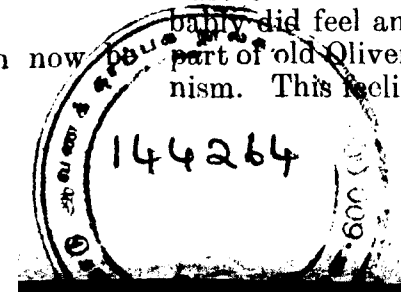
In the epidemics of warts in schools it would be interesting to see if the warts can be correlated with character. I cannot myself remember anyone who was good at games having warts, but I can remember several rather down-trodden boys, who gave the impression of living contentedly in symbiosis with a wart—me and my wart.

Three other vistas can now be seen:—

(1) A wart is essentially man's response to a virus or other irritant, the heaped cells are his, it is probably an attempt to localise an intruder; possibly sometime in his existence he had reason to fear it; a wart may represent an old systemic disease that is being tamed to symbiosis. One might take the view that it is entirely a local response, but our postulate—that warts can be charmed away—makes it certain that it is a response from the body corporate, from all the inter-acting systems. It would be interesting to try to implant a wart on a paralysed limb.

(2) When a wart goes malignant, has the central control that heaped it up, and through which it can be charmed away, gone wrong? Is a pigmented wart more liable to malignancy because it is pigmented, or is it pigmented—sheltered from the actinic rays—because it is of a kind that is particularly liable to run amok? By our postulate we must accept the latter view. Somewhere down this vista lies a clue to malignancy?

(3) Just as a wart is the massing of cells in response to a virus, so is the intra-uterine foetus an intruder of another sort. Some psychologists would say that this accounts for the affection that some people feel for their warts; they say a wart is a child-substitute; but then some of the psychologists are slaves to a jargon. Still, when the Lord Protector looked in the glass and saw the wart on Cromwell's nose, he probably did feel an affection for it—part of old Oliver's homely Puritanism. This feeling suggests to me



the commonsense arrangement called symbiosis and the naturalist will enquire what does the man get out of it. Here is a splendid field of enquiry for us

G.P.s. Do people with warts get any protection from other virus diseases? Is a wart one of man's primal and useful pets?—*Medical World*.

Burns and Scalds

1. Very young children are most liable to burning and scalding accidents. There are 4 times as many among the under fives as amongst those of 5 to 14 years of age.

Teach them "Heat Sense" as early as possible. While the children are very young, take special care about guarding all fires. And always be careful where you leave or place containers of boiling water, milk or oil.

2. Most of the severe burns and nearly all of the fatal ones are due to clothes catching fire. This happens to girls more often than to boys, because skirts and sarees are loose and swing out and girls' dress are made of more inflammable material.

Woollen materials are safer than cotton ones, or mixtures of wool and cotton. Some plastics and some rayons are highly inflammable. All fires in the house should be guarded so that clothing cannot touch that flame. Older children should be shown how easily cotton materials etc. can catch fire; e.g. flannelette will burn at the rate of 15 inches in 10 seconds. Movable electric fires without a guard are very dangerous and so must be provided with guards.

3. Scalding accidents in the home are about as common as

burning accidents. And these are more numerous (four times as numerous) in the below five year olds than in the older ones.

The commonest causes are:—

(1) Upsetting cups, vessels and pots of milk, coffee, tea, soup or sauce.

(2) Boiling oil, being upset.

(3) Falling into baths or pails of hot water, or boiling oil, etc.

Always put cups and pots of tea, coffee, milk, etc. well out of reach of young children, warning them of the danger at the same time. Use cups, pots and pans with broad bases which do not upset so easily. Avoid table clothes and kitchen-towels which hang down within reach of the toddler or the baby crawling on the floor of the kitchen or dining room.

Always put pots, pans and bowls on the fire securely so that they will not shift or wobble as the charcoal fire burns down.

When preparing a bath, collect all the things you need (for your or for the baby's bath) including cold water, before you put in the hot water. *Never leave boiling water in the bath, and go away to collect baby's towels, soap, garments or cold water to temper the hot water down.*

If the worst happens:—Here are a few *Do's* and *Don't's* to remember.

Do.—(1) Get the child to hospital without delay. If the burn is very painful apply moist cold either by putting the burned part under the cold tap or by covering the burned area with clean linen wetted with cold water or by putting cold cream or butter gently over the burned surface—using a clean table knife (previously scalded in boiling water).

(2) Cover the burn—unless it is very extensive—with a freshly laundered sheet.

(3) If the child's body is burned in such a way that clothes have to be removed to do the above, it is better to do nothing. Get the child to hospital at once.

(4) If the burn is only very slight (redness but no blistering) put on a paste of sodium bicarbonate (cooking soda) with a little water to cover the whole area and later put on cold cream. Cover it well with dry clean cloth.

Don't wait for doctor to come to you. He may be away or may not be free to come at once. A delay of even half an hour may

alter the scales considerably and result in serious consequences.

Don't put on tannic acid jelly, castor oil or soda bicarbonate (in case of large burns) or picric acid or flour etc. as these will have to be cleaned off at the hospital and cause great pain to the patient and in some cases prevent early skin grafting.

Don't touch the burn until you have washed your hands and put a clean kerchief or scarf over your nose and mouth; otherwise you will breathe dangerous germs from your mouth and nose or convey them by your hands to the burn. These germs may cause blood poisoning.

Don't prick blisters. This should never be done except by the doctor.—(From *Mother and Child*, April 1950.

[Note: When a child's skirt or saree catches fire don't get excited or make the child move or run about. Get a woollen or other thick blanket, quickly wrap the child tight and roll the child on the floor gently till the fire gets extinguished. Give the child plenty of water with glucose or sugar to drink before he gets to the hospital.]

Emotional Hives

It's not new that emotions can actually break out on the skin, but now researchers are narrowing it down to just what emotions and just how they cause a "breaking out." Resentment was found to be a chief factor in 30 cases of hives reported in the *Journal of the American Medical Association*. In general, the patients were not actively hostile; they did not itch to hit somebody. Rather, they smarted under some situation about which, they felt, they could do nothing—although sometimes the observers thought they could if they would. In fact, one patient got over his hives when he began to get mad instead of just feeling abused.

Careful measurement of the circulatory changes in the skin—the physical mechanism through which the emotion operated—indicated that they are the same that occur in reaction to a blow. Further, a blow on one arm produced a similar reaction on the other, and the reaction could even be produced by a feint.

—*Today's Health*.

THE 1951 CENSUS

THERE has been a great "to do" about the questions to be asked in the census next year. Some newspapers with a surprising incomprehension of the need for accurate information in the field of demography, however much they appreciate the need for facts in news reporting, have expressed resentment about the newly added questions and as to the extent of the questionnaire to be answered. Hansard for 11th July, 1950 (p. 1272) makes interesting reading. Some of our politicians seem to have little more insight than some of our newspapers; a few have even doubted the need for a census at all at the present time.

The main bone of contention has been the questions concerned with fertility, in relation to the first and subsequent marriages, and yet it was admitted that the Royal Commission on Population had had difficulties in its enquiry because of shortage of up-to-date information. The need for more knowledge about fertility was affirmed in 1867 by Farr, but it was not until the census of 1911 that questions on this subject (referring to the number of children of the present marriage) were included and they were abandoned in later censuses. After a controversy much more violent than the present one, an attempt was made from 1938 onwards to secure further information by means of questions asked at the time of the registration of births. Census inquiries on fertility have been carried out in many countries

since 1875 when Massachusetts was the pioneer.

Another question which has aroused much controversy is the one relating to household circumstances, *e.g.* the piped water supply, the presence of a fixed bath, and so on. It has been argued that the local authorities have the information already; this may be so in some areas but quite certainly it is far from generally the case, and the information, in statistical form, is much needed.

Ward statistics, which probably in most towns are losing their significance as a means of contrasting sickness and mortality rates in quite sharply differing environmental and social circumstances, are still useful; but without accurate information, only obtainable on a wide scale in the census, they are speculative. Dr. Logan has suggested that comparisons of health statistics within a town are probably more valuable than comparisons made between towns as a whole.

On both the national and local levels, adequate and accurate population statistics are essential for planning future developments and estimates of expenditure in the various social services if the Government is to "preserve the Subject in Peace and Plenty" (Graunt).

One aspect of the more recent censuses, of which the late R. R. Kuczynski complained, has been the slowness with which the information in the returns is made available to the public and technical workers. After twenty years

without a full census and at that time we were expecting a five-yearly census, all who are interested in vital statistics, in the conditions of life, and in the social circumstances of our time and our country, will eagerly look forward to the information afforded by the 1951 census; no doubt they will

check with interest their own speculations of internal movement of population; but they will hope that the long delays in the publication of the Registrar-General's tables and text previously experienced may be materially cut down.—*The Medical Officer*, 5th Aug. 1950.

EMOTIONS LIKELY TO CAUSE ILLNESS

Dr. O. S. English of the Temple University School of Medicine, lists some of the common emotions which are prone to cause illness:—

(1) *The need of love is the greatest* of humanity's hungers and several other emotions depend upon it. Lack of love brings on frustration, hurt pride, envy and jealousy. The more one studies man and his various ailments the clearer it becomes that he can live neither a healthy nor a wholesome life without it.

(2) *Anxiety* is one of the earliest emotions aroused and one of the most basic in human life. Fear is its conscious representative, but the origins of anxiety itself are largely unconscious. If one's energy is used up in concentrating on a thing that one is afraid of, very little energy is left for happy living. If this state of affairs continues long enough, illness results.

(3) *Hostility* is also ubiquitous. Small amounts can be present without too many untoward results especially if the modicum results in a wholesome competition. But a great deal of

it does not take this form and has to be held in check. We discover that it goes in several directions to produce disturbances of the upper and lower gastro-intestinal tract and headache, epilepsy and disorders of the skin. It plays a role in high blood pressure and other blood disorders.

(4) *Inferiority complex*:—Few people feel happy and quite satisfied with themselves, but in some persons the feeling of worthlessness can be so deep as to destroy the capacity of the psychic apparatus for maintaining physiological equilibrium. Result: Ill-health.

(5) *Ambivalence* is the name given to the condition of directing both love and hatred (consciously or unconsciously) towards a person or the world in general. This mixture of emotions can, like guilt, block off the benefits of straightforward, friendly and healthy human relations. Result:—Slow, insidious, impairment of mental and physical health.

(6) *Guilt* can kill the joy of living and may cause the patient to adopt a life of excessive self-sacrifice, which will gradually

produce physiological disturbances.

(7) *Ambition* does not necessarily have pathological emotions, but the over-ambitious person certainly runs the risk of being infected with envy or inordinate competitiveness of a cut-throat

kind. These tend to produce tension; and the financial, social and even professional success of many people has been paid for at a high price—the price of tension, which is liable to affect the nervous system very seriously.

—(From the *Archives of Dermatology and Syphilology*, May 1950).

Skin Diseases—

Their Causes and Prevention

SKIN diseases cause at least 60 to 70 per cent of all cases of occupational diseases. They are responsible for much suffering and loss of time. One authority has stated that in factory surveys one per cent of all workers will be found to have occupational dermatitis at the time of the visit.

Causes:—1. Chemicals.

2. Mechanical action such as friction, pressure and cuts.

3. Physical agents such as heat, cold, electricity, sunlight, radiations from radioactive materials and x-rays.

4. Biological agents such as bacteria, fungi and parasites.

Chemicals and the skin.—More workers are exposed to chemicals than to any of the other causative agents. Chemicals can act as skin irritants or skin sensitizers. The former damages a person's skin when in contact with it in sufficient strength and for an adequate length of time.

While skin sensitizers do not necessarily cause demonstrable skin changes on first contact, they may change the skin in such a way that further contact on the same or other parts of the body will cause dermatitis.

Not all people are affected equally by skin irritants. Blonde persons are usually more susceptible than brunettes. Furthermore, workers may develop an acquired sensitivity as a result of previous exposure to a chemical or other substances chemically related to the original sensitizer.

A first contact with a sensitizing agent often develops a dermatitis which, how-

ever, may clear up after sometime. The worker has become "hardened", either permanently or until exposure is discontinued for some time.

Chemicals that cause skin diseases:—Among the more common materials causing occupational dermatitis are oils and greases, solvents, acids and alkalis, nickel, plastics, waxes, cyanides, rubber ingredients, drugs and explosives.

Oils and greases:—Most cases of skin diseases in this group occur among machine workers using either soluble or insoluble cutting oils. Those in contact with such oils, particularly with the insoluble variety, may develop oil acne which can become disabling. Most lesions occur especially around hair roots blocked by oil and dirt. These areas may become infected if scratched or abraded and small boils or pimples may develop. On the other hand, cutting oils seldom cause dermatitis if special attention is paid to personal and shop cleanliness.

Industrial solvents:—Solvents such as petroleum distillates, trichloroethylene, alcohol, toluol and lacquer thinners remove the fat from the skin, causing it to crack and fissure. Using solvents as hand cleansers is a harmful practice. When solvents are spilt on clothing the clothing should be removed immediately to avoid a burn.

Acids and alkalis:—In strong concentrations these substances produce an effect similar to a burn. Prolonged applications of dilute solutions may also damage the skin. Weak alkaline solutions

dissolve the skin's natural fats, rendering it soft and sodden. Chromic acid and its derivatives, bichromates, nickel and nickel salts also tend to cause skin disorders.

Plastics and waxes:—Phenolformaldehyde and urea-formaldehyde resins may cause dermatitis on persons directly occupied with handling the resins before they set or are moulded. A worker rarely becomes affected from the finished resin. Chloronaphthalene waxes may cause inflammation of the skin, especially on the face and on the abdomen. These waxes are used for electric insulation on wires and condensers. Practically all exposed workers will develop the condition unless proper control measures are introduced.

Cyanides and rubber ingredients:—Cyanide solutions are the cause of dermatitis among electroplaters and among workers employed in the cyanide extraction of gold. Hot cyanide solutions used in the hardening of tools are hazardous. They cause a burn on contact with the skin. When this occurs the cyanide must be removed from the burned area as quickly as possible to prevent absorption and subsequent poisoning.

In the rubber industry, compounding room and mill workers are those usually affected, especially by accelerators such as hexamethylene tetramine and anti-oxidants. Rubber that blooms after vulcanization occasionally causes dermatitis. However, due to the modern state of the industry, dermatitis is not prevalent in synthetic rubber plants.

Explosives:—Military and peace-time explosive chemicals are one of the greatest potential skin hazards in industry. Over 50 per cent of workers who come in contact with mercury fulminate develop skin eruptions, the face and eyelids being the usual sites involved. Permanent removal from exposure of the person causes the condition to clear up quickly. Tetryl, used for filling fuses, is a primary irritant but may also act as a sensitizer. TNT sometimes causes skin lesions in addition to being poisonous and absorbable by the skin.

Drugs:—Certain skin diseases are caused by materials used in the first-aid

treatment of cuts and abrasions. Substances like sulphonamide preparations should be applied to the skin only when their use is definitely indicated.

Prevention and control:—Occupational skin diseases develop because of:

1. Lack of knowledge regarding the harmful nature of the materials used.
2. Improper selection of workers.
3. Lack of periodic inspection of workers.
4. Poor personal hygiene.
5. Failure to provide or maintain protective measures.

Lack of knowledge:—Proper precautions can only be taken when industrial materials are known to present a skin hazard. Both employer and employee should be aware of possible sources of skin hazards in the plant.

Improper selection of workers:—Workers with specific skin allergies or histories of specific skin eruptions should not be exposed to chemicals that are known to affect them.

Periodic inspection of workers:—Workers handling skin irritants and sensitizers should be examined periodically for evidence of irritation. Potential cases can thus be checked in the early stages.

Personal hygiene:—It is important that workers wash carefully at the end of the work period, ensuring that all offending material is removed from the skin. Unless the skin is properly cleaned, some of the irritants will remain, maintaining a continuous exposure and allowing the skin no chance to recuperate. Length of exposure is just as important as the exposure itself.

Protective measures:—Among these are substitution of harmless substances for hazardous materials; the introduction of mechanical methods in manufacturing processes, thus decreasing the element of exposure; protective clothing (sometimes a change of clothing is necessary each day); protective creams are of value in many cases; prompt and thorough first-aid treatment of accidental injuries and removal of the workers from exposure.—*Industrial Health Bulletin*.

World population has increased about 10 per cent in the past decade.

CUTTING DOWN

THE INFANT MORTALITY RATE

How the striking reduction in infant mortality from 156 for every 1,000 live births in Britain in the five years 1896-1900 to 32 last year is described by G. F. McCleary, Former Chairman of the National Council for Maternity and Child Welfare and of the National Association of Maternity and Child Welfare Centres in the *Fortnightly*, London. In this important development of public health administration, England owes much to the French initiative and example. In France, from 1800, the birth-rate had gone down to such levels that by the end of the century the annual number of deaths in many French Departments exceeded the births. This shrinkage was accompanied by a steady infiltration of foreigners that it was feared that it might become impracticable to weld the growing alien element into the great historic structure of French culture and traditions which, under the combined influence of French willed sterility and alien immigration, might slowly disintegrate, imperceptibly and unnoticed, until revealed by some national calamity. While the famous novel, *Fecondite*, by Emile Zola attacking what he regarded as a prevailing French ideal—the limitation of the family to one or two children—had no effect, another way was thought of to check depopulation—the preserving of the lives of the diminishing number of babies that were born. Dr. Pierre Budin established in 1892 at the Charite Hospital, Paris, the first Consultation de Nourrissons, an agency which, with some modifications, came to be established in Britain as the Maternity and Child Welfare Centre and in America as the Well-Baby Clinic. Similar Consultations were provided in other places in course of time.

The infant welfare movement had made such progress there within a decade that early in this century the First International Conference of Infant Welfare Workers was held in Paris, in October 1905. Delegates from many countries attended the Conference, and though the

British Government was not directly represented in it, some local authorities sent their delegates to take part in the Conference. These representatives were so much influenced by the proceedings of the Conference that on their return they sent a request to the Glasgow Public Health Committee and the Mayor of Huddersfield to move their respective authorities to organise a National Conference on Infant Mortality in the following year. The Conference which was held under the patronage of Their Majesties was highly effective in rousing interest in public welfare and marked an epoch in the development of the maternity and child welfare movement. The discussions at the Conference established the principle that for the preservation of infant life it was not enough to rely upon extending the great improvements in environmental hygiene but personal care—or what is now called "Mothercraft"—is most important. The Conference was therefore followed by a rapid spread of agencies for the teaching of "Mothercraft". The initiative for this came from the local authorities and it was only in 1914 that the Central Health Authority made government grants available for maternity and child welfare work. The reduction in infant mortality since then in England is really striking. The prospect of bringing about still further reductions is discussed in the Reports of the Biological and the Medical Committee of the Royal Commission on Population in the Section entitled *Re-productive Wastage*—Abortion, Still Births and Infant Mortality, published in May 1950. The Committee believe that the rate could be still further brought down to about 20 per 1000 without any progress in medical knowledge. To hasten such a reduction the Committee recommend the following measures:

"The adequate feeding of expectant and nursing mothers and young children, a higher level of obstetric care and maternal education in child health, the encouragement of family planning, and the extension and improvement of the

public child welfare and maternal health service and their co-ordination with the public family-doctor service."

—*B.I.S. Extract.*

[Since the infant mortality rate is one

of the best indications we possess of the hygienic conditions of a given area, the present heavy infant mortality rate in India should set the authorities seriously thinking how backward the country is in this respect.]

Make Friends with Nature

urges Alex Cadogan

"YOU'RE in a fight, Brother. Go in and win." With this encouragement the man in poor health rolls up his sleeves, denies the possibility of defeat and steps out to battle for recovery. So long as he maintains this positive attitude, it is obvious that he is more likely to improve than another who surrounds himself with a cloud of hopeless pessimism. But is brow-knitting, teeth-clenching determination really necessary? In fact, is the business of getting better a one-man combat against the forces of destruction?

For years we have known that disease, like pain, is not just a destructive agent sent for our personal torment; it is an effort of the body to set itself right, from which we can learn a lesson and possibly mend our ways. If we adopt natural methods of treatment in order to assist Nature in her healing, it is fitting that we should abandon the old ideas about struggling against disease, and direct our energies to the encouragement of the natural healing tendencies of the body. Success will depend on the extent to which we are aware of our relation to Nature.

A New Harmony

Many people are led to the adoption of natural habits by an innate feeling of their relation to Nature, while others regard natural living primarily as a form of treatment. Those in the latter group often find a new harmony with Nature through their efforts to effect natural cures. The practical side of natural living is fairly simple to arrange and the individual's awareness of Nature is consequently heightened, but it is worth considering whether it can be helped by the deliberate cultivation of a conscious attitude.

An understanding of the processes involved in natural therapeutics is intellectually satisfying and is, of course, essential in administering treatment, but for the patient a merely intellectual approval of method is not enough. No longer is he battling against a hostile Nature; he must feel at home with her. The path he has chosen is not one of man's devising; it is fundamentally correct. He must drop his guard and relax into the calm and certain trust of the powers of creation.

When carried to the extreme, natural living can appear to be a kind of pantheistic religion. This is a narrow view; the understanding of and trust in Nature, and the efforts to bring the human body and life into harmony with that knowledge do, indeed, awake new appreciation of the material world, but this can lead to an even wider outlook. Whatever our religion or our particular conception of man, it is certain that in this life we do have physical bodies and exist in a physical world. Whether we regard the body as the tool of the mind or the vehicle of the spirit, it is manifestly desirable to keep that body in the best possible condition.

It is extremely difficult to feel at home with Nature if we think of her as "red in tooth and claw." Conflict and turmoil are seen only by those with limited vision. When a mother prevents a child from indulging in some harmful pursuit and we hear the cries of her child's displeasure, we do not condemn her for being a heartless tyrant. Sometimes we are so close to life that it is seen out of focus. When we stand back a little we become aware that the apparent confusion is part of a larger harmony, and the seeming diversity is only an element in a grander unity. The old nightmare battles against illness

disappear when we see disease assume the character of remedial measures and warnings which our abuse has forced Nature to bring about for our own preservation.

Not a New Idea

Harmony with Nature is not a new idea or theory. It has long been known that the body is continually changing, drawing sustenance from Nature eventually returning to her. What is flesh and blood today was herb and water yesterday, and will be so to-morrow. The constituent elements of the human body are identical with those found in the earth and the worlds of outer space. All creation, like the body is living; there is no such thing as really inanimate matter. The most apparently passive things, the mountain rocks and desert sands are undergoing gradual change; and internally they are seething with complex activity. Electrons speed round their proton nuclei at fantastic speeds in strange orbital patterns. In a man's thumbnail are more marvels and yet undiscovered mysteries than we can imagine in the far-flung universe. No matter how we direct this expanding attention, whether outwards to heavenly constellations whose light takes a lifetime to reach us, or inwards to the ultimate particles of matter beyond the eye of the

most powerful microscope, the sense of unity and harmony prevails.

Nothing is Ever Destroyed

Nothing material is ever destroyed. Changes may occur, but nothing is lost; the schoolday lessons of the indestructibility of matter are illuminated in this new light. And it is so with energy: it can be used and transformed, but never really dissipated. The most lifeless piece of matter consists of a mass of balanced forces which act and react in a manner almost approaching human intelligence.

On the higher plane of human physiology complicated processes are carried out involuntarily with a smoothness and efficiency which should make us ashamed of the way in which we use our enlightened conscious minds.

Let us not only use our intelligence, but warm our feelings to welcome the harmony of Nature, and our eyes shall be opened to the light of the universe and the rhythm of the stars will pulsate in our veins. We shall no longer have only theories, but experience as well: experience of our place in creation, and perhaps a glimpse of our essential selves which we so often mistake for mere flesh and blood. —*Health for All*, Nov. 1950.

Teeth an Important Factor in Nutrition

ATTENTION is being directed from various angles to the health problems of the aged. The dental situation is considered by Edward J. Ryan, D.D.S. in the *American Practitioner* (Vol. 1, p. 703). He begins by pointing out that the first process of digestion, and hence of nutrition, takes place in the mouth. If the mechanical preparation of the food here is inadequate, there may be trouble farther along the alimentary canal. In the elderly, poor chewing may result from painful, non-functioning or missing teeth, or from unsatisfactory dentures. Thus the person may be tempted to choose foods for their convenience in chewing rather than for their nutritive value.

Although dental caries is more active in adolescence and early adult life, there is often an exacerbation during senescence. In that case the process is likely to move rapidly. Pyorrhea is usually a disease of middle and later life. The discharge of pus directly into the mouth is a contaminator of all the food in the stomach. The acidity of the gastric juice usually destroys such poisons, but in the elderly, the acidity is often diminished. Sometimes the two or three remaining teeth are made to do the whole job of chewing. Dental rehabilitation is necessary.

Calcium requirements are greatly increased in old age. If this mineral is in short supply, bone fragility may follow. Hence it is important that milk be used freely. This also assures a good intake of protein. Early deficiencies may be partly overcome in late years.

—*Good Health, U.S.A.*

Health, Jan. '51

Topics from Medical and Health Periodicals

Psychology of aging.—A comprehensive study of the effect of aging on the mental faculties was made by Dr. S. Granick and published in the *Journal of Gerontology* (Vol. 5, p. 44). Over-all intelligence test performance shows a progressive decline. But no change is noted in subjects such as vocabulary, general information and reasoning problems, in which speed is not a factor. Healthy men and women are capable of making significant contributions to culture, industry and social institutions in advanced years. The policy of uniformly retiring persons at a specified age seems shortsighted.

There is no increase in emotional instability, but there is a decline in emotional flexibility and control and social adaptability. Persons who reach old age seem to become increasingly pre-occupied with their health, material things and philosophic values. Healthy personalities seem to be able to adapt themselves to their new life roles without difficulty.

Nosebleed.—You may think that you have never had epistaxis but, probably you have, for this Greek word simply means nose bleed. This common disorder may have its origin in a variety of conditions, which are enumerated by Dr. Theodore R. Van Dellen, of Northwestern University, in the *Chicago Tribune* (July 6, '50). In children the flow of blood is usually caused by an accident; in older persons, high blood pressure and degenerative conditions are more likely sources. Picking the nose may bring on ulcerative lesions; it is practised by children and adults alike. Blowing the nose too vigorously may result in the loss of a small or large amount of blood. Generalized disease which produces fever and toxemia may be offenders. Among these are malaria, typhoid and practically all infectious ailments.

Rheumatic fever may cause nosebleed in children; so may scurvy, leukemia and hemophilia. Nasal tumors are sometimes to blame. Ordinarily, the flow stops spontaneously. If it does not, control is possible by lying down and remaining quiet. Applying a cold towel or an ice bag may help. Pinching the nose is an excellent emergency measure. Its efficiency is increased if a pledget of cotton is inserted in the nose beforehand. The lower end of the septum (partition) is frequently the site of the bleeding. Extensive hemorrhage requires packing. A gelatin preparation is available which not only coats the membrane but encourages the blood to clot.

—*Good Health, U.S.A.*

The doctor's failing.—A doctor is, by definition, a man who does not have time. One of the things the average doctor does not have time to do is to catch up with the things he did not learn in the college, and one of the things he did not learn at college is the nature of human society, its purpose, its history and its needs. If medicine is necessarily a mystery to the average

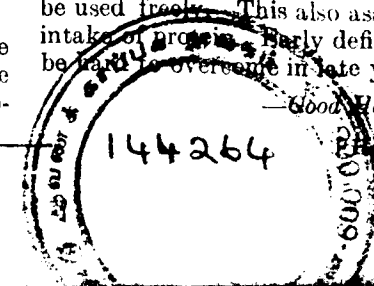
lay man, nearly everything else is a mystery to the average doctor. Medical education is uniquely narrow, intense and protracted. The doctor is the specialist *par excellence*. And his specialisation does not end with his entrance into practice. The developments in medicine come so fast that the conscientious practitioner has no time to interest himself in the common concerns of citizens. . . . The doctor—the average doctor is a nice fellow to have around the house or the hospital. His self sacrifice for his patients is proverbial and proverbially true. But he sometimes breaks down in the larger areas of social intercourse because his training and his calling break down there. And the medical calling like others that deal with bodies *qui* bodies has a peculiar attraction to the socially circumscribed personality. —Mieton Mayer, *Harpers Magazine*, Dec. 1949.

Faith is a great and important factor in the cure of diseases and maintenance of health.—We all know that faith, hope and love are the three chief virtues which are necessary for human wellbeing. Faith is closely allied to hope; in fact, they are often identical. Faith is the basis of hope. Faith is not easy to define. Some cynics define it as an "illogical belief in the occurrence of the improbable". Properly nurtured faith becomes part of the life of a man. It is as necessary to him as wealth and only then could he hope to maintain health. Faith is necessary both to the doctor and the patient. Tolstoy said that faith was the force of life. The doctor has a professional faith on which his life should be based. It is not a religion but it has tenets analogous to those of a religion and is concerned with reverence for human life. The doctor will be better able to cure if he treats his patient with brotherly love. Faith begets faith. The faith of the doctor in the rightness of his calling and the worth of his work are reflected in the faith of the patient that he can trust the man or woman who has charge of his or her physical and mental welfare.

Faith triumphs over fear.—This for the patient. The doctor must remember that faith alone accomplishes its end and is retained as a vital force by man. Faith leads to progress and brings life to its fulfilment. —*The Medical Journal of Australia*, 5th Nov. 1949.

"Strenuous fights, intense study, carrying of heavy loads, tiresome journeys on foot, accidents, sexual excess, attempting tasks beyond one's endurance, long hours of hard work in dusty atmosphere; any of these indulged in for long and to excess will lead to disease and injury of the chest organs—lungs and heart." —*Charaka*.

"To do each day two things one dislikes is a precept I have followed scrupulously; every day I have got up and I have gone to bed." —*Someract Maugham*.



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