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—Rao Saheb T.N.S. Raghavachari.

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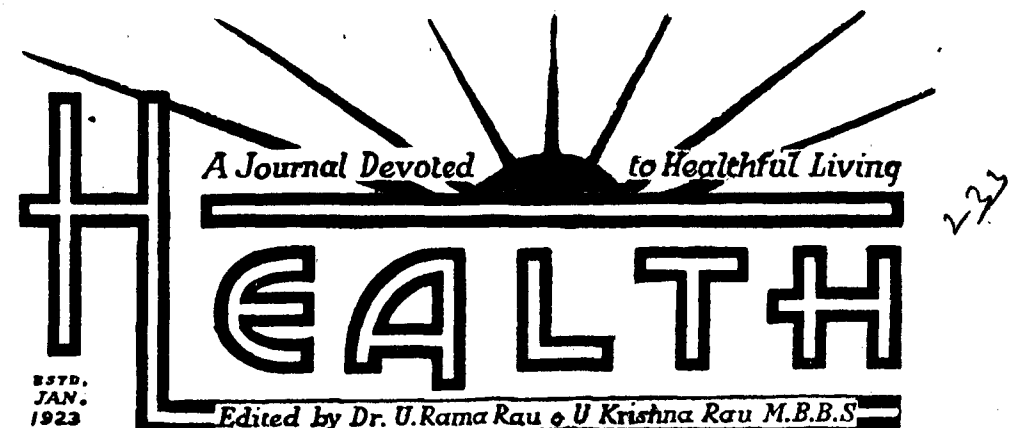
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Vol. XXX

APRIL, 1952

No. 4

## THE COST OF SICKNESS and the PRICE OF HEALTH

THE above is the title of a very interesting report issued on the 14th February 1952 by the WHO. This valuable report prepared by Dr. C. E. A. WINSLOW is based on a critical study of world-conditions by this Emeritus Professor of Public Health in the Yale University (U.S.A.)

Says the Professor, "People get sick because they are poor; they become poorer, because they are sick and sicker because they are poorer. The cost of preventable diseases imposes a staggering burden upon the human race." Even in the United States of America, where the control and treatment of diseases have attained a high degree of perfection—higher than in any other country of the world—the annual cost of temporary and permanent disability is estimated to be nearly two per cent of the national income. This is in addition to the large sums of money

spent every year in the treatment of diseases. These sums amount to over ten per cent of the total national income.

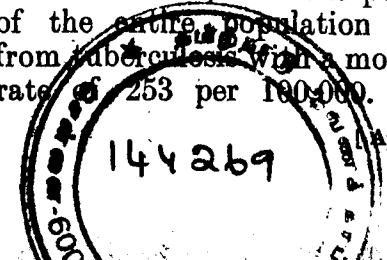
The mortality from tuberculosis in U.S.A. has been considerably reduced and is now only a tenth of what it was about 85 years ago. And still it costs the U.S. Government about 350 million dollars a year, for medical care and related services, both ancillary and auxiliary. Dr. WINSLOW says in his admirable report "If such heavy burdens of preventable disease are involved for a country (U.S.A.) where the more outstanding diseases have been efficiently controlled during recent years, it is abundantly clear that corresponding handicaps must be infinitely greater in less favoured regions. In South India, over one per cent of the entire population suffer from tuberculosis with a mortality rate of 253 per 100,000. And

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malaria in India, is responsible for an annual economic loss to the country to the tune of about 10 crores of rupees. As poverty is a major factor in the causation of disease, the prevention and control of disease in the less fortunate regions of the world—(e.g., S.E. Asia) would necessarily involve greater expenditure." The Winslow report therefore, calls for a comprehensive programme which should really form part of a much broader one of social improvement calculated to improve the standard of living of the under-privileged nations of the world. It is essentially therefore, a global problem. The world can ill afford to remain half rich, half poor and half well, half ill. The Colombo plan, of which we have been reading and hearing a great deal during recent

months, has laid down the same dictum "A patch of poverty anywhere is not conducive to prosperity anywhere". This has also been echoed in the many utterances of statesmen, politicians, economists and public health authorities all over the world, particularly during the last three years. Men should realise that the task being a very vast and difficult one, the United World which men visualise and seek to build up cannot be established and maintained by constituent nations, handicapped by overwhelming burdens of poverty and disease. The WHO study clearly brings out the fact that Health is not merely an economic problem but is also a social one involving an obvious moral issue.

## THE MARCH TOWARDS A BETTER LIFE IN INDIA

DR. WINSLOW's admirable report (WHO release of 14-2-'52), reference to which has been made in the leading article *supra*, stated with great force and considerable circumspection that "a public health programme adapted to the individual needs of each area offers the most economical method of breaking the chains of disease and poverty and of initiating an upward cycle of social evolution.... To accomplish the end in view, two things are necessary. The first essential is an analysis by each country—at whatever stage of health-evolution it may be at the time—of the most vital health problems which may be attacked with maximum results at minimum cost. The second essential is the

development of co-operative programmes of technical assistance in which the more fortunate areas may cooperate with those of less advanced development, for achieving the common goal of a healthful, prosperous and peaceful world".

During the last five years our country has, thanks to the superior foresight, tact and masterly guidance of our beloved Prime Minister and his devoted band of loyal helpers, been making strenuous and whole-hearted efforts in all spheres of activity that would make for the advancement of India's prosperity; the country's onward march towards a better and healthier life for her people, has not been slow to keep pace with the

progress being made in other directions. The Health Ministry of the Union Government has been very watchful and vigilant and has promptly explored all possible avenues of help and cooperation in order to advance the health of the people. The WHO and the UNICEF have, in response to the Ministry's appeal come promptly forward with generous contributions by way of money, apparatus, equipment and expert technical advice and personnel for various projects. As instances, we may cite the programmes sponsored and executed by these organisations for :—mass BCG vaccination for the control and prevention of tuberculosis, the control and eradication of malaria in several areas of our country, the maternity and child welfare centres and the special studies initiated therein, the recent family-planning experiments on the rhythm method started in selected areas, the researches into the control methods for venereal diseases and quite a number of other minor enquiries.

A new factory for the manufacture of penicillin is to be erected at Pimpri not far away from Poona, in the Bombay State and will start functioning from 1953. The foundation stone for this factory was laid the other day by the Hon'ble Shri. N. V. GADGIL, Minister for Works, Production and Supply. This factory will produce 400,000 mega-units of penicillin per month, when it has reached full production. The Union Government will provide the land for the location of the factory, as also the fittings, offices, laboratories, electricity etc., the UNICEF will supply imported

equipment and machinery, while the WHO will arrange to provide expert technical assistance.

India will shortly have a DDT Factory of its own with a production capacity of 700 tons per year, which will meet the requirements of the Health Services of this country. It would be a joint-venture of the WHO, the UNICEF, and the Union Government.

Apart from these advances rendered possible by grants from WHO and UNICEF, progress in several other lines has also been planned and/or is under way.

The First All India Centre for post-graduate training and research work in cancer and allied diseases is already taking shape in Bombay under the *aegis* of the Sir Dorabji Tata Trust assisted by the Government of India and certain other foreign foundations. Prof. EDMUND V. COWDRY, expert from the Washington University will open the research-centre which will certainly fulfil a long-felt need in our country.

With the help of a liberal grant of nearly 35 lakhs of rupees from the New Zealand Government, under the Colombo plan, an all India Medical Institute will soon spring up at Delhi with the latest equipments in all branches of medicine, surgery, etc.

The Board of Scientific and Industrial Research of the Government of India, appointed sometime ago two committees for drug-research. These two committees after mature deliberation have decided to promote drug-research at Bombay, Madras, Delhi and Calcutta. These centres will be

integrated with the Central Drug Research Institute at Lucknow.

The Scheme for Employees' Health-Insurance, legislation for which was passed four years ago has just now been introduced into two selected areas on a trial basis, before making it applicable to all Industrial areas. This is indeed a welcome measure calculated to improve the working conditions and the health of factory workers,

both skilled and unskilled. It should not be allowed to be sabotaged by vested interests.

If the beginnings thus made in different directions are steadily pursued, the day will not be far distant when we can proudly feel that our standard of living and our general well-being have risen to the same level as those of the more forward and fortunate nations of the world.

### 'The Young Lady's Toilet Requisites'

K. RANGA

1. The enchanted mirror.....'Self-Knowledge'  
This curious glass will bring your faults to light,  
And make your virtues shine both strong and bright.
2. Wash to smooth wrinkles.....'Contentment'  
A daily portion of this essence use,  
It will smooth the brow and tranquility induce.
3. Fine lipsalve.....'Truth'  
Use daily for your lips this precious dye,  
They'll redden and breathe sweet melody.
4. Mixture for the voice.....'Prayer'  
At morning, noon and night, this mixture take,  
Your tones, improved, will richer music make.
5. Best eye water.....'Confession'  
These drops will add great lustre to the eye;  
When more you need, the poor will you supply.
6. Solution to prevent eruptions.....'Wisdom'  
It calms the temper, beautifies the face,  
And gives to woman dignity and grace.
7. Indispensable pair of bracelets.....'Neatness & Industry'  
Clasp them on carefully each day you live,  
To good designs they efficacy give.
8. An elastic girdle.....'Patience'  
The more you use the brighter it'll grow,  
Though its least merit is external show.
9. Ring of tried gold.....'Principle'  
Yield not this gold bracelet while you live,  
'T will sin restrain and peace of conscience give.
10. Necklace of purest pearl.....'Resignation'  
This ornament embellishes the fair,  
And teaches all the ills of life to bear.
11. Diamond breast-pin.....'Love'  
Adorn your bosom with this precious pin,  
It shines without, and warms the heart with-in.

—From the *Jour. Ind. Medicine*, Jan. 1952.

## THE VALUE AND IMPORTANCE OF DIAGNOSIS

### *In the Treatment of Diseases*

ABOUT 2500 years ago there lived in Greece a great physician, named Hippocrates. He is known as the 'father of medicine'. His greatness and his claim to this title rest on these facts:—He separated medicine from theology and gave it an independent status. Prior to his time, the healing art was part of the duties of the church priest, as both health and disease were attributed to the beneficent or maleficent activities of the gods and so beyond the control of men. Hippocrates transferred this responsibility for human welfare from the shoulders of the gods to those of men. Further, he laid down a code of ethics for doctors which governs their actions down to this day. But most important of all, he introduced into the field of medicine the principles of accurate observation and honest deduction. He said "To know is one thing; but merely to believe one knows is another. To know is science; but merely to believe one knows is ignorance". Another of his aphorisms which has become part of the literature of all countries in the world is opposed to dogma and mere expression of one's opinion, and says "Art is long; life is short; the occasion fleeting, experience fallacious, and judgement difficult". He found judgement difficult, but attempted and succeeded for the first time in the difficult task of diagnosing diseases. He sat by the side of his patients, watched and studied

Rao Saheb T. N. S. RAGHAVACHARI,  
Retired Public Health Bacteriologist,  
St. Thomas Mount, Madras-16.

the signs and symptoms of their maladies. From these he determined the nature of the disturbances within their bodies. He thus founded medical diagnosis.

History records that, nearly 3500 years ago, the art and science of medicine had developed to a high level in India, as evidenced by the great commentaries of Susruta and Charaka. The former was a famous surgeon and the latter was pre-eminently a physician. Besides dealing with medical and surgical conditions, their diagnoses and treatment, they have both devoted a portion of their great works to midwifery and even operative obstetrics. It is indeed surprising that the science of medicine, (including surgery and midwifery) was taught and practised in India almost 1000 years before the birth of Hippocrates (460 B.C.). During the Buddhist era covering nearly 950 years from 500 B.C., medical education was being given in the ancient Indian Universities of Takshaseela and Nalanda, and medicine received royal patronage; but there were deliberate attempts at discouraging surgery, midwifery and practical anatomy. The period of Hindu renaissance followed the Buddhist supremacy, and an attempt was made to restore the

lost arts; Vagbatha, who flourished in the seventh century A.D., revived the principles of Charaka and Susruta but could not attain the brilliance of the former, nor the superior skill of the latter. Gradual decadence then set in. We find that the great luminaries in the field of medicine and surgery in India 3000 years ago, had attained great perfection and invented numerous instruments to be used in the diagnosis and treatment of diseases.

There is however no virtue in talking now of our ancient glory and culture. The practice of scientific medicine and surgery in India, gradually deteriorated and became empirical, due to various causes. The Western or Allopathic system which is undoubtedly a less empirical and more scientific one, gradually came to be learnt and practised all over the world. The foundations for this rationalised scientific system were laid by Hippocrates. He had no instruments to aid him in his diagnosis; he had his open mind, his keen perception and his bare hands; still from observation alone he defined diseases. He was able to show that when a certain association of symptoms was found the disease followed one course; whereas, when a different set of symptoms occurred the disease followed another course. He thus differentiated one disease from another, such as malaria from consumption. He was able, after considerable experience thus gained from close observation, to predict accurately from the symptoms the course which the disease will follow and to prescribe the known form of treatment which offered the greatest chances of

cure. He faithfully recorded all his observations for the use of future doctors, his failures as frankly and truly as his successes. These have served for centuries as beaconlights to guide the doctors who came after him.

Without accurate diagnosis, all treatment and all medical opinion are only mere guesswork. Diagnosis is the most difficult and the most important; yet patients seldom realise and appreciate this fact. Patients want ready-made pills, mixtures, elixirs and treatments to hasten their recovery and more than these an immediate opinion on the spot, on the probable nature and ultimate outcome of their illnesses. If these are not as readily forthcoming as they would wish, they immediately change over to some other doctor—often an unqualified quack who bases his diagnosis on wild but showy guesses clothed in pompous language, and gives treatment with all the confidence of ignorance!! Correct diagnosis must precede any scientific attempt at healing. There are of course a few diseases for which there are specific cures, means by which the diseases can be cured with almost absolute assurance of success. But even these can be applied only when the disease is recognized and diagnosed beyond all doubt. In the case of the numerous other diseases for which there is no specific remedy the diagnosis itself is often tantamount to treatment. If diseases are detected early, they can be halted in their course, and nipped in the bud.

Cancer which is unfortunately found to be on the increase in

India, is generally curable in its early stages by surgical operation but it must first be correctly diagnosed. Life or death in cancer depends entirely on how early the proper diagnosis is arrived at; it is therefore, strongly recommended that our people should promptly consult the doctor for diagnosis in case of any persistent swelling, sore, or bleeding rather than wait till the condition gets worse and far advanced. Similarly also in tuberculosis, successful treatment depends on early diagnosis. The treatment for tuberculosis today is the same as the one prescribed by Hippocrates. Nevertheless, there is a much greater assurance of recovery from this dire disease now, than in the days of Hippocrates. The difference is due almost entirely to improved methods of diagnosis. The difficulty in diagnosis in tuberculosis in the past arose from the absence of any precise method to ascertain directly what changes were occurring within the lungs. They had to rely only on the outward appearance of the patient, the fever, the cough, and the loss of weight etc.; the disease would have well-advanced in many cases, before these signs became evident. The chances of recovery were therefore, not bright.

To-day, however the actual changes in the lungs can be accurately determined. The modern methods of diagnosis which have made this possible resulted from the inventions of three great

men:—Auenbrugger, Lænnec, and Roentgen, who introduced the methods of percussion, auscultation and X-ray diagnosis respectively.

**Percussion.**—The physician gently taps on the chest with his fingers and elicits a sound, which is not unlike the reverberation from a muffled drum. This is the normal chest sound. In diseased conditions, the nature and character of this sound are greatly altered and become evident to the trained ear.

**Auscultation.**—The doctor listens to the sounds within the body through the stethoscope, which permits of a more precise and more exact diagnosis.

The X-ray method represents the greatest and most recent advance in diagnosing tuberculosis of the chest and also various other diseases. The X-rays like radio waves are invisible, but can pass through solid material. These are utilised to demonstrate on a sensitive photographic plate the changes that have taken place in diseased conditions; a permanent record is thus obtained and the progress made during treatment is likewise demonstrated by taking subsequent X-ray pictures at intervals.

From what has been stated above it will be evident that success in the treatment and cure of diseases depends entirely on the correctness of the diagnosis made.

“If the British can survive their meals, they can survive anything”  
—G.B.S.

“Team work is very important: even a banana gets skinned when it leaves the bunch”—Sam Cowling.

## HOME TREATMENT OF

# Tuberculosis of the Lungs

Dr. JOHN G. DAVID,

Medical Supdt., The David Memorial Tuberculosis Hospital,  
Mehmadabad, Kaira Dist., Gujarat.

THE best treatment that can be had for tuberculosis is in an institution, where one or other approved methods of bed rest, open air life, special nourishment accompanied by suitable treatment is readily available to the patient. But under certain conditions, home treatment becomes imperative; the following are instances:—

1. Old people over sixty years of age who due to their age and habits cannot easily accommodate themselves to institutional life and discipline.

2. Nervous patients who take time to get over the nervousness and depression resulting from their being told of their condition; these should however, be weaned of their fears and sent to the sanatoria before they get worse.

3. Patients who had remained long in a sanatorium and who still require prolonged bed-rest might need the change. Rest in bed may be allowed in the homes in such cases, provided the environments are satisfactory.

4. Patients mentally ill who need regular help and support for daily routine from near relatives might do better at home than in an institution.

5. Patients in whom the disease has been diagnosed, who require immediate specialised

treatment and yet are unable to obtain admission into an institution, owing to lack of accommodation will necessarily have to start treatment at home, if only to arrest further progress; they must have facilities at home to take proper care of themselves and adhere religiously to the doctor's instructions.

These are some of the reasons where home-treatment has to be advised though the institutional treatment is any day superior.

The following scheme of treatment and precautionary measures is recommended for guidance, so as to prevent their infecting others.

(The patient who continues to cough and spit at random, and otherwise also fails to show reasonable concern for the health of others should be removed to an institution forthwith).

Choice of the room.—The patient's room should have if possible a south or southwest aspect. It should be on the ground floor, 12 to 16 feet square, and the ceiling should not be too high or too low. A suitable height would be nine to ten feet. The higher the ceiling, the more difficult it would be to have thorough ventilation and this tends to harbour dust. The room should therefore, be well ventilated and the windows should

all be kept well open so as to allow free access of air and sunlight. Light is the enemy of darkness which breeds vermin, man's inveterate enemies and sunlight is a powerful killer of tuberculosis and their disease germs.

The floor should be of a uniformly hard material tiled or cemented, and no carpet should be spread over it. Dusting of the room should always be done with a damp cloth. The furniture in the room should be as few as possible. A few good pictures may be allowed on the walls, provided they are health-provoking and can be kept tidy.

The light in the room should be extinguished at 9 or 10 p.m. in the night. The patient should go to sleep early and wake up early in the morning.

Beds and beddings.—The bedstead or cot should preferably be of the type used in hospitals. It must contain a mattress and just enough sheets to cover during the cold weather. The patient should wear warm clothing during the cold and light clothing during the hot seasons. Even in the cold season, the face should not be covered. Fresh air cleanses the lungs and increases its vigour and vitality. Direct chill should however be avoided.

While making the bed proper precautions should be taken against scattering the germs, by violent dusting. The cleansing, dusting and changing of bed-sheets etc., should be done gently and slowly without scattering the dust and germs present in it.

Lavatory.—It should be as near the bedroom as possible and should

be cleaned regularly and disinfected everyday with some reliable disinfectant. The cheap brands of phenyle retailed in bottles are spurious and have no disinfecting power. They are at best only deodorants.

Diet and feeding.—There should be definite times for meals. If the patient is really hungry between meals he may be allowed a glass of milk, or orange juice and a few biscuits. They should not be encouraged to overfeed. Simple nourishing and palatable food is most essential. Eggs and fish are good articles of food. If one is a vegetarian, he should take a liberal quantity of fresh milk, butter, fruits and fresh green vegetables. The non-vegetarian also needs a good helping of fruits and vegetables in addition to his normal diet.

Food should be chewed and eaten slowly and never in haste. Any quantity left over should be thrown away and not be allowed to be eaten by any one else. To avoid possible waste, the patient must be served with small helpings to the extent of his full needs.

Cough and sputum.—While coughing, the patient should cover his mouth with a handkerchief (of paper or cloth) which should be cleaned everyday after soaking it in a powerful disinfectant or it should be burnt straightaway.

The patient should spit only in the sputum cup containing a disinfectant which is kept well covered and which should be boiled everyday. The contents should either be buried deep under the earth or burned. It is better to have two sputum cups for each

patient. After use the sputum cup with its contents should be boiled for 1-2 hours in a tin can containing water. This receptacle should be used exclusively for that purpose. The contents of the can and cup should then be thrown into the sink or sewer and the spittoon washed well for use on the next day. Lysol in 1 in 10 dilution is a good germicide.

Keeping of records.—A chart showing the temperature, pulse and respiration rates should be carefully and correctly maintained, as it is the most important document for the doctor to be guided by. A three or four hourly temperature record from 6 a.m. to 9 p.m. is necessary.

A reliable thermometer should be kept exclusively for the use of the patient and it should not be used for any other person. The temperature should be taken by keeping the thermometer under the tongue, the mouth being well closed for 3 to 5 minutes each time. During this time the patient should not speak; and immediately before taking the temperature he should not have taken any hot or cold food or drink.

The early morning temperature should be taken in the lying posture and before the patient gets out of bed; and then only he may go for his routine toilet.

Any complaints arising in the day or night should be written in a separate book to show to the doctor on his next visit.

General management.—Rest is the most important thing in the treatment of tuberculosis of the lungs and this should be strictly enjoined. The patient should be kept in complete bed-rest till the temperature comes down to normal.

A definite daily routine must be drawn up for the patient and it should be strictly adhered to. If the patient is allowed to be up and about, he should rest for a while before he sits for his meals.

There should be a restriction on the frequency and number of visitors and there should be a definite hour every day (while the patient is doing well) during which alone a few visitors may be allowed to see him. The relatives in attendance should be firm in this respect. On no account should the patient be disturbed during his resting hours i.e., between 1 and 4 p.m. and from 9 p.m. to 6 a.m. The patient's health and progress should come before any other consideration of sympathetic friends and relatives.

Visiting children under 18 years of age and adults with a weak constitution should not be allowed into the patient's room.

A close co-operation between patient, doctor, nurse or other attendant and relatives and friends is very essential in order to guide the patient on his path to recovery.

A dermatologist—skin specialist—was asked by a friend how he came to choose that branch of medicine.

"There were three perfectly valid reasons," said the skin doctor. "My patients seldom get me out of bed at night; they never die; and they never get well."

## THE CHILD IN PAEDIATRICS

How do we feel when we are disturbed while we are

R. DWARAKANATH,  
Chandrika, Madras-16.

and well-meaning parents. If this technique of management

is altered, and the child is allowed to help himself as suits his own taste and desires he will soon begin to take his food in the ordinary way that adults do or like them to do, and the trouble will come to an end.

engrossed in something that is fascinating to us? It is very irritating to attend to some other person or thing when we are thus busy in our own way. Similarly the young ones are happiest when left to their own devices and allowed to play in their own simple and innocent way. Yet the happiness of the child is disturbed or encroached upon by the elders in their attempt to make the child happy in the 'adult-way'. If a child is enjoying himself harmlessly he should be left to himself. The adults and parents who obtrude on the child's activities, must be deemed to do so, to please themselves rather than to engage or amuse the child.

The child is a potential adult. He will not stand too much of fuss or fooling. A child's dignity and sense of self-importance must be appreciated; he will not care for the adults who use too much of baby-language while speaking to him. How can a child learn the correct method of talking if he is constantly hearing only baby-babble? A child's sense of self-importance should therefore be respected.

Some children resent the parent's behaviour towards them. Mothers often complain that their children do not eat well; and have a pitched battle at each meal-time. Coaxing, cajoling and threatening, in turn are tried by the anxious

is altered, and the child is allowed to help himself as suits his own taste and desires he will soon begin to take his food in the ordinary way that adults do or like them to do, and the trouble will come to an end.

A child has also got his own innocent ego and delights in being regarded as a person of importance. When he finds however that no one is interested in any of his particular habits or activities, he generally desists from it. This reaction of the child should be watched silently and used to advantage in reforming him or weaning him from the bad habit or activity.

Some children delight in reveling in a world of their own imagination, and would even hold imaginary conversations with persons in an imaginary world. This should not be *pooh-poohed*. To laugh at it will only cause bewilderment and unhappiness and will lead to the suppression of feelings and emotions in the child. He may become neurotic. Some children use incorrect expressions, and others indulge in curious words which they use consistently. "*Thooththa*" is the ordinary Tamil word used by the child for "drinking water" and adults also use it while talking to the child.

We often find some children who shun company and retire

into solitude. It is wise to leave these children to themselves and let them indulge in their hobbies if these are harmless but the adults should watch them and guide them when and if they are likely to go wrong or get self-entred.

There are some whose mental development is delayed to a somewhat later age than is usual. At school they may be slow and lack ability to concentrate. Their thoughts may wander. But as

they grow older and as their minds develop, many of them learn to concentrate and think and they may in course of time, even excel their contemporaries who had previously outpaced them.

In short, the child must be met on his own level and treated with love and a regard for his sense of independence and dignity. Adults who cannot look at things from the children's point of view, often fail to understand and guide them properly.

### In Praise of Breast-milk

Dr. Kathleen Vaughan of London writes in the *B.M.J.*, 9-6-1951:—

For several years, now, I have carefully studied the faces, especially of the jaws of the Oxford and Cambridge boat-race competitors and I think I can tell the winners beforehand.

My attention was first drawn to the subject in selecting expectant mothers for ante-natal exercises. The well-developed jaw and teeth seemed to be a guarantee of absence of rickets, the presence of a well-developed pelvis and promise of a normal confinement.

I put this down to breast-feeding by a healthy mother and consider that fresh human milk gives not only normal physical development, but also endurance, courage and an unrivalled toughness of both body and brain, *never attained by the bottle-fed*. If inquiry be made, outstanding athletes, boxers, runners, and football champions will be found to have been breast-fed—that is on living human milk. Farmers and breeders of cattle or race horses know this very well; the artificially fed animals lack both spirit and endurance and if a female makes but a poor mother whole races sink and go to the wall directly, bottle-feeding becomes general. Did the bottle-fed ever win a campaign? Our great national leaders of the past were fed on fresh human milk (in some cases perhaps not necessarily their own mothers' milk) and it is endurance of mind and body one should look for in the adult. Much interesting matter presents itself for researches. The rise and fall of whole communities due to the lack of *outstanding* leaders of men, the decrease in mental ability in a nation, the poverty of individual effort, the sheep-like following of any regime promising comfort and security are typical of human life when growth and development depend on artificial means.

An adequate food supply is not the only thing the baby needs to grow happily. The baby grows by breathing, exercising, feeding and feeling. He needs fresh air, food, warmth, stimulation and security which a loving mother will provide in addition to good food *viz.*, her breast milk.

## The Ideal Wife

### IN A HEALTHY HOME

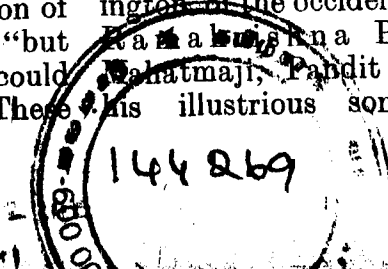
Mrs. SHANTHIDEVI KRISHNAN,  
72, Surveyor St.,  
Basavangudi, Bangalore-4.

HISTORY, tradition and experience bear out the fact that a wife may build or break a home; likewise, she may make or mar a man and his future. She is also responsible for the health and happiness of the children. Gerard Villiers Stuart said that "a man has no business to marry a woman who cannot make him occasionally miserable"; for, unless she can make him understand what unhappiness means, there will be no pleasure in unmixed joy. Do we not know the truth of the Tamil proverb "The coolness of shade will be realised only when one goes out in the hot sun?"

Husbands are of different types: There are those who constantly keep nagging at the wife, making themselves and the whole family miserable; then there is the happy-go-lucky sort who are too lazy to enter into the details of family life and management and constantly praise the wives without criticising even once, any of their acts of commission or omission. They thus, make the wives also lazy and indifferent to the welfare of those committed to her care *viz.*, the husband, the children and dependents. There is yet another type who pay a tribute to the wife in a manner similar to what I read the other day in an American Society Journal by way of a dedication of his latest book to his wife "but for whose *absence* the book could never have been written"! There

are not really bad fellows but have obviously been overlorded by domineering wives who seldom allow the husbands time to think or act. Socrates, the great philosopher is said to have suffered under the iron-rule of his proud and overbearing wife, Xanthippe.

John Bunyan says of his wife "This woman and I came together as poor as might be, not having so much as a dish or a spoon betwixt us, that we can call our own; yet she got for her share "The Plain Man's Pathway to Heaven" and "The Practice of Piety" which her father left her when he died." Bunyan read these two books over and over again several times during his imprisonment and one of the world's memorable classics "Pilgrim's Progress" was the result. Edmund Burke also had great admiration and love for his wife and said about her "Her politeness flows rather from a natural disposition to oblige than from any rules on the subject and therefore, never fails to strike those who understand good breeding and also those who do not". This indeed is eloquent praise from a husband to his wife. Lavoissier, Faraday, Livingstone, Mill, George Washington of the occident, and Swami Paramahansa, Mahatmaji, Pandit Motilal, and his illustrious son Jawaharlal



Nehru of our own country as also many other souls who have won world fame, are amongst great men of the world who regarded and treated their wives with the love and esteem which they deserved and by their kind treatment endeared themselves to the wives, who in their turn, out of devotion and true loyalty gave of their very best to their husbands and helped them to win world fame. In his recent book entitled "A King's Story" H. R. H. the Duke of Windsor (ex-king Edward VIII) has paid a glowing tribute to the loyalty, devotion and steadfastness of his wife Wallis Simpson. Addressing his mother some days before his abdication King Edward VIII said "Please, won't you let me bring Wallis Simpson to see you, mother? If you were to meet her, you would then understand what she means to me and why I cannot give her up. For me the question is not whether she is acceptable but whether I am worthy of her". In this story he goes on to say "To me Wallis has always been a blithe spirit, gay, quick and unconquerable. So far as I was concerned love (true love) had triumphed over the exigencies of politics. Though it has proved my fate to sacrifice my cherished British heritage along with all the years in its service, I today draw comfort from the knowledge that time has long since sanctified a true and faithful union". Can we imagine a more honest, plain and glorious tribute to woman? We need not stop to go into the merits and demerits of the ex-king's choice; the fact remains that today, i.e., 16 years after the event they are still devotedly attached to each other and

lead a contented and perfectly happy family life.

The ancient history of our land contains magnificent examples of ideal womanhood. Sita, Savitri, and Nalayani are but a few of the thousands of illustrious and noble women who were imbued with lofty ideals of wifely devotion and loyalty to their husbands. Most excellent habits and customs based on our ancient traditions and culture, are gradually being assailed by the so-called modern educated young men who blindly wish to copy western customs and manners. In spite of these inroads, our habits and customs are holding their own, at least *within* the Hindu homes, it is solely on account of the Hindu wife who cannot and will not lightly brush aside what her mother and grandmothers had practised and preached. If the Hindu home is to remain intact, as a blissful haven of health, peace, happiness and plenty, the inroads that are being insidiously made of late by the majority of our educated young men and also by some among the educated college girls, should be checkmated, by giving them a true insight into the real significance and high ethical value of our valuable ancient culture and traditions. The most comprehensive definition of a Hindu wife according to our Sanskrit literature was given by a sister of mine in the February issue of *HEALTH* and deserves to be remembered by all. "When a wife refuses to quarrel with her husband, it means that she is tired of him. True lovers fight back" said Arthur Richman. The modern educated young girl will not bear contradiction or quarrel from the

husband who she expects, should meekly submit and obey. This attitude will ultimately lead to incessant trouble, misery and unhappiness in the home, unless the husband is prepared to be meek and slavishly submissive for all time. "Even a worm will turn" says the old proverb; so too he may at times like to have his say and to assert himself especially when the initial charm and glamour of the honeymoon have faded away and the couple have begun to face the hard facts of life. Then the trouble will start. The ideal wife will however, steer clear of such pitfalls and always remember that as queen of her house, she has a sacred duty to her husband to her children and to her dependents and should exercise tact and patience in the exercise of that duty. By so doing

she would ensure perfect harmony, discipline and a systematised conduct of domestic affairs, all of which together go to make up the *Happy Healthy Home*.

The ideal wife is described by Wordsworth in the following lines:—

"She was a phantom of delight  
When first she gleamed upon my sight;  
\* \* \* \* \*  
A dancing shape, an image gay,  
To haunt, to startle and way-lay.  
\* \* \* \* \*  
And now, I see with eye serene  
The very pulse of the machine.  
\* \* \* \* \*  
The reason firm, the temperate will  
Endurance, foresight, strength  
and skill;  
A perfect WOMAN nobly planned  
To warm, to comfort and command;  
And yet yield with spirit bright  
And beaming with angelic light."

### The Best Education

A former professor in the University of Chicago, as once related in the *Kansas City Star*, told his pupils that he should consider them educated in the best sense of the word when they could say 'yes' to every one of the questions that he should put to them. Here are the questions:—

"Has education given you sympathy with all good causes and made you espouse them?

"Has it made you public-spirited? Has it made you a brother to the weak?

"Have you learned how to make friends and keep them? Do you know what it is to be a friend yourself?

"Can you look an honest man or a pure woman in the eye? Do you see anything to love in a little child? Will a lonely dog follow you in the street?

"Can you be high-minded and happy in the meaner drudgeries of life? Do you think washing dishes and hoeing potatoes just as compatible with high thinking as piano-playing or golf?

"Are you good for anything to yourself? Can you be happy alone? Can you look out on the world and see anything except shillings and pence?

"Can you look out into a mud puddle by the wayside and see a clear sky? Can you see anything in the puddle but mud? Can you look into the sky at night and see beyond the stars? Can your soul claim relationship with the Creator?"—Selected, (*Good Health*, England, March 1952).

# THE PLASTIC PLASMA—P.V.P.

(A Remarkable Substitute for Blood Plasma)

THIS remarkable medical plastic is Poly Vinyl Pyrrolidon (PVP). It is a powder made from acetylene gas. It is cheap to manufacture, can be stored indefinitely, and is unaffected by extremes of heat or cold, its supply is unlimited. Developed in Germany during the last war, PVP in solution has been successfully administered to over a million people in Europe. It has since been tested by the National Research Council.

Blood plasma, the clear portion of human blood without the living red and white cells is the ideal remedy for shock; it restores the circulation and keeps it going till a blood transfusion or other treatment can be given. It takes nearly two and a half pints (50 ounces) of blood to get 20 ounces of plasma. When war broke out in Korea, the search for a plasma substitute got a top priority. Responsibility was assigned to Dr. M. C. Winternitz and his staff at the National Research Council. PVP, Dextran (a Swedish discovery extensively used in Sweden and in England) and gelatin have proved best; but PVP is by far the most exciting to research workers for in addition to its effectiveness as a plasma substitute it has been found to possess other virtues which promise revolutionary developments in medicine.

The story of PVP goes back to 1940 in Germany where the need for blood plasma was urgent and

enough blood donors were not to be had. Looking for a synthetic chemical as a substitute Dr. J. Walter Reppe, at the I.G. Farbenindustrie plant in Ludwigshafen, carried out several experiments and finally succeeded in holding acetylene under a pressure 20 times as great as had ever before been attained. From the reactions created by adding various chemicals at this pressure, with copper as a catalyst came tumbling a new world of synthetic products. One was PVP which had a chemical structure similar to plasma.

PVP was given to more than 800,000 German and Allied prisoners during the War and is credited with having saved the lives of tens of thousands of soldiers. Today it continues to be a standard treatment for emergency cases in Germany, France, Italy, Belgium and other countries. For several years after the war the PVP remained almost unknown in USA. In 1947 an American firm acquired the manufacturing rights of the Reppe processes and sent thousands of samples for evaluation to Dr. Herman Shelanski of the Industrial Toxicology Laboratory, who became interested in the plasma substitute. He carried out animal experiments first and then on humans. Enlisting the aid of Drs. Jeffers Clark and Dryden Morse of the Philadelphia General Hospital thirty-three patients with short life expectancy were selected for the first tests; because autopsy studies would be available

Their conclusions were:— PVP is able to maintain or increase blood pressure for at least 18 hours; it is inert, non-toxic and is not permanently stored in any of the tissues. Meanwhile the Mayo Clinic tested PVP on a number of surgical shock cases and published a favourable report in July 1949. Thousands of bottles of PVP solution were thereupon manufactured and supplied free to various hospitals for further tests. Today enough PVP powder is being turned out for 300,000 pints of solution per month, and by January 1952 the output will be quadrupled. They are also importing PVP powder now from Germany.

PVP is *not* a substitute for whole blood for which there never can be one. PVP is the compulsory emergency treatment at the Philadelphia General Hospital for all patients admitted to the receiving ward in a state of shock. It is now in use in 50 large hospitals in U.S.A. No unfavourable reports have so far been received in the several hundred cases treated.

Beyond its effectiveness as a plasma substitute, PVP has addi-

tional potentialities, about which numerous investigations are under way. Evidence from abroad indicates that it has an astonishing ability to prolong the action of drugs in the human body. Many of the most valuable drugs (penicillin, adrenalin, insulin for example) are costly to use because they are rapidly eliminated from the system. When such drugs are mixed with a PVP solution their effectiveness is extended two to four times.

Even more startling was the discovery in Germany that PVP can help to rid the body of toxins. The microscopic particles of PVP apparently have a strong attraction for poisons, picking them up in the blood stream and carrying them to the kidneys, where they are expelled before they can commence their deadly work. Dr. J. M. Walker of the University of Pennsylvania is of the opinion that PVP as applied to cases of severe diphtheria in children has cut the mortality rate down to less than half of what it was when diphtheria anti-toxin alone was used.— (Readers Digest, from Popular Science Monthly, July 1951).

## Fish Culture in Paddy Fields

People of the island of Haiti live largely on rice and need more proteins in their food. Experts deputed by U.N.F.A.O. thought of an ingenious answer to this problem. Why not raise fish as well as paddy in the flooded fields of Haiti? Two Haitian officials visited the Orient where the technique of growing fish in rice fields is wellknown and an FAO staff member was deputed to find a suitable fish for the project. The *Sepat Siam*, a fish from Thailand was selected. It can live in mud if its gills are moist. The technique itself is simple. Before draining the paddy fields for harvesting, the farmer digs a hole at one end of the field. The fish swim into it and have a place to live when the field is fully drained. The farmer can take as many fish as he needs out of the hole, leaving enough behind to restock the rice fields when he plants the paddy after ploughing and flooding once more. The *Sepat Siam* is a fast breeder and grower and is also believed to help the growth of paddy by stirring up the mud and aerating the roots of the paddy plants.—(From the Scientific American, July 1951).

# THE BLOOD

(What every one should know about it)

CLAUDE BERNARD, the eminent French physiologist, pointed out that "all life is under water", although we consider ourselves to be air-breathing animals in contrast to creatures that live in the sea. The living cells of which our bodies are composed are actually submerged in the blood and other body fluids. All vegetation as well as every member of the animal kingdom would die without water. The richest soil is not able to support the growth of a single blade of grass unless the nutrient material it contains is made available by the addition of water. Water and other fluids must be added to every morsel of food we eat before it can be utilised by the body.

The blood may be regarded as a travelling caterer that supplies everything required by the different cells of the body. Through an intricate distribution system, the blood vessels, it brings the nutrient material which it contains in solution into contact with each of the body cells. The various cells select the particular material they need to perform the work they do and to maintain their structure in a normal state. The alimentary canal receives the food, liquefies it and otherwise prepares it for absorption into the blood stream.

The proportion of blood in the body varies with different individuals. Usually it is about one fourteenth of the body weight. A person who weighs three hundred pounds when his normal weight is one hundred and fifty, does not have twice as much blood as he would have if he had not become obese. The fat of which his excess weight consists is supplied with but a limited amount of blood.

Minute bodies known as red corpuscles are responsible for the red colour of the blood. They constitute about two-fifths of its volume. They are about one three-thousandths of an inch wide and fifteen-thousandths of an inch thick.

The composition of the blood is quite complex. In recent years great progress has been made in separating and learning the function of the various elements of

which it is composed. Efficient methods of preserving the blood have also been devised. The results of these researches have been far reaching. They have made it possible to save the lives of thousands of our wounded fighting men as well as persons who have been injured on the highway, in industry or have had surgery.

The red blood cells are largely composed of a reddish substance known as hemoglobin, which in its chemical composition somewhat resembles chlorophyll which gives to green leaves their colour. The red cells also contain iron. The steer, horse, sheep and other herbivorous animals secure the iron they need to make rich red blood from grass, alfalfa and other plants. Carnivorous animals, such as the lion and tiger, must depend upon what might be called second-hand iron found in the blood of the creatures which they devour. They do not get their iron first hand. Anæmia is frequently due to a diet deficient in iron and other minerals and vitamins needed for blood building. In this connection it is interesting to note that horses, cows, sheep and other animals that derive their food from the vegetable kingdom rarely suffer from anæmia, while this condition is frequently found in lions, tigers and other meat eaters.

Some doctors formerly prescribed several glasses of warm blood daily as it gushed from the cut throat of a steer as a remedy for anæmia. The results were disappointing. The green leaf, which supplies herbivorous animals with an abundance of iron, is also the best source of this mineral for human beings.

A drop of blood not larger than the head of a pin contains five million red blood cells. If these cells are spread over a flat surface they would cover an area of about one square inch. All the blood cells in the body spread out over a flat surface would cover about four-fifths of an acre.

The area covered by the lining membrane of the lungs is about one thousand square feet, while the area of the skin of a man of average size is less than twenty

square feet. The enormous surface presented by the blood cells, nearly forty times that of the lungs and two thousand times that of the skin, adapts the blood in a marvellous way to the work it has to do, which is to supply oxygen to the tissues.

When a red blood cell comes in contact with the oxygen of the air it absorbs and retains some oxygen. When the blood is saturated with oxygen it contains about one-fifth its volume of this essential gas and its red cells assume a bright red or carmine hue. The amount of oxygen which the blood can absorb depends upon the amount of iron contained in its red blood cells.

One function of the red cells is to transport oxygen from the lungs to the tissues. Oxygen, although a gas, may be regarded as food, and it is more essential to life than any other foodstuff. A person may live fifty or even sixty days without solid food if amply supplied with oxygen and water, and it is possible to live five days or even longer without water, but death occurs within ten minutes when the supply of oxygen is cut off.

A person whose blood count is low that is, who has only two or three million red blood cells per cubic millimeter instead of five million, finds himself short of breath on exertion for the reason that the absorbing area presented by his blood cells to the air in the lungs is not sufficient to absorb and transport the amount of oxygen necessary to meet the needs of the body adequately.

Each red blood cell is a distinct individual. It is produced, performs its work, lives its life and dies. Within ten days it is old and unable to perform the tasks required of it. The body salvages some material from dead blood cells, especially iron. It must, however, rely chiefly upon the daily intake of food for the material needed to make red blood cells. Foods rich in iron are needed for this purpose.

The white blood cells differ greatly from the red cells. They resemble the pond amoeba in structure. The movements of this little creature may be easily watched under a microscope. It may be seen seeking its food, capturing bacteria and other organisms smaller than itself and behaving very much as

though it possessed sensibility and volition.

The white blood cells behave in a similar manner. They do not carry oxygen as do the red cells. They capture and destroy the bacteria which are always finding their way into the blood stream and also carry away minute particles which might otherwise interfere with the flow of blood to every part of the body. They are far less numerous than the red cells, the proportion being about one to seven hundred.

The number of white cells contained in the blood, however, does not represent the number found in the body. A large number are, so to speak, held in reserve in glands and other structures. They, in fact, outnumber those found in the blood itself. They are standing by ready to swarm out into the blood when occasion requires to reinforce the cells which are always on duty in the blood stream and which rally in great numbers to any point which is injured or invaded by germs. When, for example, a person suffers from an attack of appendicitis, or pneumonia or even a severe cold, the number of white cells in the blood may be increased three or four fold. It is largely through the activity of the white cells that we are able to exist in a world teeming with deadly bacteria of various sorts.

The volume of blood is normally subject to little change. When fluids are swallowed, the blood volume, if already normal, is not materially increased. Water is removed from the blood stream by the skin, lungs and kidneys, especially the latter organs, practically as rapidly as it is absorbed from the intestine. When water is lost by perspiration, the deficiency is made good at once. The amount of reserve water is so great that a person engaged in violent exercise as for example, football, may lose five or six pounds or even more weight within an hour.

In former times it was supposed by physicians that under certain conditions the blood volume became too great, a condition designated as plethora. It was supposed to exist in fevers and many other diseased conditions. As a result of this belief, bleeding was extensively practised. It is still regarded as a

sovereign remedy in backward countries. Among the Arabs of North Africa, annual or semi-annual bleedings are regarded as a tonic. This practice may be of some value from a psychological standpoint. That it does not do any harm has been demonstrated by thousands of persons who have donated blood to the Red Cross. The health of a normal adult will not be

adversely affected by becoming a donor of a pint of blood once or twice a year. The blood removed will soon be replaced.

The quality of the blood may be greatly improved by including in the diet foods rich in iron and other minerals and vitamins needed for blood building. —(*Good Health*, U.S.A., Dec. 1951).

## THE PATIENT'S RESPONSIBILITY TO THE DOCTOR

MUCH has been written during the past few years about the doctor's responsibility to his patient—financial, legal, and personal. But little has been said of the patient's responsibility to his physician. One example of this is the matter of "doctor's orders". Many patients fail to take their physicians' instructions seriously, not realizing that even minor deviations, (e.g., the salt-free diet for cardiacs) may completely thwart the therapeutic goal. Similarly, modern drugs are of such potency that self-guided variations in dose may defeat the purposes for which they are prescribed. The digitalis group exemplify this principle most prominently. In addition, timing of medication (as with insulin for instance) may be of paramount importance in achieving the best results.

Certain patients make a habit of changing physicians capriciously if the first fails to achieve an immediate therapeutic miracle. Such a patient does himself a great disservice, for were he to return to the first physician, he would be referred to the proper consultant for further examination and advice as to treatment. This is not to imply that a patient should never change his doctor; at all times the patient's free choice should be his jealously guarded prerogative.

But in general, the patient will receive better management if he chooses a single guiding hand at the helm.

Another difficulty is the promiscuous acceptance of lay advice in health matters. Having chosen a physician to be his mentor in such affairs, the wise patient consults him about all questions concerning illness, its treatment, and prevention. Nowhere is this more important, and more abused, than in obstetrics, where—for obvious reasons, old wives' tales sound authoritative.

Finally, there are those patients who prefer to bypass the family physician, and seek out specialists on their own initiative. Such patients run a real risk of missing the best treatment for their illnesses, since one of the prime attributes of the family physician is the ability to analyse his patient's problems, and formulate a logical step-wise attack that will be sound from the aspects of time, finances, and medical effectiveness.

More widespread understanding by the patient of his responsibilities to his physician will result in a more effective, more economical, and happier patient-doctor relationship. —(*Jour. Med. Soc.*, New Jersey, July 1951).

## All-India Medical Institute

New Zealand's contribution of £250,000 (approximately Rs. 33 lakhs) to India under the Colombo Plan is to be utilised, in accordance with the wishes of the New Zealand Government, as part of the expenditure for the proposed All-India Medical Institute to be established in India, it is learnt.

The foundation of the All-India Medical Institute will be laid some time in April when Mr. J. T. Watts, New Zealand's Minister for Industries and Commerce, is expected to come to India, after attending the meeting of the Consultative Committee at Karachi this month.—P.T.I.

# ARTIFICIAL RESPIRATION:

## The Superiority of the Sylvester Method to Schaefer and other Methods

STEFAN JELLINEK, Professor of Electropathology at the University of Vienna (Austria) who is at present working in association with Queen's College, Oxford, is the author of a valuable recent book on "Dying—Apparent Death and Resuscitation." In an elaborate and illuminating article on artificial respiration in the *Scientific American* (July 1951) he describes the different methods in vogue. The Sylvester method involves pulling the arms outward and allowing them to fall back on the chest. The tongue is fastened to prevent it from falling into the throat. The Schaefer method involves pressing down on the lower ribs and releasing them. By so doing the air is first squeezed out of the chest and then inhaled when the chest expands.

Jellinek considers the Sylvester method to be the method of choice. This was originated by the London physician Henry Robert Sylvester in 1858. The

patient is made to lie on his back and the person administering the treatment briskly and rhythmically stretches the arms and shoulders outward and then allows them to fall back beside the chest. The only disadvantage of this method is that of all supine positions; the tongue tends to slip back and to block the upper respiratory passages. The tongue must therefore, be kept pulled forward by some contraption: e.g., a safety pin stuck through the tongue and tied with string to the victim's neck. On the other hand, the supine position allows free inspection of the face and neck for signs of returning respiration such as a swallowing movement. It is to be preferred to all other techniques that involve compression of the chest including the widely used famous Schaefer method invented by the British physiologist Sir Edward A. Sharpey—Schaefer at the beginning of this century.

## A Health Inventory

DISEASE is like a fire in a house. It frequently is only discovered after irreparable damage has been done. Pain, Nature's warning signal, is really a great benefactor, because it forcibly calls attention to an abnormal condition which should be corrected. A person who is wracked by pain will usually consult a physician to secure relief and thus by appropriate treatment remove the cause of the disorder.

Unfortunately, however, some of the most insidious maladies attack without warning. They may cause no pain or discomfort until so far advanced that vital organs are so greatly damaged as to markedly reduce their efficiency. Diabetes may be cited as belonging in this category. Recent surveys have shown that there are just as many diabetics who are unaware of their condition as are receiving treatment for this disease. Of course the sooner it is discovered and

an appropriate diet adopted and treatment followed, the less harm will be done. There are other disorders which, like diabetes, do grave injury before their presence is made known by distressing symptoms.

It is not necessary to incur the risk of reducing one's life expectancy by permitting a chronic disorder to gain a firm foothold. Modern science has provided delicate tests by means of which it is possible to determine the efficiency of every bodily organ and to discover even slight deviations from normal.

Start now. Get your doctor to give you a medical checkup. Ascertain what your bodily assets and liabilities are. In a well equipped doctor's clinic all the tests and examinations needed to determine a person's vital assets are available.—(*Good Health*, U.S.A., Jan. 1952).

## Baldness in Men

BALDNESS is much more common in men than in women. Dr. P. Fesch and his coworkers of the Pennsylvania (U.S.A.) University conducted a research to study if any specific cause can be found for this selective action. They believe as a result of their researches, that the male sex hormone stimulates the glands in the skin to change the nature and amount of the fatty substance secreted by the skin glands. This oil is known as sebum. When this was painted on the skin of rabbits and mice they lost all their hair in ten days. Baldness was found to be common particularly in the workmen engaged in six specific chemical industries. Fesch *et al* found

that three of these six chemicals were present in the sebum. They are continuing this research and hope to be able to discover a new depilatory (hair-remover) and also some method to arrest the process of baldness in men, also perhaps some other skin diseases, *e.g.*, dandruff, cancer, etc.

The excessive use of vitamin A is considered as one of the probable reasons for loss of hair. Painting the skin of animals with vitamin A was found to produce a shedding of the hair. Several children were also found to lose hair as a result of vitamin A excess.—(*Science Newsletter*, 60, 294).

## The Hazards of the Newer Drugs and Remedies

Almost all forms of progress have their hazards, and this is particularly true in regard to medical progress. In an editorial in *The Practitioner*, December, 1951, reference is made to drugs and their dangers, and it is pointed out that with the increased potency of the new remedies there is also an increased risk. It shows that coincident with the development of these modern remedies there must be constant researches going on to safeguard the patients to whom these new remedies will be applied. Even so, the dangers cannot be completely eliminated, and we try to minimize these by talking of averages. The writer says truly: "On the other hand, the individual practitioner is not concerned with

averages but with individual patients, and it is no consolation to either doctor or patient (or relatives, as the case may be) to know that the unpleasant reaction (or demise) occurring as a result of certain treatment is the sort of thing that happens to only one in every 1,000 patients treated."

The only safe course with medicine, as with surgery, is to order our lives so that both are reduced to a minimum, and if the general public were told a little less about the miracles and a little more about the risks and dangers it might act as an incentive towards being more health-conscious.—(*Health For All*, Feb. 1952).

## Gums and Tooth Loss

Decay is the chief cause for loss of teeth in the younger years but after thirty, gum disease is the great enemy. Dr. Isaac Schour and associate, of the University of Illinois, report that an examination of 60,000 persons in the forties and beyond, showed that seventeen per cent needed treatment of the gums. In many others there was an incipient condition which boded future trouble. Unfortunately gum disease ordinarily makes considerable headway before it attracts the attention of the victim. Bleeding does not occur until a late date. Pyorrhea is the last stage. Vincent's angina or trench mouth, is due to an infection. Improper care of teeth and accumulation of tartar may bring on gingivitis or inflammation of the gums.—(*Good Health*, U.S.A., Jan 1952).

## Prosperity as a Handicap

It might well be said that the most dangerous period of an American's life is mealtime. More is done then to bring on disease and premature death than at any other hours. The swift pace of life undoubtedly affects a good many adversely, but the great majority of our population does not overwork or devote itself intensely to the pursuit of pleasure. But high wages have placed at the disposal of most of us abundant supplies of rich foods. Medical literature on this subject is voluminous, but one recent contribution seems especially informative. The Metropolitan Life Insurance Company, largest in the world, made a study of 25,998 men and 24,901 women, who carried substandard policies. They were all first class risks except that they were overweight. In a period varying from fifteen to twenty-five years they had a mortality one and a half times as great as the comparable policyholders who were not obese. The higher the overweight the higher the death rate. If figures could have been obtained for all the fat people in the population, the contrast would have been far more striking.

The increased mortality was due to degenerative diseases, such as those of the heart, blood vessels and kidneys, diabetes, appendicitis, gallstones and cirrhosis of the liver. Among diabetics,

the death rate for the obese was four times larger than for other policyholders. It was also found that those substandard risks who reduced enough to be transferred to regular policies, thereby lessened their chances of early death.

The *Statistical Bulletin* of the insurance company also presents figures to show that the older persons in this country have a higher death rate than those in a number of other lands where there is less wealth. As regards white males in the United States and all males in other countries in the ages above forty-four, Britain, New Zealand, Canada, Denmark, Italy, Netherlands, Norway, Sweden and Switzerland have lower death records than we. The mortality for diseases of the heart, blood vessels and kidneys and for diabetes is actually greater in the United States than in any of the sixteen other nations which may be classified as advanced. Facilities for medical care are decidedly better here than in any other country in the world. It seems quite clear, therefore, that the combination of intense living and rich food is physically harmful to those in middle age and beyond. The fact that only white males are considered, robs the comparisons of some of their value, but not of enough to destroy the general conclusions.—(*Good Health*, U.S.A., Jan. 1952.)

## Old People Must Keep Active

ACTIVITY of mind and body is the best prescription for the aged. This conclusion was reached by Dr. Martin Gumpert as the result of an intensive study of a group of elderly men and women who are of outstanding ability. Their ages ranged from seventy-six to ninety-two years. He reported his findings to the International Gerontological Congress in St. Louis. His subjects included statesmen, philosophers, scientists and business men. He found that sickness and disability often were assets, in that

they taught the resourceful to make the most of their gifts. Some of his group had been in poor health for decades. They had learned the social value of disease and physical weakness. Furthermore they had proved that wisdom as the years went by, counted far more than bustling activity. On the other hand, *blissful laziness of long duration might mean earlier death or at least serious illness*. Certainly misery and deterioration were likely.—(*Good Health*, U.S.A., Jan. '52.)

No man has a good enough memory to be a successful liar.—*Abraham Lincoln*.

# Gastric Ulcers and Smoking

WHILE it may be highly distressing and even dangerous, a gastric (stomach or duodenal) ulcer is in one aspect a badge of honour. It seems to attack chiefly men of unusual drive, writes Dr. William Travis Gibb, Jr., in the *Medical Annals of the District of Columbia* (Vol. 20, p. 372). "They are perfectionists at heart and are overly conscientious in regard to their work. Nothing they do ever satisfies them inwardly, and as a result, they tend to worry needlessly about their work. Externally the patient appears calm, giving no outward evidence of his inward conflicts."

Combating the ulcer is in greater part the task of the victim. Of course there should be consultation with a physician from time to time, but the daily conduct of life is most important. Few ulcer patients seem to have suitable relaxation and recreation. A part of each day should be spent on some pastime quite divorced from work. The reading of detective stories is enough for some men. A definite attempt should be made to break the tobacco habit although many afflicted men are actual addicts for whom life without smoking seems impossible. The adverse effects of tobacco are three-fold.

1. Nicotine absorbed into the blood stream in sufficient quantities depresses the sympathetic nerve endings which results in increased gastric secretion and motility.

2. The tars and other substances that

are dissolved in the sputum when swallowed act as a gastric irritant.

3. The appetite is decreased.

At least eight or ten glasses of liquid should be taken daily—more if desired. The diet should be of the bland, low residue type. Fried foods and those with tasty sauces are obviously not good. Nuts, rich candies, potato chips, appetizers and carbonated drinks should be avoided. Vitamins are important and so is an adequate intake of protein. It is well known that ulcers tend to recur in the spring and fall. Hence it may be a good idea to have the patient go back to his six feedings a day diet, with full dosage of antacids and antispasmodics, in March, April, September and October. In addition, this same routine should be followed if the patient gets into any situation that is likely to engender nervous tension.

If constipation is present and is not due to ulcer medication, it is poor policy to wait for a definite call of nature or to try to have a stool when it is convenient. At least twenty minutes should be set aside daily for this all-important function. Reading the morning paper is most relaxing. If no result occurs, the procedure should be repeated the next day. After that an enema of plain water should be used if necessary. Frequently a glass of hot water on rising will help the colon to act.—*Good Health*, U.S.A., Jan. 1952.

## Tear Shedding Disease

The expression "crocodile tears" is a familiar figure of speech to describe hypocritical sorrow. The Roman writer Pliny told the story that this reptile will consume a man's body and limbs, then weep bitterly over his victim's fate. Then he will eat the head. But there is also a disease known as crocodile tears. Dr. Jerzy Chorobski writes about it in the *Archives of Neurology and Psychiatry* (Vol. 65, p. 299). Another name for it is paroxysmal lachrimation. It occurs with patients who have paralysis of the facial nerve. They weep copiously while eating. Chewing without food has no effect. Such persons do not shed tears from any emotional cause. This condition usually lasts for months or years.—(*Good Health*, U.S.A.).

"Last week when that bear got out you ran away and left me, and once you told me you would face even death for me."

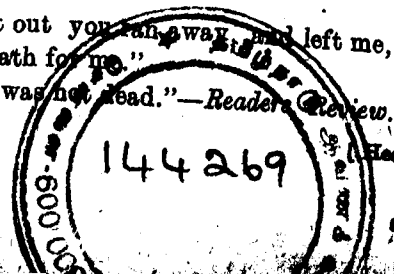
"Yes. I would; but that bear was not dead."—*Reader's Digest*.

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Health, April '52

## Medical and Health Topics from Periodicals

**Prevents blood from clotting.**—Doctors at the Beth Israel Hospital in New York City have developed a simple method for reducing the danger of blood clotting after surgical operations. A small tablet given orally enters rapidly into a patient's blood and prevents clots from forming.

The practice up to now has been to inject Heparin, for which specialists have to be present.

With the new technique, however, a tablet of Heparin, when placed under a patient's tongue, is absorbed in 10 minutes and provides protection for many hours. Overdosage presents no serious problems, nor are there any obvious side-effects. Furthermore, the treatment can be made quickly without waiting for hospitalization of the patient.

Although the New York doctors used Heparin tablet successfully with 100 patients, further research is necessary before they can be accepted as a standard medical treatment. Hospitals throughout the United States are studying the new method.

**Marginal diets**—Results of surveys in urban areas.—Results of diet surveys conducted recently by the Indian Council of Medical Research show that there has been no gross deviation in the dietary pattern in villages.

In urban areas, however, the calorie intake of the low-income groups has fallen lower than the pre-war average figure and the consumption of protective food stuffs had decreased further.

These facts are disclosed in a publication which contains a detailed account of diet and nutrition surveys carried out in different parts of India during the last 15 years.

The surveys confirmed that the diets were deficient in protective foodstuffs like vegetables, fruits, milk and milk products. The consumption of meat, even by those having no religious objection to its use, was extremely meagre.

From the standpoint of energy requirements, the diets were marginal, the average not exceeding 2,500 calories per day per man-value.

**Fresh water from brine**—Inexpensive new process.—An important scientific development announced on 21-2-52 is a process for de-salting sea water at a cheaper cost than any existing methods. Shorn of all the technical details, which are beyond the comprehension of laymen the new process involves the use of electric energy in conjunction with synthetic plastic membranes to separate fresh water from brine. Fresh water so obtained can be used for drinking, agricultural or industrial purposes.

The estimated total cost of purifying sea water under the new process will be eight annas for a thousand gallons, which is cheap according to American standards. The process will

be of particular interest in cities like Madras, which have sea water everywhere but not a drop of fresh water to drink.—(*The Hindu*, Madras).

**Smoking and cancer.**—"That smoking does produce cancer of the lungs is not any theory", Dr. Brock Chisholm, Director-General of the WHO told PTI here.

Dr. Chisholm said: "Cancer occurs in the lungs more frequently amongst people who smoke excessively for a long period, than in those who do not. That, however, is not a case of causal relation. It may be or may not be".

The WHO chief said he was basing his opinion on reliable observation in a very large number of cases in the United States. "There are people who smoke excessively for long periods without having cancer", he added.

"No thanks. I do not smoke" Dr. Chisholm said when offered a cigarette.—PTI, Colombo, Feb. 28, 1952.

**Predicting sex of unborn child.**—American scientists reported to-day a new chemical test to predict the sex of an unborn child which they claimed had an accuracy of more than 98.6 per cent.

*Science*, the official publication of the American Association for the Advancement of Science, said in its current issue that the test was based on the presence or absence of a chemical substance, believed to be related to the male sex hormone, in the saliva of the expectant mother. Its absence had been found to be associated with the later birth of a girl, the article said.—PTI-Reuters—New York, March 8, 1952.

**Treatment of cancer**—A new British drug has opened up a promising line of research in the treatment of chronic leukemia (cancer of the blood), it was announced here by Prof. Alexander Haddow, of London.

He told the second National Cancer Conference here that the drug, G.T.-41, could be taken by the mouth and had no serious ill effects. He pleaded for close concentration of research in Britain, America and elsewhere to get results.—P.T.I., Cincinnati, March 7, 1952.

So long as enthusiasm lasts, so long is youth still with us.—*David Jordan*.

The world belongs to the enthusiast who keeps cool.—*Reader's Digest*.

A proud wife speaking about her fat husband who reduced by slimming, said "for his achievement in organic chemistry he has won the Nobelly prize!"—*Chas, Denver*.

# What Will You Do In An Emergency

Supposing you saw your brother, a friend or even a stranger knocked down by a motor car, bitten by a snake or enveloped in a fire, will you be able to save him by rendering first aid or will you be one of those who just stand and look on helplessly? Immediate assistance has been known to have saved many lives and this is exactly what Dr. U. Rama Rau's book on First Aid teaches you in a simple and easy way.

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