

What Do We Learn from the Latest Kinsey Report on Female Sex Behaviour?

IN 1948, after 10 years of interviews with 5,300 American men, Dr. Kinsey brought out a study entitled *Sexual Behaviour in the Human Male*.

Now, five years later, he has made public his second report "*Sexual Behaviour in the Human Female*". It has, as expected, stirred even warmer discussion than its predecessor.

The *Reuter's Digest* for November 1953 presents excerpts from articles in three leading American magazines by writers known for their competence: These have been summarised below for the benefit of the readers of 'HEALTH':—

I. Amram Scheinfeld in *Cosmopolitan*.—The Kinsey report on female sex life—the most sensationally publicised book in history—is open for inspection at long last. And we can all breathe easier.

True, it makes many interesting discourses—and some disturbing and surprising ones—about the girls and women interviewed by the Kinsey team. But for the most part it is a technical treatise offering little that is startlingly new and much that is doubtful. Those who anticipated a lurid all-revealing peek into the boudoirs of American women will be disappointed. So too, will be the serious thinkers who had hoped that now, finally, we would get the full, frank *scientifically accurate*

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facts to guide us towards a saner handling of women's sex problems. For instead of emphatically proclaiming, "This is the sexual behaviour of American women," the report haltingly asks "Is this the sexual behaviour of American women?" and reluctantly answers, in effect, Well ... no ... not exactly of all women. Only of those who are like those we interviewed, and they are not *quite* typical.

The new report not only confesses its own shortcoming but hedges on much of what was considered most important in the previous Kinsey report, on males. In fact, recognizing that its findings are too limited for general application, the new Kinsey book cuts down on the tables and statistics that seemed so impressive in the previous volume. But, if the new report lacks much of the sensationalism and dogmatism of its predecessor, it is by the same token a much sounder work—perhaps, from the professional standpoint, the best treatise on the biological and functional aspects of sex yet produced. However, it has so *many ifs and buts* that for the average reader it should be labelled, "Handle with care."

It should be made absolutely clear that the Kinsey arguments are based chiefly on the reported experiences of a highly selected, limited and a typical group of females. Furthermore, the whole Kinsey system of rating the sexual adjustment or lack of it in women appears to be governed primarily by a single criterion; the number of climaxes and their frequency in relation to the **sex-acts** performed, regardless of how the climaxes are experienced. It remains extremely doubtful whether sexual behaviour of girls and women can be measured without full attention to the social and psychological facts and individual lives. Kinsey has not yet considered these factors. Among all the hundreds of pages of statistics, tables and text, dealing in such detail with "premarital and marital coitus", "petting", "adultery" and so on, there is nothing about two experiences which, one would certainly suppose, have a great deal to do with a woman's sexual behaviour; motherhood—and love.

II. Ernest Havemann in *Life*.—The surprise in the first Kinsey report, if any, was that man's sexual appetite starts earlier, is stronger and lasts further into old age than **some people** believed. The surprise in the new report—and it will come as a genuine surprise to most people—is that the average woman's sexual appetite starts later and is considerably weaker than any one has guessed!

The optimists who took for granted that the world is so well organized that for every male sex urge there must also be a female urge, have been in gross error. The new Kinsey book demon-

strates to the average woman the average man must seem—simply by virtue of his own physique and glandular system and through no fault or volition of his own—like a "prancing, leering goat," as one of Kinsey's correspondents wrote. To the average man the average woman must seem—simply by virtue of her own physiology and through no coyness or stubbornness of her own—uninterested, unresponsive and, in fact, sometimes downright frigid.

This message to be sure, will not immediately be apparent to the casual reader of *Sexual Behaviour in the Human Female*, and there is indeed considerable danger that it may be lost amidst the turmoil of shock and controversy. The 5940 interviews obtained by Dr. Kinsey and his assistants constitute a sort of mass confession that American women have not been behaving at all in the manner in which their parents, husbands and pastors would like to think.

What all the figures in the two Kinsey studies reduce themselves to, in the final analysis, is that woman is the placid gender.

The average man, Dr. Kinsey says, is more or less constantly preoccupied with sex; a great admirer of the Bikini bathing-suit and the musical-comedy chorus line; a supersensitive alarm-system ready to start clanging at the first glimpse of a neat ankle, the first whiff of perfume or even the first brain wave of his own highly imaginative thoughts.

At the same time, the average man has had no way of knowing that the eternally passionate woman of his dreams is only a

creature of his own—and of male litterateurs'—wishful thinking. He, too, feels that his wife, the average woman, must be the frigid exception and he himself the victim of very bad luck in the draw!

The real message Dr. Kinsey's work has for society—and it is perhaps the most important discovery ever made in the field of human behaviour—is just this: (1) The relations between men and women have been anything but a howling success in the past, all the romantic and oversensual atmosphere of our times to the contrary notwithstanding. (2) They cannot be an easy success because of the very nature of the physical and psychological differences involved. And (3) only greater knowledge, understanding and sympathy on both sides seem to hold much hope for betterment.

"Sexual adjustments between husbands and wives," writes Dr. Kinsey, "could be worked out more often if males understood that the reactions of their particular wives represent characteristics which are typical of females in general, and if females more often understood that the sexual interest shown by their particular husbands represents qualities which are typical of most males. If just that one thought survives and everyone learns that all people are more or less in the same boat, it should do a great deal to relieve the hurt feelings and rancour that often hover over the sex-problem today.

III. Albert Deutsch in *Woman's Home Companion*:—A striking range in the type and frequency

of sexual experience is found in women. There was an even greater range of frequency than that found among men.

There is no typical sex-pattern—the sex history of every woman differs from that of every other woman.

The traditional opinion that human females mature sexually earlier than males is erroneous. Kinsey shows that the average male reaches the peak of his capacity in his late teens; the average female reaches her peak in her late 20s. The male declines steadily in activity after he reaches the peak. The female tends to remain at or near her maximum longer and then experiences a more gradual decline into old age.

This difference in the capacities of men and women reportedly impairs many marriages. The Kinsey group observes: "One of the tragedies which appear in a number of marriages, originates in the fact that the male may be the most desirous of sexual-contact in his early years, while the responses of the female are still undeveloped and while she is still struggling to free herself from the acquired inhibitions which prevent her from participating freely in the marital activity. But over the years most females become less inhibited and develop an interest in sexual relations which they may then maintain until they are in their 50s or even 60s. But by then the responses of the average male have dropped so considerably that his interest in sex relations, especially with a wife who has previously objected to the frequencies of his requests may have sharply declined."

The survey indicates that partners in about two in every three marriages disagree over sexual relationship at one time or another. In some marriages this disagreement is constant. Sex problems were among the reasons for marital dissolution in about three out of four divorces recorded in the Kinsey case histories.

The Kinsey report has errors and contradictions. It contains theories that some people will

find unacceptable. Some readers will argue about some of the facts and the methods used to gather them; they may argue even more heatedly about interpretations of these facts. The book offers mature readers valuable guides to child-rearing, parent-child relationships, harmonious marital relations and understanding of many sex problems. It can help to strengthen family life.—(Condensed from *Reader's Digest*, November 1953).

The Machiavelli Touch

To increase racing pigeons' speed, trainers often play upon the male's jealousy or family affection. A week before a race, they sometimes separate a cock from his mate; then an hour before shipping him several hundred miles away, put him back in his coop—where he finds a strange cock making passes at his bride. Naturally he starts a fight, but at this point, his trainer seizes him and dumps him in the shipping crate. When he enters the air at the release point, the racer has only one idea—to get back and finish the job on the invader of his home! He doesn't know the strange cock was deliberately placed there only a few minutes.—[So jealousy is green-eyed even amongst birds! Ed. HEALTH.]

The male pigeon is even more devoted to its family than the female. So, the day before a race, if the cock happens to be a proud parent at the time, the mother bird is removed from the nest. The cock works harder than ever about the nursery, and when he too is removed and shipped away he is worried. On being released he puts every ounce of strength into the drive of his wings, and when almost home doesn't indulge in any of the aerial acrobatics the overproud racer often enjoys before hitting the coop. He shoots right down to look after his supposedly orphaned children.—(*Reader's Digest*, November 1953).

The Successful Man

"That man is a success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of children; who has filled his niche and accomplished his task; who leaves the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who never lacked appreciation of earth's beauty or failed to express it; who looked for the best in others and gave the best he had."—(Robert Louis Stevenson).

OUR FOOD (Chemical Adultery)

— ROBERT WILSON —

THE manufacture of food to-day is the specialised concern of a great and flourishing industry with its consequent spirited competition for the customers. It is natural that those who live by the sale of edible products should pander to the public tastes, and study with great care such factors as the flavours, texture, and colour of the products they offer for sale. Thus is the food manipulator tempted into dangerous paths. There is also an added peril due to an attempt to make scarce foods more plentiful, and to make the plentiful foods easier to preserve and thus available over a longer period.

As an instance of this trend, the scarcity of butter for a growing world market led to the adoption of margarine as a substitute and in order to make these fats keep, a form of borax has been added by government decree for many years since the beginning of the late war. That this borax is detrimental to the consumer does not seem to concern those responsible for this strange act!

The natural soft brown sugar from the sugar cane has long given way to the "pure" white variety. When this huge supply proved to be inadequate for the growing world demand for sugar, saccharine (from coal tar) or complex sodium compounds were introduced into our food, to be consumed by an unsuspecting public.

Insecticides are now the routine on many "progressive" farms.

Something like 3,000,000 acres of crops and pastures are sprayed with poisons against weeds and pests every year. Modern science will go to any length in order to correct, or try to correct, Nature's shortcomings. For many years the harvested corn was treated with the deadly DDT in order to protect it from the depredations of little insects. Then it was discovered that the poison actually entered the husk of the wheat, and affected the health of the consumer.

The magnitude of this peril can be gauged from the report of the Delaney Committee set up in 1949 by the U.S. Government to consider the whole subject. The committee disclosed that 704 substances are known to be used as food additives to preserve, colour, flavour, etc., and of the 704 used, there are still 276 which are not proved to be harmless, and which may actually be a menace to public health!

The food additives have no food value whatever and even if they can be proved harmless, they actually take away from the true quality of the food. They are in every sense of the word adulterations; and often serve to make the food not only more expensive to buy but also of less value to the consumer.

A further danger is introduced which is even more serious. How

many of these food additives are highly toxic in the system has not been disclosed, for medical and scientific research in this field is very limited.

For almost thirty years, wheat-flour was treated with nitrogen trichloride or agene gas, so named, because its use imparted to the flour the quality of age or maturity in a very short time. After nearly thirty years it was discovered to be the cause of running fits in dogs, from which many thousands of dogs had already died. The United States forbade its use at once. In England it is however, still being used in spite of protests. Why, one may ask? If this is not a clear case of *chemical adultery* what else can one call it?

Enormous quantities of medicinal paraffin were consumed as a remedy for constipation before its use was discouraged in 1945, because it was then proved to be the cause of injury to the body metabolism, and was a suspect as a predisposing factor in cancer. During the late war it was commonly used, when obtainable, as a substitute for fat in the manufacture of cakes and pastries!

Butter-yellow, an azo-dye, was used for many years as a colouring agent before its use for discoloring was discovered. Someone has discovered that it produced cancer in animals. How many millions of pounds of butter and fats the human had consumed of this cancer-producing additive, one again is not told. Dulcin was used as a sweetening

agent for fifty years before its harmful nature was discovered. Fifty years is half a century! (Really, one generation of human beings! Ed: HEALTH)

Statistics tell us there has been a great reduction in the power of incidence of the older killing diseases. As an instance, scurvy, once the dread of the seaman in the days of the sailing ship, has lost its potency, now that vitamins are understood in their relation to health. But why are we unable to "cure" the modern gastric ulcer, appendicitis, coronary thrombosis (or heart-disease), chronic nephritis (kidney disease), cancers, chronic nerve complaints, high blood-pressure, and the fashionable anxiety neuroses (or nervous debility)?

These modern diseases centre for the most part around the alimentary canal. If food adulteration is not the cause, *why is this state of affairs not preventable?* The lungs have already rebelled against tobacco, and lung cancer is fast becoming a modern complaint—more and more common, and less and less easy to cure.

Is it not possible that the answer to these modern ills is easier to find than many think? Can we not affirm, as strongly as our own outraged lungs do, that the health of body, soul and mind demands that one should not in any of these many ways commit adultery?

Clean wholesome food as God provides it, can never be improved upon by man without offending against Nature. (From *Good Health*, London, Nov. 1953).

The most satisfying and convincing philosophy of life is the faith that the here and the hereafter are one and the same.—(*The Power of Positive Thinking*).

The Doctor - Patient Relationship

THE doctor must never be too busy to explain to the patient the necessity for certain procedures and what they will cost and he must endeavour at all times to keep medical expenses low.

This is the era of "Medication by Needle" and the doctor should think twice before embarking on a course of expensive injection-therapy, particularly as the patient will probably recover quite well without such therapy. Injection-therapy often causes the profession to lose face in the minds of the public.

When you see your patient or when he comes to see you, never interrupt him in his story unless it is to gain some essential fact he has not made clear. If he is not allowed to describe the condition as he sees it he will retain a fixed idea that you cannot arrive at a proper diagnosis because you did not hear all the pertinent facts. He will feel that the untold part of the story was of vital importance in arriving at the proper conclusion.

No matter what the ailment may be, patients do not believe that have been properly cared for, unless they have been examined.

In a fair proportion of married couples there is some sexual unbalance and the peculiar nervous ailments of women cannot be diagnosed unless one knows some thing of their sexual life because their whole nervous mechanism is connected with it.

Patients are never so keen on knowing the minute details of dia-

Extracts from the Presidential
Address of
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gnosis as they are of knowing how long they will be sick and what it will cost.

There is always the time when the doctor must side-step the facing of the issue with a definite conclusion, but sooner or later a definite conclusion will be asked for by the patient, and unless the doctor can supply it he will have to make way for some other doctor who can give the answer.

No doctor, whether general practitioner or specialist, should hesitate to have a second opinion. It is wiser that the suggestion for a second opinion should come from the doctor rather than from the patient or his relatives. They then feel that you are taking an active interest in their welfare, and certainly do not look down upon you for your request. On the other hand, if one muddles along and the patient does not improve, the relatives will soon say they are not satisfied and "will you please get another opinion?" or they will tell you not to call again as they intend having another doctor!

Never allow a patient to be uncertain of the meaning of your diagnosis. Irrespective of his standard of education, use the simplest words possible.

Prognosis causes many pitfalls, the biggest of which is as to how long a patient will live. Patients

are often more interested in the duration of their illness than in any other matter concerning themselves.

In the case of incurable disease when the diagnosis is certain, it is often wise policy and tactful and in the patient's interest that he should not be told the entire truth; but what he is told must be accurate. *Never use the word incurable.* Very often telling the relations that the patient has an incurable disease will cause you lose your patient, not by his death, but by the family's changing to some other doctor in the hope that he may reverse your verdict and give a more favourable prognosis. However, if your diagnosis is cor-

rect the possibility of the patient's leaving you should not deter you from giving the relatives the true picture, for it is usually important that they should know the truth, however unpalatable it may be.

In the very old, it is wrong for the doctor to restrict diet and the other pleasures of life to which the patient has become accustomed in the hope that he will prolong this aged person's life. Rather let him enjoy his last few years than give him possibly 6 months longer to live unhappily, with all the restrictions imposed by a non-understanding doctor — (*Current Medical Digest*, September 1953 from *South African Medical Journal*, June 1953).

MICHIGAN (U.S.A.) LEADS THE WORLD

Free Blood Products

There is always a lag between medical discoveries and their application to all who need them. As far as blood products are concerned, Michigan leads all other states and the world as well. Its Department of Health distributes them free through physicians and hospitals. There are five of these substances on the list:

1. First is plasma, used in preventing or treating shock from accidents, child birth, burns, surgery and also to sustain a patient until whole blood can be given.
2. Next is immune serum globulin, for preventing or modifying measles.
3. Antihaemophilic globulin controls bleeding in the so called (Haemophilia or "bleeder's disease" and is also employed in certain types of haemorrhage associated with child-birth and surgery.
4. Normal serum albumin is for the treatment of liver and kidney diseases and serves as a plasma substitute in an emergency.
5. Suspended red cells are helpful in anæmia, certain blood disorders and in carbon-monoxide poisoning.

In America some of the blood donations come from volunteers who are inmates of State Prisons. Some is sent by blood-banks, if they have any which they have kept for twentyone days. They cannot use it for direct transfusion after three weeks, but it is still good for laboratory fractionation. Healthy citizens of Michigan between the ages of eighteen and fifty-nine are urged to contribute blood for this service. *They can make donations five times a year without any harm.* Michigan also distributes free vaccines, sera, and other laboratory products having been the leader in this field. The death-rate in this State has been appreciably reduced by this liberal policy. —(*Good Health*, U.S.A. 88: 6, 1953).

The Aims of Child-Rearing

DR. HARRY BAKWIN, M.D., Professor of Clinical Paediatrics, New York University College of Medicine, writing in the *New England Journal of Medicine* rightly points out the defects in the prevailing popular attitudes on child-rearing, which are manifest in the failure to appreciate and emphasise the personality attributes which not only parents but also the public value most highly—viz: character.

It was formerly assumed that if the child was healthy as regards physique the mental and emotional developments automatically take care of itself. But it was soon realised that the rigid prescriptions for the care of infants were difficult to follow in practice owing to the resistance offered by the child. Consequently the concept of child-care came to be widened so as to include a proper assessment and attention to the emotional development of the child's character. Character-building really belongs in the home, in the church (temples, *mutts* and other institutions in our country) and in the school.

It becomes however, a matter of concern to the doctor when professional attention to emotional development interferes with the inculcation of sterner and nobler personality attributes that are essential for life in a free and gracious society. Emotional development, like physical, is to a large extent innately determined, and most deviations take place only when the environment

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is grossly abnormal. On the other hand the attributes that make up "character" are determined, in the main, culturally and are taught to the child by the persons around him. For the most part, the psychological implications of infant-rearing are significant so far as they affect the parent-child relations, and these, as the child grows older, influence more and more the personality-development of the child.

Experience shows that children thrive best in a home-atmosphere where they believe that their parents are sincerely fond of them, where they are accepted for what they are without undue pressure, where discipline is firm and consistent and where character-building is fostered by example, by precept and by just reward for proper behaviour. During infancy the parents become acquainted with their child and the parental attitudes are, in the main set. This is the optimal time for parents to begin to establish a sense of intimacy with the child. The experienced family doctor uses many devices to foster such a relation—praise of the baby, praise of the mother for her expert handling of the baby, admiration for the family group and for the father's solicitude and so on.

Having mother and child together ever since the hour of

birth favours such an intimacy, and this is one of the principal advantages of the rooming-in system in Hospitals. It is, in addition, kinder to let the mother have the baby at her side rather than to make her—and the father—submit to the rigid, artificial restrictions of the so-called well-run maternity hospital or of modern aristocratic homes. Breast feeding, which is encouraged in the rooming-in set-up and in the middle and lower classes of society also favours a closer relation between mother and child. Similarly, allowing a baby to have as much as he wants at a feeding with reason is a sensible procedure. Training a child when he is developmentally ready—whether for self-feeding, for toilet-control or for keeping a promise—is easier on the parent and child.

It should be remembered that children are hardy creatures, and that they will take a great deal of pushing around without being harmed. The urge toward normal growth and development is strong. Those who have had an opportunity to observe children over a period of years have been repeatedly delighted to see children who, for one reason or another, seemed headed for disaster, overcome their difficulties and eventually function as healthy, happy adults, without any inhibitions. This important concept is implied in a poignant little couplet attributed to one of Nature's unfortunate failures. In the cemetery at Chiswick, just outside London, stands the tiny tombstone of a baby who died at the age of 9 days! On it are inscribed the following lines:—

"If I was so soon to be done for
What was I ever begun for?"

The task of bringing up children must be adjusted to suit the individual children, their parents, and also the experience and the culture in which they move. It is unwise to try to impose on parents, patterns of behaviour that are difficult for them to live up to. Individualization is fully as necessary in dealing with the mother as it is with the child. An approach that she finds uncongenial will disturb her emotionally; it will also make her task more difficult and will probably create unnecessary tensions in the child. For one reason or another, many mothers find the implicit orders against "self-demand-feeding" a source of great anxiety and annoyance.

Bartemeier a well-known psychiatrist of Baltimore writing in the *American Journal of Psychiatry* for October 1953, about the Cornelian Centre established in 1946, to foster healthy and satisfactory relationships between parents and children, states "To give consistently to her child the love that he needs, a woman requires the consistent love of her husband and the certainty of his love for their child. If the husband is cross, the infant may sense the disturbance, through the mother's tenseness, through her lack of customary loving gentleness, through awkward movements which are frightening to an infant or through the cessation of her breast-milk. The infant may react to these changes in its mother in a variety of ways but most often by refusing nourishment, by vomiting its feeds, by colic or by being always cross."

It is essential that the father shall have been prepared by his own childhood experiences for the

role he has to play after marriage. He should have had a strong father or father-picture with whom he could identify and a mother who helped him to feel manly and to achieve independence. If the father's childhood emotional conflicts are not partially resolved before marriage, they may reappear, once he becomes a father in his own right. Many men experience depressive states and states of anxiety during the pregnancy of their wives and are excessively concerned over the well-being of their future offspring. "These states, are manifestations", says Bartheimer, "of unconscious hostilities towards their own siblings (close blood-relatives); psychologically their wives take on the significance of their mothers and their children become siblings with whom they had to compete and towards whom they have borne persistent grudge. Fathers who cannot liquidate their hostilities are over-anxious about their children or too authoritative and strict with them. A father whose unconscious hostility to his son expresses itself in his being unreasonably strict with him, can see only bad possibilities in the boy, and he is incapable of any charitableness of disposition towards the son.

The principal factor in child-rearing is character-building. In this activity, the importance of the father in the life of the mother and child must not be overlooked.

During the past 25 years sharp changes have occurred in what

may be called "official" attitudes toward child-rearing — from the rigid, stern, strict scheduling of the early decades of this century to the highly permissive teachings of the late forties. The particular qualities that parents would inculcate in their children are, to a large extent, individual and personal. Some parents would emphasize in their children integrity of purpose, others humility, others kindness and generosity, and still others force of character and initiative. This is the parents' privilege—indeed, it is their duty.

The techniques of child-rearing are also largely individual. Bakwin has taught for many years, that one does best by following the cues offered by nature. Only when nature breaks down—as in severe illness—is one justified in applying drastic methods. Some parents will rear their children principally by kindness and gentle persuasion; others equally affectionate and interested, will resort to sterner measures. How a parent brings up his children is, to a large extent, an expression of his own personality. It is the right of parents to bring up their children as they see fit. But this right—like every other right—implies an obligation:—the obligation to rear children in accordance with the noble ideals of a free democratic society.—(Condensed from *The New Eng. Jour. Med.*, *The Am. Jour. Psychiat.*, Oct. 1953 and Carmichael's *Manual of Child Psychology*, 1953).

The tongue of woman is her sword which she seldom lets rust.—
(Belgian proverb).

Breast Feeding

THE FOUNDATION OF SOUND HEALTH

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*

DOCTORS who see a great many babies can usually tell by the nutrition and "feel" of a baby whether he has been fed naturally or artificially. The very expression of face of a mother, so one eminent paediatrician claims, reveals whether or not she has successfully breast-fed her child.

Natural feeding, properly conducted, is a happy experience; there is the delight of the nursing mother and child in each other; there is the sense of triumphant achievement; there is the knowledge that this mode of nutrition gives the baby not only a deep, early contentment of mind, but, it is now proved a greater strength of body and resistance to infection in the years to come. Happy the mother who does not withhold from her child these blessings: happy the infant who, unknowing and dependent receives them.

The high promises of conception and birth are imperilled unless the child receives from his mother the perfect food in the first few months of life. The tragedy is that bottle-feeding is so often thought better, and in her anxiety to do the best for her child, and out of a pathetically humble assessment of her own capability, the mother chooses the artificial food which she wrongly believes is a more exact and "scientific" diet!

Breast-feeding suffers from lack of advertisement; not so artificial feeding. Before the war, every

birth notice in the newspapers elicited a flood of brochures and samples of patent infant foods. Admittedly most of these advertisements acknowledged *usually in small type*—that breast feeding is best but they then went on to point out the advantages and perfect balance of ingredients in their products. After a recession during the war, it is in full force again. The mother, in her heightened sensitiveness to impressions, which is such a feature of pregnancy and parturition, is easily influenced, and soon feels that her milk is "no good", "not strong enough," "gives the baby wind", or is insufficient in quantity!

The information that breast-feeding has been proved statistically to reduce the incidence of serious illness, as well as to result in more stable personality, particularly in adolescence, seems to the mother to offer merely *vague* benefits in the future for her baby; the present is dominated by his temporary behaviour and his existing needs, real or imagined.

Some of the arguments and clichés advanced in favour of breast-feeding have a doubtful or negative value, for example, "breast feeding is cheaper." When

did that plea ever really appeal to a mother? It may well work the other way. I remember talking to a very poor mother who still had plenty of breast milk but who was giving her baby tinned milk. When I asked her why she spent money she could not afford, when she herself was producing the food the baby needed, she answered: "I would not grudge my baby anything." Then there is the argument that breast-feeding is less trouble. It is, but no mother grudges the time she spends obtaining the artificial food and preparing it. Further, she may know that improper sterilisation of teats and bottles or exposure of them to pollution by flies may lead to infection, but she thinks as most of us do about possible calamities, "this won't happen in my home!" Again she knows that breast milk is pure, and at the right temperature. But she thinks it is not difficult to achieve these in the bottle-feed. She reads, if so inclined, about the correct proportions of protein, fat and carbohydrate, and the number of calories required for growth, and the importance of vitamins and so forth.

She takes all this very seriously but totally forgets that *human milk contains that vital extra "something"* which gives an immunity to disease. The incidence of respiratory illness—the commonest serious disorder in the first year of life—is lower in naturally fed babies. Again every effort is made to obtain breast milk for premature babies. If the mother cannot supply it, it is secured from another mother or from a pooled source—the breast-milk-bank.

Why? Because it has been proved that the premature babies are less likely to die if they are fed on human milk.

These then are some of the facts that should influence the intelligent young mother of today. But facts are not enough. A mother needs help in practical ways. She may need the firmly competent advice of nurse or doctor who knows all the hurdles and how to surmount them.

Preparation for breast-feeding.—Preparation for breast-feeding should start in pregnancy. An expectant mother is very prone to suggestion, because her immediate future is dominated by the thought and fact of the coming child. Also, she is less busy before than after the birth, and therefore, more ready to take the long view. This time should be used to prepare her mentally as well as physically. If she has had a baby before and not been successful in feeding the child herself, the difficulties that led to this failure, should be ascertained and remedied. In the case of illness, the family doctor can be dogmatic in the advice given, and the patient usually accepts this with thankful meekness. But in the teaching of mothercraft, the mother must herself be fully convinced of the need to take the steps you mildly suggest are the ones she should follow and you must have her confidence to begin with.

When baby comes.—But her wish to do the right thing may be very earnest and yet difficulties arise when the baby comes. There should be a clear understanding of the influence of the patient's home life on her ability to feed her

baby herself. I have seen a mother who was successfully breast-feeding, "dry-up" in a few hours because her husband expressed displeasure at the sex of the infant! In another case, the same result followed the return of a mother home from hospital to find a ten-day accumulation of washing to greet her. There are also the baby's feelings to be considered. Babies are individuals from the first, but we are apt to treat them as living bundles who must feed at a specified hour with no time allowed for preliminary cuddling. Babies though small are not simple. They have a responsive quality from the beginning and appreciate whether they are being truly loved and caressed. In later life they may even have more faith, hope, and charity than their fellows who have been less warmly cherished.

Apart from these emotional factors, there are practical points such as that of a feeding position uncomfortable for the mother or the baby, and leading to a vicious circle of tiredness and crossness. Then there are more obvious symptoms such as infantile vomiting, persistent crying, or failure to gain weight—the remedying of which calls for skilled and clear advice rather than the conflicting suggestions which may be proffered by well-meaning relatives and friends.

Dr. Simpson rightly stresses the

importance of all this undramatic attention to detail in the establishing of the first steps in the infant's life towards positive health, as well as, of course, of the value of a sound knowledge of the three-fold process of breast-feeding, *namely*, lactation, suckling and digestion.

It has been pointed out by Dr. Ffrangcon Roberts and others, that our medical services are getting into deep waters, for statistically the national illness rate is actually increasing. We live longer, and suffer therefore more from the chronic and degenerative types of illness. Acute illness gets, in the nature of things a constant priority of attention, and we thus tend to move further away from the preventive approach, which is the proper answer to the grave chronic trend of disease. To stem the baleful tide, we must go back to the beginning of life, and lay the foundations of sound health by encouraging by every means available, breast-feeding. We must compete with commercial firms in the persuasiveness of our facts. We must be unflagging in the persistence of our propaganda. We must in all our zeal be mindful of the individual nature of the nursing couple, and of the need for skilled knowledge and experience to help them to complete ever more perfectly the reproductive cycle, reaping for the race a happier and healthier destiny.—(From *Health Horizon*—Autumn 1953).

He has the right to criticise who has the heart to help.—Abraham Lincoln.

If there is any sin more deadly than envy it is being pleased at being envied.—(Richard Armour in *R.D.*).

THE PROBLEM OF PROGRESS

(Continued from page 273, Vol. 31, 'Health', December 1953)

CLEANLINESS in Western Culture is often merely an æsthetic quality or is associated with virtue, despite the use of hygiene as a sanction. Hygienic measures have been directed toward teaching people cleanly habits, better housing, better ventilation and the destruction of vermin; but the most concentrated attempts since the beginning of this century has been against soil pollution and water pollution.

Where people defecated promiscuously on the surface of the ground and went about barefoot, they exposed themselves daily to hookworm infection. Rains washed parasites from the excreta into streams and exposed people to dysentery, cholera and other intestinal disorders.

The attempt to educate people to the need for latrines and to persuade them to build and use them was undertaken by the Rockefeller Foundation for the Oceanic areas, by the Near East foundation for areas in Greece and the Middle East, and by various governments and colonial administrations. The need was widespread and still is. In 1948 after fifteen years of an intermittent campaign for the introduction of latrines, 98 per cent of the Greek farmers were reported to be without latrines. And this was in a country where the only resistance came from the people's contentment with the existing order of things and from seeing no need for change.

It is no easy matter to introduce latrines in the different regions of the world. Sometimes, as in Indonesia, the very idea was so curious that people could not believe that they had understood correctly. Sometimes as in rural India it was regarded as ridiculous. With all the space around the village, why should the people trouble themselves to erect latrines.

The attempt to introduce more hygienic housing has also met with various resistances. Often people lived in crowded quarters because they liked to live that way. The hope that a better income would mean better housing to some was ill-founded. In other cases, the resistance was based on the religion of the people and was found to be almost insurmountable. In many areas, the houses have no windows and very low doorways, admitting minimal quantities of light and fresh air, and thus also allowing no opportunity for the working of the evil eye, which is held responsible for all illness, poverty and death.

When a Burmese villager is ill, it is he who immediately sends for a physician, for drugs, for treatment. When a Greek is ill, he does not exhibit any need for care, does not go to bed unless he is incapable of standing up, thus exercising fortitude!

When a Navaho Indian is ill, it is his relatives who decide what is to be done and make necessary arrangements. It is not much use

to try to persuade a sick Navaho to go to the hospital, since it is his family who will actually make the decision for him.

It is cruel to tell a Greek that he must stay in bed and do nothing for himself; it is much kinder to say this to his wife or other relatives, so that the sick man should not have to be put in the position of asking for this pampering.

The western practice of going to bed when ill, is not present everywhere. In some societies, such as the Zuni, one goes to bed when one is ready to die. Sending such people to bed may be very disturbing.

A difficulty encountered in treatment is that diagnostic measures are often taken as the cure. In Sikian, in Malaita and the Cook Islands, it was found that the use of the stethoscope and tuberculin injections were considered corrective measures. The people could not understand why they should submit to further treatment. And in general, one application, whether diagnostic or

curative, was considered a cure, so that in the tuberculin test people could not be persuaded to return for further injections or for inspection.

It is very difficult to explain what we mean by germs and microbes. Dr. Heiser found that people in the Philippines were ready to attack germs with a bolo (a kind of lasso), since a germ represented the enemy. Workers in India found it effective to present germs as poison. This made sense and circumvented the necessity of determining whether the germs had true life or not. Control through elimination of insect carriers met with resistance in Buddhist societies. Some groups, however, may agree to destroy life if they are made to do so by some one who will assume the responsibility.

Africans and Greeks were delighted with the dramatic elimination of mosquitoes and vermin which accompanied the DDT campaign. Iranian farmers worried because pests were God-sent and God might now send worse ones.

Be Careful with Ear and Nose

Warnings about unwise tampering with the ears and noses are given by Dr. Richard Barton of the Southern California University. He says many persons have impacted wax in the ear-canal because they have dug in with the finger to remove it. In reality they have merely pushed it farther in. An over-zealous solicitude about this organ has been called "clean person's ear disease." If your ear itches, do not dig into it with a bobby pin or pencil. This may lead to a painful infection. Scratch with a cotton-tipped applicator (swab). If wax in the ear canal has accumulated or impacted, put a few drops of glycerine into the ear and plug with cotton wool over-night and on the next day gently use cotton-tipped swabs to bring out the liquefied wax till the canal is dry. Similarly picking the nose—a bad habit with many children, adolescents and even adults may bring on bleeding. Constantly picking the nose in children and adolescents is stated to be a sign of Ascariasis or round-worm infestation of the bowels.

Who wants to be an Executive Head?

As nearly every one knows, an executive head has practically nothing to do except to decide what is to be done; to tell somebody to do it; to listen to reasons why it should not be done by someone else, or why it should be done in a different way; to follow up to see if the thing has been done; to discover that it has not; to inquire why; to listen to excuses from the person who should have done it; to follow up again to see if the thing has been done, only to discover it has been done incorrectly; to point out how it should have been done; to conclude that as long as it has been done, it may as well be left

where it is; to wonder if it is not time to get rid of a person who cannot do a thing right; to reflect that he probably has a wife and large family and that certainly any successor would be just as bad and perhaps may even be worse; to consider how simpler and better the thing would have been done if one had done it oneself in the first place; to reflect sadly that one could have done it right in twenty minutes; and as things turned out one has had to spend two days to find why it has taken three weeks for somebody else to do it wrong.—(*Parish on Safety News*, U. A. Cement Co., quoted in *A.C.C. News*, Oct. 1953).

Physical Check-ups are Profitable

THE periodical physical examination is pronounced to be the best single agency for promoting health and lengthening life. Of course, its efficacy rests on the detection of disease early enough to make cure or at least alleviation, possible. It is a curious fact that many men and women who know that their overweight is endangering their health, will take no remedial measures until warned to do so after a check-up. Any general practitioner will perform the service for you, but for best results it would be advisable to go to a clinic, hospital or sanatorium, where complete X-ray and other diagnostic facilities are readily available. Indications of cancer or of certain other mala-

dies might make more detailed study necessary.

Here are some figures to show the practical value of such check-ups on one thousand businessmen. Eighteen per cent of them with blood pressure above 150 had it reduced to normal, a year later. Of those overweight, twenty-three per cent dieted down to the proper limits and most of the rest had accomplished some scaling down. Of those with sugar in the urine, eighty-two per cent had got rid of this symptom.

While life insurance experts seem to favour an annual examination, some physicians think that one every three years is enough up to thirty years of age.

The interval should be reduced to two years up to the age of forty and to one every twelve months up to sixty. After sixty, repetition each six months is advised.

Three hundred large corporations are convinced of the mone-

tary value to them of periodical health examinations for their executives and bear all the expense. Some offer this service free to all employees, who may care to take advantage of it. —(*American Magazine*).

The Plant that Can't Grow without Love

AMONG the most significant developments of psychiatry during the past quarter of a century has been the steady growth of evidence that the quality of the parental care which a child receives in his earliest years is of vital importance for his future mental health.

What is believed to be essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother in which both find satisfaction and enjoyment.

It is this complex, rich, and rewarding relationship with the mother in early years, varied in countless ways by relations with the father and with the brothers and sisters, that underlies the development of character and of mental health.

A state of affairs in which the child does not have this relationship is termed "maternal deprivation". This is a general term covering a number of situations.

Thus a child is deprived, even though living at home, if his mother is unable to give him the loving care which small children need very much.

Again a child is deprived, if for any reason, he is removed from his mother's care. This deprivation

will be relatively mild if he is then looked after by someone whom he has already learned to know and trust e.g. a grand-mother or aunt, but may be felt severely if the foster-mother, even though loving, is a stranger, or if she is a step-mother, the second wife of the child's father.

All these arrangements, however, give the child some satisfaction and are therefore, examples of "partial deprivation".

The ill-effects of deprivation vary with its degree. Partial deprivation brings in its train anxiety, excessive need for love, powerful feelings of revenge, and, arising from these last, guilt and depression. The young child, still immature in mind and body, cannot cope with all the emotions and drives.

The ways in which he responds to these disturbances of his inner life may in the end bring about nervous disorders and instability of character.

Complete deprivation has even more far-reaching effects on character development and may entirely cripple the capacity to make relationships with other people.

Studies make it plain, that, when deprived of maternal care, the child's

development is almost always retarded physically, intellectually, and socially—and that symptoms of physical and mental illness may appear.

The dramatic and tragic changes in behaviour and feeling, which follow separation of the young child from his mother and the beneficent results of restoring him to her, are in fact available for all to see, and it is astonishing that so little attention had been given to them hitherto.

So painful, indeed, are the agonies which these children suffer on separation that it may well be that those who have their care shut their eyes in self-protection.

Looking after babies and young

children is really time-consuming and often even trying for the mother, but the more she learns about the nature of the creature she is caring for, the easier and more satisfying will it be to her. She will find it in the same way as the gardener works more easily if he understands the nature of the plants he grows. Given this understanding the normal mother can afford to rely on the prompting of her instincts in the happy knowledge that the tenderness they prompt is what the baby badly needs.—(Compiled from Dr. John Bowlby's "Child Care and the Growth of Love" and W.H.O. Newsletter, Nov.-Decr. '53).

Musings of a Medico—While Relaxing

Dr. NANDLAL B. VANI, M.B., B.S., Nandurbar.

(1) Universal love is the best tonic for old age.

(2) A man should retire as soon as he loses interest in and has no enthusiasm for work.

(3) Live to learn and love if you wish to be and feel young.

(4) Your attitude towards life, towards your fellow-men, and towards your vocation bespeaks your outlook on life.

(5) Temper demands constant attention and control. Fits of anger insidiously injure the heart and shorten life. When irritated, keep 'mum' and you will conquer your temper.

(6) 'Self-confidence' and self-reliance are antidotes to fear.

(7) To be socially nice and acceptable, learn to see yourself as others see you. In other words introspection helps a great deal.

(8) It is human nature for a wrong-doer to blame every-body else in the world but himself, until he is rudely awakened to realities.

(9) God has not bestowed intelligence in the same exact measure to every human being; so learn to be considerate to the less favoured among your brethren.

(10) To elicit all that is best in him be generous and sincere in your approbation of your friend's thoughts, words and deeds.

(11) The open enemy is not a danger: You should beware of the cowards, who pretend to be friendly and flatter you but think and speak ill of you behind your back.

(12) Peace of mind and happiness in daily life are enjoyed only by those who have complete mastery over their senses.

Pleasant Topics from Periodicals

Wider Ground to Cover

"Barber!" said a farmer "now that corn is cheap, you ought to shave for half price". "Can't," said the barber "I ought really to charge more, for when corn is down, farmers make such long faces that I have twice the ground to go over."

Paste or Glue?

"Did you have coffee or cocoa, sir?" "I'm not sure, but it tasted like paste" "That would be coffee, Sir. Our cocoa tastes like glue".

A Gentle Riddance, Eh!

"What do you mean, insulting me in that yellow sheet of yours?" roared the M.P. to the Editor.

"Now just a minute," cautioned the Editor. "Didn't we print that item exactly as you gave it to us, to the effect that you had resigned as city treasurer?"

"You printed it correctly enough", conceded the politician, then bellowed, "but look where you put it—in the column headed. 'Public Improvements'—(I.W.I.).

Three in One; But only one is Wanted

The boss had given the new office boy explicit instructions, so the lad halted the caller in the outer office and demanded to know "Are you a salesman, a bill collector or just a friend of the boss?"

The caller smiled and responded. "I'm all three". The boy was greatly puzzled but he said "Well in that case,

Sir, the boss is in conference; he is out of town, and hop right in and see him when he comes."—(I.W.I.).

Heard this Before?

"My doctor tells me I can't play golf". "So he's playing with you too!"

Some French Proverbs

Man says what he knows, woman what will please.

Neither friendship nor love should accept what they cannot return.

He who can govern a woman can govern a nation.

The first half of life is spent in longing for the second, the second half in regretting the first.

From a short momentary pleasure comes a long long repentance.

Vital Statistics

A sign in a Western American town: "402 people died of gas (petrol) last year in this state—2 inhaled it; 27 put a lighted match to it and the rest (4000) stepped on it (drove rashly! —(R.D.N.).

Uncle: You ought to be ashamed of yourself Freddie; See what a lot of prizes your sister has got; and you haven't earned even a certificate Freddie: "Oh, but I got a certificate once uncle".

Uncle: "Indeed! What for?" Freddie: "For being born."—(I.W.I.).

Vicar: (to the small daughter of a family he visited) "Betty, what have we to do first, before we can expect forgiveness for our sins?"

Betty: "Please, Sir, We have to sin first"

"I've got a brother with three feet" boasted little Cheenu.

"What do you mean?" asked his school chum Balu.

"Well my mother got a letter from my brother at school in Nagaloor and he says "you would all hardly know me when I come home for the Pongal holidays—I have grown another foot."

A Smuggler is a person who has no sense of duty."

We must be sensual to be human. Whilst tenderness is but skin deep, pity lies far below the surface.—(Anatole France).

Graceful motion is to the eyes what music is to the ears.—(Anatole France).

The sweetness of life is felt even in the grass growing over a tomb.—(Anatole France).

A pretty face is a curse from Heaven.—(A.F.).

Lovers who love truly do not write down their happenings.—(A.F.).

The power of love itself weakens and gradually gets lost with age, like all other energies of man.—(A.F.).

Time deals gently with those who take it gently.—(A.F.).

Men heap together the mistakes of their lives and create a monster which they call Destiny or Fate.—(J.O. Hobbes.)

You can't tell whether a finished speaker or not until he sits down.—(Dr. Richard Armour Light Humour).

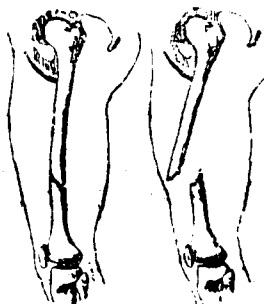
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