

HEALTH

ESTD. 1923

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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What's New in the News?

New Battery Converts Sunlight into Electricity

Engineers of the Bell Telephone Laboratories have succeeded in producing a solar battery. It produces an electric current sufficient to operate a radio transmitter, and transmit music or voices by radio or over telephone wires. The battery at present converts six per cent of the solar energy that strikes it into electricity. But it is the first step in the harnessing of the almost limitless energy of the sun for the uses of civilization.

The first practical direct conversion of sunlight into electric power—perhaps potentially one of the most revolutionary scientific developments of recent years—was recently demonstrated before the U.S. National Academy of Sciences by engineers of the Bell Telephone Laboratories. —(Sunday Standard, 5-9-'54).

Duboisia Tree—Hyoscine Producer

A tree which grows wild in the Australian bush is supplying almost the whole of the western world's needs of the drug *Hyoscine*.

Hyoscine, which is derived from the leaves of the Duboisia tree, relieves suffering, prevents sea and air sickness, and is valuable in the treatment of war neuroses.

A by-product of the leaves, atropine, is in demand as a possible antidote to nerve gases. Australia exported more than 100-tons of the leaf last year—enough, when the drugs were extracted, to provide everybody in the world with a standard dose of 1-150th of a grain. —(Sunday Standard, 5-9-'54).

Golden Rule to Reduce Fat

Whatever you may achieve with exercises or baths or even by doing housework stickily in one of the new plastic suits with elastic at the wrists and ankles, this slimming business still comes back to what you can do without at the table.

The *British Medical Journal* has put it bluntly; "restriction of calorie-intake alone will reduce weight," it has pronounced. "The too-solid flesh will melt only when its possessor submits to an unbending discipline and exerts a rigid control over his appetite."

MEDICAL MEN IN FACT, SAY ALL WOMEN SHOULD ADOPT THIS GOLDEN RULE: "UP TO 40, EAT ANYTHING YOU LIKE. FROM 40 TO 50 EAT EVERYTHING YOU NEED. FROM 50 ONWARDS EAT LESS THAN YOU WANT." —(Br. Med. Jour., via S.S.).

LONGEVITY AND YOUTH

World Scientists on New Therapy

Speaking at the Third International Congress of Old Age held in London in July 1954, Dr. William Masters of University Medical School, St. Louis, said that in old age people require hormone treatment to retain bodily and mental health. Scientists of fifty nations who attended the Congress were convinced that with hormone therapy men and women could live one hundred years and live a youthful life.

A full description of recent advances in hormone therapy is contained in the short treatise.

"CONQUEST OF OLD AGE"

which can be had free from the Director,

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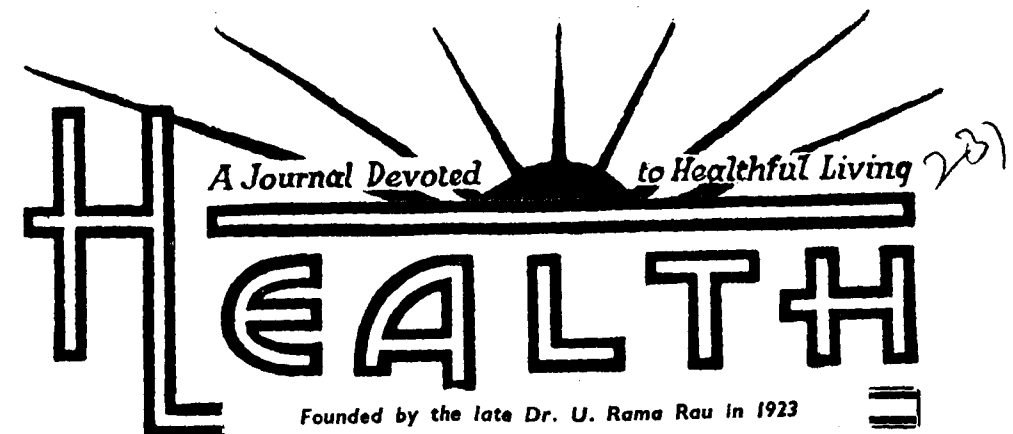
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'HEALTH',

323-24, Thambu Chetty St., MADRAS-1



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Annual Subscription: Rs. 2-8. Foreign: Sh. 5. Post paid. Single Copy As. 4

Editorial and Publishing Office: 323-24, Thambu Chetty St., Madras-1.

Vol. XXXII

OCTOBER, 1954

No. 10

WELFARE PROJECTS AND RURAL UPLIFT

THE Government of India have reconstituted the Central Social Welfare Board with effect from August 13, 1954. This Board was first constituted in July 1953, in accordance with the recommendations of the Planning Commission. The main functions of the Board are to advise and help voluntary social welfare organisations throughout the country in maintaining and developing their existing programmes and to integrate them in the general pattern of the first Five-Year Plan.

All States will have these projects. Each Part "A" State will receive 17 projects, each Part "B" State seven and each Part "C" State five projects. Ten projects will be kept in reserve by the Central Social Welfare Board for allotment at its discretion.

The Chairman of the Central Social Welfare Board, Srimathi DURGABAI DESHMUKH, announced from the Union Government's grants; and the works will be

that on Independence Day (1954) the Board will inaugurate 78 welfare extension projects covering 1,560 villages. That number represents a fourth of the Social Welfare Board's programme outlined in an official communique issued on July 11 1954 which stated that it was proposed to inaugurate on 15th August, 300 welfare Extension Projects, comprising 6,000 villages with a total population of 60,00,000.

A Welfare Extension Project includes the education and rehabilitation of handicapped homeless and other destitute children, pre-natal and maternity services, and child-welfare. Each project extends over 20 villages. It is estimated to cost Rs. 50,000; half of this sum will be contributed by the Central Social Welfare Board

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carried out if the other half of the cost is met by voluntary agencies from their own resources or from grants from the respective State Governments. The Welfare Extension Projects are thus allied to the services of local bodies and are dependent on local support for their success.

In the Madras and Andhra States, the local bodies are required by the Madras Public Health Act of 1939 which is still in force in these two States, to provide Health Centres which are included in the Welfare Projects. The Act provides that every District Board or Panchayat shall earmark not less than 12½ per cent of its income from all sources other than Government grants for the advancement of public health, including expenditure on welfare centres and medical relief; every Municipal Council shall similarly earmark not less than 30 per cent of its income from such sources. Though Local Bodies make such grants, some even exceeding the prescribed minimum, those funds have proved insufficient and many of their welfare centres are inadequately staffed. If there is to be no avoidable overlapping of the amenities and welfare schemes, the State Social Welfare Boards should intimately correlate their schemes and activities with those of the local bodies.

The Planning Commission hopes for a rapid expansion of voluntary effort and of the benefits accruing to the people therefrom. Should this hope be realised and voluntary agencies get well established, considerable economies may be expected as a result of their taking

over an increasing number of functions. State personnel could then be released for strictly administrative tasks.

If the ideal of a Welfare State is to be reconciled and equated with the ideal of Democracy, the people should strive to attain this end and the initiative must proceed from the people themselves who should be conscious of their power and destiny and be able to assess in an atmosphere of calm and unselfish thinking their rights and their responsibilities as well as their duties to themselves and to their fellowmen. Otherwise, 'Welfare might easily become the enemy of freedom and democracy.'

In this respect, the Welfare Extension Projects aim to whip up people's enthusiasm and thus create the necessary psychology and an atmosphere suitable for the establishment on a firm basis of the Welfare State visualized in the constitution.

It is our considered opinion that the Central and States Welfare Boards should pursue a policy of close co-operation with local bodies in all activities designed to promote rural welfare.

"Social Welfare," a monthly journal brought out by the Central Board, attempts to publicise and co-ordinate the work being done by various existing social service agencies. The Welfare Extension Projects,—a new venture in the process of nation-building—should thus have the effect of making people "more active, ambitious and self-confident in achieving their own welfare."

Commonly, physicians, like beer are best when they are old.—(Thomas Fuller, 1642).

FREE ADVICE TO FAT PEOPLE

Eat Less, Weigh Less

ROSS HARKNESS

If you are too fat, don't blame your glands or your heredity. There is only one reason why people get fat—they eat too much.

That is the conclusion reached by many research workers who have been studying this problem for over 20 years in several countries of the world. There is only one way to get thin—eat less. There are no pills and no drugs that will take off fat; exercise and massage are a delusion and a snare. For they only increase the appetite and make you eat more and with greater avidity.

It is true there are some drugs that reduce the desire to eat, but they are like crutches which will only help the dieter over the worst of it; all cannot afford them.

Glandular obesity, is considered by the research workers at the University of Toronto, to be a myth, as in hundreds of people supposedly suffering from glandular fatness nothing wrong was noted in their glands; and, large doses of thyroid extract, failed to relieve the condition.

A classical example to show that it is over-eating and not glandular deficiency that causes obesity is furnished by Dolly Dimples, the famous fat lady of the Circus, who weighs 555 pounds! Dolly had a picky appetite; after being frightened by a heart attack due to overweight, she slimmed to a svelte (slender) 154 pounds

on diet alone, without so much as a single pill. Dolly's real trouble was her love of candy, pop and whipped cream.

"Fat people usually claim that they eat moderately, and if they ate as much as some thin people do they would be tremendous. That usually just isn't true," say the Toronto experts. What may be true however, is that fat people prefer and eat concentrated food providing several hundred calories, while the thin people prefer bulky foods that look a lot but contain few calories. People usually eat more when they are tired, worried, bored or lonesome.

In England, despite rationing and austerity, the people are putting on weight and Dr. E. K. Dingwall, an authority on dietetics says 'it is because they are unhappy.' While their food lacks variety, there is an ample supply of the foods that help to put on weight. The average woman's dress in England is two sizes larger today than it was before the war!

In recent years a new science has developed—psychodietetics—which is a study of the strange role played by food in psychological maladjustment. Many people try to bury their secret sorrows in food. A psychodietetic survey in Detroit, during the war, revealed that 90% of those rejected by the armed services had some food fad

or—bizarre eating habits. Not all of them ate, too much, but because of the unhappiness or discomfort caused by their physical disability they had developed an unnatural interest in or taste for food.

The theory of an inherited tendency to fat has been ruled out of court by the Toronto specialists. All that may be inherited, they say, is a good appetite in a hearty person who cannot obviously make the necessary adjustments in his diet to prevent obesity.

They tell of the woman who wasn't losing weight although she insisted she was sticking to her diet. She was, but whenever she got thirsty she had a glass of orange juice. She was thereby drinking 1,000 to 1,500 calories a day.

Dieting.—If the obese person should lose weight, he must take in less fuel than is required to keep him going. Only then would his body draw on the surplus stores of fat, for its fuel requirements. The rule is that a person must use 3,500 more calories than he takes in to lose a pound of weight. The average sedentary worker uses about 2,500 calories a day. If he reduces his intake to 1,800 calories a day, by cutting out the high calorie foods, he will reduce his weight by about a pound and a half in a week.

The discouraging feature for many dieters is that weight is not lost steadily but in "steps," and they may not lose even an ounce for several days. The reason is that water tends to fill in the vacant tissues from which fat has

been removed. Some stick rigidly to a diet for a week, find they have lost no weight, wail that "diet doesn't do me any good, it must be my glands," and so indulge in a heavy meal that puts back all the fat they lost. Had they stuck to it for another day or two the water would have suddenly vanished from their tissues, and they'd have lost several pounds all at once.

Physical labour.—A person employed on a job which does not involve severe manual labour can function quite well on, 1800 calories while he is taking off weight; but he may find it difficult to work and his health may suffer on less than 1,800 calories. The Toronto investigators have therefore, recommended a reducing diet of 1,800 calories, to be increased to whatever amount is necessary to keep the weight steady, when the desired reduction has been made. Sometimes, however, if the person is grossly overweight the diet may be cut down even to 1,000 calories.

Many people, especially women, think it is normal to put on weight as they grow older; this is wrong. A person whose weight is normal should maintain the same between the ages of 30 and 60. After 60 a slight decrease is desirable, perhaps inevitable so as to relieve the tension on the heart.

If fat people are willing to face up to their problem, their doctor can help them by advising them on the correct foods they should eat, and he can help them a great deal more by encouragement than by drugs.—(Copyright N.N.F.).

Love is a gross exaggeration of the difference between one person and every body else!—Bernard Shaw.

Food Hygiene and Food Preparations in the Home and Kitchen

II. The Purchase, Handling and Storage of Food Materials

IN recent years much attention has been given to the effects on food and the processes it undergoes during manufacture, preservation and distribution. Scientific interest is maintained up to the stage of its purchase from retail shops, but very little work has been done so far to find out how the food is affected by the treatment it receives in the home.

Some attention has been given to the effects of preparation and cooking but there is, perhaps a tendency to overlook the lapse of time which may occur between the purchase of a particular commodity and its use as a component of a meal. In the case of perishable foods this gap is not likely to be more than a few days, but it is possible that some housewives may store non-perishable foods for months or even years.

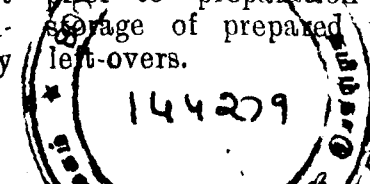
In the matter of purchase of food materials, poor buying is a first flaw. It would be worthwhile for the housewife to go round the shops herself and choose her requirements.

A second mistake is that of overbuying. There is always a tendency to lay in a stock of cereals, dried fruit, legumes, tinned foods, jams, spices, coffee, tea, root vegetables and potatoes. Cereals, dried fruits and spices are liable to spoilage by insect infestation. Wheat flour, particularly of the self-raising variety

keeps only for a fortnight in cool climates. Coffee powder also loses its caffeine, which either escapes or is oxidised to disagreeable substances spoiling the flavour of coffee. Tea also deteriorates when not well packed or when stored and used by daily withdrawals from domestic containers over a long time. Root vegetables and potatoes dry off and grow molds if the humidity is high. Too high a temperature during storage tends to encourage eye blackening and sprouting in potatoes and too low a temperature may mean frosting. Bottled fruits and jams lose their colour if stored in light. Therefore, when a shopping centre is available near at hand, it is not prudent or advisable to carry heavy stocks. It is not at all economical in the long run.

Storage of food may affect its nutritive value, its flavour and palatability, and also its safety for human consumption. In most cases it will be found that measures which protect food from loss of flavour or nutritive value will also assist in delaying the growth of harmful bacteria.

The handling and storage of food for the home may be taken as falling into three stages:— the transport of the food materials from shop to house, the storage prior to preparation and the storage of prepared foods and left-overs.



I. Transport from shop to home.—Whether the food purchased is carried home by the housewife or delivered by the shop-keeper, the time elapsing between leaving the shop and arrival at the home is relatively short and it may be thought that the food can come to little harm. There are, however, a few points worth considering in this connection.

If, during this time vegetables and fruit are bruised or exposed to heat or sunlight, destruction of ascorbic acid may commence and the loss may be considerable, if these foods are later held in store for several hours before use.

Experimental work with milk has shown that both the ascorbic acid and riboflavin (Vit. C and B) which it contains are reduced by exposure to sunlight and that a change in flavour also occurs. Half an hour's exposure to direct sunlight is sufficient to cause complete loss of ascorbic acid and riboflavin is reduced by 50—80 per cent, after one and half hours' exposure. Two hours' exposure is sufficient to cause marked development of the sun shine flavour. Research work indicates that these losses could be reduced if coloured glass, particularly ruby colour, were used for milk bottles.

This period between shop and home cannot be ignored either, in relation to the hygiene of the food. To become a danger to health, food must become contaminated with food-poisoning bacteria and be kept within a certain range of temperature and humidity long enough for the bacteria to multiply and grow to dangerous proportions. It is the

first of these factors, contamination, which may occur during the delivery of food.

Food may be infected from the bags and wrappings in which it is carried or if unwrapped it may be exposed to bacteria from coughs and sneezes or from the hands of the housewife or the delivery agent.

Finally, food may become contaminated from the housewife's hands when she unwraps her purchases, if she has not taken the precaution of washing her hands before doing so.

II. Storage previous to use.—Later, storage at room temperature, of foods infected in any of these ways will enable bacteria to grow to sufficient proportions to become a potential danger to health, particularly in those foods which are not subject to heating or cooking before consumption.

Different foods need different conditions for optimum storage. The housewife, however, must store a variety of foods in as small a space as possible and in many houses the facilities provided for the storage of food are unsuitable and inadequate.

Broadly speaking there are three different types of storage conditions required :

(i) Cool, dry, well ventilated space for cereals, preserves and canned foods.

(ii) Cool, dark and well ventilated space for vegetables and fruit.

(iii) Cold storage for meat, fish, dairy products and left-overs.

In the majority of houses only one room or cupboard is provided

for all these purposes and the best that the house-wife can do is to use different parts of the room for different purposes.

The domestic refrigerator if there is one, is however maintained at between 34° to 38°F and this temperature is not low enough to kill bacteria of the types responsible for food-poisoning. Growth of the bacteria is delayed at these temperatures but on removal growth recommences and the same care must be taken as with fresh food.

A domestic refrigerator is frequently misused, or used for the wrong foods. Its purpose is to keep food cold, *not to cool hot foods*. Hot foods will cause a rise in temperature of the whole content of the cabinet and condensation on other foods; they should therefore be cooled rapidly before being put into the refrigerator. Foods which do not encourage bacterial growth such as fats, hard cheese, may safely be left on a cool shelf for a few days and the refrigerator used only for cooked food, milk, gravies, and cream mixtures.

It is most important that a refrigerator should be kept clean, regularly de-frosted and not overcrowded, so that air can circulate freely. [A small shallow basin containing activated carbon, placed inside, on the shelves of the refrigerator will help to remove by the process of adsorption musty and unpleasant odours resulting from storage and the slight decomposition which is inevitable

even under conditions of storage in domestic refrigerators, which usually store quite a variety of raw and prepared foods].

Where a refrigerator is not available, vulnerable foods can be given a measure of protection in improvised cool stores, such as a gauze-covered cabinet hung in a cool breezy place, or a small cupboard standing in a large bowl or bath of water covered with a wet cloth. Porous earthenware vessels cooled by evaporation of water are also available for milk and other perishable foods.

III. Storage of prepared foods.—In Indian homes the so-called "*meat-safe*," or wooden box with perforated zinc sheet or wire netting sides, is very much in use. These 'safes' when kept in a cool dark place in the larder and maintained properly are very useful against insects, dust and contamination through haphazard storage. The safe is made to stand on 4 legs which are placed in basins of water. These basins should be properly cleaned and refilled every week with water to which a few drops of Phenyle or other disinfectant is added. Otherwise they will become breeding grounds for and hot-beds of mosquito larvæ. Great care and prompt attention should therefore be exercised by the housewife in the storage of foods and food materials.

(Adapted from the *Royal San. Inst. Jour.*, July 1954 by Mrs. Shanthidevi Krishnan, 23, Nagasandra Road, Bangalore-4).

"The mother-in-law should not force all old customs on the bride" said a Tokyo newspaper recently, "she should remember that the bride is her son's wife and not merely a source of labour for housework. The bride should in her turn realise, the husband's mother is a mother to her as well."

The Psychology of Happy Sex Relations

THERE is no greater personal tragedy than that of a normally ardent man married to a woman who is cold and unresponsive. Such a situation will contribute heavily to increases in divorces and broken homes, and to innumerable psychological crackups.

Frigidity (inability of a woman to achieve a full sexual response), or what is assumed to be frigidity, is far more widespread than is generally known, and is apparently on the increase. The problem has become so serious that medical experts, marriage counsellors and many clergymen are convinced it is time to bring the facts regarding sex in marriage far more sharply into public focus. One main obstacle to satisfactory sexual adjustment is the widespread misunderstanding as to what "sexual satisfaction" should be for a woman. Dr. Abraham Stone, President of the American Association of Marriage Counsellors (who was invited by our Union Government of India in '51-'52 to advise on the Rhythm Method of Family Planning) says: "Most misleading is the belief that unless a woman has some sort of complete and explosive physical climax, she has not achieved any sexual satisfaction, and has denied it to her husband. There is abundant evidence that what is supposed to be a 'full' response is never experienced by a large percentage of happily married women, and that it is not essential for all women, to experience this in order to be happy in their sexual relationship."

To the man, sexual satisfaction

is often merely a question of achieving a certain result; whereas to the woman it is more a matter of the kind of relationship, of what it implies, of how she feels towards her husband and he towards her. Dr. Lena Levine, who has studied the material problems of thousands of couples, says:

"Unfortunately, many couples believe that unless the woman experiences a particular kind of response, and achieves this regularly they are not 'compatible.' Because of such misunderstanding, many women feel there is something wrong with them or their husbands, and many husbands take this unjustifiably as an indication that their wives do not love them sufficiently, or that it reflects on their virility.

Sex for a woman, in all its phases, is much more complex than for a man. In a purely physical way, her sexual nature varies enormously, sometimes inexplicably from one day to the next, being influenced by her menstrual cycle, by hormonal changes and by her general physical condition and also by the heaviness of the domestic chores and incidental worries.

Sexual compatibility in marriage depends far more on psychological factors than on physical ones. In a woman particularly, the mind plays a tremendous part in regulating sex life. She has to be in the proper mental frame and emotional state to respond to sexual stimuli. For normal, sensitive women this means feeling and receiving some degree of love

and affection. The little acts between husband and wife which show this affection—politeness towards and consideration for each other, sympathy, loyalty, dependability—these are more likely to stimulate sexual responses in a woman, later than mere physical actions.

This is not intended to minimise the part played by physical love-making. On the contrary because of the nature of a woman's sexual mechanism, a certain amount of preliminary sex play is often necessary to put her in the required physical state. Without such preparation she may find the relationship difficult; and by the time she has relaxed the husband may have completed his share of the act. This frustration of the women accounts for a high percentage of the cases of frigidity. It applies especially to cases where, at the very beginning of marriage, the husband has continually "rushed" his wife into the sex act. When a woman is forced to accept the man regardless of her wishes and inclinations, especially if this be accompanied by other evidence of his lack of consideration, it is hardly surprising if she becomes "cold" and totally unresponsive, even defiant.

The reactions of any man or woman to sex are enormously influenced by early training and experiences before marriage. Many girls are conditioned to suppress their sex impulses and often, unfortunately, to think of sex as degrading!

Sex is not as serious for a man as for a woman. Although he also may have been taught to curb his sex impulses before marriage, the restraint put upon him are not

nearly so convincing. He feels much freer about the whole matter.

Much, if not most, sexual dissatisfaction occurs in the first stages of marriage. Most couples do not realise that adjustment is not spontaneous, but takes time and understanding. In a recent study by Dr. Landis, of long-married and for the most part happy couples, it was shown that it takes longer to achieve adjustment in sexual relations than in any other phase of marriage.

For most couples sexual compatibility is more a matter of getting adjusted mentally and emotionally, than physically. "In rare instances," says Dr. Stone, "a woman's lack of adjustment may be due to some organic difficulty. Whenever a woman continues to feel any discomfort in sexual relations, the family doctor should be consulted. In most cases, physical difficulties can be overcome by treatment."

How far can compatibility with a woman be determined before marriage? Popular notions on this score are heavily discounted by marriage experts. Many marriages based on purely physical attraction, or a casual affair, go on the rocks when the couple faces other problems of adjustment.

To have happier marriages, there must be adjustments and communication between husbands and wives in many more ways than sex, because sexual adjustment is generally dependent on all other adjustments. Where frigidity does occur, most of it can be melted away by human warmth and understanding.

(Adapted from *Argosy* by Rao Sahib T. N. S. Raghavachari, Madras-16).

HYDROTHERAPY (Contrast Baths)

STELLA PETERSON, R.N., B.Sc.

CONTRAST baths consist in the alternate applications of hot and cold water to a part of the body. This treatment is based on the principle that by alternate contraction and dilation of the blood vessels brought about by the contrasting application of heat and cold, the circulation is improved and the removal of waste products is hastened. By the repeated changes the effect is increased, resulting in a greatly increased rapidity of blood flow through the area. This brings a fresh blood supply laden with oxygen and nutritive elements so necessary for nature's healing processes. The cold increases the number of white blood cells in the circulation, and these cells are one of the principal means by which the body defends itself against infection.

Articles needed.—1. Two containers large enough to allow the water to come well up over the extremities to be treated. 2. A bath thermometer. 3. A bath towel.

Procedure.—1. Place the limbs in the hot water (105° to 110°F) for three to four minutes, and then in the cold (tap water or ice water) a half to one minute. 2. Always begin in the hot water and end in the cold, unless otherwise indicated. 3. Change from one temperature to the other, six to eight times. 4. Dry thoroughly.

Precautions.—1. Temperatures above 105°F. are contra-indicated in blood vessel diseases of

the lower extremities. Massage is also contra-indicated in these conditions. 2. Always start procedure with hot application. 3. If the treatment is to be followed with heat and massage is not to be used, end with a cold application.

Indications.—1. Poor circulation caused by blood vessel diseases. Temperature of hot water: 105°F. for three minutes. Change to cold water for half a minute. End in hot water. Change five or six times. 2. Rheumatism or arthritis (osteo-arthritis). Treatments once or twice daily. Beginning temperature 110°F. continue for four minutes. Change to tap water for one minute. Change four to six times. End in hot water. Hot water gradually increased to 114°-120°F. Reduce temperature of tap water to that of ice-water. 3. Infections and cellulitis. Contrast of hot and cold should be as great as can be tolerated. Begin with 110°F and increase temperature to tolerance. One can usually start with iced-water. Treatment is ended with ice-water. Change five or six times. Give two or three times daily. 4. Weak, pronated feet. Treat as for arthritis. 5. Sprained ankle. Use 110°F. for hot water; ice-water for cold application. End treatment in ice-water. Treat as for infections.—(*Good Health*, London, Aug. '54).

Kindness is one thing you can't give away; It always comes back.—(*N. Y. Post*).

HOW TO KEEP WORRY OUT OF YOUR LIFE

IN the spring of 1871 a young medical student at the Montreal General Hospital, Canada, later to become the most famous physician of his generation, picked up a book by Thomas Carlyle and read 21 words that had a profound effect on his future:

"Our main business is not to see what lies dimly at a distance, but to do what lies clearly at hand."

The secret of his success, Sir William Osler told a group of Yale students some 40 years later, was not any special quality of brains but what he called living in "day-tight" compartments. Just as a great ocean liner can be shut off into watertight compartments, he said, so we should shut the iron doors on the past—the dead yesterdays and the future—the unborn tomorrows. The load of tomorrow added to that of yesterday, carried today makes the strongest falter. The only possible way you can prepare for the future is to concentrate with all your intelligence, all your enthusiasm, on doing today's work superbly today. "Remember," said Osler, "that Lord's Prayer teaches us to ask only for today's bread. Today's bread is the only kind of bread you can possibly eat and digest."

Many men have rejected the counsel of Jesus to 'take no thought for the morrow' as a counsel of perfection or a bit of Oriental mysticism, not realizing that His words were translated

more than 300 years ago, when the word 'thought' frequently meant 'anxiety.' Of course, that advice does not mean not to plan for the morrow.

During the war, military leaders planned for the morrow, but they could not afford to have anxiety.

"Think of your life as an hour-glass," an Army doctor told an American soldier who had worried himself into a case of combat fatigue. "The thousands of grains of sand in the top of the hour-glass all pass slowly and evenly through the narrow neck in the middle, one grain of sand at a time. You and I and everyone else are like this hour-glass. When we start in the morning, there are hundreds of tasks which we feel we must accomplish that day, but if we do not take them one at a time and let them pass through the day slowly and evenly, we are bound to break our own physical and mental structure."

This bit of advice, not only helped him physically and mentally during the war but has helped him since in business. "Instead of getting taut and nervous, I remember what the doctor told me. One grain of sand at a time. One task at a time."

We are all spending this very second at the meeting place of two eternities of the past and the future. We cannot possibly live in either of those eternities even for one split second; but, by

trying to do so, we can wreck both our bodies and our minds. So let us be content to live the only time we can possibly live: from now until bed time. "Any one can carry his burden, however hard, until nightfall," wrote Robert Louis Stevenson. "Any one can do his work, however hard, for one day. Any one can live sweetly, patiently, lovingly, purely, till the sun goes down. And this is all that life really means."

One of the most tragic things I know about human nature is that all of us tend to put off living. We are all dreaming of some magical rose garden over the horizon—instead of enjoying the roses that are becoming outside our windows today.

"How strange it is, our little procession of life!" wrote Stephen Leacock. "The child says, 'When I am a big boy'. But what is that? Then big boy says 'When I grow up'. And then, grown-up, he says 'When I get married'. But to be married, what is that after all? The thought changes to 'When I am able to retire'. And then, when retirement comes, he looks back over the landscape traversed; a cold wind seems to sweep over it; somehow he has missed it all, and it is gone. Life,

we learn too late, is in the living, in the tissue of every day and hour.

John Ruskin had on his desk a simple piece of stone on which was carved one word: 'TODAY' and while I have not a piece of stone on my desk, I do have a poem pasted on my mirror where I can see it when I rise every morning—a poem that Sir William Osler always kept on his desk—written by the Indian poet-dramatist, Kalidasa of immortal fame:

Salutation to the Dawn

Look to this day!
For it is life, the very life of life.
In its brief course
Lie all the varieties and realities
of your existence;
The bliss of growth
The glory of action
The splendour of beauty.
For yesterday is but a dream
And tomorrow is only a vision,
But today well-lived makes every
yesterday a dream of happiness
And every tomorrow is only a
vision of hope.
Look well, therefore, to this day!
Such is the salutation to the Dawn.

So, if you want to keep worry out of your life, do what Sir William Osler did and shut the iron-doors on the past and the future. Live in day-tight compartments.

(From "How to stop worrying and start living." A book by Dale Carnegie).

MOTHER

Dr. M. BAROOA, L.M.P.,
Sahithabhushan, Tinkhong, Assam.

Man's birth in this vast, wide world
On her depends in good fold.
Thoughts of offspring's rise in her;
Heart aches always without mar.
Events occur in her life;
Recur dread and devil's strife.

Some New Facts About Men

*

(A quiz proving that neither men nor women know all the facts about sex differences)

WOMEN have always believed they understand men better than men understand them. Perhaps they do. But in recent years scientists have found some facts about men which will come as a surprise not only to women but to men themselves.

Read the following statements, always remembering, however, that we are talking in terms of 'averages.'

1. Men's bodies are constructed more perfectly and efficiently than women's:

No. Males come into the world with many more malformations and organic weaknesses. Their bodies are more likely to get out of order, and chemically don't function as efficiently. The male body is superior only in muscular development.

2. Men age more rapidly than women:

Yes. Under average conditions, a man's body deteriorates more rapidly so that he is biologically older than a woman of the same age. He is less resistant to more diseases, and with other hazards his remaining life span is shorter than the woman's.

3. Tests have proved that men and women have the same intelligence:

No. Males are better in mechanical, arithmetical and abstract reasoning problems; females, in language, rote memory, social and

æsthetic tests. Because of these differences, it is not possible to compare the intelligence of the sexes in equal terms.

4. Men are less emotional than women:

Yes. Some 50 of the best recent psychological studies are almost unanimous in indicating less emotional balance in women.

5. Men are less likely to be hysterical than women.

Not necessarily. During the bombing of London there were more cases of hysteria among male civilians, and the recovery of men under treatment was less rapid than among women.

6. When faced with menacing problems or great suffering, men are more likely to commit suicide than women.

Yes. The male suicide rate is much higher—in older age, almost eight times higher—probably because men are conditioned by society to take their failures more seriously or because illness hits them harder. If this fact and the fact that men are more hysterical doesn't seem to square with the statement that women are more emotional, remember the story of the reed that stood up in the storm when the oak cracked. Women, giving in more readily to emotion, yield to strain; men, more rigid, may crack under it.

7. Men see colour less well.

Yes. Colour blindness is eight times commoner in males and interest in colour develops more rapidly in girls than boys.

8. Men can't stand heat and cold, or severe exposure, as well as women.

Yes. Because, women's bodies are better insulated with fat layers, and also function more efficiently in hormonal and chemical action.

9. Men's senses are less delicate than women's.

No. The most careful scientific tests fail to show any important differences in sensitivity to pain, or in the senses of smell, touch or taste. (Perhaps women have a more delicate sense of hearing and also of sight).

10. Men are generally inferior to women in manual dexterity.

Yes. In aptitude tests, women have been found to be superior where fine motions are required. The difference is revealed in early years, girls being able to button their clothes, and to manipulate door-knobs before boys can. In the matter of using their fingers for delicate work, gathering flowers, making garlands, sewing with fine needles, drawing patterns on the floor with chalk or rice flour (as in India), adorning the houses during festivals and marriages the woman excels in every way and so she is certainly more dexterous than the male.

11. Men inherit more talent for art and music.

No. Both sexes inherit equally whatever hereditary factors there are for talent, but natural inhibiting influences (the female func-

tions, child-bearing, lesser drive) as well as social restraints prevent the expression of talent for art in women to the same degree as in men; but in music women exhibit greater talent in many countries of the world.

12. Men sleep more soundly than women.

No. Male infants are more restless in their sleep and don't sleep as long as girl infants, and this difference characterises the sexes, in maturity also.

13. Men are less intuitive.

True. Girls from earliest ages are more observant and conscious of people than boys. As they grow older women develop this power. This is helped along by the need of mothers to understand their children, sick people—and husbands. In their maturity and womanhood the women, are found to exhibit considerable intuition and instinctive appreciation of difficult situations more quickly than men.

14. Men are less concerned with their appearance than women.

No. It is only in America and in Europe, as a result of social changes in the last century, that men are restrained from showing too much interest in their dress. Among most of the world's population men are fully as vain and dress conscious as women, and often spend more time and money on their appearance. (*This is now becoming apparent even in our own country India*).

(Adapted from the *Digest and Woman's Home Companion* by Chandrika Priyadarshini, Queen Mary's College, Madras-4).

To me—old age is always 15 years older than I am!—Bernard Baruch.

Medicine at the Cross Roads Today

(Plea for Hospital Privileges—Family Doctor versus Specialist)

Dr. FOUNT RICHARDSON, M.D.

“TODAY we of American Medicine are standing at the crossroads. In the face of some of the glowing achievements of the sciences, we may be seeing the last days of the practice of medicine as we have known it. No Moses has yet appeared to lead us out of the wilderness. While some of us have slept, the ranks of the family doctor have been thinned, have in some areas been decimated. In some hospitals one is not allowed to have his family physician. This is true of Cleveland. A few private practitioners of medicine still exist, but in hospitals in some of our cities a general practitioner cannot take a patient to a hospital, study his condition, and diagnose and treat his case. Incredible? Go out and ask the general practitioner in this city. Is that to happen to all of us? In your town?

The specialist takes over.—“What has been the result of these changes? The only thing that can happen is that the patient falls into the hands of the specialist, *he becomes a case*. He is shunted about from specialist to specialist, and his medical expenses increase. No wonder he begins to complain. The American public is long suffering but something has to break. The price of having so many specialists has driven many people into demanding that the Government do something about it. From that,

we members of the grand old profession have had to fight for our freedom to practise ethical medicine. We general practitioners in American medicine have stood as a protection against the gougers and the fee-splitters for five generations. We have directed the medical care of the whole being of our patient and have called in the highly trained technicians, surgeons, radiologists, cardiologists—only when we need them. That is the way it should be.

“The truth is that every patient needs a doctor who can watch the whole course of his medical care. With what ability could a specialist skilled in orthopedics, treat a broken bone, and at the same time, watch and care for that patient—if he also had diabetes, hypertension, and a failing heart?

Why medicine is expensive.—“Who will be the patient's friend? That's part of the treatment and if you don't believe me, you have a lot to learn. Are we to have six technicians treat a patient when one man, broadly educated in the total science of medicine, can do this effectively? Why should the patient be subjected to six specialists, when his family doctor could do most or all of these things? No wonder medicine is expensive. No wonder a howl of derisive laughter goes up when a radio punster describes a consultation

as a case where a wealthy man is ill and a doctor walks in and says, "Well, well here's a sick man with lots of dough—let's call in all our friends."

"The family doctor has for years protected the patient from such greed, from the ghost surgeon, from the empirical formula that a well-qualified specialist in pædiatrics can't treat you if you're over 12 years old."

"The truth is that these artificial barriers are all bunk. The truth is that they have pushed the original physician into the background. We, who have cared for the public in a manner which has constantly improved are told that we may no longer treat our patient, if he is in a hospital."

"The truth is that a resentment against these barriers is increasing among the thinking public to the extent that they are eyeing government medicine as the answer. I feel as Mark Antony, that judgement has fled to brutish beasts and men have lost their reason."

Plan of Action.—"Why stand we here idle? The American Academy can and will point out the way whether in resolutions or in staff meetings whether in secret caucus or in the headlines we will demand that every patient in every hospital in America be given the protection of having a qualified general practitioner as a safeguard in his case."

"We will demand this care be provided in every hospital. This only, can protect that patient from the neglect of some other condition not in the field of the average specialist."

"He can protect his patient

against the 'surgery-for-money' specialist. He can save the patient from the gougers. He can keep the cost of medical care within reason. He can warn his patient against the fee-splitting surgeon. The time is already late for us to act. But it's not too late."

"Our accrediting agencies must institute a rule that in every hospital in America a patient be given the right to the protection of a general practitioner. In this contention, we are right. Right is a good thing to have on our side. The regulation of hospitals must go to where it belongs—to all the doctors who are on its staff. Those rules could be installed within a few weeks."

"Instead of 'referring' our patient to a specialist, we will call the specialist and have him come to our patient, under our protection and under our guidance. We will call for assistance whenever we feel that it is to the best interest of the patient, and we will retain complete direction of that patient's care, being advised by other helpers. We will continue to be our patient's best friend."

"I repeat, our demands are simple:—

1. Open every hospital to the family doctor.

2. Return every patient to the immediate care of his personal physician and whatever technical assistance his physician might feel is required.

3. Require immediate revision of the rules of the various regulating agencies (the joint commission to effect the rules above).

"This leadership rests in our Academy. Our cry must echo from every state and every country.

No, it must be heard from every city, village, hamlet. It must be heard from every sick-bed. We general practitioners hold the key to a happier day for the American public and the qualified doctor of every land. We are standing at that door.

"Thrice bold is he whose cause is just—what have we to fear?

"May we, today, turn the key,

and unlock the door to a happier tomorrow."

(Condensed by T. N. S. R. from G.P., June 1954, Academy Reports: Address by Dr. Fount Richardson of Arkansas).

[NOTE:—Dr. Richardson is very eloquent, enthusiastic and emphatic in his plea and is perhaps also needlessly and unfairly vehement when he refers to specialists. There is however, considerable force in his arguments for restoring the family physician to the high pedestal which he occupied in the past to the great advantage of the patients.—Ed. HEALTH].

"DO YOU HAVE A FAMILY DOCTOR?"

EACH Tuesday the *Dover Daily Reporter*, Hometown newspaper of Dover, Ohio residents, asks its readers, "Do you have a Family Doctor?"

This message embodied in a series of advertisements, which emphasizes the importance of selecting a physician to whom a family can turn in an emergency is sponsored by the staff of the Dover-New Philadelphia Union Hospital and has been running weekly for several months. The advertisement urges families without a personal physician to request a list of doctors from the Tuscarawas County Medical Society.

A recent issue of *The PR Doctor*, published by the A.M.A., carried the following:—

"The family doctor is ordinarily a general practitioner, a doctor of medicine, who has received his medical degree from a recognized college of medicine and who has had at least one year of internship in an approved hospital. Once having selected a doctor, go to his office and get acquainted with him so that he knows you when you need to phone him about some illness or emergency which might arise in your family. Your first thought when an emergency or illness arises should be your *Family Doctor*." Therein lies safety.

The Human Mind

The human brain works like the heart ceaselessly pulsating, 'day and night' from childhood to old age. In its three pounds of tissue are recorded and stored billions upon billions of memories, habits, instincts, abilities, desires, hopes, fears. Here are patterns and sounds and inconceivably delicate calculations and brutishly crude urgencies: the sound of a whisper, heard thirty years ago, the delight never experienced but incessantly imagined, the complex structure of stresses in a bridge, the exact pressure of a single finger on a single string, the development of 10000 different games of chess, the precise curve of a lip, a hill, an equation or a flying ball, tones and shades and glooms and raptures, the faces of countless strangers, the scent of one garden, prayers, inventions, jokes, poems, tunes, sums, problems unsolved, victories long past, the fear of Hell, and the love of God, the vision of a blade of grass and the vision of the sky filled with stars.—(From *The Mind of Man* by Gilbert Highet (via *Reader's Digest*, September '54).

Are You Alive?

WHAT does it mean to be alive, to live intensely?

I do not know what life means to other people but I do know what it means to me, and I have worked out a personal method of measuring it.

Take the days as they come, put a *plus* beside the living hours and a *minus* before the dead ones; find out just what makes the live ones live and the dead ones die. Can we catch the truth of life in such an analysis? The poet will say 'No,' but I am an accountant and only write poetry out of hours.

My notes show a classification of eleven states of being in which I feel I am alive, and five states in which I feel I only exist. These are major states, needless to say. In addition, I find scores of sub-states which are too obscure for me to analyze. The 11 "alive" or "*plus*" reactions are these:—

1. I seem to live when I am creating something—writing this article, for instance: making a sketch, working on an economic theory, building a bookshelf.

2. Art certainly vitalizes me. A good novel, some poems, some pictures, operas, many beautiful buildings and particularly bridges affect me as though I took the artist's blood into my own veins.

3. The mountains and the sea and stars—all the old subjects of a thousand poets—renew life in me.

4. Love is life, vital and intense. Very real to me also is the love one bears one's friends.

5. I live when I am stimulated by good conversation, good argument. There is a sort of vitality in just dealing in ideas that to me is very real.

6. I live when I am in the pressure of danger, rock-climbing, for example.

7. I feel very much alive in the presence of genuine sorrow.

8. I live when I play—preferably out-of-doors at such things as swimming, skating, skiing, sometimes driving a car, sometimes walking.

9. One lives when one takes food after genuine hunger, or when burying one's lips in a cool mountain spring after a long climb.

10. One lives when one sleeps. A sound healthy sleep after a day spent out-of-doors gives one the feeling of a silent, whirring dynamo. In one's vivid dreams I am convinced one lives.

11. I live when I laugh, spontaneously and heartily.

In contradistinction to "living" I find these states of "existence":—

1. I exist when I am doing drudgery of any kind: adding up figures, washing dishes, answering most letters, attending to money matters, shaving, dressing, riding on buses, trams, and cars, buying things.

2. I exist when attending the average social function—a tea,

a dinner, listening to dull people talk.

3. Eating, drinking, or sleeping when one is already replete, when one's senses are dulled, are states of existence, not life.

4. Old monotonous things—city walls, too familiar streets, houses, rooms, furniture, clothes—drive one to the existence level.

5. Sheer ugliness, such as one sees in a slum, depresses me intensely.

I retreat from life when I become angry. I exist through rows and misunderstandings and in the blind alleys of "getting even."

So, in a general way, I set life off from existence. It must be admitted of course that "living" is often a mental state quite independent of physical environment or occupation. One may feel, in springtime for instance, suddenly alive in old, monotonous surroundings. Then even dressings and dishwashing become eventful and one sings as one

shaves. But these outbursts are on the whole abnormal.

My notes show that in one week, of the 168 hours contained therein, I only "lived" about 40 of them, or 25% of the total time. This allowed for some creative work, a Sunday's hike, some genuine hunger, some healthy sleep, a little stimulating reading, two acts of a play, part of a moving picture, and eight hours of interesting discussion with various friends. I believe that I could deliberately "live" twice as much in the same hours as I do now, if only I would come out from under the chains of necessity, largely economic, which bind me.

It may be that the states of being which release life in me release it in most human beings. Generally speaking, one's salvation is bound closely with that of all mankind—the ratio of living growing with that of the mass of one's fellow men.

(Condensed from the *Nation* By R. Vimala Devi, Q.M.C., Madras-4).

Tinted Glass and Motor Driving

Paul, W. Miles, M.D., Washington University, St. Louis, finds that tinted windshields as well as tinted glasses severely reduce a driver's visual efficiency when motoring, particularly at night. A combination of pink glasses and green windshield has been found to be particularly dangerous. Under night-driving conditions, light yellow glasses cut average visual acuity to 20/34; pink glasses, to 20/40; green windshields to 20/46; and a combination of green windshields and pink glasses to 20/60. Visual and consequently, driving efficiency are even more reduced in realistic conditions of moving objects, fatigue, and distractions.

An individual's ability to resolve distant objects is greatly impaired by tinted glass. A pair of objects that appear separate when seen at 100 ft. through clear glass will appear as one through a green windshield until only 25 ft. away. Other factor of vision are likewise worsened by tinted glass. Green windshield glass should be in a separate layer, to be moved aside for driving after dark.

Persons with defective vision, including common colour blindness should avoid any type of tinted glass for night driving and should be advised to add auxiliary headlights to the automobile.—(*Arch. Ophthal.*, 51:1954 (via *Modern Medicine*, 15-5-'54).

SCIENCE LOOKS AT ANGER

Dr. IRVING D. HARRIS

SCIENCE has come up with some fascinating findings about anger. They will serve you in good stead next time you find yourself getting hot under the collar.

Studies of nearly 200 students showed that the average man got good and mad about six times a week, while the average young lady lost her temper only three times during a similar period.

When the investigators tabulated the causes of the angry outbursts, among men and among women, they discovered a very striking difference. While women got mad oftenest at people, men's tempers were most frequently inflamed by inanimate objects, a car that would not start, tripping over something in the dark, missing a train or bus, or mislaying something.

Only in about one case out of three was a man's anger aroused and directed at an individual. On the other hand, what burned the ladies up most frequently was feeling slighted, or otherwise ill-used by people with whom they came in contact.

Findings indicated that people are apt to get angriest just before meals. Almost 50 percent of the cases of violent anger occurred either just before lunch or during the hour before dinner.

Tests also showed that anger is one of the most difficult emotions to detect from facial expression. A professor confronted 716 students with pictures of extremely angry persons, asked them to

identify the emotion from the facial expression. Only 2 per cent made correct judgements. Anger was most frequently judged as "pleased."

The reactions of 200 normal individuals and 210 abnormal to maddening situations of every type and variety were tested, such as: being laughed at and ridiculed, being repeatedly disconnected on the telephone, accidentally hitting their thumb with a hammer, etc.

In almost every instance the anger reaction of the normal group was much more intense than that of the abnormal one. So if you blow your top when you bang your shin against a piece of furniture or when your sweetheart goes out with someone else—don't worry about it.

They found that people who are tense are much more easily angered than those who are habitually relaxed. Many circumstances which will arouse anger in a physically tense person won't have any effect at all when the person is relaxed.

Other studies have shown that it is virtually impossible to sustain any unpleasant emotion while you are relaxed. A leading psychiatrist gives temper-ridden patients this advice: "Don't worry about flying off the handle. Just release that physical tension and 'let go' completely. Remem-

ber you cannot get really mad when you are physically relaxed.

When a state of tension exists it causes the brain to overvalue pain impulses—thus causing you to feel far more uncomfortable than you otherwise would. On the otherhand, when you are relaxed, pain messages tend to be evaluated on a much lower scale.

Tests show that up to 75 per cent of the pain (or disagreeable sensation) which exists when a person is tense vanishes entirely when he relaxes.

Persons who have been afflicted with serious illness at any time tend in later life to become more quick-tempered than others and react more violently to anger-provoking situations. The psychologists found this to be particularly true when the critical illness occurred during early childhood.

Study also showed that the eldest child is apt to be more grouchy and bad-tempered than the others. The evidence indicates that the first-born is apt to be more irascible—and that this quality in him is not due to the presence or absence of brothers and sisters.

The psychologists believe this tendency is due to the fact that the attitude of the parents towards the first child is apt to be different from their attitude towards subsequent children. The psychologists have observed the first off-spring is more likely to over-petted or over-disciplined than children who follow.

Two-thirds of the subjects in the investigation reported that their anger experiences left them feeling irritable and fatigued. Fifteen per cent, however, felt better.

Authorities agree that it depends mainly on one thing—whether your anger is expressed or bottled up. If you continually repress your anger and don't provide it with means of expression, tests show it will do you actual physical harm. In fact, medical researchers have established that anger that is *consistently repressed* can result in serious and permanent damage to your health. It may do serious damage to the arteries and result in malignant high blood-pressure. And other medical studies have shown that suppressed hostility is frequently the villain in a wide variety of stress diseases, ranging from colitis to hypertension. And its role in producing the "sick headache" has been well established.

First, try to avoid getting angry. In other words, avoid situations that are likely to lead to anger. But when you do get mad, authorities agree that you should find some means of giving that anger expression. Frequently this may call for a high degree of discretion. For example, you can't very well tell your boss to go jump in the lake without losing your job; if you punch that discourteous bus driver in the nose you are apt to wind up in the police station. But there are safe and sane outlets for pent-up hostility and resentment.

Go down to the gym and pretend that the punching-back is your boss. Women often find relief from anger in a shopping spree. But before you try that you had better make sure it won't just lead to more temper—on the part of your husband. Virtually any form of sport or

exercise will serve to release the dangerous and vitality-sapping tension that suppressed anger builds up.

If you are a normal human being, you can't avoid getting good and mad once in a while.

But you can avoid bottling that anger up. If you are smart, you will find a safe and sane means of working off your resentment. You will "get it out of your system" where it can't do any harm.—*(English Digest, Aug. 1954).*

WHAT IS HERNIA?

THOUSANDS of people have it, but few know that it can be easily and simply cured by surgery.

A professional man in his early 50's, who had never been seriously sick a day in his life, was taken with a spell of coughing one morning. Shortly afterwards he experienced a pain in his groin. It grew worse and he became nauseated and felt a lump at the site of the pain. He hurried to his doctor, and learned that he had a hernia.

Of course, he had heard of the word, but he had not the faintest idea how serious a hernia might be, or how gravely it might affect the rest of his life. He'd seen quack ads about painless rupture cures and trusses. But he'd always thought that only those who did heavy manual labour developed hernias. He hadn't the foggiest notion of what a hernia really was, why he'd developed it, or whether there really was a cure for it.

The vast majority of hernias occur in the groin, close to the sex organs. Thus the disease has remained in the shadowland of prudery, with the result that its treatment has too often been a field for cheap advertising and quackery.

The ordinary rupture is simply a bulging of a loop of the intestine

through the muscles in the lower part of the abdominal wall, in the groin where the abdomen joins the thigh. Such ruptures are called indirect inguinal hernias—*indirect* because they bulge slantwise through the wall of the abdomen, *inguinal* because that's the medical word for the groin. The bulging may remain slight for a long time, but it tends to get worse; finally the loop of intestine may descend into scrotum—the pouch that holds the male sex glands.

General belief to the contrary these hernias are not primarily due to strains or injuries; the ultimate cause goes back to infancy. At about the time of birth, the testicles, which during a boy baby's development remain inside his abdomen, begin to migrate downward. They push the abdominal lining ahead of them, forming a sac. This sac pushes down between the abdominal muscles, leaving a passageway, and finally splits open to permit egress of the testicles into the scrotum.

In the majority of youngsters, shortly after they are born, the sac—now looking like an open sleeve closed at both ends and withers away after the sex glands

have passed through it to their normal destination. But in a certain number the sac persists; it may remain for life. This is the weak spot. This is the site of the future hernia.

Any slip, sudden strain, violent cough or sneeze, any lifting or pushing or pulling, may bring on the rupture by pushing a loop of the intestine into the sac. Pressure inside the abdomen tends to push the loop farther and farther down inside the sac, so that the weak spot in the wall of the abdomen becomes wider. The sac acts like a wedge, straining and weakening the abdominal muscles, which may thin out much like a worn-out hammock.

The hernia may even become choked by the pinching action of the muscles on the inner opening of the sac. Then the natural passage of the intestinal contents is obstructed. Worse still, the blood circulation may be cut off. That sinister event is called strangulation; gangrene may begin within five or six hours. Without operation the death rate from a strangulated hernia nears 100 per cent.

It is far from true that hernia is largely a disease of workers in heavy industry. Naturally it is likely to appear earlier in a steel puddler than in a clerk; but even office workers if they have that inborn and unsuspected sac, may sooner or later develop it.

An inguinal hernia rarely strikes like a bolt from the blue; it is a slowly progressive disease that may smoulder for years before it begins to distress its victim. Dr. J. J. Moorhead, New York City Surgeon, reports that a very large number of men have inguinal

hernias without suspecting their existence for months or years. Yet even in this underground state most cases can be spotted by competent physicians. The possibility of hernia is one of the major reasons for a regular medical check-up.

Women may suffer from hernias, though much more rarely than men, and these two are likely to be disabling and to end in dangerous strangulation. Hernias in women are due to a weakness at the point where the large blood vessels pass from the abdomen into the thigh. They too can be detected early by a physical examination.

The majority of rupture victims simply drag out their lives in gnawing distress and worry. That lump in their groins, once it appears, tells them that a vital part of their insides is not where it should be. Their distress is mental, too; they are afraid to pull, push, lift, strain or even sneeze.

Millions of victims try to control their dangerous and distressing defect by trusses. In the earlier stages of a hernia it is usually possible to reduce it; to push back temporarily the loop of intestine out of its sac into the abdomen. Then it can—sometimes—be successfully held back by a truss. But trusses never cure a hernia; they merely appease it provided properly fitting ones are worn.

Usually trusses are recommended for old people and those with heart disease who cannot undergo an operation with safety.

In the past 35 years the rise in the permanent cure rate has been

astounding. In the early 1900's perhaps 30% of hernias recurred despite operations but ruptured people now have close to 95 chances out of 100 of permanent cure in those many hospitals where the surgical staffs have special skill and wide experience.

Hernia is a simple mechanical breakdown of the human machine, and easy to get at. What the operation boils down to is this:—the surgeon finds the offending hernial sac, ties it off at its internal opening and removes it; then, by a very careful overlapping of

abdominal muscles and tendons, he strengthens the weakened wall of the abdomen.

Given skilled surgery, the risk of the operation is extremely low. In many modern clinics the modern patient can sit up the first day after operation and start walking around the second. Today, with local anæsthesia, even old people and those suffering from heart disease are no longer denied the surgical cure of their hernias.—*Paul de Kruif*.

(Condensed by R. D. Nath, M.A., B.L., St. Thomas Mount, from R.D.).

A Definition of Marriage

JUST as I know that there are two Hagens, Walter and Copen.

I know that marriage is a legal and religious alliance entered into by a man who can't sleep with the window shut and a woman who can't sleep with the window open.

Also he can't sleep until he has read the last hundred pages to find out whether his suspicions of the murdered eccentric recluse's avaricious secretary were right.

Moreover, just as I am unsure of the difference between flora and fauna, and flotsam and jetsam. I am quite sure that marriage is the alliance of two people, one of whom never remembers birthdays and the other never forgets.

And the one refuses to believe there is a leak in the water pipe

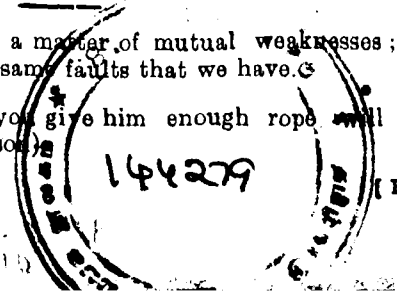
or the gas pipe, and the other is convinced she is about to asphyxiate or drown.

And the other says, "Quick, get up and get my hairbrushes off the window sill; it's raining in," and the one replies, "Oh, they're all right; it's only raining straight down: That is why marriage is so much more interesting than divorce: Because it's the only known example of the happy meeting of the immovable object and the irresistible force.

So I hope husbands and wives will continue to debate and combat over everything debatable and combatable: Because I believe a little incompatibility is the spice of life, particularly if he has income and she is patable.—(Ogden Nash in *Saturday Evening Post*).

I hold that companionship is a matter of mutual weaknesses; we like that man or woman who has the same faults that we have.

A husband is a man who, if you give him enough rope, will prefer to be tied up at the office (Earl Wilson).



Pleasant Topics from Periodicals

Prize Words

Oscar Hammerstein 2nd, New York writer and producer, was introduced at a banquet given in his honour. "I came here hoping to hear a brilliant speech," he flipped. "I was hoping to hear it from my own lips. But I am afraid I am going to be disappointed."—(Billy Rose).

At a Dinner celebrating athletic stars, Helen Wills Moody finally got to her feet at the end of a long programme and won everybody's heart by saying, "To be seen one must stand up—To be heard one must speak clearly—but to be appreciated, one must sit down."—(Margery Wilson).

Miaow! Miaow!

No woman ever takes another woman's advice about frocks. Naturally you don't ask the enemy how to win the war.—(New York Times).

Chorus girl: "I stand in front of my mirror for hours admiring my beauty. I suppose you'd call it vanity?" Her friend: "No, imagination."—(Veld Breezes, South Africa).

Two women were talking about a friend's gown. Said one, "She says it's imported, doesn't she?"

"Well, not exactly in those words," came the reply. "It's her last season's dress. The dressmaker has turned it inside out, and now she says it's from the other side."—(Watchman Examiner, U. S. A.).

Fat and Sleek

The late Woodrow Wilson was the son of a minister. His father, who was tall and very thin, would often take young Woodrow with him on his parish calls, which he made with a horse and buggy.

One day on one of these calls a parishioner asked:

"Reverend, how is it that you are so thin and gaunt while your horse is so fat and sleek?"

Before the father could reply, the young boy said,

"Probably because my father feeds the horse and the congregation feeds my father!"—(The Pulpit Treasury of Wit and Humour).

It is practically a law in life that when one door closes to us, another opens. The trouble is that we often look with so much regret and longing upon the closed door that we do not see the one which has opened.—(The Christian Science Monitor).

"This is the true joy in life, the being used for a purpose recognised by yourself as a mighty one."—(George Bernard Shaw in the Preface to *Man and Superman*).

The test of good manners is being able to put up pleasantly with bad ones.—(News Week).

It is a woman's prerogative to change a man's mind.—(Family Circle).

The Four Ages of Woman

From birth to age 18 a girl needs good parents.
From 18 to 35 she needs good looks.
From 35 to 55 she needs a good personality
From 55 onwards she needs good cash.
I am saving my money.—(Sophie Tucker).

For an out-of-work actor a small role is better than a long loaf.—(H. Keel).

B.P.C. of Course

Doctor to Patient: "The yellow pills are to be taken if you feel ill after taking the pink ones which you must take if the red ones, which are to make you sleep, make you sick."

Safety First!

Man to Host, after refusing a drink: "If I drink any more, My wife will have to drive, and you know how dangerous that is."

He: "Why can't a girl catch a ball like a man?"

She: "A man is so much easier to catch."

If a nurse asks you if you would like to see her needlework—Beware! She will give you 250,000 units of soluble penicillin.

A girl who says she is as true as steel, means she is attracted by a magnet!

All these articles I have read about smoking causing cancer, have scared me so much that I've given up reading.

Books are the blessed chloroform of the mind.

On a Student's Door

"If I am studying when you enter, wake me up."

Customer:—Excuse me, this cup of coffee has a distinct taste of cocoa!

Hotel Server:—I'm sorry, I must have given you tea.

The years a woman subtracts from her age are not lost—they are added to the age of other women.—(Diane de Portiers).

Experience is not what happens to a man. It is what a man does with what happens to him.—(Aldous Huxley).