

JANUARY 1955

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HEALTH

ESTD. 1923

647
1-55

A JOURNAL DEVOTED TO HEALTHFUL LIVING

Editor: U. KRISHNA RAU, M.B.B.S., M.L.A.

Associate Editor: U. VASUDEVA RAU, M.B.B.S. 1955

DR. G. B.

MADRAS

1954 and its Achievements

Editorial

What is Rh Factor?

Plastic Surgery

Women are Different!

Meaning of Menstruation

Old Age No Bar to Efficiency

What a Physician Should Be

Appetite

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

What's New in the News?

18,098 Steps a Day

Between the first day of the New Year and its last day the average house-wife will take enough steps to cross North America which is 3000 miles broad from Newfoundland to San Francisco. And all this without leaving her home. A farmer ploughing his field may average 25 miles a day. Active school children in their play average 10 to 12 miles of walking and running a day. The scientists who found these facts by research concluded that the average person takes 18098 steps a day—about 7 miles.—(*Med. Features*, 1-1-'55).

The Dumb-Speaks

Plastic surgeons of Johns Hopkins Medical School in Baltimore have succeeded in giving speech to a 17-year-old girl who had never uttered a word. With flaps of her skin, tantalum mesh, and stainless steel rods, they reconstructed the wind pipe so that she could use her words and learn to speak normally.

New Treatment for Burns

According to the *Toronto Star Weekly* wonderful new method of treating burns has now been found. This consists in wrapping aluminum foil round the burn. Once the burn is thus hermetically sealed off from the air, it

ceases to hurt, and the aluminum content heals the burn efficiently and speedily without leaving a scar.

Medical Milestones

An inventor in U.S.A. has devised an electrically-operated metal hand to aid amputees and victims of paralysis. This "push-button" contraption fits like a glove over thumb and forefinger, and the handicapped person is able to write, shave and use a knife and fork for his meals.—(*World Digest*, Oct. '54).

Anything Smaller in Lenses

The Pennsylvania State College of Optometry has developed a corneal contact lens smaller than the cornea of the human eye and thinner than a piece of paper.

Dr. John G. O'Neill, chief of the college's contact lens department, recently stated that the lens, still in the experimental stage, is eight millimetres, or one-third of an inch, in diameter, and twelve hundredths of a millimetre thick. The average human cornea is 12 millimetres in diameter.

The lens is placed on the patient's finger and held against the eye. It then floats on a film of tears to the cornea, where it is held into place by capillary adhesion.—(*World Digest*, Sep. '54).

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.

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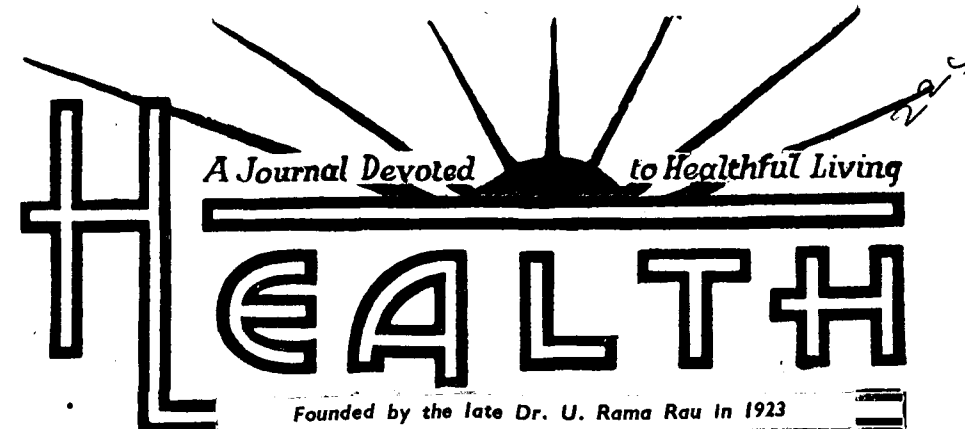
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Annual Subscription: Rs. 2-8. Foreign: Sh. 5. Post paid. Single Copy As. 4

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

Vol. 33

JANUARY, 1955

No. 1

THE YEAR 1954 AND ITS ACHIEVEMENTS

'HEALTH' is entering today on its 33rd year of useful life. The year that has passed witnessed considerable progress in various directions towards the alleviation of human suffering and the control of diseases which in the past levied a heavy toll of human lives. The Central and State Governments continued to receive financial and technical assistance from the WHO, UNICEF, Colombo Plan and other international sources of universal aid. They continued also to give their quota of limited assistance to the various schemes for the control and prevention of diseases, like Malaria, Tuberculosis, Yaws, Cancer etc. The report of the Pharmaceutical Inquiry Committee which was made available to the Houses of the Union Legislature in September is a very comprehensive document containing numerous

recommendations for the manufacture and distribution of genuine drugs and for putting down the nefarious practice of drug adulteration which has lately grown to be a real menace to the health of the people of India.

The introduction of the Employees' State Insurance Scheme in Bombay to be followed shortly by its introduction in Coimbatore is a welcome step towards the socialising of medicine in the country. The contributory Health Scheme for Government Servants was also introduced during the year. The second 5-year plan relating to public health envisages the completion of the control programme of Malaria. The Madras Government sanctioned the starting during the year of two anti-malarial units under the National Malaria Control Scheme and its expansion to cover seven more

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areas was also under contemplation and we believe will soon become a *fait accompli*.

Much attention has been paid to the prevention and control of tuberculosis. The number of beds for T.B. patients has been quadrupled. The second 5-year plan contemplates the achievement of a target of 50,000 beds for this purpose. The establishment of an All India Mental Institute at Bangalore and the expansion of the Lady Willingdon Leper Institute at Tirumani, Chingleput into an All India Research Institute for Leprosy are two other outstanding events of the year, which would certainly go a long way in the amelioration of the lot of patients suffering from the respective maladies. Mass B.C.G. inoculation has been started in Coimbatore district quite recently and the State Government proposes to extend it to other districts very soon. The opening of a Cancer Block at the General Hospital, Madras and the expansion of the Cancer Research Institute at Bombay are measures designed to combat this fell disease by providing facilities for early diagnosis and effective treatment before the disease spreads and becomes incurable.

The Government of India reconstituted the Central Social Welfare Board, the main functions of which are to devise and help voluntary social welfare organizations throughout the country in maintaining and developing their existing programmes and to integrate them into the general pattern of the first 5-year plan.

The Prime Minister of India

while inaugurating the 5 day session of WHO Organization Committee for South-East Asia on the 21st Sept. '54 called on the health experts to give high priority for child welfare in all health programmes outlined for the countries of the region. Referring to the problem of the growing population, the Prime Minister said that though some people are getting alarmed at this growth, he himself did not feel inclined to view the matter with any alarm and pleaded for a balanced view to be taken by all.

The International Red Cross which was organised nearly 100 years ago for helping the wounded and sick in war-time has branched out during recent years into more and wider activities and is now engaged in other useful pursuits *e.g.*, maternity and child welfare work and the training of welfare workers to do diversional therapy in hospitals, the distribution of relief materials like foodstuffs, milk powder, medicines, clothing etc. to people in distress. This organization has been doing silent but excellent work and its appeal for raising funds for its noble humanitarian work, should receive sympathetic response from all quarters.

The problem of rural medical relief, continues to be a knotty one though the mobile units working from district headquarters hospitals have been able to afford some little relief to the villagers. This is, however, a drop in the ocean and so the problem requires determined efforts and concerted action by the Centre and State governments if any tangible advance is to be made.

What is Rh Factor ?

It is dangerous to give a human being a transfusion of blood of the wrong group, and for a long time four main blood-groups, AB; A; B; and O, have been recognised. Just before the war information was first published about a hitherto unrecognised difference between human bloods, and in 1940, three years before his death, the Nobel prizewinner Landsteiner, working at the Rockefeller Institute in the U.S.A., discovered a similarity between the red blood cells of certain human beings and those of the Rhesus monkey which is so often used for experimental purposes. Further work showed that these two discoveries concerned the same kind of peculiarity of the blood, and in this odd coincidence lies the explanation of the word "Rhesus" for the "new" blood groups.

When samples of blood are analysed, people are described as "Rhesus positive" or "Rhesus negative" according to whether their blood contains the "Rhesus factor" or is without it. There are, in fact, three types of this peculiarity, but one, known as the "D factor" is much more important than the other two. If blood which contains this "D factor," that is Rhesus positive blood, is transfused into someone whose blood is without it, then this person is likely to develop antibodies or protective substances, against it. Nothing will happen to show this the first time a transfusion is given, but if another transfusion were given (at any time after ten days from the first) the blood

would during this interval have time to develop antibodies and the patient might suffer a serious reaction, in which the blood transfused would be destroyed violently in the circulation, as the antibodies fought to eliminate the new "foreign" bodies. In this way, a transfusion intended to help an individual would have the opposite effect, because of this important difference between the blood of one person and another.

Before we knew of the existence of the "Rhesus factor," some inexplicable deaths after blood transfusions were caused in this way, and until Landsteiner's discoveries the clue to this occasional odd behaviour of the blood eluded physicians and pathologists. Now we have the explanation, and provided action to find out whether the "Rhesus factor" is present in the blood of a man or woman, is initiated early enough these dangers no longer exist.

Let us now consider, what happens when husband and wife differ in the chemistry of their blood, when one of them lacks the "Rhesus factor." When a woman whose blood lacks this factor becomes pregnant by a man in whose blood it is present, the child is likely to inherit the Rhesus factor from the father, so that the mother who is "Rhesus negative" is carrying a "Rhesus positive" child. During pregnancy, what probably happens is that small amounts of the baby's blood leak across into the mother's circulation where antibodies are consequently formed. This in itself

would not cause any trouble at this stage, but it seems that some of these antibodies in their turn leak back into the baby's circulation. *This is the important point*, because these antibodies from the mother's blood fight with the red blood cells of the baby and upset the whole process of blood formation, so that in some cases the unborn baby dies early in pregnancy, and abortion results; in others, the baby may survive longer, but may be still-born; or the mother may have the shock of finding that her baby's brain has been damaged and that it is jaundiced and anæmic; or she may be lucky, and find that the only sign of abnormality in her baby is anæmia and very slight jaundice.

Once a mother without the Rhesus factor has developed antibodies to it and has borne an abnormal child, either all or half of her further pregnancies are likely to be similar in result, according to whether all or only half of the father's sperm are Rhesus positive. So, in order to do anything about this, it is necessary to discover early in her pregnancy the Rhesus group of the mother by examining a specimen of her blood. If she is without the Rhesus factor, her blood is examined again for the detection of antibodies particularly in the later stages of her pregnancy. If such antibodies are found (and, of course, the great majority do not in fact develop them) then, the mother is admitted to hospital so that preparations can be made for special treatment of the newborn infant. This treatment consists of transfusing into the child enough red blood cells of a type which is

not affected by the antibodies (*i.e.*, blood without the Rhesus factor) to tide the baby over the period of some weeks during which the antibodies are present, though slowly disappearing. This transfusion sometimes takes the form of a "replacement transfusion," in which small quantities of the child's blood are withdrawn and replaced by the Rhesus negative blood, until threequarters or more of the child's blood has been replaced by blood which is unaffected by the antibodies. This can be done because the antibodies in the blood of the child, being derived from the mother, do not persist for more than a few weeks after birth.

The testing of the mother's blood for the presence of antibodies, and the discovery of the Rhesus groups of mother and child, both essential for their safety, involve in each case the use of a special serum which can only be obtained from human beings who have developed certain antibodies (whether as a result of pregnancy or of transfusion) and others whose red blood cells belong to certain Rhesus groups. This can only be done by testing the blood of thousands of people. Without the special serum, not only is it impossible to treat these cases, but, more dangerous still, it is impossible to discover them in the early stages.

Finally, it must not be thought that every "Rhesus negative" woman should live in fear of these complications. The vast majority of them have no trouble whatever.

(Condensed by T. N. S. R. from the *Spring Number of H.H.*, 1952).

PLASTIC SURGERY

By
REVATHI

PLASTIC surgery is reconstructive surgery. Its object is to correct deformities or injuries and bring about good functional result and attractive cosmetic appearance. The deformities may be congenital (*i.e.*, a person may be born with it) or it may be the result of an accident or of the growth of tumours.

driver named Cowasjee by a Mahratta surgeon.

Only in 1750 was the first rhinoplasty performed in England. In

modern times the principles of plastic surgery are employed in all branches of medicine and surgery. In nasty accidents where the face of the victim is unrecognizably damaged, plastic surgeons and dental surgeons combine to bring about a quality of reconstructive repair (maxillo-facial surgery) by which the patient's face hardly shows any trace of the accident. So too in congenital deformities like a mis-shapen lip (See *Fig. I*) plastic surgeons can secure good results.

Certain methods used by

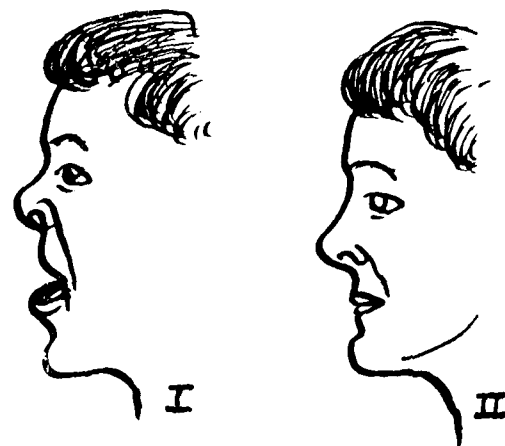


FIG. I shows the unsightly deformity with which this unfortunate girl was born. II shows the same girl, slightly older, after undergoing plastic reconstruction.

When we hear of the excellent results which clever plastic surgeons achieve, let us realize that the fundamental principles of plastic surgery were largely established and developed in India. The operation of rhinoplasty (reconstruction of a chopped off nose) has been practised in India since ancient times. Two English observers reported seeing rhinoplasty performed in India on a bullock

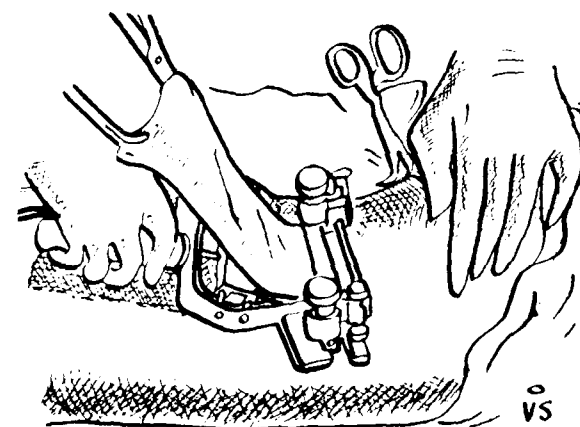


FIG. II The machine that is being used in the figure to cut skin is called an electric dermatome. By means of specially calibrated devices, extremely thin slices of skin can be obtained. These strips are laid on in another area where skin is lacking. In large plastic surgical centres the electric dermatome is an indispensable friend.

plastic surgeons are of interest to us. Skin may be removed from one part of the body (a sharp special knife is used or in large centres where much skin is needed an electrically operated skin cutter [See Fig. II Electric Dermatome] is used and transferred to another

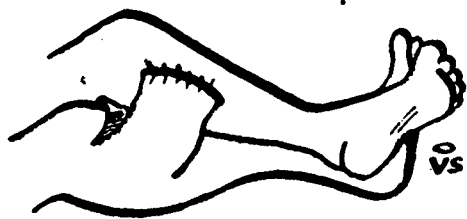


FIG. III. This unfortunate person was run over by a cart. A deep skin and flesh wound on the left leg is being covered by a thick skin flap raised from the right leg. After a time both legs will be well healed.

part of the body where skin is missing. (Free skin grafting). At other times thick skin flaps are partly detached from one part of the body to cover another portion where skin is missing (e.g., cross leg flat See Fig. III) the defect

being corrected by special plastic techniques.

With advances in modern surgery not only skin but bone, cartilage and nerve can be used for reconstructions. Big plastic centres now possess what are known as skin, cartilage, bone and eye banks where they store spare tissues like eyes, removed from a dead person. Corneas (the transparent part in front of the eye) are removed and kept for grafting. They are used to replace the diseased part of an eye of a live person and restore a considerable degree of vision to him.

In no other branch of surgery is there a necessity to be so scrupulously clean, to handle tissues with great gentleness and to prevent bleeding. Neglect of these essential principles will mean that the grafted skin will not survive and fulfill its purpose and the surgeon's work will be undone and the patient will probably be worse off.

What Matters? Diagnosis or Treatment?

When Semmelweis in 1846 came to Vienna, as an Assistant in the Obstetrical clinic, the old medical school was in its heyday. The stethoscope and microscope had come into their own, and in medical circles it was the diagnosis that counted and not the treatment. The physicians in their own enthusiasm for these new instruments of diagnosis forgot that they should sometimes cure patients. "What medicine shall I take?" the patient often asked the doctor. The Viennese physician, a little startled at the question, shrugged his shoulders and replied: "Oh, that is immaterial." One of their most noted professors said publicly: "The physician should be judged

by the extent of his knowledge and not by the number of his cures."

The Viennese school of that period has often been called the school of "therapeutic nihilists," a rather formidable-sounding epithet. Translated into simple English, it means that they did not believe in treating their patients. Time, however, has mellowed somewhat the resentment once felt against them, and the more charitable verdict would be that, while they went to extremes in their views, their whole attitude was a natural and perhaps wholesome reaction against the widespread and indiscriminate overdrugging of the sick.—(Ralph H. Major).

X-Rays in the Treatment of Diseases

LOOK at a rainbow and you will notice that there is a continuous band of colour beginning with red at one end and finishing with the deepest violet at the other "VIBGYOR"; the only way in which these colours differ is in the space between the waves of light they produce—their wave-length.

The wave-length of red light is longer than that of green, and this, in turn, is longer than of blue; in fact, as we pass from the red to the violet end of the rainbow or solar-spectrum, the waves get shorter and shorter. But beyond the violet, the waves do not cease though they can no longer be seen by the human eye. As the wave-length grows smaller, and smaller so do the properties of the waves change. First of all, we have the ultraviolet light—responsible for the tanning of normal skin in sunlight—and beyond this we have X-rays whose wave-length is very small indeed, a minute fraction of a millimetre.

Like many of the most startling advances in science, X-rays were discovered accidentally. Towards the end of the last century, Professor Roentgen, working in Bavaria, was carrying out some experiments in which powerful electric currents were passed through vacuum tubes containing different gases. He noticed that, as the current passed some crystals of barium salt lying on the bench near-by started to glow luminously. When he placed a sheet of black paper between the vacuum tube and the crystals, the glowing

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continued as vigorously as ever. Roentgen realized that he had discovered a new ray of great penetrating power and, as they were previously unknown, he called them X-rays.

Shortly afterwards it was noticed that X-rays passed through the skin and muscles of the human body with greater ease than through bones, and this contrast was used, and is still used, in taking X-ray photographs. But the penetrating power of X-rays was a mixed blessing, since over-exposure to their power caused severe burning of the skin, followed by deep scarring and even late tumour formation.

If X-rays could produce such damage to the normal tissues of the body, could they not be harnessed to the cure of abnormal overgrowths of tissue, and particularly to human tumours? Early experiments on tumours in animals yielded hopeful results, and the growths melted away without too great a permanent damage to the surrounding normal structures. For this is the key to the successful use of X-rays in treatment—how to produce a penetrating beam of irradiation that will kill the abnormal cells of a tumour without producing irreparable damage to healthy tissues in the process. Fortunately it was found that tumour cells were more sensitive to X-rays than normal cells, and

could be killed by a dose that would not harm the normal ones unduly.

Nowadays, the X-ray tube consists of a hollow glass cylinder from which all the air has been pumped out, containing two terminals—a positive or anode at one end, and a negative or cathode at the other. A tremendously powerful current of electricity is passed between anode and cathode, at 200,000 volts or more, and a stream of negatively charged electric particles called electrons flow at high speed from the anode and strike the cathode. The cathode is called the target and is usually made of tungsten metal. As a result of collisions between the electrons and the tungsten atoms of the target, a beam of X-rays is produced.

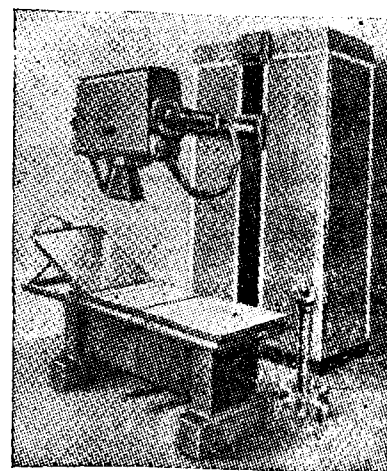
Some of the X-rays do not penetrate far and are useless for treatment purposes. They are called soft radiations, and are filtered off by placing thin sheets of aluminum in the path of the beam. The X-rays that emerge on the other side of the aluminum sheet are hard radiations and are now suitable for the treatment of disease.

Foremost among the diseases in which X-ray treatment has a valuable part to play, are tumours, principally those that are malignant or cancerous, and those that may become cancerous if neglected. But there are many non cancerous conditions in which X-ray treatment, or radiotherapy as it is also called, gives dramatic benefits; *e.g.*, in spondylitis, a "rheumatic" disease of the spine in young men, causing great pain and

crippling. Skin specialists often use X-ray therapy in treating such common skin diseases as psoriasis, eczema and barber's rash, particularly where the condition has proved resistant to the usual forms of treatment. Occasionally, the skin improves dramatically.

Not all tumours respond to radiotherapy, but brilliant results can be achieved with cancers of the skin, and those of the lip, tongue, mouth, throat and voice-box. Results are equally good with cancers of the womb and breasts and sometimes with cancers of the brain and lungs. Tumours of the stomach and bowel do *not* respond well and are best treated by surgical removal.

If you pass through the modern radiotherapy department of a large hospital, you would be struck by

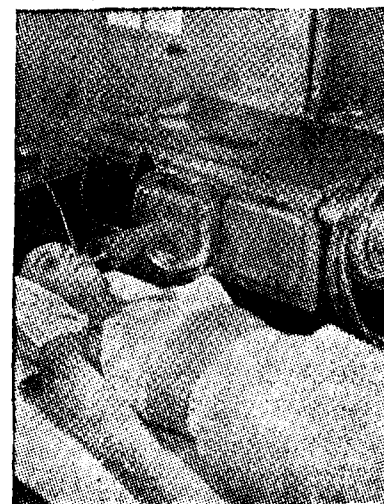


Photograph by Watson & Sons Ltd.

FIG. 1. The Watson Deep Therapy Apparatus Type XT-1, showing the adjustable tube and a fitting for directing the rays, poised over the treatment couch.

the great size of the machines and the silence of their working. You pass a patient, a tumour case

where the radiotherapist after consultation with the surgeon has decided that deep X-ray therapy is the treatment of choice. The patient lies on a low couch, and the part of the body on or beneath which the tumour is situated, is exposed. A button is pressed and the great X-ray tube swings into position immediately above the exposed area. A special tubular fitting, called an applicator, is now applied to the portal



Photograph by Watson & Sons Ltd.

FIG. 2. A small fitting is used to direct the rays to the bone socket which holds the pituitary gland.

of emergence of the X-ray beam so that the size of the beam used is limited to the area under treatment. At another touch of a switch the applicator and tube descend slowly until the end of the applicator rests gently on the patient's skin. (See photographs 1 and 2).

The treatment is now ready to begin. The radiographer who takes care of the control panel of the machine retires from the treat-

ment cubicle; the heavy leaded doors are closed; the control panel is adjusted—and with a touch the switch is on.

Treatment may last a fraction of a minute, as in very small skin tumours, or twenty minutes or longer in the case of tumours in deeply seated parts of the human frame. The treatment is painless and the patient experiences no unpleasant sensations at all during its course.

The number of such treatments required depends on the nature of the tumour. Generally speaking, the reactions to radiotherapy are not unendurably severe.

Special precautions must be taken in radiotherapy centres to protect the staff from the injurious effects of irradiation.

This is achieved by lining the outside of the X-ray tube, and all doors, walls and ceilings of the treatment cubicle with sheets of lead, for lead is one of the metals through which an X-ray beam cannot penetrate.

The modern tendency in radiotherapy is to concentrate on beams of irradiation of very great penetrating power, so that the most deeply seated tumours of the human body may receive a tumour-killing dose of treatment. Up till the present, this has proved difficult to achieve because the body has acted as a screen for the rays and prevented their full action. To produce these penetrating irradiations, much higher voltages are required, and also much larger and more costly apparatus. —(Condensed from *Health Horizon*).

Women are Different

WOMEN TODAY have everything they ever tried to get, legally socially, politically and economically. Everything, it seems except equality. They are not the same as men and never will be; they are different in every phase of life, from conception to death.

Although the old belief concerning the inferiority of women still lingers, the so-called weaker sex is, physically at least, superior. Throughout the entire life span, at each and every year, the mortality of women is lower than that of men. The ratio of female survivals is higher even before birth occurs. Prenatal mortality from miscarriages, abortions and still-births is considerably higher for males.

Except for whooping cough, the infectious diseases of childhood seem to have a preference for the male child. At the preschool age eruptive fevers, smallpox, influenza, pneumonia, cerebrospinal meningitis, diarrhoea and dysentery are fatal to him more oftenthan to his sister. Accidental deaths are one and half times as frequent. Altogether the risk of death is 20 percent greater for boys of one to four years old.

At high school age, boys are still more subject to accidents than girls. Girls, however, are more prone to tuberculosis: 63 per cent more girls than boys died from this disease. Organic heart disease strikes them almost equally.

In early adulthood the complications from childbirth—happily now much less frequent than for-

merly—plus a lessening of the spirit of adventure as boys grow to manhood, brings the death-rate of the two sexes closer together. But women still have the advantage in the matter of life expectancy.

It is common practice, for women to marry men older than themselves, thereby further increasing the possibility of widowhood. At age 65 and after, the proportion of women to men is 111 to 100.

Another difference lies in the rate of growth. Until the age of eight, boys are taller, heavier than girls. From eight to 12, the girls begin to catch up, and from then until they are 15 or 16, girls are usually heavier, taller than contemporary boys (often to their chagrin). Thereafter the growth rate is reversed again.

There are also psychological variations. According to such authorities as Dr. Arnold Gesell and Amaram Scheinfeld, there is a marked difference in character traits and personality growth between the sexes at a very early age. Little girls suffer about five times more from anxiety, nervousness and fears than boys, and their fears are of a different category. Boys fear physical injuries. Girls are frightened of intangibles, such as the dark. They are more envious, feel jealousy more acutely, are more possessive and subjective.

Girls have a richer fantasy life than boys; boys are busier with action. Girl children bewilder parents, teachers and friends by the chameleon rapidity with

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WOMEN ARE DIFFERENT

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which they change their personality. They become Florence Nightingale, their favourite teacher or whoever happens to capture their imagination.

Age for age, boys and girls average the same intelligence potential. However, test-makers have noted that in certain subjects girls excel, in others boys are ahead. The favoured feminine areas, in pre-school children, are colour-matching, paper-folding, buttoning, tying bows; in grade school they are reading and language. Boys are better in their sense of direction in anything mechanical, in arithmetic, nature study, later in history and sciences. Though girls and boys come out about even in I.Q. tests, their skills and potentials are still not the same. Here, as elsewhere, the two sexes are not equal but equivalent: neither is superior nor inferior; they are just different.

When girls enter the labour market, they do not necessarily intend to work for the rest of their lives as men do. After marriage they frequently retire to the home, raise a family, gain control of the family purse strings. In some countries they possess about three fourths of the Nation's spending power.

Women lose more time from work as a result of sickness than men. One large company reports that during the year men lose about nine days as against 12½ for women; another, seven days among men and 13 among women. This tends to prove not that women are sicker than men, but just the contrary. The illnesses

of women are largely of short duration, while serious illness, requiring long absence from work, is more frequent among men. Women pamper their small illnesses, stay at home when they have a cold or a mild indisposition. This frequently prevents the more serious illness from developing. It may be one of the reasons why women live longer.

The greater survival of women furnishes a further explanation why so large a part of the wealth of the Western World is controlled by women. In the United States for example, women are the beneficiaries of 80 per cent of all life insurance policies and they also receive 71 per cent of the total estates left by men and 64 per cent of those left by other women.

Child-bearing always will remain the central fact of life for women. It is the basic reason why they save themselves from over-work, protect their health, think subjectively, feel instinctively, react productively and emotionally concerning their children; why they desire peace and wish to preserve the existing social structure. It is the basic reason why they are different.

(Condensed from *Your Life* by Mrs. Soundara Srinivas, Prithvipakkam).

The Correct Approach

When I have a difficult subject before me—when I find the road narrow and can see no other way of teaching a well-established truth except by pleasing one intelligent man and displeasing ten thousand fools—I prefer to address myself to the one man, and to take no notice whatever of the condemnation of the multitude.—Moses Ben Maimon in his *"Introduction to the Guide to the Perplexed."*

NEPHRITIS

By A PHYSICIAN

NEPHRITIS, results from inflammation of the kidney; the average man in the street has only very vague ideas about what it really involves, and whether it is a very serious ailment or not. We should first know how the normal kidneys work to know how they are affected in nephritis.

We all know that in the process of digestion the proteins, fats and carbohydrates are broken down in the stomach and intestines, and converted into simpler substances which can readily enter the blood stream to be distributed to the tissues in various parts of the body; thus various organs absorb their requirements as they become available. But there will always be some waste products consisting of the substances which are not absorbed and others which act only as roughage in our diet. Some of these waste products are got rid of by our bowels. Others are eliminated by the kidneys, which filter the blood as it circulates through them, and allow useful substances alone to filter back again into the main blood stream. The kidneys are mainly interested in keeping back and eliminating only the nitrogen-containing compounds left over, after the proteins have been digested and used up. The tiny cells making up the tissues of the kidney are able to concentrate these nitrogenous products so that large amounts of them may be dissolved in quite a small amount of water, which then passes through tiny tubes into the main channel connecting

the kidneys with the bladder.

In health then, the waste products are cleared in just the usual amount of urine which is secreted by these busy little cells, at a fairly even quantity every day. We have obviously to drink a certain amount of liquids, *e.g.*, water, milk, tea, or coffee each day to keep the kidneys supplied with the fluid required for dissolving the substances.

When the kidneys become inflamed, due to some infection the little cells become swollen and are not able to function efficiently. Luckily there are very many more little cells than we need; in fact, not more than a tiny proportion of them get active at any one time; and so in mild inflammations, they carry on with only a slight failure or remissions in their work.

If the kidneys do not work properly, the concentration of nitrogenous-substances is not efficient. More water will be needed to dissolve a given amount. That is why patients with acute nephritis are given plenty of fluids to drink.

Rest in bed is the most important thing to have in nephritis, as it keeps the patient warm and free from exposure to chills and draughts; rest enables the body to burn up less protein and thereby eliminate less waste products. This lightens the work on the kidneys and promotes their quicker recovery to normal functioning.

Many cases of acute nephritis, clear up quite satisfactorily if the

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Post Hoc, Ergo Propter Hoc—STUART CHASE

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patient rests long enough in bed when he gets his first attack. Prolonged rest is very helpful in effecting a complete cure.

The kidneys sometimes fail to recover completely. Some of the little cells which were swollen at first, do not return to their normal condition; it is indeed lucky that we have a reserve to fall back upon. You probably know, that some people have to lose one kidney by operative removal for some diseased condition—*e.g.*, stone or tubercle etc.; they can still live healthy lives for many years with the only remaining kidney doing

all the work. Dieting is usually necessary in these cases, and the amount of protein should be carefully adjusted so as not to throw great strain on the one kidney.

The doctor looking after a patient who has nephritis is especially interested in two things *viz.*, the blood pressure and the urine. These two guide and enable the doctor to know when he can safely allow the patient to be up and about again. During the acute phase the blood-pressure rises somewhat, and its return to normal is a sign that all is getting well back again.—(N.N.F.)

Post Hoc, Ergo Propter Hoc (The Cock's Crow Doesn't Make the Sun Rise)

STUART CHASE

IN Rostand's play, *Chantecler*, the cock was positive that his crow at dawn was what made the sun come up. He had observed that after he crowed, the sun always appeared.

Students of logic call this *post hoc* fallacy. When one event precedes another in time, we tend to conclude that the first is the cause of the second. An example:—Malaria was for centuries an inexplicable plague. Observers noted that people who went out at night in warm countries often developed the disease. So, on the best *post hoc* reasoning, night air was assumed to be the cause of malaria, and elaborate precautions were taken to shut it out of sleeping quarters. (Malaria really means Bad air).

Walter Reed's experiments proved that malaria was caused by the bite of the anopheles mosquito. Night air got into the picture only because mosquitoes prefer to attack in the dark.

The full Latin name for this type of fallacious reasoning is (*post hoc, ergo propter hoc*; which means: "After this, therefore because of this." Of all the 20 or more fallacies of logic now identified by scholars, *post hoc* is probably the most common. It is responsible for a good deal of needless misunderstanding and conflict.

Human beings don't like uncertainty. If we can't find a reason for a given occurrence we are baffled and unhappy. Any reason, even a bad one, is better than no reason at all. Take a simple case;

You wake up in the night with a pain in your stomach. What could have caused it? You review your recent meals. Ah, those, cucumbers! Your mother used to warn you about cucumbers. Probably a complex, chemical and emotional process is responsible for your stomach-ache. It may involve any of various foods you have consumed, the acrimonious argument with friends at dinner, the rumour that staff reductions or pay-cuts, are coming in at the office. But it is simpler to settle on one cause—cucumbers!

Many superstitions result from hasty *post hoc* reasoning. We see a black cat, and later in the day lose our pocket book. Most of us average a misfortune or two every day of our lives. To reason that meeting the black cat, or passing under a ladder, causes these routine misfortunes is pure *post hoc*—and pure nonsense.

Did you ever hear that if milk is left in open pans during summer, a clap of thunder will cause it to turn sour? What actually happens is that thunder storms usually come on hot days, and heat favours the growth of bacteria which turn milk sour. Thunder or lightning has nothing to do with it.

Natives of the New Hebrides Islands in the South Pacific believe that lice keep a person healthy! They have observed that many healthy persons have lice, while the ailing often do not. The real explanation is quite different. When a man falls ill in a tropical climate, he usually runs a fever. Lice do not like it as hot as that, and they leave.

Astrologers base many of their

predictions on *post hoc* reasoning. The stars move so, and supposedly cause human affairs to be affected thus. No causal relationship between the stars and human events has ever been established by scientific examinations.

The fallacy is given a lot of exercise by the advertising profession who cleverly exploit human weaknesses and superstitions.

Even our great thinkers are sometimes tripped up by the fallacy. The peerless historian Gibbon, for example, observed that Christianity rose as the Roman Empire declined. Therefore, he said, Christianity helped to destroy Rome. No historian to-day would endorse this view.

Even when a *post-hoc* idea is exploded, people often continue to chant it. Thus the United States has a political slogan. "As Maine goes, so goes the nation." This can still be heard, though the correlation between election results in Maine and in the whole United States has long ceased to have validity—if indeed it ever had any.

Darrell Huff, in his instructive book, 'How to lie with statistics' has a chapter devoted to the fallacy. 'Reliable figures show' he says, "that university students who smoke cigarettes average more examination failures than those who do not." People who don't approve of smoking seize on these figures to "prove that cigarettes lower scholarship. But the figures can equally well "prove" the reverse: low marks may drive students to tobacco. The most probable explanation says Huff, is that the sociable type, who likes to smoke, does not want to be

known as a swot. The point is that there are so many reasonable explanations for the correlation between the two figures that you are not entitled to pick one and insist that it is the only correct one.

As the population and output of a country expand, most trend figures move upwards. The number of university students in the population rises. So do inmates of mental hospitals, personal incomes, incidence of heart disease, output of false teeth, and what have you? When all the figures are moving up, any pair can be correlated and, using *post hoc*, one of them can be solemnly declared the cause of the other. Take the first two mentioned, university students and mental cases, both going up. This "proves" does it not, that going to a university is likely to unbalance the mind?

Modern scientists tell us that most events have multiple causes, which we can understand better by thinking of a cluster, a chain or a process. Any parallel movement can give us a *clue*. But for one correct clue there may be a dozen false ones. Science cannot stop with a clue; it must go on collecting facts until real proof can be demonstrated.

Before jumping to a conclusion about the cause of something, stop and ask yourself, "Are all the facts in?" If the facts are still being collected—hold everything.

Soundness of mind or mental health will enable us to view things in their true and proper perspective and avoid *post hoc* reasoning; "a sound mind is found only in a sound body."

(Condensed and adapted from *Reader's Digest*, November 1954, by R. Dwarakanath, M.A., B.L., Madras-16).

HOME TRUTHS ON HONEY

M. A. MUDALIAR,

Devakottai (Ramanathapuram Dt.)

For centuries honey was primitive man's most favourite food, also both delicacy and medicine.

The ancients attributed good health and longevity to the magical food—honey.

Scientists recognise honey as one of the most valuable elements in infant feeding.

Primitive people have long known of the power of honey to heal ulcers and burns.

Songsters use honey mixed in milk for a hoarse or husky throat.

Many athletic coaches use and recommend honey for building and maintaining physical energy.

Health would greatly improve by using honey instead of refined white sugar as vitamins, minerals and natural sugars are found intact in honey but destroyed in the refining of cane sugar.

Because of its easy assimilability, honey is valuable to persons with impaired digestion, and in old age.

THE MEANING OF MENSTRUATION

(An Article for Mothers and Daughters)

THE monthly cycle should, and in many women does, cause no discomfort. Taken as a healthy phenomenon, the underlying fear and anxiety can be avoided by timely instruction. The hygiene and simple methods of treatment of deviations from the normal best, are matters for medical advice. Now that gland extracts are available, and physical exercises understood, no girl should be allowed to have painful periods. Only about 3 per cent. are found to need more than very simple treatment.

During the last thirty years or so our views on the monthly loss in women have changed very markedly. Before that time, up-to-date women had discovered for themselves that there appeared to be no harm in carrying on throughout their periods as during the rest of the month, but even now the truth is not universally accepted. It denotes the normal growth of a girl's special and peculiar endowment for motherhood; it is a sign of good health.

Scientifically, the knowledge of just how this mechanism works, was discovered in the 1920's through the researches of such men as Aschheim, Zondek, Meyer and others. Their results are accepted now as a basis for further and further exploration of its intricacies.

Historically, menstruation has always puzzled the human race and, like all mysteries, engendered

LILIAS JEFFRIES,
Medical Officer to the Sussex
Mothers' Clinic.

fear. In some cultures the first bleeding in a young girl was ascribed to wounding by a god, or demon. In some, a woman was held to be unclean during her periods, and even in Christian England a dairymaid might not come near the milk lest she cause it to turn sour! The Hindu tradition recognises its connection with fertility, as illustrated by certain rites.

[NOTE:—The Hindu woman is generally made to rest in a separate room, for 3 days and not permitted to come into the house or do any household chores. To enforce this rest, a religious sanction is invoked whereby a woman in menses is considered unclean. There is no doubt that as a result of the continuous flow, the woman herself would feel uncomfortable and also unclean till it stops.—Ed. HEALTH].

Awe, uncleanness, fear, should not persist in the light of a known sequence of cause and effect which should, by now, be a matter of common knowledge. Clearly, the information should be accepted as simply biological not only by girls, but by their fathers and brothers as well.

The monthly cycle is, in fact, the last development by Nature of her age-long plan of growth followed by decay and then regeneration. It has been used in the search for the best, safest, most advantageous method for

securing reproduction; and that is Nature's dearest aim.

Consider, in plants, how the seed is ripened, and how it is dropped on to the soil. If not fertilised, the seed dies. If the soil is stony, too dry, too wet, or too poor, again the seed dies. But if, being successfully fertilised, it then falls into good ground it lives to reproduce according to its own kind, and provides the next generation.

In the animal kingdom, the process becomes more and more complicated, and its study more and more fascinating. The separation of male from female individuals secures the contribution of both to the new life; and by the time the stage of mammals is reached, immense ingenuity has gone to providing for the care of the fertilised seed or embryo. In man, this provision is such that the female of the species begins her alternate development of a seed-bed and its discarding by the time she has lived, on an average, fourteen years, and keeps it up for thirty to thirty-five years.

It is just this point, the prepared seed-bed, which the scientists have made clear to us. Anatomically, it is easy to recognize. The physiology is more complicated, but can be stated simply enough for any one to work upon, if we exclude details.

Now a woman has, we all know a very special organ called the womb (or uterus), which is actually a bag composed of muscles; by contracting it can squeeze out any contents into the front passage (or vagina) and so outside the body. More essential is the

mucous membrane lining of this bag, the *endometrium*. This is the most complicated seed-bed known to Nature. It is formed once every four weeks (more or less), reaches its best in about a fortnight, becomes catarrhal and over-ripe during the succeeding fortnight and then, being useless, is extruded. The visible monthly loss is simply that of the decayed endometrium along with some mucus and blood from its underlying capillaries. Immediately the old has been rejected, new growth begins, repeating the cycle. So, menstruation is the basis of a woman's capacity for the great privilege of motherhood. It is therefore, quite unnatural to look upon this process as implying ill health, still less uncleanness.

These events which, in point of fact, are continuous, but demonstrated only about once in four weeks by the external flow are controlled by the ovaries, which in turn are stimulated into activity by the pituitary gland. These are among the kind of glands (endocrine glands) which, though without ducts, produce chemical substances which are passed directly into the circulation. These substances are called hormones, and because of the absence of communicating ducts or tubes from the endocrine glands which secrete them, they were not recognised until about seventy years ago when the thyroid hormone was first surmised. The ovary, which is the storehouse of the specks of protoplasm that are the living egg, secretes the female sex hormone. This first effects the development of a girl baby into a woman ready for

maturity, including the formation of the endometrium. At puberty, or when the first egg has fully developed, the endometrium has become a seed-bed ready to provide a safe receptacle for a fertilised egg. Before a girl is married the unfertilised egg simply disappears and the seed-bed becomes over-ripe and superfluous, so is discarded. Then, change from growth to decay takes place under the influence of a second, or pregnancy hormone from the ovary, the hormone intended to preside over conception and pregnancy. In the absence of fertilisation, the endometrium softens and degenerates under the influence of the second, or pregnancy hormone. This is withdrawn after about a fortnight when the decayed material is extruded, then the first hormone becomes active again, causing the

formation of fresh endometrium and so patiently carrying on the cycle. It is also known that the egg ripens and is passed into the womb at the juncture when the endometrium is most ready to play its part, that is about a fortnight before the next monthly loss occurs, just at the time when the second hormone comes into play to maintain a pregnancy, should one have been started.

So important is the human baby that impregnation can occur during, probably, at least one week out of four; and so it begins even before a girl is fully grown, and is kept up throughout the thirty-five years of her reproductive life. That is the true meaning and philosophy of menstruation.

(Condensed from 'Health Horizon' Autumn, 1954, by Mrs. S. Krishnan, Basavangudi).

THE SENSE OF LIVELY RESPONSE

*The Art of Being Happy Lies in the Power of
Extracting Happiness from Common Things*

THE coolness of sheets, the warmth of blankets, the look of the little blue flames dancing on the top of a fire of hard coal, the taste of bread, of milk, of honey, of wine or of oil, of well-baked potatoes, of earth-tasting turnips!—the taste of the air, dry or moist, that blow in through our opened windows, the look of the night-sky, the sounds of twilight or of dawn, the hoarse monotone of a distant pine-wood or of pebble-fretted waves—all these things as one feels them are the materials, eternal and yet fleeting, of the art of being

a man alive upon the earth.

The cultured man is the man whose interior consciousness is for ever obstinately writing down, in the immaterial diary of this psyche's sense of life, every chance-aspect of every new day that he is lucky enough to live to behold.

This achievement is of course a matter of habit. But it is a habit well within the scope of every son or daughter of Adam. To attain it one must be epicurean in one's power of lively response to the simplest recurrent sensation.—(John Cowper Powys in *The Meaning of Culture*).

Common Sense About Exercise

EXERCISE should *never* be performed with the idea of building up *mere animal strength*. With this as its aim, it becomes a ruthless waste of energy. Nor does exercise mean merely reducing or building up the body. That is something altogether different. It means, or should mean, part of an orderly routine of right living as essential as proper food and as regular as our daily bath.

What exercise really does.—Elimination of waste products is carried on more or less rapidly in proportion to the amount of physical activity in which we engage. With increased activity, we more rapidly burn up the carbohydrates, proteins, and fats that we have stored up, and we eliminate the waste products in the form of certain protein substances, and carbon dioxide, which are picked up by the blood and distributed to the several organs of elimination viz., the kidneys, the lungs and the sweat glands. By stimulating the circulation, physical exercise increases the blood supply to the part so stimulated, and the elimination of waste matter thus takes place more rapidly. The person who fails to exercise, or who is not engaged in any active physical labour, does not achieve this stimulation of circulation and elimination. In consequence, the by-products of cell combustion are picked up more slowly from the tissues and eliminated more slowly.

In such an individual, we find that the heart functions in a

manner to fit his life of inactivity.

Exercise, therefore, is an essential part of our programme, but by no stretch of the imagination do I mean that one should plunge headlong into a vigorous programme in an effort to make up for lost time.

For the middle-aged.—In marked contrast to the man who takes little or no exercise until he feels himself slowing up is the one who keeps in good physical condition at all times—the man who has never really given up physical exercise. As he reaches middle age, his exercise may be modified to some extent, but it need not be reduced to the mild routine of the person who has had no exercise at all.

Many men well past fifty can still engage in vigorous games, for they have always done so. Their muscular systems are in good tone, and they enjoy splendid health. None of them plays to the point of exhaustion, but they can play brisk games and enjoy them without endangering their health.

Exercise in all its forms is in reality, work. Work involves an expenditure of energy. But there are two types of energy which must be taken into consideration and thoroughly understood in order to perform our exercise so that it will be beneficial.

In any physical motion if we keep the muscles relaxed we are using up only muscular energy. But if the muscles are held tense and rigid we are spending not only muscular but nervous energy

as well. We are doubling our energy outlay and cutting down on stamina.

Hold your arm out straight from the shoulder with the fist clenched as tightly as possible and with the muscles of the arm tense. You will find that you are incapable of maintaining this position more than a minute or two. Relax the muscles of the arm and hand, and you will be able to hold the position a much longer time.

There must be balance.—The simplest rule I know for good exercise is:—Take that which gives the maximum result with the minimum expenditure of energy. How much exercise is good for you depends entirely upon you. It is a question that involves the type of work you do, on whether your work is of a sedentary or active nature. It depends upon the amount of food you eat, upon your physical make-up, upon whether you are high-strung and nervous or of a more phlegmatic disposition. One cannot make a general statement to fit every case. *In exercise as in every health rule, there must be balance.*

One may take to individuals having almost the same physical characteristics, whose work alone calls for opposite types of exercise. The one will need the sort of activity that offers diversion as well as stimulation. He must get a let down from the mental strain under which he works. A closely fought game or contest may give him this. The second man will find relaxation only in the most passive, soothing kind of exercise and massage. This latter case is usually represented in the scho-

larly sort of person who never engages in active sports, but whose need for exercise is just as marked as that of his more aggressive acquaintance.

Many think they are entirely too tired to take any exercise; all they want is a shower and massage.

A common-sense method.—Now you may not be in a position to attend a gymnasium, but the next time you go home from business, feeling dog-tired and ready to fall into bed, *try this programme.* Strip off your work-day clothing and, if your home is not equipped with a shower start a tepid tub. While the water is running take on some of the passive exercises—enough to stimulate the circulation. You will be amazed at the restful feeling you experience. Then take your bath or shower and see for yourself how much better you feel than on those evenings when you flopped into bed without a thought for anything save the next day's work!

From eight to eighty, every human being needs exercise. It is one of our instinctive appetites, but the kind and amount we should take depend entirely upon the individual. It has helped most people. It has harmed some—especially when practised indiscriminately. Every man and woman must determine his or her own requirements and set about fulfilling them in an intelligent manner.

(Condensed from "The Secret of Keeping Fit" via *Efficiency News*, October '54).

The story of any one man's real experience finds its startling parallel in that of every one of us.—(Lowell).

Care and Planning will Salvage Retirement Productivity State

OLD AGE NO BAR TO EFFICIENCY

Here are Some Notable Examples :

India's first President Dr. Rajendra Prasad is 71.

Gladstone was British Prime Minister twice when he was 70 and 76.

Prakasam was Chief Minister, Andhra State in his 85th year.

Rajaji has been (1) Chief Minister, (2) Cabinet Minister, (3) Governor-General, and again Chief Minister between his 67th and 75th years.

Sir M. Visveswaraiyah is going strong at 95.

Sir Winston Churchill is still Prime Minister at 80.

General Mc Arthur is active at 73 and has 52 years of military service to his credit.

Dr. B. C. Roy, Chief Minister of West Bengal is 73.

Dr. Pattabhi Seetharamaiyah, Governor of Madhya Pradesh is 75.

Lloyd George was an active M. P. at 75.

De Valera, Irish Leader of Opposition is 71.

General Potain was French Premier at 84.

General Von Hindenburgh was German President from 78 to 87.

Mossdeq is 70.

G. Bernard Shaw was a live wire till he died at 93.

B. Gross, the Italian Philosopher worked 10 hours a day at 85.

George Santayana—author wrote books at 87.

Madrice Materlinck—author wrote his best book when he was 78.

Bertrand Russell—Nobel Prize Winner is still active at 82.

Albert Einstein, The Relative Theory Physicist is still active at 80.

Dr. C. V. Raman and Dr. S. Radhakrishnan are both active at 67.

Col. Sir R. N. Chopra is busy researching into drugs at 73.

Rajkumari Amrit Kaur aged 66 is our capable Union Health Minister.

Dr. G. V. Pant the new addition to the Union Cabinet is also 68.

Dr. Jivraj Mehta, Bombay State Minister is 68.

Lord Beaverbrook, Editor, 'Daily Express' is active at 74.

Henry Ford was very efficient even when he was 82.

Lawrence Harkins, the great Retired Engineer, is still active at 74.

Kant, German author was writing even at 74.

Goethe wrote his Faustus when he was 86.

Tennyson wrote poems even in his 83rd year.

Hoffs translated the Iliad when he was 88.

Benjamin Franklin wrote his autobiography when he was 80.

Maulana Abdul Kalam Azad is still active at 66.

Shri Jawaharlal Nehru, India's Prime Minister is tremendously active and busy at 66.

Vice Chancellor Dr. C. P. Ramaswami Aiyar is still active at 75.

Dr. A. L. Mudaliar, Vice Chancellor is a live wire at 67.

Old age cannot therefore, be considered to be a bar to efficiency or clarity of thought; on the other hand wisdom and mellowed experience of long years have steered the ships of state with greater care and planning all over the world, without wreckage on the shoals of obstruction, inexperience wars, pestilence and famine and frustration. Much valuable productivity that is now being wasted by compulsory retirement can be salvaged; older workers who are capable of and desire employment should be permitted to work.—(T.N.S. Chari).

What A Physician Should Be

WHEN a man has been in private practice for more than 25 years and has made a success of it, you might think he would have some good advice for those who have still to set out on their careers. Here's what Dr. Price had to say to them about what a physician should be.

First, a physician should be well trained. Nowadays, when a doctor is ready to start practice, he's well prepared scientifically.

Second, the kind of physicians worth having are those who will keep up with scientific and other advances in medicine. There are plenty of opportunities for them to do this—good medical journals and fine meetings—but often there is insufficient motivation. It's so easy *not* to keep abreast; there are so many distractions that you must kick yourself to make you do it.

Third, a doctor needs a large amount of the spirit of scepticism. There's a tendency during training days in college and just afterwards for doctors to think that their stock of information is without parallel. They know it all. Fortunately, most of them outgrow this tendency, at least to some extent. This may come about when a doctor suddenly realises that an authoritative source for information like a brand new textbook is far out of date when it's first published. Or scepticism may be fostered when the unexpected happens. An example is the case of the young Resident House Surgeon who was instructed by his professor to administer Mer-

curochrome intravenously to a patient having puerperal sepsis. (This was in the days before there were any good chemotherapeutic agents for such infections). A couple of days later the patient's temperature was normal and she was much improved. Seeing her again on ward rounds, the professor was elated, "So it worked all right," he exclaimed.

"What worked?" asked the resident. "The Mercurochrome, of course," replied the professor. "Oh that," said the House Surgeon, "I forgot to give it."

In some kind of practice in some places, scepticism is especially important. Certainly that's so in paediatrics, particularly in the rural or out of the way areas. So, keep a question mark in your mind all the time. Don't ever suppose that the final answer is in.

Fourth, doctors must have character. It is easy for a physician to pull a fast deal, to get away with untruths, to be not exactly honest. We need to get rid of them, and we need to be sure that newcomers in the profession are men of integrity and character.

Fifth, the medical profession should be made up of men who are not afraid to take their place in the community. Any nation is founded on community life. This has advantages for all and it creates special obligations for the doctors. Those in the medical profession must remember that they are not just physicians—they

are citizens too. The average medical student never thinks about this, but when he goes into practice he must do his part as a citizen in support of schools, the Boy Scouts, philanthropic organizations and all the other parts of life in the community in which he lives and practises. The attitude of other people towards the

medical profession depends upon what individual physicians do in their practice, but it also depends upon what these men contribute as citizens.

Preventive medicine should form a portion of the modern medical practitioner's daily routine.

(Adapted from the *West. Virg. Med. Jour.*, July 1954).

THE APPETITE

How far can the appetite be trusted? Is a man with a large appetite to obey his desire for a large amount of food, or the sometimes ascetic rules of the dietetic authorities? Is a man with a poor appetite to eat as little as he is inclined to eat or is he to force himself to eat against his desires? The fact is of course that there is both a healthy and an unhealthy appetite, a natural and an acquired appetite.

Within limits the natural appetite is the healthy one and, uncoaxed and unspoiled, it is a useful guide in dietetic matters and should always be regarded with respect. The appetite of children for sugar and jam is a good example of healthy appetite for, though long frowned on by adults, more scientific knowledge of dietetics has proved the children right. Sugar and jam are just what they need to supply immediate and concentrated fuel to "stoke up" their incessant muscular activity.

A person who is ill may have an unhealthy appetite and refuse food which is good and necessary and demand foods which are bad for

him. We can ruin our appetite by coaxing it with piquant sauces flavourings and pickles to crave more than is good for us, or curb it unnecessarily in an endeavour to reduce our weight, until it ceases to guide us at all.

The natural appetite is intimately related to taste and smell which lose their acuteness when it is satisfied. Much under-eating and over-eating with consequent digestive troubles are due to the bad habit of devouring food without masticating and enjoying the taste of it. Appetite is the first and mightiest exciter of the secretory nerves which supply the stomach and make available the gastric juices for digesting food. Where there is no appetite these juices are also absent. To give food therefore, in the absence of appetite is to put food into a stomach which is not prepared to receive it.

To restore appetite means to make available a large stock of gastric juice for digesting food. You can help to do this by avoiding over-fatigue, resting before meals and avoiding worry over

unnecessary and irritating details. It is important to make an effort to take more time over a meal, to chew food well and to avoid over seasoned foods. Unpleasant smells from cooking or bad ventilation are also detrimental to the appetite.—(From *Health Journal*).

What is Morale?

It was recently reported that a certain mine official, asked how he could explain his mine's outstanding safety record, replied in the one word 'Morale.'

In the minds of many men and women the words "moral" or "morality" relate at once to one subject only, i.e., sex. Correctly used however, as by the mine official quoted, *Morale* carries a meaning that bears upon the whole of the great questions of human life and happiness. It embodies the aggregate of the most contradictory ethical laws which serve the common purpose of regulating the conduct of man toward himself and others in such a way that the future is considered as well as the present; the one as well as the other, the individual as well as the genus.

The individual miner finds himself lacking, inadequate, limited in many ways. He requires for his complement other men, and must therefore live and let live. Their needs are as great as his

own, and the mutual concessions which arise out of these relative needs are called morality or morale.

What applies to the miner in this respect applies to every group of men associated together in a common endeavour. In an army of destruction every soldier knows that unless the teamwork comes up to a high standard the entire body will suffer. So in an army of production co-operation, *Morale*, is equally necessary for safety and success.

It is not enough for the soldier, the seaman, the miner, or any one engaged in a common effort—high hazardous or not as the case may be—to think only of his own individual safety. Even though he may not himself be in any danger, from something he notices that may cause any accident to someone else, he will warn potential victims immediately, and take the trouble to draw official attention to the risk.—(*Efficiency News*, October 1954).

BOOK REVIEW

We have received a copy of 'Sunshine', the Children's magazine edited by Sri G. S. KRISHNIAH. It aims at providing young people with reading material which is at once entertaining and instructive. The journal contains interesting stories, poems, simple articles which are of use to

young children, news and notes, sports news and other items. There is a page for Scouts and Guides and a few pages of interesting matter in Hindi. Mr. Krishniah is to be congratulated on the production of this useful magazine.

U.R.R

Pleasant Topics from Periodicals

Double Siesta

My husband had to see an official in Madrid and so went round to the man's office about five o'clock in the afternoon. The place was closed and deserted-looking. My husband spoke to a porter in the patio: "Don't they work in the afternoon?"

"Senor" the porter answered, "It is in the mornings that they don't work. In the afternoons they don't come."—Mrs. Cori Pessina (Zurich, Switzerland.—*Reader's Digest*, Nov. 1954).

Queue to Good Manners

It happened in front of a cinema in the Pigalle section of Paris. We had been waiting in line quite a while when a young man came along and unconcernedly squeezed in between my friend and the woman in front of him. My friend was obviously angry but never said a word. He simply reached up, took off the young man's hat and handed it to me, motioning me to pass it back. I took the hint and gave it to the person behind me. Silently it was passed from hand to hand.

The young man turned to look for his hat. Somewhat sheepishly he watched its progress, and finally went to retrieve it—at the end of the line!—Hagop Karakashian (Jerusalem, Jordan).

Feminine Figures

One month not long ago my wife made a real effort to balance her cheque book. Instead of throwing away her cancelled cheques as she usually does. She matched them with her stubs. After one whole Sunday morning she handed me four sheets of typewritten figures with items and costs sitting neatly in their respective columns. I checked her total with the bank statement—and it balanced! Then, out of curiosity, I went over her list of items: Milkman—\$ 11.25; Cleaner's—\$ 4.60; and so forth. Everything was clear except for one item reading E.S.P.—\$ 24.56.

"What does E.S.P. mean?" I asked warily. "Error Some Place," she answered.—Robert S. Lee in *Ladies' Home Journal*.

We don't buy Babies!

A five-year-old girl visiting a neighbour was asked how many children were in her family.

"Seven," she answered. The neighbour observed that so many children must cost a lot. "Oh, no," the child replied. "We don't buy them—we raise them."—*Capper's Weekly*, U.S.A.

Clever but Crooked

The young couple could not afford a babysitter, so they took their youngster to the pictures with them. The manager warned them that if the child got noisy they would have to take their money and leave. Half-way through

the film, the wife whispered, "What do you think of the picture?"

"Rotten."

"Well, then, pinch the baby and let's go."—*Parade*, Canada.

Carrying Charges

Some years ago, with other wives of servicemen, I followed the U.S. Fleet north to "summer" in Chefoo, and later made a trip to visit the Great Wall of China. After leaving the train it was half a mile or more uphill to the Wall. This distance was usually covered on donkey back, but, since I was obviously pregnant, modesty and safety dictated that I go by sedan chair, carried by four coolies. I asked the price and was told it was two mex (Chinese dollars). I protested vigorously that one mix was the usual fee.

One coolie looked me over carefully and then, in tone that concluded the argument, said flatly, "Missy, you two piece, two mex."

I paid.—(Mrs. R. A. Cooper, Philadelphia, Pennsylvania, U.S.A., *R.D.*, Nov. 1954).

Pun in Parliament

Proceedings in Houses of Parliament, which are the repository of our rights and liberties, have been livened up by quick-witted and intelligent statesmen. A windy M.P. in the midst of a speech stopped to imbibe a glass of water.

"I rise," said the famous parliamentarian Sheridan, "to a point of order." "What is it," asked the bewildered speaker. "I think sir," proceeded Sheridan gravely, "It is out of order for a windmill to go by water."

Loquacious politicians are not unknown. They infest our country today. One M.P. working up to a high pitch of eloquence rolled on: "I want land reform, I want educational reform, I want house reform, I want social reform, I want....."

A voice: "Chloroform!"—(M. K. in *S.S.*)

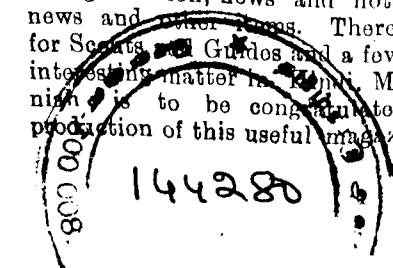
Bridges Aren't Buttons

Men are really odd creatures. They build bridges and throw viaducts across great valleys, and they span oceans and explore the stratosphere. But when it comes to little things like sewing on a button, or doing the washing-up, or knowing what is in a girl's mind, believe me they can be dumber than any blonde.—(*English Digest*, August '54).

The wit of conversation consists more in finding it in others than in showing a great deal yourself. He who goes from your conversation pleased with himself and his own wit is perfectly well pleased with you.—La Bruyere.

Press agent: "I am going to work up a story that your pet poodle swallowed all your diamonds."

Film star: "That won't do. People will think I have only enough diamonds to fill a poodle."—Hiemmet, Copenhagen.



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Printed by U. VASUDEVA RAU, at the Antiseptic Press, 10, Thambu Chetty Street,
for the Proprietor & Publisher at 323-24, Thambu Chetty Street, Madras-1